

AHIMA Coding Education Program Approval Manual (CEPA)

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Criteria for AHIMA Coding Certificate Program Approval

A program may apply **only** if:

- The sponsoring institution is accredited by a regional accrediting institutional agency recognized by the U.S. Department of Education (USDE) , or *the sponsoring institution is accredited by a national accreditor with USDE provisions in their Grant for Accreditation for establishing eligibility to participate in Title IV programs.*
- The applying campus program must provide the **OPEID number** assigned by the U.S. Department of Education **on the GAP and CEPA documentation** as proof of participation for financial aid.
- There are **no exceptions** to these qualifying criteria.

CODING EDUCATION PROGRAM APPROVAL MANUAL

The purpose of this manual is to present guidelines for coding education programs wishing to seek AHIMA Approval. The approval process is a three step model:

Step 1 – GAP Analysis complete the GAP Analysis with Course Synopsis document (referred to on the website as GAP Template). Submit your completed GAP electronically as a saved Word document (do not convert to .pdf). Send to the ACCP email address: accp@ahima.org and a coordinator will place the electronic document into a pending folder until the GAP payment is received by AHIMA. The GAP is \$2,000. A check should be sent to AHIMA (see mailing address). Once the check is processed, the GAP will be distributed to the peer review team for review and consideration at the next quarterly session of the ACCP.

Once the GAP and payment are received by AHIMA, no refunds are provided. Payment for the approval analysis is no guarantee that the program will be successful in the approval process, but to get to be an AHIMA approved program, the program must submit to the ACCP approval process.

GAP Review – A GAP analysis will be performed by two peer reviewers and presented at the next scheduled quarterly session of the ACCP. The ACCP meets December, March, June, and September.

The committee will vote one of two possible ways:

- Proceed with completion of the CEPA manual, the program is in essential compliance – pay special attention to areas needing to be further developed during the CEPA process.
- Or,
- The program does not meet essential compliance review. Do not submit a CEPA manual – without significant modification of the curriculum the program will not pass AHIMA approval.

Step 2 – Coding Education Program Approval (CEPA) Program Review If invited to complete the CEPA manual, the program should refer to the notes provided by the peer review team in the GAP analysis and ensure that these items are addressed adequately in the CEPA submission. To complete the CEPA, create three (3) flash drives with the information required for a complete submission. Mail the CEPA electronic response and a check for \$2,000 for the CEPA review to AHIMA. Two of the devices will be sent to peer reviewers and a third kept at AHIMA. At the next quarterly session of the ACCP, the peer reviewers will present their findings to committee for comment and vote. A

vote will be taken and the applicant notified of the committee's decision. There are three possible outcomes:

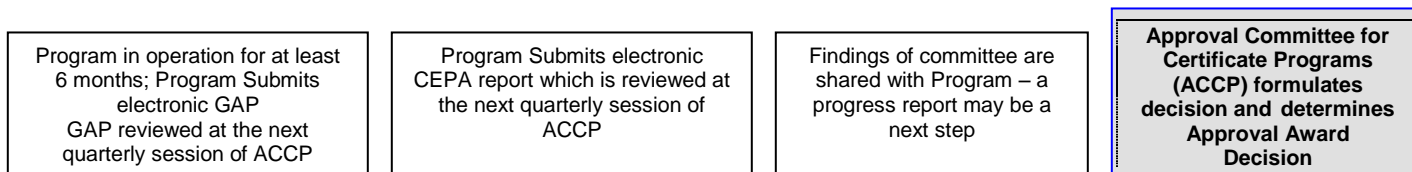
- Approved
- Approved with Conditions (a progress report is required)
- Withhold Vote until Program Resubmits CEPA – where large amounts of data is missing, or there is a significant variance between what was submitted in the GAP and what is submitted in the CEPA. Programs will be given a chance to submit a revised CEPA within a one year period (but only one revision).
- NOTE: there can only be one resubmitted GAP and only one resubmitted CEPA – after that, the process of approval is closed for the site for a period of two years.

