

www.chroniclesbillingschool.com

www.chroniclesbilling.com



APPROVED INSTRUCTOR BY THE AAPC

[Chronicles Billing Inc](http://www.chroniclesbilling.com) believes in giving everyone a chance at success.

The Professional Medical Coding Curriculum (PMCC) is designed to prepare the student for a career as a certified professional coder. Students will be taught comprehensive/accurate CPT, ICD-9 CM and HCPCS medical coding information needed for reimbursement for medical procedures/services provided by the Physician.

The curriculum includes: lectures, exercises, end of chapter reviews, and final exam. Upon completion of the PMCC course [Chronicles Billing Inc](http://www.chroniclesbilling.com) will proctor the AAPC Certified Professional Coder (CPC) examination.

What does it take to become a Certified Professional Coder?

The first step is to enroll in a PMCC classroom / online based course. The student will learn to abstract diagnosis and procedure codes to maximize reimbursement for their physicians. The PMCC has designed a definitive program of study that is aimed at providing the most up-to-date information relating to CPT and ICD-9-CM procedural and diagnostic coding.

Chapters include medical terminology, anatomy overviews, with CPT and ICD-9-CM coding issues organized in a way that is consistent with the most current American Medical Association's Physicians Current Procedural Terminology. The course also includes end-of-chapter review questions to enhance comprehension of the material covered. Students who are serious about becoming a Certified Professional Coder must take advantage of the PMCC program by enrolling and giving themselves the best opportunity for success.

Student will require a strong amount of self discipline and dedication to learning and perfecting their skills as a medical coder. Please plan on allowing approximately six to eight hours of home study time per week.

Course Description

Week #1 Chapter One: Introduction to the CPT Understanding CPT® and HCPCS codes in relation to reporting physician and/or other provider procedures and services are discussed. This chapter also introduces the basics of formatting, terminology, modifiers, and the two levels of HCPCS codes used in Medicare and most private payer claims.

Chronicles Billing Inc. PO Box 199 Locust Grove, GA 30248, 770-954-1358 or
1(800)467-0141 Facsimile 678-298-4647

Weeks 2&3 Chapter 2 Evaluation and Management (E/M) Section Evaluation and management (E/M) codes are described with the fundamentals in preparation and application to medical claims. Each section explains a topic pertinent to E/M coding such as the definitions of key components, reporting consultations, emergency department visits, critical care, preventive medicine, and home health services. From the basics of E/M coding, the students advance to actual reporting of these codes based on provider information. A step-by-step approach to E/M auditing is presented with the various types of audits common to medical practices.



Week #4 Chapter 3 Anesthesia Section and Modifiers A discussion of the ASA relative values, anesthesia guidelines, modifiers, code organization and crosswalk, as well as a review of the different types of anesthesia available for patients and the methods in which they are administered is covered in this chapter.

Week #5 Chapter 4 Introduction to the Surgery Section and Integumentary System Descriptions of each section of surgery codes are in-depth and begin with the integumentary system. Definitions and anatomical descriptions give an overview of these code ranges, which are updated annually to reflect any changes in health care.

Week#6 Chapter 5 Musculoskeletal System Chapter 6 Respiratory System One of the largest sets of codes in the CPT® is the musculoskeletal system. The application, relevant definitions, anatomical descriptions, and an overview of the various procedures are demonstrated. Students are introduced to respiratory diseases with subsequent treatment and the functions of the system's organs. The respiratory system codes with the application and proper documentation are defined.

Week #7 Chapter 7 Cardiovascular System In this chapter, you will have the opportunity to learn about coding of procedures affecting the cardiovascular system. The chapter covers coding from the surgery, medicine, and Radiology sections, as well as the major classes of procedures that apply to each system.

Week #8 Chapter 8 Female Genital System and Maternity Care and Delivery three sections of CPT® codes are reviewed in this chapter of the PMCC. The chapter reviews the male genital system, which is followed by an overview of the female genital system. The third set of codes discussed reviews the delivery and maternity care codes.

Week #9 Chapter 9 General Surgery I Chapter 10 General Surgery II Surgical codes are arranged in sections according to body systems (eg, integumentary, digestive), which are divided according to the type of procedure performed. The AMA's coding modifiers and coding guidelines are defined

Week #10 Chapter 11 Radiology section Chapter 12 Pathology/Laboratory Section A discussion of radiological procedures and coding guidelines including body positions and relationship terms, radiological supervision and interpretation codes, technique and equipment issues, diagnostic radiology, MRIs, ultrasounds, and chemotherapy administration are covered in this chapter This chapter covers procedure and coding issues pertaining to pathology and laboratory. Topics include organ and disease oriented panels, drug testing, therapeutic drug assays, consultations, hematology and coagulation, blood counts, hemograms and differentials, bone marrow procedures, blood clot studies, transfusion medicine, microbiology, anatomic pathology, and CLIA requirements

Week #11 Chapter 13 Medicine section and Level II National Codes This chapter discusses immunization and administration for vaccines/toxoids, therapeutic and diagnostic infusions, psychiatry, dialysis, gastroenterology, ophthalmology codes, cardiovascular codes, physical medicine, and other special services that are found in the Medicine section of the CPT®-4 text.

Chronicles Billing Inc. PO Box 199 Locust Grove, GA 30248, 770-954-1358 or
1(800)467-0141 Facsimile 678-298-4647



Weeks #12 & 13 Chapter 14 Overview of the ICD-9-CM

Weeks 14 & 15 Chapter 15 Using the ICD-9-CM Diagnostic coding through medical necessity, coding guidelines, and how-to steps are presented along with coding conventions, coding tips, and understanding ICD-9-CM Volumes 1 and 2. An addendum introduces the ICD-10 format, which is informational only and not included in the CPC examination.

Week #16 Chapter 16 Third Party Reimbursement Issues In this chapter you will be introduced to third party reimbursement issues, such as Medicare, the definition of a participating provider, how to locate information in the federal register, major elements of the DRG system, the purpose of PROs, the RBRVS System, the structure of the APC system, the framework of Medicare Fraud and Abuse, and the major components of managed health care.

MATERIALS NEEDED FOR THIS COURSE

- ✓ Colored highlighters (4 colors)
- ✓ CPT code book (*Spiral Professional*)
- ✓ ICD-9 book
- ✓ HCPCS
- ✓ Medical Dictionary (*Tabers recommended*)

*****Your fee also includes The CPC Exam Review and (timed) Mock Test*****

EXAM FEE \$260.00 is made payable to the AAPC

STUDENT MEMBERSHIP \$70.00 is made payable to the AAPC

INSTRUCTOR FEE *\$1,100.00 is made payable to Chronicles Billing Inc. A (\$100.00 DISCOUNT IS GIVEN IF PAID IN FULL)**

ICD-9 Current Year-\$70.00

CPT Professional Current Year (Spiral) \$82.00

HCPCS Current Year \$60.00

*****PRICES MAY VARY ON BOOKS. CHRONICLES BILLING INC HAS**

PARTNERED WITH  "FOR GREAT DEALS AND SAVINGS \$\$\$" ORDER THROUGH THE www.chroniclesbillingschool.com WEB SITE***

Genieve R Nottage MBA, BSHA, CPC, CMBS