Career Step in Partnership with Chickasaw Institute

Career Development For A Bright Future

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Who is Career Step?

- Dedicated, online adult-focused healthcare education company for 25+ years, over 100,000+ learners

- Employer-driven programs and solutions – partner with clients

- 175+ academic 2 and 4 year schools using curriculum

- Proprietary learning management system (LMS)

- AHIMA and AAPC Approved CEUs

- Client Manager assigned to assist scheduling, reporting, and project planning as well as consulting services

- Industry expert developed content

- Revenue cycle expertise with acquisition of Panacea Healthcare in 2017

Career Step Portfolio

Refresher Programs	Development and Transition Programs
Evaluation of team skills – CM,PCS, CPT®, E&M	Pre- Employment Evaluation
ICD-10-CM Refresher – 10 CEUS	New Learner – Medical Billing (NHA) – Ready for NHA CBCS exam
ICD-10-PCS Refresher – 11 CEUS	New Learner – Medical Coding (CCA,CCS) - 40 CEUS
DRG Refresher – 3 CEUS	Outpatient Coder to Inpatient Coder – 40 CEUS
CPT Refresher – 11 CEUS E&M Coders/Physicians MACRA/MIPS for Physicians	Transform Coders to IP Auditors (includes Clinical Documentation Improvement curriculum) – HFMA Certificate
Applied PCS with Advanced Biomedicals – 40 CEUs	Documentation Integrity Module – 30 hours CDI Development – In progress
Coding Practice Tool (SDS, ED, Inpatient)	CAC Readiness, HCCs, Bundled Payments – TBD
Biomedicals Medical Terminology – 7 CEUS /Anatomy – 8 CEUS Pharmacology – 7 CEUS/Pathophysiology - 7 CEUS	Consulting Services: Coder Education, Auditing, CDI Development/Review, Training and Oversight, CDM, Pharmacy CDM, Pricing

Partners in Education & Training
With Chickasaw Institute Since 2016

- Medical Coding and Billing
  - CCA with AHIMA or <u>CPC</u> with AAPC
  - 20+ New and Outpatient to Inpatient learners

- Transcription – Summer 2018
  - RHDS

- Computer Technician
  - COMPTIA A+
  - 6 learners

- Pharmacy Technician
  - PTCB
  - 6 learners

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Training & Career Development

Chickasaw Institute

In support of the overall mission of the Chickasaw Nation: "*To enhance the overall quality of life of the Chickasaw people*," The Interior Services, Department of Training and Career Development developed Chickasaw Institute.

Chickasaw Institute provides certification and career and professional development opportunities to Chickasaw citizens and Chickasaw employees.

Chickasaw Institute

Chickasaw Institute was created to close the needs gap of unemployed and underemployed tribal citizens and tribal employees. Under the Division of Training and Career Development, the following employment needs are addressed:

- Access to professional and certification training that provides skill development to increase participant's abilities to gain employment.

- The development and implementation of new professional and technical training programs to be offered to Chickasaw citizens through classroom experience and on-the-job training.

Chickasaw Institute partners with curriculum owners outside of the Chickasaw Nation and develops internal programs of study as well. Training opportunities will include professional development and certification courses in a variety of areas.

Chickasaw Institute

Chickasaw citizens who are accepted into a program are eligible to be paid an hourly wage while attending school and completing certification requirements up to forty hours per week.

Chickasaw Institute provides on-the-job training opportunities, support when transitioning from participant to employable.

- Provides Career Training and Professional Development

- Develops and Offers Internal Curriculum

- Partners with External Curriculum Owners

- Pays Unemployed Citizens as Participants

- Provides On-The-Job Training for Citizens

- Transitions Underemployed or Unemployed Participants to Employable

- Tracks Participants Employment Results

CHICKASAW INSTITUTE

Programs of Study

Business Management

Leadership & Professional Development

Health & Medical

Technical Trades

Information Technology

CHICKASAW INSTITUTE

Health and Medical

Medical Coding

- The Medical Coding program prepares Chickasaw Citizens with the necessary skills to be employed as a coding and reimbursement specialist.

- The program is taught through online modules, instructor presentations and clinical experience.

- Medical coding positions provide the following advantages: work from home, complete education quickly, set one's own working hours and have a job that is in demand.