If approved, a certificate of approval will be mailed to the program, and it will appear on the AHIMA website and the national student recruitment website as an AHIMA Approved Coding Certificate Program (see <http://www.hicareers.com>). Approved programs will be allowed to use the AHIMA seal of approval on web and printed materials.

Step 3 – APPROVAL/PROGRESS REPORT A program may receive a status of Approved with Conditions – the response will outline what areas the committee needs to be revisited. In most cases, this is due to a lack of supporting documents to support the program's narrative. In each standard, the program creates a narrative that explains how the program meets the standard; and attaches supporting documentation that demonstrates adherence to the standard.

Note: Existing CAHIIM accredited programs receive 50% discount on cost of coding certificate approval. The standard rate of: GAP \$2,000 and CEPA \$2,000 (total \$4,000) is reduced to GAP \$1,000 and CEPA \$1,000 (total \$2,000) for currently accredited CAHIIM programs. Programs must identify by using their CAHIIM EPC code in both the GAP and CEPA submissions in order to qualify for the reduction.

THE APPROVAL REVIEW PROCESS



Details on Approval Fees:

- First half of approval fee is due at the time the GAP is submitted. Submit the GAP electronically via email, and note in the email when AHIMA can expect to receive the check in the mail. The GAP will be distributed to peer reviewers upon receipt of the payment, and will appear on the next scheduled ACCP quarterly agenda.

- The second half of the approval fee is due at the time of the submission of the CEPA manual – a check should accompany the flash drive packet. The CEPA will be distributed to peer reviewers upon receipt of the payment, and will appear on the next scheduled ACCP quarterly agenda.
- Approval costs a total of \$4.000 (effective through 12/30/2011). Programs that do not pass the GAP - do not submit the second payment.
- Approval is granted for five years. At the end of the fourth year, the program will be notified they must prepare for a new approval process. Be sensitive to deadlines for when the GAP or CEPA must arrive. Programs that fail to get renewed in a timely manner will lose approval status and be removed from the national listings. Be sure to use current templates and current fees when preparing for a renewal – there will be changes in fees and templates since the previous submission.
- There are no interim payments due, only the approval fee which is granted for five years.

CEPA and Check Submissions

Flash drives containing your completed CEPA and checks should be sent to:

AHIMA
 Daniela Amendola
 233 N Michigan Ave, Fl 21
 Chicago, IL 60601
 For mailing questions please call: 312-233-1137

CEPA Completion Helpful Hints

Narrative: The program will explain how compliance with standards is achieved. Each standard must be supported with a source document that validates the narrative. The CEPA template will outline what should appear in each section. Programs that provide complete and accurate narratives help assure a timely review process. Programs that provide incomplete, or contradictory, or missing elements will be sent back for re-submission. Be aware that there is only one additional submission that is possible with a CEPA.

The curriculum plan must reflect the AHIMA model curriculum as being the foundation of the coding certificate program. Programs can offer additional instruction, but may not scale back the required domains of learning.

Hours and domains of learning should be itemized in the course syllabi. Each syllabus should explain how a given course meets the domains of learning, and the required minimum number of contact hours. In cases of “blended” courses, the program may not count a contact hour in one category as satisfying hours in another (i.e. no double dipping).

Course Syllabi should be consistent in format and provide at least the following:–

1. The name and credentials of instructor currently teaching the course
2. Text books used (including ISBN and price of textbook)
3. Lecture topic for each class (weekly topics and reading assignments)
4. Student deliverables (listing of assignments, reports, quizzes, exams that the student is expected to complete for a grade)

Curriculum compliance proof: attach one test from each course, the test should clearly identify which course it is used in, and attach two student assignments from each course, the assignments should clearly identify which course it is used in.

- If your school uses online course management software applications like WebCT or Blackboard, you may wish to grant access to the reviewers by issuing a guest sign-on and password. Provide that online access information at the start of the body of your report. Please be aware that online access is not a substitute for providing written documentation, but rather; should be offered when a program wishes to demonstrate the depth of content covered in each domain.
- Program Resources – identify and discuss the nature of resources available to students such as: encoders, coding labs, number and type of health records (paper & electronic), etc.

