

CERTIFICATE C: Physician Coding Certificate (Prepares for CPC Examination)

Course Title	Credits	Notes
Core	13-18	
<u>Recommended Course Name:</u> International Classification of Disease (ICD) Coding (ICD 10)	4	See Statewide CPC Competencies
<u>Recommended Course Name:</u> Introduction to Health Information	2-3	See Statewide CPC Competencies
<u>Recommended Course Name:</u> Reimbursement Methodologies (Physician)	3	See Statewide CPC Competencies
<u>Recommended Course Name:</u> Healthcare Coding Practicum	2-3	See Statewide CPC Competencies
<u>Recommended Course Name:</u> Current Procedural Terminology (CPT) Coding	3	See Statewide CPC Competencies
Total Physician Coding Credits from CPC Competencies	14-16	
Institutional Specific Electives	0-16	
Total Recommended Coding Credits	37-50	

Certified Professional Coding Competencies for Courses

Aligned Competencies

INTERNATIONAL CLASSIFICATION OF DISEASE (ICD) CODING

1. Differentiate the structure and use of the volumes in the ICD
2. Apply correct coding conventions in the ICD
3. Assign diagnosis codes according to current guidelines
4. Sequence diagnosis codes according to current guidelines
5. Consult reference materials to facilitate code assignment
6. Apply the ICD Official Guidelines for Coding and Reporting
7. Identify discrepancies between coded data and supporting documentation
8. Follow the standards of ethical coding
9. **Link CPT code to the appropriate ICD diagnosis code**

INTRODUCTION TO HEALTH INFORMATION

1. Summarize the history and evolution of health information
2. Defend the purpose, uses and functions of the health record
3. Analyze the content and structure of the health record in various settings
4. Explore the concept and evolution of the electronic health record (EHR)
5. Interpret the health care data sets purpose and the importance in the paper and electronic environment
6. Analyze the major types of information system applications

7. Follow the standards of ethical practice

REIMBURSEMENT METHODOLOGIES

1. Analyze significant health record data for accurate physician-based setting reimbursement
2. Apply coding and payment methodologies utilized for physician-based setting reimbursement
3. Analyze third-party reimbursement for physician-based setting healthcare services
4. Query physician documentation to ensure accurate reimbursement
5. Distinguish among the various auditing methods specific to the physician-based setting
6. Examine legal and ethical dilemmas in a physician-based setting reimbursement process
7. Recognize payer specific guidelines that impact physician-based setting reimbursement
8. Utilize resources to stay current with changing physician-based setting reimbursement practices

PRACTICUM

1. Analyze physician-based setting health records to support patient diagnosis and procedure
2. Determine significant diagnoses and procedures
3. Assign ICD diagnosis and CPT/HCPCS procedure codes
4. Verify ICD diagnosis and CPT/HCPCS procedure codes
5. Sequence ICD diagnosis and CPT/HCPCS procedure codes
6. Validate data for appropriate reimbursement
7. Interact with other ancillary services, healthcare professionals, and necessary customers
8. Demonstrate professional behaviors
9. Adhere to legal and ethical practices

CPT

1. Explain the use of the CPT manual
2. Explain the use of the HCPCS Manual
3. Apply CPT symbols and section guidelines
4. Assign Body and Ancillary Systems Coding
5. Assign evaluation and management codes
6. Explain global procedures and bundled coding
7. Assign CPT/HCPCS modifiers
8. Assign HCPCS codes
9. Identify current issues regarding medical coding rules and regulations