MEDICAL CODING AND BILLING COURSE

Module-1 Anatomy Files

What is Medical Coding and Billing? Claim Processing Revenue Cycle Sample Medical Records for Coding. At the completion of this module, you will have a clear picture of the Medical Coding and Billing Cycle, and how claims will be processed. Module final tests can be taken multiple times. Highest score is considered. Must COMPLETE all anatomy files.

Module-2 In this module you will learn about ICD coding (Diagnosis Coding). ICD coding is very important for claim payment; proper coding leads to proper reimbursement. You will learn how to locate the code, how to assign the code and how to confirm the code.

Module-3 In this Module you will learn about CPT coding (Current Procedural Terminology).The following will be covered:

1. How payment/reimbursement depends upon procedure codes; such as ECG, Chest X ray, Injections etc.

2. How the CPT manual is organized; how to follow the conventions.

3. How to locate a code in CPT and HCPCS codes (Supplies and Drugs), how to confirm the code and assign the code.

After every module, take the final test for grading. Take each test multiple times if necessary; achieving an 80% score is very important. By the end of Module 1, 2, and 3 you should have acquired a basic understanding of Medical Coding and Billing.

Module-4 This is a very important Module. Modifiers play a significant role in reimbursement. Go through each and every topic and then follow through with each example.

If you have any questions, please feel free to mail info@azimuthacademy.com or you can email trainer using Internal EMAIL system. Click MYMESSAGES Tab in any module page.

Module-5 In this module you will learn about Medical Terminology. Medical Terminology is a central component of Medical Coding and Billing. You are encouraged to take some time and write out the suffixes and prefixes on a sheet of paper; copying 2-3 times to ensure you remember each one. Mastering Medical Terminology is a process; every day allow some time for studying Medical Terminology. Take the Module 5 final test. By this time you should be able to analyze any medical term. Module-6

Module 6 presents ICD coding in detail and is one of the most important Modules. Allow yourself a minimum of 20 hours for this module; going through each and every line in detail. Make sure you are recording all significant points to aide your ability to remember the coding conventions. By the end of this module you should have perfected the skill of Diagnosis Coding. If you have any questions, don't hesitate to email info@azimuthacademy.com.

For additional ICD-9-CM Training, please email info@azimuthacademy.com. Additional training is required for AHIMA CCS Examination. Additional training is free for all Azimuth Students.

Module-7 Anesthesia Coding: This module is very important for surgery coding. Try to get the logic in anesthesia coding.

Module-8 Evaluation and Management Coding Module 9 addresses coding for office visits, which comprises 75% of all Medical coding and is referred to as EM coding. Prior to starting this module, please read the EM chapter in your CPT manual. Do not ignore this. READ EACH AND EVERY LINE IN YOUR CPT MANUAL AND MAKE YOUR OWN NOTES, then you may begin Module-9. Answer the questions and make sure you understand the rationale and the logic behind the coding. With the completion of Module-9, your EM coding skills should be perfected.

Module 9 Integumentary System Beginning with Module 10 on, the complexity of information will increase and will provide a bit more challenge. Please use the following guidelines for your ease through these Modules: If your goal is to become a professional coder and gain your certification (CPC or CCS-P) spend more time with Modules 10-22. If you want to work as a Medical Biller only, where coding is not involved, just go through these modules once and take the final test. If your intention is to work as a Medical Coder in a Physician's office or Hospital, then you need to spend more time and focus on Modules 8-22.

Analyze each and every point; taking time to make note of the important points in CPT Manual. Make sure you understand the logic behind each code. If you have any questions, please feel free to e mail info@azimuthacademy.com ; we are here to clarify the information for you. Remember, the objective of training is to gain certification and then get a good job based on the value of that certification. What you put into your study will pay off when you have earned your credential. Remember one thing: LEARN MORE, DO MORE, BE MORE

In this module you will begin to comprehend the concept of up-coding and down-coding when assigning modifiers. Up-coding and Down-coding are common and often innocent habits in the physician office. Up-coding means submitting the codes at higher level for higher reimbursement. Down-coding means reporting services to less extent to accommodate for the lack of proper documentation. Every coder/biller has to be very careful about Up-coding and Down-coding. Because so much information is available and updated annually, the Office of Inspector General (OIG) has stated that "Ignorance is no Excuse" for mistakes.