CI
CHICKASAW INSTITUTE

Medical Coding

- National Certification Program
- Curriculum provided by Career Step
  - Approved by AHIMA (American Health Information Management Association)
- 12 month program (class, hands-on, and experiential)
- Class size: 5 Chickasaw Citizens
- OJT Partners:
  - Chickasaw Nation Medical Center
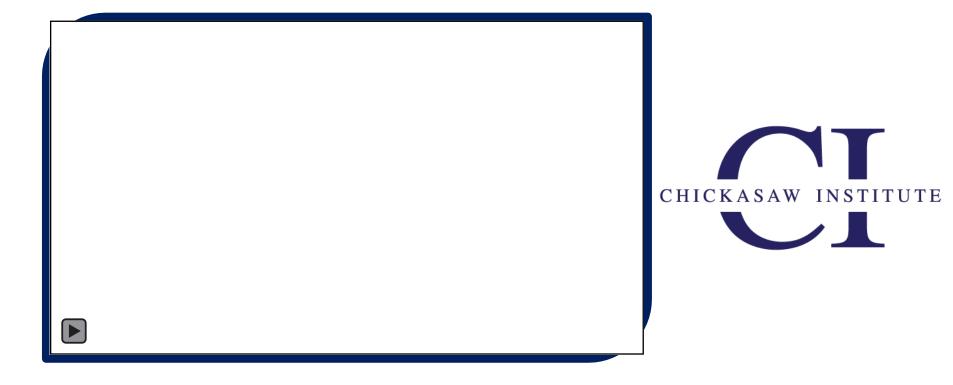 - Other Chickasaw Nation Health Campuses

CHICKASAW INSTITUTE

Chickasaw Institute Facts

- Implemented in February 2016
- **Citizen Programs Offered:**
  - Administrative Professional
  - Computer Technician
  - Medical Coding
  - Electrical
  - HVAC/R
  - Pharmacy Technician
- **20 0f 23 (86.9% retention and graduation rate) participants have completed their programs**
- **16 of 20 (80%)** have obtained employment

Chickasaw Coder Development
Professional Medical Coding & Billing (PMCB)

Module	Hours	Module	Hours
Program Orientation	1	Anatomy and Physiology	45
Computer Fundamentals	7	Pharmacology	30
Health Information Management	14	Introduction to Coding	16
Healthcare Delivery Systems	4	ICD-10 Coding	65
Legal and Compliance	3	CPT/HCPCS Coding; Block 1	40
Reimbursement Methodologies	21	CPT/HCPCS Coding; Block 2	40
Medical Terminology	50	Advanced ICD-10 Coding	16
Pathophysiology	50	Coding Practicum	120
Final Exam	1	**Course Total Hours**	**523**

Sample Timeline of Learning – 16 hours/week

PMCB Modules - New Coder Group A	Estimated Hours	Start Date	End Date
Program Kick Off Call	1	4/19/2017	4/19/2017
Program Orientation	1	4/19/2017	4/19/2017
Computer Fundamentals	7	4/19/2017	4/25/2017
Health Information Management	14	4/25/2017	5/3/2017
Healthcare Delivery Systems	4	5/3/2017	5/4/2017
Legal and Compliance	3	5/4/2017	5/4/2017
Reimbursement Methodologies	21	5/4/2017	5/9/2017
Medical Terminology	40	5/9/2017	6/2/2017
Break	-	6/5/2017	6/9/2017
Medical Terminology (Cont.)	10	6/12/2017	6/19/2017
Anatomy and Physiology	45	6/19/2017	7/20/2017
Pathophysiology	28	7/20/2017	8/4/2017
Break	-	8/7/2017	8/12/2017
Pathophysiology (Cont.)	22	8/14/2017	8/24/2017
Pharmacology	30	8/24/2017	9/14/2017
Introduction to Coding	25	9/14/2017	10/3/2017
ICD-10 Coding	17	10/3/2017	10/10/2017
Fall Break	-	10/11/2017	10/13/2017
ICD-10 Coding (Cont.)	48	10/16/2017	11/14/2017
CPT/HCPCS Coding – Block 1	40	11/14/2017	12/12/2017
CPT/HCPCS Coding – Block 2	20	12/12/2017	12/22/2017
Break	-	12/25/2017	12/29/2017
CPT/HCPCS Coding – Block 2 (Cont.)	20	1/2/2018	1/11/2018
Advanced ICD-10 Coding	16	1/11/2018	1/23/2018
Coding Practicum	80	1/23/2018	3/9/2018

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New Learner

Introduction to Coding

Progress Tracker
Page 44 of 63 (70%)

Introduction to Coding Table of Contents

Introduction

Classifications, Nomenclatures, and Clinical Vocabularies

ICD-10-CM/PCS Guidelines

Automated Coding

Coding Ethics and Physician Queries

Quality, Auditing, and Severity

Module Exam

Program Modules

Tools

Enter Search Term...

Enter Term to Pronounce...

Search By Abbreviation ...

Search Abbreviation by Definition ...