Program External Evaluation Process – be sure to include statistics that document how well you have tracked your program outcomes in the categories below:

- Program completion rates
- Job placement rates
- Graduate satisfaction surveys
- Employer satisfaction surveys
- Advisory Committee minutes

New programs that are in their first year of operation should provide a detailed plan on how the program outcomes will be achieved, and even new programs should have evidence of advisory committee minutes. Programs with years of operation (especially renewal programs) are expected to be in full compliance with data capture of all five categories. Be sure to indicate the numerator/denominator in calculations. Reference to a percentage only is not acceptable.

CEPA Appendix Samples

Appendices should be filed at the end of the report with each attachment supporting a narrative found in the report body. Here is a sample list of frequently seen appended items:

- A Sponsoring organization's Vision & Mission Statements
- B Tuition and Refund Policy
- C Student Grievance Policy
- D Faculty Grievance Policy
- E Printed flyer, brochure, advertisements
- F Course Description/Guide – an overview of the program offered
- G Summarized Annual Program Budget (most recent budget year)
- H Minutes from most recent Advisory Committee meeting
- I Syllabi for each course
- J One exam, plus two assignments for each course
- K Program Outcome metrics: enrollment/retention/employment rates/survey results/etc.
- L Sample of the graduate survey
- M Sample of the employer survey

Understanding the ACCP Review Process

CODING APPROVAL DECISIONS

When determining Approval decisions, the ACCP will state that a program's compliance is "met" or "not met" based on the Approval Criteria for Coding Certificate Programs. The assessment report will be provided to the program after completion of the process.

The four categories of approval are:

Approved – no further action is needed, the program has passed peer review and can include the phrase AHIMA Approved in all marketing literature.

Note: Students enrolled in Approved Coding Certificate Programs are eligible for AHIMA Student Membership, only after Approval has been conferred.

Approved with Conditions – the program has some areas that need to be revisited, but the ACCP has determined that these areas can be resolved within a short time frame (typically 90 days). The program must address the areas and provide additional supporting information to resolve the issues within the stated time frame. Failure to comply will result in an automatic Withhold Approval status meaning that the program must wait 12 months before reapplying, and may not indicate on any literature or website that they are AHIMA Approved. NOTE: Partial submissions are not permitted. The program must submit all findings in a single electronic submission titled Progress Report. Depending on file size, this can either be sent electronically, or as a flash drive. The ACCP will not accept piecemeal submissions; wait on submitting your progress report until you have fully satisfied all conditions. .

Withhold Approval – the program did not satisfy approval criteria, the nature of the problem areas are substantial and may require six months or longer to resolve. Typically, these cases require restructuring of a current course, or creating a new course which will need to pass the program’s internal review process before submitting again to the ACCP committee. The time frame for resubmission is 12 months unless the ACCP committee has voted to shorten the time frame.

Note: When creating a new course, the course does not have to be taught in order to satisfy the condition, but the new program must be authenticated by the curriculum review committee (internal document as evidence) and an expected date of first offering.

Denied – the program is substantially misaligned to the mission of the AHIMA. The program will not be reconsidered for two years under any circumstances.

Voluntary Withdrawal of Approval: The ACCP recognizes and accepts this action at the sponsoring organization’s request. The program’s name is removed from the list of approved programs.

Approval Time Frames

A program’s Approval period is for five years (with the renewal activity starting at the beginning of the fifth year/end of fourth year) and will expire at the end of the term unless the program re-applies for Approval.

Program Renewal/New Approval

For continuing programs - AHIMA will send Notifications of Renewal of Approval with applications, preparation materials and dates for submission. Changes in leadership that were not noted to AHIMA are no excuse for failure to act on renewal activity. Check the accuracy of your program contact data at: www.hicareers.com find your program and see if name, email, and phone of contact is accurate. This is the individual who will receive the renewal notice and packet.

