CERTIFIED CODER TRAINING

PROFESSIONAL CODING INSTRUCTION BEGINS

Important Information

It is important to note that <u>this is not a community college level course!</u> Our instruction is done at a higher level and faster pace. Many people who have tried the community college courses eventually end up in our classes and become certified.

Unlike community colleges we do not have to accept any and all applicants for this instruction. We also do not accept welfare-to-work or any other "workforce retraining" individuals.

<u>This instruction is not intended for anyone who is not or has not ever been in a medical environment.</u>

These factors result in a higher level of class instruction.

We have a pass rate that far exceeds the national average because we have the experience of 27 years in healthcare from a background that includes clinical , Medicare Part B representative, compliance training for a large hospital system, and as a Director of Reimbursement for a large physician faculty practice setting.

We also have a full time consulting service. This means we are in "the real world" environment performing compliance audits and coding everyday just like you. So instead of preparing you with theory - we KNOW what is going on in your practices every day.

Intro

Would you like to improve the quality of your coding staff? Are you concerned about audits? A certified professional coder is the first line of defense against non-compliance, upcoding and downcoding for any medical provider.

Certified coders can help ensure that you receive full reimbursement in a timely manner. The coding process has become complex over the years with over 7,000 procedural codes, 15,000 diagnosis codes and a limited number of people proficient in coding.

What is a certified coder ?

Certification by a national organization proves that you have the skills to do your job at the highest level. There are several national organizations that administer certification exams. These exams are typically five to eight hours in length and are recognized by the medical community at large. This course prepares you for all exams.

More and more, physician practices and facilities will only hire certified coders due to liability and revenue issues. Certification provides both personal validation and validation for employers and consumers of professional competence.

Why get certified ?

Medical coding is a function of the billing and reimbursement process. It is this area where potential fraud and abuse can occur and where missed billing opportunities exist. Potential employers want their staff to protect them against fraud, ensure that their practice is in compliance and that they are capturing all the revenue they are ethically entitled to. They want certified and well trained staff.

Certification demonstrates to colleagues and superiors a dedication to quality and the highest standards for managing confidential healthcare information. In addition, it presents solid evidence to employers that an employee has been trained and has been tested to implement best practices that in turn advance and protect the organization.

Certified coders assure current knowledge through continued education, possession of field-tested experience, and verification of base level competency. Employers value (and pay higher salaries for) certified coders because it supports a worker's ability to uphold industry standards and regulations, thereby potentially saving organizations from fines and penalties due to errors or noncompliance.

How certification helps the coder

Certification enhances your career development by augmenting resumés and adding recognition to your capabilities. Since credentials appear after a person's name, they announce expertise with every signature.

Even with the negative economic trend in healthcare, certified coders remain in demand since proper coding can mean financial success or failure in a medical practice.

The average salary of a certified coder in the Northeastern region of the U.S (Maryland) is close to $46,000 while an uncertified coder averages $35,000. Despite a dismal economic picture nationally, studies show that nationally, 18% of all medical coding positions are vacant, with 10,000 new positions created each year and job prospects for a formally trained coder is expected to increase 36 percent or more through 2010 according U.S. Department of Labor (DOL) statistics. The DOL attributes the rapid growth in the number of medical tests, treatments, and procedures that will be increasingly scrutinized by third-party payers, regulators, courts, and consumers.

How certification helps the physician practice or facility

Having certified professional coders on staff only makes sense when the government's focus to detect, reduce, and prosecute fraudulent and abusive billing all centers around coding. Further, all health insurance plans utilize coding to justify reimbursing physicians based on meeting medical necessity guidelines.

Certification can help ensure that whoever does the coding in your office is well-trained and up-to-date on the principles of CPT,ICD-9 and HCPCS coding.

Certified coders can help your practice maximize compliance with state and federal laws, increase coding productivity, decrease insurance claims denials, improve collection ratios, decrease aged accounts receivable, and develop specialty specific documentation and coding tools.

Certified Coders understand all phases of physician coding: E/M levels; CPT/HCPCS procedure codes; ICD9-CM coding for medical necessity. The use of Certified Coders demonstrate to Medicare and other payers an "Attempt to Comply" with the increasingly complex federal regulations. Any evidence of an "attempt to comply" often mitigates damages in a formal inquiry.

