EXCELSIOR COLLEGE

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CENTER FOR PROFESSIONAL DEVELOPMENT

ADVANCED HOSPITAL CODING AND CERTIFIED CODING SPECIALIST (CCS)

80 Hours/12 Months/Instructor-Facilitated
Course Code: **CPD030** || Course Cost: **$1695**

OVERVIEW

The Advanced Hospital Medical Coding Online Program and CCS Test Preparation Training Program will prepare you to take the American Health Information Management Association's (AHIMA) official certification exam to become a Certified Coding Specialist (CCS). This program covers advanced ICD-9 medical coding procedures and will help you meet the challenge of today's changing standards while learning and improving your coding skills.

OBJECTIVES

When you've successfully completed this program, you'll:

- Understand how health information travels within departments of a facility
- Be able to define the roles and responsibilities of a coder in both in- and out-patient facilities
- Know how to interpret health-record documentation using your knowledge of anatomy, physiology, clinical disease processes, and medical terminology
- Accurately assign codes for diagnoses, conditions, problems, or other reasons for patient encounters
- Select codes according to Uniform Hospital Discharge Data Sets (UHDDS) definitions and official coding guidelines
- Evaluate the effect of code selection on Diagnosis Related Group (DRG) assignment, and verify DRG assignment based on Prospective Payment System (PPS) definitions
- Determine proper use of Modifiers, CPT vs. HCPCS Level II codes, and Medical Necessity (linking diagnosis to procedure or service)
- Understand reimbursement methodologies and documentation rules and regulations
- Identify the Charge Master and its components
- Understand the CPT guidelines, with special emphasis on Evaluation and Management (E & M) and surgery coding

This program will help you become competent in these hospital-based coding areas:

Data Identification

- Read and interpret health-record documentation to identify diagnoses and procedures
- Apply your knowledge of anatomy and physiology, clinical disease processes, pharmacology, and diagnostic and procedural terminology to assign accurate codes
- Apply knowledge of disease processes and surgical procedures to assign non-indexed medical terms to the appropriate class

Coding Guidelines

- Use current approved coding guidelines to assign and sequence the correct diagnosis and procedure codes for hospital inpatient services
- Apply knowledge of CPT format, guidelines, and notes to locate the correct codes or correctly use an unlisted procedure code for a patient encounter, and sequence the codes correctly

Regulatory Guidelines

- Apply Uniform Hospital Discharge Data Set (UHDDS) definitions to select accurate codes
- Determine the appropriate principal diagnosis for patients who have more than one ailment
- Use the Prospective Payment System to confirm a DRG assignment
- Prevent fraud by maintaining approved coding principles and guidelines, including the National Correct Coding Initiative (CCI)
- Use the Ambulatory Surgery Center (ASC) Payment Groups to confirm ASC assignment and ensure appropriate reimbursement
- Use the HCFA Common Procedural Coding System (HCPCS) to appropriately assign HCPCS codes for outpatient Medicare reimbursement

Coding

- Understand which diagnoses, conditions, and procedures to exclude from coding
- Apply your knowledge of ICD-9-CM instructional notations and conventions to locate, assign, and correctly sequence codes
- Facilitate data retrieval by recognizing when more than one code is required to adequately classify a given condition

Data Quality

- Clarify conflicting, ambiguous, or nonspecific information appearing in a health record by consulting the appropriate physician
- Participate in quality assessment to ensure continuous improvement in ICD-9-CM and CPT coding and collection of accurate health data
- Demonstrate ability to recognize potential coding-quality issues from an array of data
- Apply policies and procedures on health-record documentation and coding that are consistent with official coding guidelines
- Contribute to the development of facility-specific coding policies and procedures

MATERIALS INCLUDED

- *Understanding Hospital Coding and Billing: A Worktext*
- *Professional Review Guide for the CCS Certification Examination*

Student must provide:

