Frequently Asked Questions Regarding Boot Camps, Community College Courses and CodingTrainer.com

What do you learn in the class?

❑ How each code set is structured and to appropriately use the code sets. Our experience has shown most coders lack the training of the code sets' structures and how to apply their structure and guidance to appropriately code for services and procedures.

❑ Translation of medical terminology, physician statements and narratives into the appropriate code set(s).

❑ Read and extrapolate pertinent information from Operative Reports.

❑ Refresh and build your medical terminology and knowledge of human anatomy.

❑ The basics of medical coding and the more complex principles today's coders are expected to apply.

❑ Tested and prepared for medical coding certification for physician coding and outpatient hospital coding.

❑ Proper documentation principles are reviewed and what insurers' look for in auditing

❑ Distinction between fraud and abuse from simple coding errors.

❑ Differences between third party payer guidelines and how they impact coding.

❑ Appropriate use of modifiers and the distinction of pricing modifiers from informational modifiers along with the importance of their order on claim submission.

❑ Understand Evaluation and Management principles in conjunction with the documentation guidelines and how to apply the principles to assign the appropriate Evaluation and Management CPT Codes.

❑ National Certification requires knowledge of all coding intricacies relating to all specialties involved in today's health care. This class covers all specialty coding concepts and guidelines required for National Certification.

❑ Test preparation skills are also covered.

Who should take a boot camp and who should take this course?

❑ Honestly, we don't feel boot camps are a good educational forum which is why we don't offer boot camps. We have been asked many times to put together a boot camp program in the past. We do not believe this learning scenario is the best way to educate staff. *More details covered in the next question.*

❑ A person who has strong medical coding experience and knowledge may still find the boot camp experience to be overwhelming. Boot camps traditionally last from three to five days lasting 8 to 10 hours of presentations and you still sit for your certification examination at a later date. Testing is traditionally not included in a boot camp and can be at a much later date. This means that even after all of your intensive training and preparation you will experience a delay in the testing process and at risk of losing retention of the knowledge and guidelines you may have learned. Studies show there is a saturation point to the learning process. This is why colleges traditionally hold 1-2 classes each week for a subject for 1 ½ - 3 hours. Think about sitting at your desk all day for 8 hours learning

something foreign to you with only a lunch break. Doing that again for 2 to 4 days and then being tested for it weeks or months later.

❑ The boot camp experience is not suited to an individual new to medical coding; an individual with some but limited experience in medical coding [i.e. single specialty] or an individual whose medical coding knowledge is limited based on their job responsibilities [i.e. review of superbill].

Why we don't do boot camps?

❑ We want each and every student who participates in our course to know they were trained to be good at the job of medical coding not just to pass a test. It does not benefit either you or your employer for you to pass a test but to lack the appropriate skill set needed to protect and defend your work in an audit.

❑ We want to have the opportunity to work with each of our students to help them achieve their goal in becoming certified medical coders.

❑ When education/training is so overwhelming and too concentrated [such as occurs in a boot camp], the brain absorbs only a modicum of the information supplied or referenced in this setting. This is why our course is 23 weeks long plus a review class. In a boot camp setting, the attendee does not have the opportunity to really increase their knowledge as much as is possible when in a structured atmosphere with a slower pace. A slower pace offers the student time to absorb, understand and reinforce coding concepts and principles.

How our class differs from boot camp?

❑ Although an intensive course it is set at a manageable pace for the average student to follow and learn the necessary knowledge and gain the skill required for medical coding certification.

❑ Students are not subject to "overload" often experienced in boot camp courses. However, there is homework each week requiring dedicated study time on the part of the student. Unlike a boot camp you have one week to accomplish this homework and not one night giving you more freedom to review course material.

❑ More time can be spent on the different topics that need to be covered.

❑ Each student is taught so they have a strong foundation in medical coding principles not just the minimum information needed in order to sit for medical coding certification.

❑ Instructors read information from material they did not author. Therefore, when you question the instructor on an item in the material they may not be able to answer said question completely or effectively. We provide you with an extensive 600+ page manual authored by your instructor.

❑ We offer a weekly 3-hour class with each structured to cover a specific medical coding subject/topic. If there is a need for remedial attention this may be addressed in the following week's class which is not possible in the boot camp scenario.

❑ May or may not include timed-testing to simulate and prepare the student for coding certification examinations. Whereas, all of our testing is timed in order to provide the student with significant exposure to this requirement of actual certification examinations.

❑ Examination opportunities can be limited and insufficiently challenging. Although, each national organization will vary in the type and quantity of questions on the certification examinations, suffice it to say, the type and quantity will be sufficient to be demanding of the test applicant. Our 400+ testing questions are challenging and varied and established to prepare the student for the most demanding of questions they may face when sitting for medical coding certification. Our students generally say our questions are harder than the actual certification questions. When we hear that we know we have done our job well.

What are issues with community college courses?

❑	Must accept any and all applicants to these courses including people looking for a new career, a job change or employment retraining. This means the instructor must set the training bar to the lowest common denominator thereby depriving other members of the class of the optimal educational experience. We do not accept individuals who are not or who have not been employed in the medical field.

