

## Why does YOUR practice need a Certified Medical Coder?

Physicians today need an educated administrative team, capable of contributing to the financial health of the practice. The billing/coding aspect of the medical practice is a very important piece that is often neglected as an expense rather than the investment it truly is.

Completion of the CMC course can help guard the practice against fraud and abuse. The biller/coder individual plays an integral role in the reimbursement process ensuring that proper documentation guidelines are followed and that codes are submitted to the highest degree of specificity to ensure that the physician receives every dollar entitled for the services rendered.

Proper skills will help guard against improper claim submissions. It demonstrates to auditors, compliance officers and other agencies that your practice has taken steps to attain advanced knowledge and skills. Certification will help you communicate with physicians, third party payers, patients and business associates. Some of what the course curriculum covers:

### *Medical Terminology for Diagnostic and Procedural Coding*

- roots, prefixes, suffixes - the building blocks
- terminology according to body and organ systems
- abbreviations and definitions
- hands-on exercises

### *ICD-9-CM Diagnostic Coding*

- assignment of procedural codes
- coding clinic for ICD-9-CM volumes I & II
- coding conventions including etiology and manifestations
- coding for multiple vs. single conditions - primary and secondary diagnoses
- how and when to utilize and code from the following: Table of Neoplasms, Table of drugs and chemicals, and hypertension table
- coding for injuries and poisonings, surgeries, burns, fractures, wounds
- mandatory use of supplemental external codes with series 800-900 ICD-9-CM codes
- appropriate use of health status encounter codes

### *CPT Procedural Coding*

- CPT categories I, II and III
- CPT format and guidelines
- coding for diagnostic, therapeutic and preventive services
- coding E&M services based on chart documentation
- proper use of modifiers with surgical and E&M services
- guidelines and procedures for coding out of the 9 surgical subsections
- coding within the surgical and OB global timeframe

### *Ancillary Services & Advanced Coding*

- radiology, pathology and laboratory services in the physician's office
- interventional services in the extensive Medicine section