Programs that do not re-apply for Approval will be removed from the Directory of Approved Coding Programs.

Expired programs that continue to advertise as being AHIMA approved is a violation and will be contacted by the AHIMA legal department.

Program STANDARDS for Coding Certificate Programs:

The organization offering coding instruction (academic institution, healthcare organizations, private companies, etc.) must ensure that it is compliant in all standards

to be approved. The largest portion of the response deals with curriculum content. A program will create a narrative that explains how it satisfies the conditions of each standard. Each item must be vetted by supporting documentation. For example, under Standard: Administration – Financial resources, a program would write a narrative explaining how the program is funded, and the supporting documentation would be a departmental budget which confirms the narrative. Any program seeking to be approved by AHIMA must provide evidence of being in compliance with these following standards:

√ **ADMINISTRATION**

- Sponsoring Education Institution

A sponsoring educational institution must be accredited by an accrediting agency that is recognized by the US Department of Education, or by the American Council on Education (ACE) and participates in Title IV programs.

- OPEID number is available.
- Financial resources are adequate to fulfill obligations to currently enrolled students.
- The program has an established Advisory Committee composed of individuals in the community who share an interest in quality coding outcomes. The committee must meet at least annually and be involved in the evaluation of the effectiveness of the program to meet the needs of the community.
- The program has had students enrolled in a coding certificate program a minimum of six months.

√ **FAIR PRACTICE**

- The organization must provide evidence that appropriate systems/policies are in place and published for determining how:
- Students are admitted to the program;
 1. Records are maintained for student enrollment and evaluation in sufficient detail to document learning progress and achievement
 2. Student/faculty/instructor grievances are handled by a clearly written and consistent process according to an established protocol, communicated to affected parties;
 3. There is a defined process for student withdrawal and refunds of tuition/fees.
 4. Non-discriminatory practices with respect to race, color, creed, sex, age, disabling conditions (handicaps), and national origin are practiced.

√ **ADVERTISING**

- Announcements and promotions must accurately reflect the program being offered. The organization must clearly indicate the intended competencies and outcome of the coding program and identify it as a certificate (non-degree) program.

√ FACULTY

- The instructors/faculty and content developers must demonstrate current knowledge in course content through appropriate professional development activities. Coding course instructors and content developers for the professional course content **must possess an AHIMA recognized credential: RHIA, RHIT, CCS, or CCS-P.**
- Sufficient instructional staff must be provided to assure that students receive adequate attention, instruction and feedback to acquire the knowledge and competence needed for entry level coding practice.

√ COURSE CONTENT

- The Syllabus/Course Plan must include:
Reference the AHIMA coding curriculum knowledge clusters and competencies (see Appendix G) and show how the appropriate knowledge base is obtained.
- Appropriate course content must be reinforced by structured practice experiences to apply learned principles (skill labs).
- Clearly written course material (syllabi) must be provided to the student, which clearly describes course learning objectives and supervised professional practice assignments to be achieved, the frequency of testing and other documented student evaluation and the competencies required for completion.
- Course content and curriculum sequencing must be established in accordance with recognized educational principles, to develop the competencies necessary for entry-level coding practice.
- Testing methods (evaluation systems) must include content related to the objectives and competencies described in the curriculum for both didactic and supervised professional practice education components. They must be employed frequently enough to provide timely feedback of the students' progress and to serve as a reliable indicator of the effectiveness of course design and instruction.
- Program resources are provided wherein students (all students - local and distance education students) can practice coding skills utilizing: coding labs, coding reference materials, encoder software, and practice reading and

interpreting genuine health records. This is referred to as “Authentic Coding”. Programs are required to provide 40 hours of authentic coding experience.