❑	Applications are accepted upon payment whereas to be accepted in our class you must complete a phone interview with the instructor to advise them of their class responsibilities and to learn their baseline knowledge. We have declined registrations due to lack of sufficient entry level knowledge. We will not hold other students back because of lack of basic knowledge in medical practice operations, billing and/or coding.

❑	Varied knowledge base of the instructors.

❑	Varied instructional skill set of the instructors.

❑	Inconsistency in availability of courses.

❑	Longer instruction time typically needed given structure of the semesters.

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What are the issues with On-the-Job-Training [OJT]?

❑	Varied knowledge base of the training employee. You can only be as good at coding as the person who trained you. Something is always lost in the translation. Just because something has always been done that way does not mean it is right.

❑	Individuals training new staff who have not had formal training. Being trained by someone who themselves have not had formal training jeopardizes your practice. It also affects your ability to excel in coding.

❑	Varied instructional skill set of the employee.

❑	More than one person providing the training.

❑	Multiple job responsibilities taking away from a person's dedication to learning how to code.

How long is the course?

❑	The course runs for 23 weeks, meeting one night a week for 3 hours. In addition there is a 6 hour class on a Saturday toward the end of the course. The course involves 75 hours of classroom instruction with a very experienced and knowledgeable instructor.

Facility Coding Vs. Physician Coding

❑ Financial: Salaries for facility coders and physician coders can be substantially different with physician coders often receiving a higher pay scale than a facility coder.

❑ Real-life: A physician coder often has one or more different job responsibilities in addition to medical coding. A facility coder typically will be very focused in their coding responsibilities. Productivity standards once only found in the facility coding arena are gaining headway in the physician community. Still, due to the variable job responsibilities of physician coders, productivity standards are more often less demanding or non-existent.

❑ Knowledge base: The coding knowledge for a physician coder has similarities with facility coders yet there are significant differences. A physician coder must have a strong knowledge of CPT and Modifiers whereas a facility coder must have a strong knowledge of ICD-9 CM unless their primary responsibility is outpatient coding where the coder will need to add CPT and modifiers to their knowledge base.

What is involved in medical coding?

❑ Requires the individual performing this function to have many varied skills and knowledge:
   - Knowledge Med Terminology/Anatomy
   - Analytical
   - Detailed Oriented
   - Investigative
   - Computer Skills
   - Great Language Skills
   - Understanding of the code sets
   - Knowledge of third party payer policies
   - Medicare/Medicaid regulations and policies
   - Local medical record regulations and legislation and regulation impacting coding/billing

❑ Medical coding involves both science and language skills. The individual not only must increase their working knowledge of the human body and the diseases that affect it but also must learn to translate what is documented to codes [this is a number language]. A medical coder is really a translator. Use of both right and left brain hemispheres are needed to excel as a medical coder.

What is my commitment - what is expected of me?

❑ You need to attend class regularly [each class covers significant knowledge needed to be a good coder].

❑ You need to keep up with your textbook assignment(s).

❑ You need to complete homework for the next class.

❑ You need to complete all class quizzes.

❑ You need to participate in class.

❑ You need to communicate to your instructor any coding topic you are having difficulty learning.

How do I decide what medical coding certification to sit for?

❑ You need to consider what area of coding most appeals to you and provides you with the most opportunities.

❑ You need to identify which credential will then most fit in with the coding professional track you wish to pursue.
   - Facility coders need to have a very strong knowledge of ICD-9 CM coding both diagnosis coding and procedural coding in addition to a working knowledge of CPT and

HCPCS. Facility coders are usually employed by the Health Information Management Department [Medical Records].
- o Physician coders need to have a very strong knowledge of CPT and HCPCS and a working knowledge of ICD-9 CM diagnosis coding.
- o Payer coders need to have a strong knowledge of CPT, HCPCS and ICD-9 CM in context with claims processing requirements and payer medical policy
- ❑ AHIMA offers facility and physician coding credentials: CCS [facility] CCS-P [physician]
  - o Most often a preferred credential by Hospitals employing coders
- ❑ ACMCS offers facility and physician coding credentials: FCS [facility PCS [physician]
  - o Relatively new to the credential scene but with great potential
- ❑ AAPC offers facility, physician and payer coding credentials: CPC-H [outpatient hospital] CPC [physician] CPC-P [payer]
  - o Most often recognized by physician practices with the AHIMA credential for physician services gaining momentum
- ❑ PHIA offers facility and physician credentials: CCP-H [hospital], CCP [physician]
  - o PHIA has been in existence since 1995. It is not as widely known as AHIMA or AAPC but has a good solid reputation in the industry.

What are the benefits of being a certified coder?

- o Professional: achieving certification demonstrates your dedication to the profession of coding and your desire to achieve and maintain a high standard.
- o Financial: typically a certified coder will be offered a higher salary than a non-certified coder for either a facility coder or a physician coder. An employed non-certified coder often receives a bonus from their employer after achieving certification.
- o Job opportunities: in today's job market every employee needs to shine in their respective fields. In the health care industry, most coding positions if not all expect the job applicant to already be certified or to achieve certification within a certain time frame upon hire. To work with someone who has a federal contract you must be a certified coder.