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#### CENTER FOR PROFESSIONAL DEVELOPMENT

# ADVANCED CODING FOR THE PHYSICIAN'S OFFICE

80 Hours/12 Months/Instructor-Facilitated Course Code: **CPD028** || Course Cost: **\$1395** 

### **OVERVIEW**

This nationally recognized Advanced Medical Coding for the Physician's Office (ACPO) online program will teach you diagnostic and procedural coding using CPT, ICD-9-CM (Volumes I and II), and HCPCS Level II coding manuals. This is an advanced program, designed for students with previous medical coding experience. Prior to enrolling for this program, you should have already completed basic coding education or the ed2go Administrative Medical Specialist with Medical Billing and Coding (AMS w/MBC) or Medical Billing and Coding program.

Preparation for the Certified Coding Specialist—Physician-based (CCS-P) certification exam is included in this program. The textbook for this program and the guide for certification preparation are provided. This online certificate program is offered in partnership with major colleges, universities, and other accredited education providers.

Please note that this course is for coders who are seeking training in advanced physician coding, not hospital coding. It is designed for coders working in, or seeking employment in, a physician's office, clinic, or group practice.

#### **OBJECTIVES**

Before registering for the Advanced Coding for the Physician's Office program, you should have an understanding of CPT-4 (CPT), ICD-9-CM (ICD-9), and HCPCS coding principles. After a brief review of the basics of coding, the program will cover the following areas:

- ICD-9 diagnostic coding, including subcategories and supplementary classifications.
- Primary and principal diagnoses.
- CPT coding: How to use modifiers, specific codes, and section guidelines, and how to remain up-to-date with CPT coding changes.
- Ten critical steps for better reimbursement through increased accuracy and compliance in CPT coding.
- Evaluation & Management (E & M) Code: Simplifying code selection, plus understanding and applying the Centers for Medicare and Medicaid Services (CMS) E & M documentation guidelines (DG).
- Official ICD-9-CM coding guidelines for diagnostic coding, including guidelines for outpatient coding and information on how to identify the special circumstances specified in the guidelines.
- Information on when to use unlisted procedures.
- National and local HCPCS codes and modifiers.

### MATERIALS INCLUDED

- Professional Review Guide for the CCS-P Examination
- Program textbook

Note: As current coders seeking more in-depth knowledge, students should already have a set of current year CPT, HCPCS, and ICD-9-CM coding books – these are not provided as part of the program.

### **OUTLINE**

- 1. Introduction
- 2. Evaluation and Management Services
- 3. Medicine
- 4. Radiology
- 5. Pathology and Laboratory
- 6. Integumentary System
- 7. Cardiovascular System
- 8. Digestive System, Hemic/Lymphatic System, and Mediastinum/Diaphragm
- 9. Musculoskeletal System
- 10. Respiratory System
- 11. Urinary, Male Genital, and Endocrine Systems
- 12. Female Genital System and Maternity Care/Delivery
- 13. Nervous System
- 14. Eye and Auditory Systems
- 15. Anesthesia

#### **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**

LaTisha Cottingham has over 18 years of experience in the healthcare industry. She has four years of teaching experience in the fields of medical billing and coding and medical assisting. Currently she is employed as the lead instructor for the Allied Health Department for a local career institute. LaTisha's field of expertise is in the area of physician-based inpatient coding and Emergency Department coding. She holds certifications including Registered Health Information Technician (RHIT), Certified Professional Coder (CPC), and Certified Clinical Medical Assistant (CCMA). LaTisha is a member of the American Academy of Professional Coders (AAPC) and the National Healthcare Association (NHA), where she is a test proctor.

**LaTrisha Howard** has over 10 years of experience in the healthcare industry. LaTrisha has expertise in coding inpatient, outpatient, and ER medical records. In addition to her experience in

coding, she has experience in chart auditing and physician education. LaTrisha is currently working as an ER coder and auditor for a physician billing and consulting service and holds a CCS and CPC certification, as well as being a member of AHIMA and AAPC.

**Karen Moses** is a seasoned healthcare executive with a rich history and extensive past working with physician practices. Karen has over 16 years of experience in the healthcare industry. She holds a Master's of Business Administration and a Master's of Science in health administration. She also has a Certified Professional Coder (CPC) certification and a Radiation Oncology Certified Coder Certification. Karen is currently working as a patient accounts director for a radiation oncology group practice. She is a member of the Medical Group Management Association, Southern Radiation Oncology Administrators, and American Academy of Professional Coders.