Search Medical Dictionary ...

Launch 3M Reference
Launch 3M Encoder

Place mark this page

Remove Placemark

Email this page:

Introduction to Coding » Coding Ethics and Physician Queries

Go to page [   ] GO   « Prev | Next »

This will be the first time you submit this page. Good luck!

Physician Queries – Lesson 1

Querying a provider is the process of clarifying conflicting, ambiguous, or incomplete information contained in the patient's medical record. This process is an effective tool for improving the quality of coding and medical record documentation. Query forms may be used to improve the quality of physician documentation and the accuracy of code assignment. They should not be used to inappropriately maximize reimbursement.

Query Process

Every facility should develop policies and procedures regarding obtaining physician clarification of documentation that affects the code assignment for significant conditions or procedures. It is not necessary to query for every unaddressed issue in physician documentation. The internal policies and procedures should state the situations that warrant a physician clarification. As part of this policy, the facility needs to determine if the physicians will be queried during the patient's hospitalization or after the patient has been discharged. The policy should also designate who is authorized to query the physician. The majority of the time the coding professional will query the physician. It is important that the person performing the query be familiar with the *AHIMA Standards of Ethical Coding*.

Go to the following link and read the brief and then answer the questions pertaining to the AHIMA Practice Brief: *Managing an Effective Query Process* at: http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_040394.hcsp?dDocName=bok1_040394

This brief provides the background and basic information on the query process. A more detailed brief will follow with more detailed information including examples of appropriate physician queries.

I. MULTIPLE CHOICE.
Choose the best answer.

1. In most cases the query regarding abnormal test results would be directed to _____.

○ attending physician

○ consulting physician

○ emergency room physician

○ surgeon

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New Learner

Coding Practicum

Coding Practicum Table of Contents ⊕

Program Modules ⊕

Tools ⊖

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Search Abbreviation by Definition ... 🔍

Search Medical Dictionary ... 🔍

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Launch 3M Encoder

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Remove Placemark

Email this page: ⊕

Support Services ⊕

Technical Support ⊕

System Requirements ⊕

General Surgery 3

Code the Following Report

Read the following report and enter the proper code(s) in the blank(s) provided. Remember to code for ICD-10-CM, CPT®, and HCPCS codes. If a specific category of code is not applicable please leave the box blank.

Code this report as if you work in the hospital.

Medical Record

Operative Report

PREOPERATIVE DIAGNOSIS: Enlarged right thyroid.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATION PERFORMED: Thyroid biopsy.

OPERATING SURGEON: ___ [NAME].

ASSISTING: Dr. ___ [NAME].

ANESTHESIA: Local.

The patient was brought to the operating room for biopsy of the thyroid gland for pathological evaluation. The patient had undergone thyroid ultrasound and the area for biopsy marked appropriately. The area above the proposed biopsy site was anesthetized with 1% Xylocaine. A large, hollow bore needle was passed through the skin into the thyroid. The tissue is removed and sent for analysis. Three biopsies were performed and sent as separate specimens. The patient tolerated the procedure well.

I. FILL IN THE BLANK.
Enter the proper code(s) in the blank(s) provided. If a specific category of code is not applicable, please leave the box blank. When entering multiple codes in the same box, separate them with a comma and a space (i.e. E11.9, I10).

1. Primary ICD-10-CM Code: [   ]

2. Secondary ICD-10-CM Code(s): [   ]

3. Z Code(s): [   ]

4. External Cause of Morbidity Code(s): [   ]

5. Primary CPT Code: [   ]

6. Secondary CPT Code(s): [   ]

7. HCPCS Code(s): [   ]

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Advanced Coding

Advanced ICD-10 Coding

Advanced ICD-10 Coding Table of Contents

Program Modules

Tools

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Search Abbreviation by Definition ...

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System Requirements

Expiration Date

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This will be the first time you submit this page. Good luck!

Case 83

Discharge Note

I. FILL IN THE BLANK.

Enter the correct code in the blank provided.

Medical Record

DIAGNOSIS: Severe degenerative arthritis of the right hip

PROCEDURE:

Right total hip arthroplasty, open

The patient has primary arthritis of the right hip and has been experiencing pain and swelling. After failure of conservative therapy, the patient elected to have a total hip arthroplasty.

DEVICES:

A 32 mm cobalt chromium head, polyethylene liner was cemented for pressurization into the intramedullary canal of the femur.

1. What is the ICD-10-CM code for the principal diagnosis? [ ]
2. What is the ICD-10-PCS code for the principal procedure? [ ]

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ICD-10 Outpatient to Inpatient

Integrated Tools

Tools ⊖

Enter Search Term... 🔍

Enter Term to Pronounce... 🔍

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Launch 3M Encoder

Place mark this page

Email this page: ⊖

Enter the recipient(s):
Send to Support Services: ○
Send to Technical Support: ◉

Separate multiple recipients with commas.

