Appendix A

WORK PROCESS SCHEDULE

AND

RELATED INSTRUCTION OUTLINE

Health Information Management (HIM) Hospital Coder/Coding Professional Apprenticeship
O*NET-SOC CODE: 29-2071.00
RAPIDS CODE: 2029CB
Type of Training: Competency-based

APPENDIX A

Sample Work Process Schedule and Related Instruction Outline

Health Information Management (HIM) Hospital Coder/Coding Professional Apprenticeship
O*NET-SOC CODE: 29-2071.00
RAPIDS CODE: 29-2071.00

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 occupation shall be competency-based supplemented by a minimum of 144 hours of related instruction.

3. RATIO OF APPRENTICES TO JOURNEYWORKERS

Four (4) apprentice(s) to **One (1)** journeyworker/mentor/trainer.

4. APPRENTICE WAGE SCHEDULE

Apprentices may be paid a progressively increasing schedule of wages based on a percentage of the current Hospital Coder/Coding Professional wage rate of $_____.

1 Year Term (example):
1st 1000 hours = $_____
2nd 500 hours =$_____
3rd 500 hours +CCS =$_____

5. WORK PROCESS SCHEDULE (See below Work Process Schedule)

(Customized at point of hire by the Employer and Sponsor)

The Employer may modify the work processes to meet local needs prior to submitting these Standards to the appropriate Registration Agency for approval.

6. RELATED INSTRUCTION OUTLINE (See below Work Process Schedule)

(Customized at point of hire by the Employer and Sponsor)

Position Description:
The Health Information Management (HIM) Hospital Coder will use coding conventions and guidelines to abstract, analyze and accurately assign ICD (International Classification of Diseases) and CPT (Current Procedural Terminology) principal and secondary diagnostic and procedural codes to inpatient, ambulatory, and hospital outpatient medical records. The HIM Hospital Coder will query physicians when diagnosis is unclear, audit records, and perform peer reviews. This position must utilize encoder, grouper, and other Health Information Management software often including Electronic Health Records. Job requirements include a current credential such as RHIA (Registered Health Information Administrator), RHIT (Registered Health Information Technician), CCA (Certified Coding Associate), or other designated credential from a nationally recognized organization. Preferred candidates will hold an associate's degree or higher in Health Information Management; although those with a certificate in coding from an approved coding program will be considered.

ON THE JOB COMPETENCIES:

COMPETENCY	***MEASURED BY***	***Score***	***COMMENTS***
Use and maintain electronic applications and work processes to support clinical classification and coding (for example, encoding and grouping software)	Demonstrates understanding in use and application of encoder and grouper software	1 2 3 4 5	1 – Below expectation in the use of electronic applications (encoder and grouper software) 2 – Needs improvement in use of electronic applications (encoder and grouper software) 3 – Satisfactory use of electronic applications (encoder and grouper software) 4 – Proficient in electronic applications (encoder and grouper software) 5 – Exceeds expectation in use of electronic applications
Apply inpatient and outpatient diagnosis and procedure codes according to current nomenclature and demonstrate adherence to current regulations and established guidelines in code assignment (focus on assignment of first listed diagnosis, and sequencing as well as other clinical coding guidelines)	Audits indicate appropriate code and sequencing use following regulations and guidelines	1 2 3 4 5 N/A	1 – Below expectation in the application of coding guidelines and regulations 2 – Needs improvement in the application of coding guidelines and regulations 3 – Demonstrates basic understanding of coding guidelines and regulations 4 – Demonstrates proficiency in coding guidelines and regulations 5 – Excels in application of coding guidelines and regulations

COMPETENCY	*MEASURED BY*	*Score*	*COMMENTS*
Ensure accuracy of diagnostic/procedural groupings such as DRG (Diagnostic Related Group); MSDRG (Medicare Severity); APC (Ambulatory Payment Classification) system, etc	Audits indicate accuracy of MSDRG/APC assignment	1 2 3 4 5	1 – Below expectation in the accuracy of DRG/APC assignment 2 – Needs improvement in the accuracy of DRG/APC assignment 3 – Demonstrates basic understanding DRG/APC assignment 4 – Demonstrates proficiency in DRG/APC assignment 5 – Excels in application of DRG/APC assignment
Validate coding accuracy using clinical information found in the health record	Audits indicate accuracy of diagnostic and procedural coding	1 2 3 4 5 Audit score	1 – Below expectation in the accuracy of applying classification codes 2 – Needs improvement in the accuracy of applying classification codes 3 – Satisfactorily demonstrates accuracy in the application of classification codes 4 – Demonstrates proficiency in the application of classification codes 5 – Exceeds expectations in the accuracy of applying classification codes
Use and maintain applications and processes to support other clinical classification and nomenclature as appropriate to the work setting (e.g., DSM V (Diagnostic and Statistical Manual of Mental Disorders), SNOMED-CT (Systematized Nomenclature of Medicine – Clinical Terms)	Identifies correct coding nomenclature for patient type and location	Meets or Does not Meet	Comment on **Does Not Meet**

