Appendix A

WORK PROCESS SCHEDULE

AND

RELATED INSTRUCTION OUTLINE

Health Information Management (HIM) Professional Fee Coder Apprenticeship

O*NET-SOC CODE: 29-2071.00

RAPIDS CODE:
Type of Training: Competency-based

APPENDIX A

Sample Work Process Schedule and Related Instruction Outline

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

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 = $_____
2nd 500 hours + CPC or CCS-P =$_____
3rd 500 hours =$_____

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) Professional Fee Coder will use coding conventions and guidelines to abstract, analyze and accurately assign ICD (International Classification of Diseases) principal and secondary diagnostic codes and CPT (Current Procedural Terminology) principal and secondary procedural codes to ambulatory, clinic, outpatient, and provider services. The HIM Professional Fee Coder 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. Minimum job requirements include a current credential as a CCA (Certified Coding Associate) from the American Health Information Management Association or CPC (Certified Professional Coder) from the American Academy of Professional Coders (AAPC).

WORK PROCESS SCHEDULE

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 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 outpatient coding guidelines and regulations 2 – Needs improvement in the application of outpatient coding guidelines and regulations 3 – Demonstrates basic understanding of outpatient coding guidelines and regulations 4 – Demonstrates proficiency in outpatient coding guidelines and regulations 5 – Excels in application of outpatient coding guidelines and regulations

COMPETENCY	*MEASURED BY*	*Score*	*COMMENTS*
COMPETENCY	***MEASURED BY***	***Score***	***COMMENTS***
Ensure accuracy of diagnostic/procedural APC (Ambulatory Payment Classification) system	Audits indicate accuracy of APC assignment	1 2 3 4 5	1 – Below expectation in the accuracy of APC assignment 2 – Needs improvement in the accuracy of APC assignment 3 – Demonstrates basic understanding APC assignment 4 – Demonstrates proficiency in APC assignment 5 – Excels in application of APC assignment
Validate outpatient 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 outpatient codes 2 – Needs improvement in the accuracy of applying outpatient codes 3 – Satisfactorily demonstrates accuracy in the application of outpatient codes 4 – Demonstrates proficiency in the application of outpatient codes 5 – Exceeds expectations in the accuracy of applying outpatient 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	Identifies correct coding nomenclature for patient type and location	Meets or Does not Meet	Comment on **Does Not Meet**

COMPETENCY	*MEASURED BY*	*Score*	*COMMENTS*
Medicine – Clinical Terms)			
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 outpatient prospective payment systems (OPPS) 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	Meets or Does not Meet	Comment on **Does Not Meet**

COMPETENCY	*MEASURED BY*	*Score*	*COMMENTS*
	to ensure compliant billing		
Use established guidelines to comply with reimbursement and outpatient reporting requirements such as the National Correct Coding Initiative and others	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 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**
Total Approximate hours			

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 professional coding certification domains.

RELATED INSTRUCTION OUTLINE

Professional Fee Coder Immersion Training (Related Instruction) Outline Sample

Item	Type	Content	Hours
Program orientation	Teleconference	Program overview	1
VLab tutorial	Teleconference	VLab training	1
Pre-immersion assessment	Online assessment	Questions from CCS-P exam domains	4
Chapters 1, 2 and 3 in *Procedure Coding & Reimbursement for Physician Services* textbook. Complete online assessments.	Online and self-directed	Introduction to Coding Basics, E&M coding, anesthesia coding	20
Chapter 4 in *Procedure Coding & Reimbursement for Physician Services* textbook. Complete online assessment.	Online and self-directed	In-depth review of surgery coding with CPT by body system	20
Chapters 5, 6, and 7 in *Procedure Coding & Reimbursement for Physician Services* textbook. Complete online assessments.	Online and self-directed	Review of radiology, pathology, laboratory and medicine coding	20
Chapters 8, 9 and 10 in *Procedure Coding & Reimbursement for Physician Services* textbook. Complete online assessments.	Online and self-directed	Review of HCPCS Level II coding, modifiers, and reimbursement process for outpatient coding	20
Chapters 11 and 12 in *Procedure Coding & Reimbursement for Physician Services* textbook. Complete online assessments.	Online and self-directed	Review of coding and reimbursement reports and databases and evaluation of coding quality	16
Review Exercises in *Procedure Coding & Reimbursement for Physician Services* textbook.	Online	Office visit, operative reports, surgical case auditing and E&M auditing	4
Hands on coding practice on redacted original medical records.	VLab online	Outpatient clinic, outpatient surgery, emergency department, and observation cases.	20
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 Media Awareness • Excellence in Customer Service	10
Post-immersion assessment	Online assessment	Questions from CCS-P exam domains	4
Meetings with Coding Trainers	Teleconference	Review activities, provide feedback and instruction	4
Total Immersion/Related Instruction hours			144

TOTAL MINIMUM HOURS 144

Immersion Skill Training Curriculum
Professional Fee Coder Apprenticeship

NOTE: This is a recommended course outline that is customizable based on the apprentice scores in their pre-assessment and the needs of the Employer.

- Orientation Teleconference:
  - Introduction to the AHIMA Apprenticeship Program
  - Orientation to Immersion Program
    - ❖ Training Structure:
      - ➢ Program expectations
      - ➢ Program length, goals, deliverables
  - Directions on how to navigate the technical components
  - Contact Information for concerns etc.