Although Module 10 may, at first, be confusing; when you read through it the second time you will gain clarity and comprehension. This Module provides the foundational basics for all coding. Go through the practice questions, click the rationale and you will begin to understand the concept behind the way the diagnosis is coded. Take final test for grading. Good Luck!

Module-10 Musculoskeletal System - In this module you will learn how to code Fracture Treatment, Trigger Point Injections, Spinal Surgeries and Arthroscopies etc. Fracture care coding is simple; you can locate the code and assign the code easily.

You may find some difficulty in understanding the Spinal surgery coding. Go through each line carefully, if you have any questions, please email info@azimuthacademy.com

Module 11 Respiratory and Cardiovascular coding In this module you will learn about Respiratory System coding and Cardiovascular System coding. Cardiac catheterization is discussed in the Medicine Section of the CPT Manual. (Module #20) There is no need to spend much time in this module unless you want to work for the cardiologist/cardiac clinics, in which case you will need to learn this chapter in detail. Coding is quite complex in this section.

Module 12 Digestive System Coding This module is very interesting and easy to understand. It includes Tonsillectomy and Adenoidectomy coding, Endoscopies Coding, Gastric Bypass, Liver Transplantation, Appendectomy coding, Hernia Repair coding etc. Important points need to be notated in the CPT manual.

Module 13 Urinary System and Male Reproductive System In this module you will learn about coding related to kidney disorders, removal of stones, nephrectomy, procedures in prostate gland, etc. This module is very straight forward.

Module 14 This Module is a specialty coding section, which will teach you about Obstetrics and Gynecology coding. If you are interested in working for an OB-GYN Clinic, go through this module in detail. Again, this module is straight forward.

Module 15 Nervous System In this module you will learn about the procedures performed on brain. These procedures are mostly inpatient procedures.

Module 16 covers coding procedures related to Eye and Ear.

Module 17 Radiology Coding This is a very important module; 10-15 hours may be required for satisfactory completion of this module. Upon successful completion, you should be able to:

1. Identify the subsections of Radiological Section

2. Code various types of radiological procedures

3. Identify different types of Lab procedures.

4. Code different types of Imaging

5. Radiation Oncology

6. Nuclear Medicine

This module focuses mainly on CPT coding. TC and 26 modifiers Many physician offices do not have radiological equipment in their office and so refer patients to the hospital. If a physician interprets the report, then assign modifier 26 (Professional Component).

A hospital or radiological center reports the code with modifier TC (Technical Component) Radiological Supervision and Interpretation When reporting a code describing RS and I, do not report Modifier 26. The RS and I itself denotes it's a Professional Component. RT and LT Modifier RT and LT should be used when bilateral procedures are performed. Example: 73520-RT, 73520-LT Radiological procedures are reported very frequently.

Module 18 In this chapter you will learn about the various laboratory procedures. This module is very important and it's easy. These codes are reported very frequently; coding is straight forward.

Module 19 Medicine: Medicine subsection is another important source of primary care service codes. In this module you will learn about Vaccines, Psychiatry, Opt homological, Auditory, ENT, Dialysis, Nerve Conduction studies, Chiropractor, and other miscellaneous procedures.

Module 20 Category II and III codes

Module 21 HCPCS Coding In this chapter you will learn about Supplies and Drugs Coding.

Module-22: Medical Billing in detail.

Module 23 HIPAA: Health Insurance Portability and Accountability Act. HIPAA Privacy and Security is a very important topic.

Final Test: The Final Test is comprised of 150 questions. In order to pass the course you must score a minimum of 80% on the final test, which can be taken multiple times.

Once you have passed successfully, a Certificate of Completion, mentioning 140 hours of training time will be mailed to you.

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