COMPETENCY	*MEASURED BY*	*Score*	*COMMENTS*
Resolve discrepancies between coded data and supporting documentation. Communicates with providers to ensure appropriate documentation.	Creates compliant physician queries	1 2 3 4 5 N/A	1 – Queries reviewed did not meet facility criteria 2 – Queries reviewed met facility criteria at least 25% of the time 3 – Queries reviewed met facility criteria at least 50% of the time 4 – Queries reviewed met facility criteria at least 80% of the time 5 – Queries reviewed met all facility criteria for compliance 100% of the time
Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery as well as changing regulations among various payment systems for healthcare services such as Medicare, Medicaid, managed care, etc.	Adheres to national, regional and facility-specific requirements for accurate reimbursement by payer type	Meets or Does not Meet	Comment on **Does Not Meet**
Support accurate billing through coding, chargemaster, claims management, and bill reconciliation processes	Reviews codes identified manually and by the chargemaster to ensure compliant billing	Meets or Does not Meet	Comment on **Does Not Meet**
Use established guidelines to comply with reimbursement and reporting requirements such as the National	Follows coding edits for compliance with NCCI	1 2 3 4 5	1 – Not compliant with coding edits 2 – Needs improvement in monitoring of coding edits 3 – Satisfactorily monitors coding edits

COMPETENCY	*MEASURED BY*	*Score*	*COMMENTS*
Correct Coding Initiative and others			4 –Proficient in the monitoring of coding edits 5 – Proactive in resolving NCCI edits prior to billing
Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements such as outpatient prospective payment systems	Participates in coding audits	Meets or Does not Meet	Comment on **Does Not Meet**
Participate in compliance (fraud and abuse), HIPAA (Health Insurance Portability and Accountability Act of 1996), and other organization specific training.	Attends required compliance training	Meets or Does not Meet	Comment on **Does Not Meet**

Note: ***On the job 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 journeyworker/mentors/trainers/supervisors.***

All related instruction and supplementary training will be structured in accordance with coding certification domains.

RELATED INSTRUCTION OUTLINE

Hospital Coder/Coding Professional Immersion Training (Related Instruction) Outline Sample

Item	Type	Content	Hours
Program orientation	WebEx	Program overview	1
VLab tutorial	WebEx	VLab training	1
Pre-immersion assessment	Online assessment	Retired CCS exam questions	4
AHIMA ICD-10 A&P Focus Courses	Online self-directed	• Circulatory System • Musculoskeletal System • Neoplasms • Central and Peripheral Nervous System • Pregnancy, Childbirth and the Puerperium • Respiratory System	16
Clinical Coding Workout	Textbook and online self-directed	Inpatient, outpatient, procedure coding exercises and assessments	40
Clinical Coding Practice	Online self-directed	99 actual redacted medical records in the VLab to include: 25 outpatient clinic cases 14 outpatient surgery cases 16 emergency department cases 44 inpatient cases	40
DRG Activities in VLab	Online self-directed	Review DRG articles, complete VLab activities regarding assignment of DRGs	18
Coffee and Coding Webinars	Online	Monthly webinars with presentations related to coding specific topics.	6
Common employability modules	Online self-directed	Common employability skills to include: • Communicating Effectively • Telephone Etiquette • The Mindful Leader • Leveraging Diversity and Strengths in the Workplace • Social Medial Awareness • Excellence in Customer Service	10
Post-immersion assessment	Online assessment	Retired CCS exam questions	4
Meetings with Coding Trainers	WebEx	Review activities, provide feedback and instruction	4
Total Immersion Training/Related Instruction hours			**144**

TOTAL MINIMUM HOURS **144**