- Resources Training Teleconference: PowerPoint/Video/LMS Tutorial
  - VLab
  - AHIMA Academy

- Pre- immersion Coding Assessment for Professional Skills Training:
  - CCS-P Exam Data Bank randomized questions (Not Timed)
    - ❖ Multiple Choice

    *Mentor Checkpoint

- Clinical Coding Review utilizing *Procedural Coding and Reimbursement for Physician Services* textbook. Complete assessments online.
  *Mentor Checkpoint

  - Chapter 1 - Online and self-directed – Introduction to Coding Basics
    - Describe the health record and standard health record formats
    - Identify organizations that direct health record format
    - Recognize basic elements of health record documentation
    - Understand the resources used to assign diagnostic and procedure codes
    - Understand CPT structure and coding conventions
    - Identify the sources of documentation that generate physician codes and charges
    - Identify codable diagnostic and procedural statements (in physician office documentation)
    - Understand the *Ambulatory Coding Guidelines for ICD-10-CM*
  - Chapter 2 – Online and self-directed - Evaluation and Management Coding
    - Understand documentation guidelines
    - Define evaluation and management services

    - Understand terms commonly used in reporting E/M Services
    - Define the levels of E/M Services
    - Understand modifiers
    - Define the various E/M categories
    - Identify the HCPCS codes used in evaluation and management coding
- Chapter 3 - Online and self-directed – Anesthesia Coding
    - Describe the format and arrangement of codes in the anesthesia section
    - Explain the anesthesia package
    - Identify and apply the modifiers commonly used in reporting anesthesia services
    - Identify codes used in reporting qualifying circumstances
    - Perform the steps used in coding anesthesia services
    - Calculate fees for anesthesia services
- Chapter 4 – Online and self-directed – Surgery Coding
    - Identify coding used in the surgery section
    - Explain the use of modifiers used in surgery coding
    - Assign codes used in all surgery sections
- Chapter 5 – Online and self-directed – Radiology
    - Describe the Radiology surgery section format and arrangement
    - Identify and apply the modifiers used in Radiology coding
- Chapter 6 – Online and self-directed – Pathology and Laboratory
    - Describe the pathology and laboratory section structure and content
    - Understand the Clinical laboratory Improvement Amendments of 1988 (CLIA)
    - Interpret quantitative and qualitative studies
    - Understand the Guidelines Pertaining to Pathology and Laboratory subsections
    - Identify and apply the modifiers used in Pathology and Laboratory coding
- Chapter 7 – Online and self-directed – Medicine
    - Understand the Medicine section content and code structure for all specialties
    - Identify and assign the appropriate modifiers used in coding Medicine services
    - Identify and assign the appropriate HCPCS codes used in coding Medicine services
- Chapter 8 – Online and self-directed – HCPCS Level II Coding
    - Understand the HCPCS code assignment hierarchy and the steps in HCPCS code assignment
    - Understand the effect of HIPAA on HCPCS
    - Identify the Level II codes that are inappropriate for professional billing
- Chapter 9 – Online and self-directed – Modifiers
    - Understand the types of Modifiers
    - Identify and assign modifiers
- Chapter 10 – Online and self-directed – Reimbursement Process

        - Understand the reimbursement process and mechanisms
        - Describe Fee Schedule management
        - Identify sources of coding and reimbursement guidelines
        - Identify payer-specific guidelines
        - Understand how to submit claims and the claims process
        - Identify the data elements of a computerized internal Fee Schedule
    - Chapter 11 – Online and self-directed – Coding and Reimbursement Reports and Databases
        - Perform data evaluation
        - Interpret computerized internal Fee Schedule Reports
        - Analyze Payer Remittance Reports
    - Chapter 12 – Online and self-directed – Evaluation of Coding Quality
        - Understand the tools for evaluating coding quality
        - Perform internal audits

- Clinical coding practice coding original redacted medical records (55 records):
  - 25 Outpatient clinic cases
  - 16 Emergency department cases
  - 14 Outpatient surgery cases
  *Mentor Checkpoint

- Clinical coding practice coding original redacted medical records (35) records in VLab/Solcom EDCO:
  - 4 ambulatory surgery cases
  - 26 emergency department cases
  - 5 outpatient cases
  *Mentor Checkpoint

- Common Employability Resources:

    - *Module 1:* **Communicating Effectively –** Discover how effective communication can lead to positive business interactions. Effective listening and questioning techniques to use and how to write engaging emails.

    - *Module 2:* **Telephone Etiquette** – Gain an understanding of the seven steps to perfect telephone etiquette.

    - *Module 3:* **The Mindful Leader –** Learn the benefits of mindfulness and how it works.

    - *Module 4:* **Leveraging Diversity and Strengths in the Workplace** – Understand the importance of the diversity of others and what everyone brings to the workplace.

- *Module 5*: **Social Media Awareness –** Learn how to use social media in the workplace and understand how a social media policy can assist you.

- *Module 6:* **Excellent in Customer Service** – Learn about the CONTACT approach to customer excellence.

- Post- immersion Coding Assessment for Professional Skills Training
  - CCS-P Exam Database randomized questions (Timed)
  - Multiple choice

    * Mentor Checkpoint at the end of Post-Immersion Assessment

***** Completion of Immersion Skills Training*****

Apprentice transitions to OTJ training with mentor:

- Meetings with Mentors & Apprentices
- Educational Webinars on key topics such as:

  - Coding guidelines
  - Principal Diagnosis, Principal Procedure / UHDDS guideline overview
  - CCS-P Exam preparation

**** Post Immersion Skills Training Apprentice will be eligible to request a coupon code for the CCS-P Exam during the Apprenticeship****