Certified Coders also provide insight and assistance into proper documentation of services — which leads to correct coding, which definitely produces the HIGHEST LEGAL REIMBURSEMENT from ANY payer!

But your practice or facility might not know the value a certified coder can bring to a physician office which can lead to big compliance problems. Today's focus on fraud and abuse demands that every practice take the lifeblood of their practice—documentation, coding, and appropriate billing—more seriously, or face overpayments, fines, and professional and personal humiliation.

In light of the government's fraud and abuse initiatives, and the fact that the average Medicare overpayment demand in 1996 was $42,000, physician practices are wise to use only experienced, certified coding personnel.

What the government says about the importance of professional coding staff

In recent years, the federal government has been holding physician practices and hospitals more accountable for billings to federally funded medical programs.

No one is immune from the heightened scrutiny and currently many Maryland providers are being audited by several Maryland insurers as a matter of routine in reference to E&M coding.
The government has started to hold you not only more accountable for coding but they suggest that if you do this improperly you could be guilty of fraud as well as your practice or facility. Since 1999, in Hawaii, medical record review may only be performed by certified coders.

To the extent that you can show federal and insurance company auditors that you are trying to comply, one way is to make sure your staff is as knowledgeable as possible about the proper way to code.
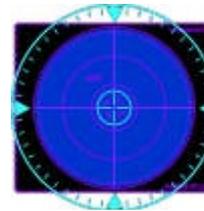
Are YOU a target?
Improper claims submission by specialty

Think your coding is clean? Look at the error rates below, by specialty, for improperly coded claims. This means lost money and time.

Internists 26.38%,
General physicians 22.12%,
Urologists 21.34%,
Family physicians 19.92%,
Cardiologists 19.15%
Source: Centers for Medicare & Medicaid Services

Don't take the chance! Become certified now!
Many office staffers are not aware that the federal government is not only charging physician with fraud and abuse but also coding and billing staff and office administrators. In addition to civil penalties of $5,500 to $11,000
and each contested claim can be regarded as an infraction. On top of that, you must return the money in question, and you can be assessed punitive damages of three times that amount. Should your infraction be deemed criminal, you may even risk jail time.

The U.S. government can also exclude you from dealing with government programs so that you will not be able to work in the medical field for many years. This "Exclusion List" (which is publicly available) contains more and more office staff each year. You are required to check this list for any applicant applying for a job in your practice and/or facility. If the name is on the list - and you participate with Medicare, Medical Assistance or TriCare, you may not hire them.

All hospitals check this list before hiring as do employment agencies.

We prepare you for SIX different exams – take one or all

At the completion of this instruction, you will be ready to sit for any one of the following national certification exams. Each exam is nationally recognized in the healthcare community, although there are differences in the focus of the exams.

Certified Professional Coder (CPC) or Certified Professional Coder – Hospital

These exams are exams from the American Academy of Professional Coders (AAPC). The CPC is the most common exam to be taken for medical office staff while the CPC-H is designed for hospital staff. The CPC is currently the most recognized exam for professional staff. AAPC was founded almost 15 years ago and claims over 35,000 members

Certified Coding Specialist (CCS) or Certified Coding Specialist – Physician (CCS-P)

These exams are from American Health Information Management Association (AHIMA). The CCS is primarily a hospital coder exam while the CCS-P is for physician staff. The CCS is highly recognized by hospital medical record departments. AHIMA was founded in 1928 and is the oldest of the certifying bodies and claims over 46,000 members.

Certified Coding Professional (CCP) This exam is from the Professional Healthcare Institute of America (PHIA) and is a more recent addition to the certification of coding personnel. It is a physician office based exam. It is one of two new certifications that is rapidly growing in prominence.

Certified Medical Coder (CMC) This exam is from the Practice Management Institute (PMI) and is primarily a physician office based exam. PMI was founded in 1981.

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Each exam is different in its format, time allotted and testing areas. We do not train you how to pass an exam. We train you how to code and how to study for and take an exam.

