Program Information

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© 2017 Practice Management Institute® CMC-1217
Certified Medical Coder (CMC)® validates training and knowledge as an outpatient coding professional.

Providers need Certified Medical Coders capable of understanding the reimbursement cycle from encounter to claim.

- Certified professionals protect the practice's financial health by helping to limit audit liability and decrease claim denials.
- Certification signifies advanced knowledge and skills to auditors, compliance officers, employers and peers.
- Earning certification improves confidence when communicating with physicians, third-party payers, patients and business associates.

Recognition

PMI is recognized by the Centers for Medicare and Medicaid Services (CMS) as an example coding certification source for its Intermediate Provider Customer Service Program.¹ This recognition by CMS and hundreds of other healthcare organizations reinforces PMI’s position as a leading provider of certification for medical office staff.


Class Outline

Medical Terminology
- Makeup and pronunciation of medical terms/words
- Key review of the human body systems, illustrations and review of anatomic position and directional terms
- Root words, prefixes, suffixes and supplemental terms
- Combined forms associated with medical conditions
- Definitions for common medical abbreviations
- Analysis of physician orders and narratives

ICD-10-CM Coding
- Instruction on the guidelines, organization, and groupings of ICD-10-CM
- Accurate translation of medical terminology for diseases into codes
- Designation of symbols, punctuations, abbreviations, keywords, unspecified codes and other coding conventions
- ICD-10-CM subcategories, classifications and extensions
- Outline of the complete coding and reimbursement equation
- Primary vs. secondary code selection
- Diagnostic coding guidelines such as laterality, sequelae, etc.
- Differentiate between signs/symptoms and ill-defined conditions and a diagnosis
- Correct rules and guidelines for assigning codes for neoplasms, adverse effects, pregnancy, childbirth, wounds, burns, injuries, HIV/AIDS, etc.
- Unsubstantiated and borderline diagnoses
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- Proper use of tables
- Problem set coding exercises for hands-on comprehension

Procedural Coding - CPT® and HCPCS
- Key elements of physician documentation that drive the assignment of CPT codes
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- HCPCS/CPT coding process and steps
- Format and conventions used in the HCPCS/CPT coding manuals
- Global and unbundled procedures, and their impact on coding in CPT

 ancillary services & Advanced Coding
- Maternity and delivery services
- Types of radiology services
- Technical and professional component distinction
- Billing supervision and interpretation (S&I) services
- Laboratory procedure types
- Billing for qualitative detection versus quantitative detection
- Billing laboratory panel tests
- Types of pathology services
- Coding services in the medicine section
- Billing for administration of vaccines and immunizations
- Types of dialysis
- Guidelines used to assign ophthalmologic examinations
- Advanced coding problem set exercises

About PMI

Practice Management Institute® (PMI) teaches physicians and their staffs how to run a more productive, profitable and compliant medical office. Each year, thousands of medical office professionals look to PMI as a leading provider of continuing education and credentialing. These training programs have been hosted in leading hospitals, medical societies and colleges across the U.S. for 35 years.

PMI awards certification by exam to accomplished medical office professionals in the competency areas of coding, reimbursement, compliance and management. More than 20,000 medical office professionals have earned credentials through PMI. Visit pmiMD.com to learn more now.

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