Enter the subject line:

Enter any comments and/or questions to include in your message:

[Send Email]

- ▸ Search Terms
  Use the Enter Search Term text box to type a term or phrase. A list of pages with your targeted search will appear.

- ▸ Pronunciation Guide

- ▸ Launch 3M Reference

- ▸ Launch 3M Encoder

- ▸ Place mark this page
  Use the Place mark this page tool to "bookmark" your current page if you want to stop your study at a given point in time. When you log back in to the program, click back on this tool to return to your bookmarked page.

- ▸ Email this page
  *Use the Email this page option (click on plus sign) to email your current page along with any questions or comments, to a support representative. This page is useful
  - if you have a specific question about the content of the page
  - if you'd like to send copies of your exercise and/or assessment results to yourself for future reference.*

Assessing Progress & Success

Show Completion Report

Key

- Click on the colored square to view grades for each unit test within a module.
- Hover your mouse over any square or bar for additional information.
- Click here to read gradebook frequently asked questions.

Professional Medical Coding and Billing [Expand All] [Collapse All]		
Program Orientation		⊖
Module Exam: Program Orientation	Score 100	⊕
Computer Fundamentals		⊕
Health Information Management		⊕
Healthcare Delivery Systems		⊕
Legal and Compliance		⊕
Reimbursement Methodologies		⊖
Unit Test: Medical Billing Basics	Score 100	⊕
Unit Test: Healthcare Reimbursement	Score 100	⊕
Unit Test: Life Cycle of a Claim	Score 100	⊕
Unit Test: Completing the CMS-1500 Claim Form	Score 100	⊖
You submitted this page on July 14, 13. You passed with a score of 100.		
Unit Test: Completing the UB-04 Claim Form	Score 100	⊕
Unit Test: Quality Assurance Practices and Regulatory Compliance	Score 100	⊕
Unit Test: Medicare Severity Diagnosis Related Groups	Score 100	⊕
Module Exam: Reimbursement Methodologies	Score 96	⊕
Medical Terminology		⊖
Chapter 2 Test	Score 97	⊕
Chapter 3 Test	Score 94	⊕

Access your training scores from your home page by clicking on **Scores** or **Completion Report**. This information will help you track your progress through each unit and module.

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Sample Management Reporting

Professional Medical Coding and Billing Coding Education Progress Report		
Module	**Exam**	**Coder 2**
Pharmacology	Unit Test: Drug Diagnoses, Trea	100
Pharmacology	Module Exam: Pharmacology	100
Introduction to Coding	Unit Test: Classifications, Nome	96
Introduction to Coding	Unit Test: ICD-10-CM/PCS Guide	100
Introduction to Coding	Unit Test: Automated Coding	100
Introduction to Coding	Unit Test: Coding Ethics and Phy	100
Introduction to Coding	Unit Test: Quality, Auditing, an	96
Introduction to Coding	Module Exam: Introduction to C	100
ICD-10 Coding	Unit Test: Chapters 1 and 2	90
ICD-10 Coding	Unit Test: Chapter 3	100
ICD-10 Coding	Unit Test: Chapters 4, 5, and 6	100
ICD-10 Coding	Unit Test: Chapter 7	92
ICD-10 Coding	Unit Test: Chapters 8 and 9	100
ICD-10 Coding	Unit Test: Chapter 10	100
ICD-10 Coding	Unit Test: Chapter 11	100
ICD-10 Coding	Unit Test: Chapter 12	100
ICD-10 Coding	Unit Test: Chapter 13	91
ICD-10 Coding	Unit Test: Chapter 14	92
ICD-10 Coding	Unit Test: Chapter 15	100
ICD-10 Coding	Unit Test: Chapter 16	100
ICD-10 Coding	Unit Test: Chapter 17	100
ICD-10 Coding	Unit Test: Chapter 18	100
ICD-10 Coding	Unit Test: Chapter 19	100
ICD-10 Coding	Unit Test: Chapters 20 and 21	100
ICD-10 Coding	Unit Test: Chapters 22 and 23	85

Benefits of Career Step's Learning Management System

- Variety of Certification Programs
- 24/7 web-based solution
- Utilizes work environment scenarios
- Client branding options
- Robust scoring engine
  - Weighted scoring options
  - Pass/fail rates set per client
  - Reveal correct answer threshold
- Detailed reporting
  - Tracks each scored exercise/assessment
  - Status and completion

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Questions

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