√ **EXTERNAL EVALUATIONS**

- Programs must evaluate their effectiveness in achieving the instructional goals and AHIMA’s coding competencies **on an annual basis**. Such evaluation of outcomes must include:

- student retention/graduation rate
- job placement rates (class count/count hired)
- student graduate satisfaction with the program (graduate survey)
- employer satisfaction (employer survey)

The results of this evaluation process must be shared with the community of interest through the Advisory Committee membership (reflected in minutes) and recommendations for program improvement, where warranted, should be reflected in the curriculum and other dimensions of the program.

THE MODEL CODING CURRICULUM

Domain: Biomedical Sciences

Intent: To develop an understanding of the clinical knowledge base through study of the structure and function of the healthy human body, pathophysiology, diagnostic and treatment modalities, and pharmacotherapy for clinical management of patient care and to enhance professional communication in healthcare environments. Whenever possible linking the biomedical science knowledge base to the process of code assignment is useful and enhances learning.

Anatomy & Physiology and Medical Terminology should be taught as pre-requisites to the coding courses. Pathophysiology and Pharmacotherapy may be taught as co-requisites to the coding courses.

Anatomy and Physiology – A study of the structure and function of the human body utilizing a system approach. Emphasis placed on the gross and microscopic anatomy

as well as the physiology of the cell, skeletal system, muscular system, nervous system, cardiovascular, respiratory, urinary, reproductive, endocrine, and digestive systems. A full body system review is required. (Minimum 45 contact hours)

Medical Terminology – Designed to teach students to accurately spell, pronounce and define common medical terms related to major disease processes, diagnostic procedures, laboratory tests, abbreviations, drugs, and treatment modalities. (Minimum 45 contact hours)

Pathophysiology - Emphasis placed on the disease processes affecting the human body via an integrated approach to specific disease entities, including the study of causes, diagnosis and treatment of disease. (Minimum 30 contact hours)

Pharmacotherapy - Emphasis is placed on the understanding of the action of drugs, including the absorption, distribution, metabolism and excretion of drugs by the body. (Minimum 25 contact hours)

Domain: Information Technology

Intent: To introduce the concepts of computer technology related to healthcare and the tools and techniques for collecting, storing and retrieving healthcare data.

Introduction to Computers -- Concepts related to hardware and software, the impact of computers on society and computer systems/data communications networks. Microsoft desk top applications such as: Word, Excel, PowerPoint, and Access are typically taught in this course. A program may have a “test out” process for students who are already familiar with basic computer use. Programs utilizing a test out option should provide a sample of the evaluation process. (Recommend 15 hours, or exam)

Computer Software Applications in Healthcare - Overview of electronic health records, data exchange, and the commonly available software tools used in health care and by major vendors, including use of **encoding tools (coding, grouping, reference systems)**. (Minimum 45 contact hours)

Knowledge Clusters

Introduction to the electronic health record process

Understanding the role of Health IT

Meaningful Use

Computer Assisted Coding (CACs)

Health information data analysis

Health Information Exchange (HIE) data collection activities at the regional and national levels.

Use of 3M and QuadraMed encoding tools

NOTE: A generic Introduction to Computers does not satisfy this domain.

Domain: Healthcare Data Content, Requirements and Standards

Healthcare Data Content and Structure - To introduce the generic components of the content, use and structure of healthcare data and data sets and how these components relate to primary and secondary record systems and to introduce legal, ethical, privacy, security and confidentiality issues and practices applicable to health information. (Minimum 45 contact hours)

Knowledge Clusters:

Healthcare Data/Content
Content of health record
Documentation requirements
Filing Systems
Healthcare data sets
Primary versus secondary records
Legal electronic health record
Legal/Ethical issues
Privacy, Confidentiality
Security
HIPAA requirements
Release of information
Specialty records
Professional Ethics

Healthcare Delivery Systems - To describe the organization, financing, regulatory and delivery of different healthcare services, and the 'continuum of care' concept. (Minimum 45 contact hours)

Knowledge Clusters:

Healthcare Delivery Systems
Organization of healthcare delivery
Healthcare organization
Accreditation standards
Licensure/regulatory agencies
Payment and reimbursement systems – acute care, ambulatory, and physician based

Domain: Coding Classification Systems and Reimbursement Methodology

Clinical Coding and Classification Systems

Intent: To develop an understanding of coding and classification systems in order to assign valid diagnostic and/or procedure codes. It will include the validation of coded clinical information, and case mix/severity of illness data.

