APPENDIX A.5

Sample Work Process Schedule and Related Instruction Outline

MEDICAL CODER/BILLER
O*NET-SOC CODE: 29-2071.00 RAPIDS CODE: 1114
Type of Training: Time-based

This schedule is attached to and a part of these Standards for the above identified occupation.

1. TYPE OF OCCUPATION

☒ Time-based ☐ Competency-based ☐ Hybrid

2. TERM OF APPRENTICESHIP

The term of the time-based occupation is one year with an on-the-job learning (OJL) attainment of 2,080 hours, and supplemented by the minimum required 144 hours of related instruction.

3. RATIO OF APPRENTICES TO MENTORS

Consistent with proper supervision, training, safety, continuity of employment throughout the apprenticeship, the ratio of apprentices to mentors will be: two (2) apprentices may be employed in each medical office for each regularly employed Coder/Biller Supervisor.

4. APPRENTICE WAGE SCHEDULE

Apprentices shall be paid a progressively increasing schedule of wages based on either a percentage or a dollar amount of the current hourly Medical Coder/Biller mentor wage rate, which is $ _____ per hour. The career pathway for the apprentice may include the credential of Certified Coding Associate (CCA®)

1st 3 months + 520 OJL hours = (fixed $ hourly wage or (60) percent)
2nd 3 months + 520 OJL hours = (fixed $ hourly wage or (70) percent)
3rd 3 months + 520 OJL hour = (fixed $ hourly wage or (80) percent)
4th 3 months + 520 OJL hours = (fixed $ hourly wage or (90) percent)

1. WORK PROCESS SCHEDULE (See attached A.5 Work Process Schedule)

2. RELATED INSTRUCTION OUTLINE (See attached A.5 Related Instruction Outline)

The organized related instruction outline below is in technical subjects related to the occupation. This instruction may be accomplished through media such as classroom, occupational or industry courses, electronic media, or other instruction approved by the Registration Agency. The related instruction provider is supported by the AHIMA Foundation 233 N. Michigan Ave. 21st Fl., Chicago, Illinois 60601

Description:
The Medical Coder/Biller will use coding conventions and guidelines to abstract, analyze and accurately assign ICD (International Classification of Diseases) and CPT (Current Procedural Terminology) principle and secondary diagnostic and procedural codes to inpatient, ambulatory, and hospital outpatient medical records. The Medical Coder/Biller will query physicians when diagnosis is unclear, audit records, and perform peer

reviews. This position may utilize encoder, grouper, and other Health Information Management software often including Electronic Health Records. Job requirements inclu**de** ensuring services provided are coded and billed accurately, assembling and coordinating reimbursement claims for third party payers, investigating claim denials, interacting with insurance companies and patients to ensure accurate billing and payment.

A.5 WORK PROCESS SCHEDULE

This may be customized up to 20% at point of hire by the Employer and Sponsor to meet local needs prior to submitting these Standards to the appropriate Registration Agency for approval.

Note: *On-the-Learning (OJL)* competencies will be evaluated as competency-based achievements. Each of the competencies will have objectives and all competencies will be verified and signed off by assigned mentors/trainers/supervisors.

All related instruction and supplementary training will be structured in accordance with Certified Coding Associate (CCA®) certification domains.

During the term of apprenticeship, the Apprentice shall receive such instruction and experience, in all branches of the occupation, as is necessary to develop a practical and versatile worker. Major processes in which Apprentices will be trained (although not necessarily in the order listed) and approximate hours (not necessarily continuous) to be spent in each are as follows:

Certified Medical Coder/Biller **Work Processes**	**Approximate OJL Hours**
Receptionist Duties Handle incoming and outgoing calls/e-mails to and from Physicians, department administrative assistants, the billing office, compliance office and others; mail, fax, and handle correspondence.	**100**
Office Procedures Care and maintain office equipment; develop and maintain mailing lists and tickler file; inventory management; use Query database to retrieve information.	**100**
Insurance Coding Use and understand format, conventions, guidelines and rules of ICD-10-CM diagnostic and procedural coding; coding of insurance forms using ICD-10-CM and CPT; process and complete all insurance forms; code diagnoses and procedures.	**1,000**
Medical Records Retrieving and filing of medical records; keep medical records updated; locate data in and abstract information from medical records.	**200**
Health Care Reimbursement Comply with regulations related to fraud and abuse; compare non-government payers versus government payers; compare other prospective payment systems; understand and comprehend reimbursement cycle; apply facility based codes (i.e., Diagnostic Related Groups, Ambulatory Payment Classifications, and Resource Utilization Groups).	**500**
Miscellaneous Investigate health plan payment denials and write claims appeal; understand and	**180**

follow claim rejection and resolution process; use coded data in strategic planning/reporting; perform qualitative and quantitative analysis of health records to evaluate compliance with regulations and standards; research coding updates; examine review systems.	
Total Hours	**2080**

A.5 RELATED INSTRUCTION OUTLINE

Related Instruction Provider: AHIMA Foundation
Methods: Distance Delivery, Electronic Media

The related instruction outlines the courses that provide the technical ability that supplements the on-the-job training. It is through the combination of both the on-the-job training and the related technical instruction that the apprentice can reach the skilled level of the occupation. Under a registered apprenticeship, 144 hours of related instruction each year of the apprenticeship is recommended. The following is the suggested course curriculum during the term of apprenticeship.

Existing Program Goal (Related Instruction to be developed by the AHIMA Foundation):

- Comprehend and apply CPT, ICD-10, and HCPCS coding guidelines to identify diagnoses, procedures, and patient medical records
- Identify the procedures for patient record retrieval and reimbursement
- Explain the role of a medical coder as a liaison between the health clinician and billing offices
- Apply computer and information literacy skills using electronic health records software
- Identify terms, facts, methods, procedures, concepts, theories, principles, and processes within medical billing and coding scenarios
- Recognize relationships among data and classify items within medical billing and coding scenarios
- Understand laws and theories, including issues relating to ethics and confidentiality
- Calculate solutions to mathematical problems related to reimbursement and medical mathematics
- Interpret and evaluate information to make proper coding decisions
- Review basic written and workplace communication skills