- *Current year ICD-9-CM, Volumes 1-3 (any publisher)*
- *Current year Current Procedural Terminology (CPT)*
- *Optional: Current year HealthCare Procedural Coding System (HCPCS)*

OUTLINE

I. Module I: Introduction
- The Hospital Revenue Cycle
- Understanding the Patient Billing Process
- Services Provided in the Facility Setting
- Career Opportunities in the Hospital Setting

II. Module II: Hospital Coding and Billing Overview
- ICD-9-CM Coding Guidelines
- ICD-9-CM Procedural Guidelines
- CPT/HCPCS Procedure Coding Guidelines
- Review of Appropriate Coding Assignment

III. Module III: Hospital Billing Process
- General Overview of the Billing Process
- Admission/Preadmission Process
- Insurance Carriers
- Capturing Patient Services
- Coding and Health Information Department
- Billing Department
- Collection and Payment Policies

IV. Module IV: UB-04 Overview
- General Overview of the Hospital Billing Form
- Field-by-field Description of UB-04 With Code Values

V. Module V: Inpatient Coding
- ICD-9-CM Diagnostic Coding Tools
- Inpatient ICD-9-CM Diagnostic Coding
- Additional ICD-9-CM Diagnostic Coding Guidelines
- Special Inpatient ICD-9-CM Considerations
- Injuries and Poisonings

VI. Module VI: Inpatient Billing
- Methodologies for Inpatient Services
- Concepts of Inpatient Prospective Payment System (IPPS)
- Diagnosis Related Groups

VII. Module VII: Outpatient Coding
- Documentation Review for Key Elements
- General ICD-9-CM Diagnostic Coding Guidelines

- ICD-9-CM Procedure Coding
- General Procedure Coding Guidelines (CPT/HCPCS)
- CPT Specific Section Guidelines
- Outpatient CPT Surgery Coding Guidelines
- CPT Surgical Modifier Codes
- Guidelines by all Body Systems
- Outpatient Radiology Coding
- HCPCS Codes

VIII. Module VIII: Outpatient Billing

- General Concepts of the Outpatient Prospective Payment System (OPPS)
- Ambulatory Payment Classifications (APC)
- Outpatient Revenue Codes
- Outpatient Code Editor
- The Outpatient Billing Process (UB-04)

IX. Module IX: Completion and Certification Preparation

- AHC Program Completion Steps
- Overview of the Certification Process
- Introduction to the Certified Coding Specialist (CCS) Certification
- Introduction to the American Health Information Management Association (AHIMA)
- Skills Competency Review and Practice
- Study Schedule for Certification Preparation

COMPUTER REQUIREMENTS

This program can be taken on a PC (Windows XP/Vista/7) or a Mac (OS X or later); however, most medical offices currently use PCs. You will need to have an Internet connection (high-speed recommended) and an active email account. Adobe Flash Player and Adobe Acrobat Reader are also required for this program.

INSTRUCTOR BIOS

Ms. Dalgleish has worked in medical office administration, including billing and coding, for over 30 years. She holds a bachelor's degree in Business Information Systems and a master's degree in Leadership. She is an AHIMA Approved ICD-10-CM/PCS Trainer and is a member of the American Health Information Management Association (AHIMA) and the American Association of Healthcare Administrative Management (AAHAM). She owns her own consulting firm, AnnGrant Education Services, Inc. She is currently completing a textbook on the new ICD-10 coding system and is completing a bachelor’s degree in Health Information Management with a Registered Health Information Administrator (RHIA) certification.

Bunny Reeves is the senior ambulatory surgery coder at Maimonides Medical Center in Brooklyn, NY. She ensures that all charges are captured using appropriate CPT, ICD-9 codes, and modifiers.

Bunny has trained and supervised entry-level coders at St. Vincent Medical Center in Staten Island and currently trains student coders at Maimonides Medical Center. She has many years of experience in inpatient and professional coding.

In 2007, Ms. Reeves became a Certified Coding Specialist (CCS) through the nationally known organization, American Health Information Management Association (AHIMA).