Encoder Usage:

These courses must include hands-on labs using logic based computerized encoding systems with coding reference software. As well as exposure to:
Automated code book software systems
Natural Language processing coding systems

Conversion Plan: Identify the program's plan to convert courses from ICD-9 to ICD-10 CM/PCS include timelines.

Basic Diagnosis Coding Systems - (Recommend 45 contact hours)*Knowledge Clusters:*

International Classification of Diseases ICD-9-CM
International Classification of Diseases ICD-10-CM
Use of official coding guidelines and reporting requirements.
Other diagnosis coding systems or code sets including: DSM-IV, ICD-0

Basic Procedure Coding Systems - (Recommend 45 contact hours)*Knowledge Clusters:*

ICD-9-CM Volume III
Current Procedural Terminology – CPT-4
HCPCS Level II codes
Other procedure coding systems
ICD-10-PCS

Intermediate Diagnosis Coding - (Recommend 45 contact hours)*Knowledge Clusters:*

Case studies using more complex code assignments with ICD-9-CM. Include PPS application examples for ICD coding (DRG, RUGS, HHRG, etc.)
Compare and contrast ICD-9-CM and ICD-10-CM code assignments and conventions.
Introduction to Systematized Nomenclature of Medicine (SNOMED) – Includes a brief overview of its role in the health care delivery system as the basis for an electronic health record - outlining its relationship to the administrative code sets currently used for billing and statistical reporting.
Include definitions for crosswalks and maps used in the clinical coding process
Authentic coding

Intermediate Procedure Coding - (Recommend 45 contact hours)*Knowledge Clusters:*

RBRVS, APCs, ASC examples used including professional fee billing examples in coding (Evaluation and Management services, surgical services, etc.)
Case studies and more complex code assignments using CPT and HCPCS Level II codes

Procedure coding for inpatients (ICD-9-CM Volume III or ICD-10-PCS - compare and contrast the two systems at an introductory level)
Authentic coding

Reimbursement Methodologies - To study the uses of coded data and health information in reimbursement and payment systems appropriate to all healthcare settings and managed care. Includes contemporary prospective payment systems and key health plans, charge master maintenance, and evaluation of fraudulent billing practices. (Recommend 45 contact hours)

Knowledge Clusters:

Prospective payment system

Diagnosis Related Groups

Ambulatory Payment Classifications

ASC Groups

Resource Based Relative Value Scale

Third party payers

Billing and insurance procedures

Explanation of benefits

Quality Improvement Organizations (QIO) and their role in the payment process

Charge master description and maintenance

Managed care/capitation

Compliance issues

Health plan claims processing and coding

Billing for healthcare services using codes

Auditing and monitoring the coding process for regulatory compliance

Professional Practice Experience/Practicum/Internship - To provide the student with coding practices in a hospital, physician's office, clinic or other healthcare setting with directed projects common to a clinical coding specialist on the job. (Minimum 40 contact hours)

Field based PPEs

Students should have field based practice with clinical code assignment and billing methodologies. Programs develop affiliations (contracts) with area employers to support a student working alongside a practicing coding professional. Field work with local healthcare facilities, physician practices, specialty clinics, and other healthcare settings is acceptable. Any AHIMA accredited mentor who provides a substantial contribution to a student in the field (five hours or more of their time) is entitled to claim 5 CEs per year for providing field based PPE supervision. Programs with field based placements must identify affiliation sites, and data on student placements.

Virtual PPEs

For AHIMA approved coding certificate programs, a 100% virtual PPE is acceptable as long as the program can demonstrate that all of the following conditions are met:

The coding student completes a minimum of 40 hours of authentic coding (coding from real charts) using a variety of patient types/encounters.