Your Instructor

Deborah G. Bell,MA,CPC,CCS-P,CPC-H,CMC,CCP has over 28 years of experience in the health care industry. She is a certified professional coder and was one of the first AAPC-approved professional medical coding curriculum instructors in the country. Debbie has developed and taught numerous coding courses and is well recognized for her expertise in the area of professional coding. Her extensive knowledge of coding issues and conventions allows her to bring practical, need-to-know information to this coding course. *She holds professional coding certifications from four different professional organizations. Debbie has testified as an expert witness for both physicians and the United States Government.*

Why have more than one certification ?

CodingTrainer.com believes that holding certifications from more than one certifying body means that you want to expand your level of knowledge in this ever-changing field. By having the capability to utilize the educational tools offered by different organizations you become invaluable to your employer and higher in demand if you are actively seeking a new position. Each credential will become an added asset to your career.

What we provide

200 quiz questions - 10 timed quizzes - 60 question timed mid-term exam 60 question timed final exam - 350 page 20 Chapter auxiliary textbook written by your instructor - 738 page main textbook - 189 page workbook - Operative Notes for practice coding - Coding scenarios and other resources.

Contact Debbie Bell for further information

debbiebell@codingtrainer.com.

Visit Our Website! More information can be found there! www.codingtrainer.com   Take our free quiz!

CLASS BEGINS September 6, 2006

Baltimore County Location!

Materials and Instructor are the most important facets. Ask the following questions of any potential instructors and compare them to the answers found below before you sign up for instruction.

Does the instructor have both a clinical and coding/billing background?

Debbie Bell started her medical career as a Certified Medical Assistant for a physician practice over 27 years ago. Since that time she has run a regional billing service, Part B Medicare rep, Director of Reimbursement for a hospital faculty practice, Senior consultant for a regional healthcare consulting firm

Is the instructor certified by more than one coding organization?

Debbie is dually certified (CPC, CPC-H) by The American Academy of Professional Coders. Additionally she is certified (CCS-P)by The American Health Information Management Association, The Professional Healthcare Institute of America (CCP), as well as

Does the instructor perform medical record audits on a regular basis for hospitals and physician offices?

Debbie is a full-time healthcare consultant with clients that are physicians and large hospitals. She reviews medical records daily in this capacity. She has been deemed an expert by the US Attorneys Office in Qui Tam litigation for the government but has also been involved in Qui Tam litigation for the defense.

Does the instructor prepare their own material (thereby being familiar with it) or do they teach only from someone else's materials?

Beware that AAPC PMCC instructors must use ONLY the printed materials from AAPC and may not supplement them with any additional papers. These materials have many pages (more than 40 pages of corrections in 2005 alone!) of errata isssued months after the books are published. There are alraedy numerous ERRATA pages issued in 2006. This is why we no longer are involved in the PMCC program.

PMCC Instructors must teach you from the erroneous material!

We feel that instructors who don't write their own material are not as familiar with it as if they had written it themself. They must then go with

concept the author is promoting. We believe you deserve more than that for your money! Anyone can read someone elses words but do they know the insight as to what is being said if they didn't write it themselves?

Are you provided all the materials necessary to prepare you for a national certification exam or are you simply provided textbooks?

We teach you from pre-printed material that we have verified is accurate AND provide you with the following:

Our course materials are *custom created for each class* and consist of the following:

* 200 quiz questions *10 quizzes * 60 question mid-term exam * 60 question final exam * 350 page 20 Chapter auxiliary textbook written *by your instructor* * 738 page main textbook * 189 page workbook * Operative Notes for practice coding * Coding scenarios and other resources.

How long has the instructor been teaching coding ?

Debbie has been teaching coding classes for certification since 1999, but has been training others for many more years.

How many years have they been instructing coding principles?

Debbie has been instructing physicians and their staff for more than 17 years.

Do they attend the AMA Coding Symposium annually to learn from the source why CPT codes are added, deleted or changed?

Debbie has missed only one Symposium since the American Medical Association began holding them.

Sign-up today and learn why we have had a 100% pass rate for the past nine (9) classes and a 98.7% pass rate over the past eight years!

We limit our class size to 14 attendees to allow for more personalized attention.