The student uses a logic-based encoder. A logic based encoder that has both ICD-9 and ICD-10 coding choices (QuadraMed and 3M meet this requirement)

The student completes assignments using the coding reference software that is a part of the 3M or QuadraMed package including use of Coding Clinic references.

The student is exposed to professional coders from a variety of settings – guest speakers come into the classroom, or you record them and post on U-Tube (or something like that). These guest lectures need to be substantial (at least 30 minutes in length) and have a practical component to enhance the experience for the student (such as a real case study from the guest lecturer’s facility where the coding is known and the students attempt to code and see if they get the same results, the speaker then offers the rationale for why certain codes are selected, and others ruled out).

The coding program should have the following resources available for the virtual PPE: a collection of scanned authentic medical records **approximately 100-150 charts** to ensure that students are not all doing the same chart at same time, and to ensure the 40 hours of authentic coding is met.

- Programs will find some scanned charts in AHIMA CourseShare <https://courseshare.ahima.org> These resources are available for free for any HIM or Coding academic program where faculty are members of AHIMA.
- Subscribers of AHIMA Virtual Lab will find additional scanned charts and additional answer keys through the virtual lab CoP.
- Programs should call on members of their advisory committee to provide them with copies of de-identified authentic records that reflect the type of chart construction that is used in local area facilities.

Please note that with the virtual practicum option, working with actual charts (paper or electronic) known as “Authentic Coding” and using a logic based computerized encoder is required as part of the educational process.

Program Resources:

Coding Lab - Coding programs should have a space where students can practice coding skills in addition to time spent in the classroom. Several items should be considered for inclusion in a coding laboratory such as the coding references discussed as official guidelines and clinical reference works to expand the clinical knowledge base

of the students for interpretation of clinical reports. Online programs must demonstrate how a virtual lab is maintained for online students.

Coding References - Reference materials to be used in solving coding problems should be made available in a practice laboratory or through online applications and web-based links. Examples of useful reference materials that the institution could make available in the laboratory are medical textbooks, dictionaries, and handbooks. There are also numerous publications that have been developed specifically for coders that could be useful in helping the students interpret information from the patient record. Finally, authoritative or official coding guidelines (e.g., from Coding Clinic and CPT Assistant) must be available for student reference. Maintaining adequate reference materials helps to enhance student learning in the laboratory setting.

Computers and Encoder Software - Computer software tools that incorporate the text and logic of the coding systems in an automated form are also available from several vendors. The encoder product must contain coding references, guidelines, payer edits and other tools that help with code selection. Access to commercial encoder applications must be made available to students through a practice laboratory (residential or online) with an opportunity for coding practice experiences. Clinical coding professionals will need to be familiar with such systems since use of a computer and specialized software is integral to employability and job performance. 3M and QuadraMed meet the standards for being a comprehensive/logic driven encoder.

Health Records - Copies of actual clinical documentation, de-identified medical records, and reports will be needed to provide skill practice for coding students. **A minimum of 100-150 authentic records of various patient types are required**, more are recommended. Sample records should be of sufficient quantity and quality so as to provide the students with experience in a variety of clinical cases and record types (e.g., hospital inpatient, outpatient, long term care, and physician office.)

Appendix A

AHIMA's Role in Coding Education

Today, there are many demands for complete and accurate coded clinical data in all types of healthcare settings, public health and medical research. Coded data serves as the primary information source for many health information assessment tools, as well as data required for an electronic health record. Clinical documentation is transformed to an electronic resource through clinical code assignment as an input into information or billing system.

In addition to use on claims for reimbursement, clinical codes are included within data sets used to evaluate the processes and outcomes of healthcare. Coded data are also used internally by institutions for decision support, quality management activities, case-mix management, planning, marketing and other administrative and research activities. This Coding Program Curriculum Guide was initially developed by the AHIMA Council on Education to assist educational institutions in the development of a coding curriculum. The Professional Practice staff of AHIMA and volunteer coding professionals periodically revises the national model curriculum guide.

What is a Coding Specialist?

A clinical coding specialist is a knowledge worker in health care organizations who reviews and analyzes health data. The coding specialist is responsible for translating diagnostic and procedural terms and services utilized by healthcare providers into coded form. The translation process may require interaction with the healthcare provider to ensure that the terms have been used and translated correctly according to the convention of the coding system used and the use of the information in coded form. The resulting code set is then utilized for a variety of purposes including billing, submission of claims to health plans for payment, clinical research, public health reporting and statistical reporting for decision support. Clinical coding specialists are employed by all types of health care organizations including acute and long term care hospitals, physician offices and clinics, Nursing homes, Home Health Agencies, Community Mental Health Clinics, health plans, government agencies, and other organizations involved with the provision or funding of health services. A well rounded clinical coding specialist requires the comprehensive and rigorous model curriculum as outlined by AHIMA.

What is Coding Certification?

The American Health Information Management Association's Council on Certification (COC) administers an **entry-level coding certification examination, the CCA (Certified Coding Associate)**. Programs that meet the criteria for coding approval have been determined by AHIMA to contain the necessary components that would prepare a student to be a competent, entry-level clinical coding professional. . Students

who complete an approved coding certificate program should be ready to sit for the CCA exam.

It should be noted that AHIMA also offers two additional coding certification examinations - the CCS (Certified Coding Specialist) and CCS-P (Certified Coding Specialist – Physicians’ Office). These mastery-level certification examinations have been established to recognize individuals with specialized, advanced coding competencies. Individuals interested in either of these two mastery-level certifications should gain substantial coding experience before taking either of these examinations. They are not recommended for students who have recently completed a coding certificate program and have no other coding experience.

An Overview of AHIMA

The American Health Information Management Association (AHIMA) is the professional organization of over 56,000 professionals in the health information management field. It is the association where members and affiliates with an interest in HIM interact and share their experiences and professional insight. AHIMA fosters the professional development of its members through education, certification, and lifelong learning. These commitments promote quality health information for the benefit of the public, healthcare consumers and providers, and other users of clinical data. Visit www.ahima.org for more information about AHIMA initiatives, programs, resources and membership.

AHIMA is also committed to ensuring standards and information integrity in health data and health information management. As such, AHIMA is one of the four Cooperating Parties -- with the American Hospital Association, National Center for Health Statistics, and The Centers for Medicare and Medicaid Services -- who work together to clarify the International Classification of Disease coding guidelines used in the United States.

AHIMA also has representation on the Editorial Advisory Board for Coding Clinic for ICD-9-CM, is actively involved with the CPT Editorial Panel, and works with other agencies charged with oversight and maintenance of clinical coding systems.

Helpful Links:

AHIMA Student Recruitment – www.hicareers.com

Faculty resources - <http://www.ahima.org/schools/default.aspx>

National Center for Health Statistics – www.cdc.gov/nchs

American Health Information Management Association – www.ahima.org

The Centers for Medicare and Medicaid Services cms.hhs.gov/

Appendix B

Related Organizational Resources

The following listing of publishing houses produce textbooks and workbooks that are used by coding certificate programs.

<p>AHIMA Phone: 312 233 1100 Fax: 312-233 1090 http://www.ahima.org</p> <p>American Hospital Association Phone: 312 422 300 Orders: 800-242-2626 http://www.aha.org</p> <p>American Medical Association 312-464-5000 Fax Orders: 312-464-5600w http://www.ama-assn.org</p> <p>The Centers for Medicare and Medicaid Services http://cms.hhs.gov/</p> <p>Elsevier Health Science Info Source (former W.B. Saunders) www.us.elsevierhealth.com/</p> <p>Glencoe/McGraw-Hill Phone: 800-334-7344 Fax: 614-860-1877 http://www.glencoe.com/</p> <p>Ingenix (Formerly St. Anthony and MediCode publishing) 1.800.INGENIX (464.3649) http://www.ingenix.com/</p>	<p>Jones and Bartlett (Formerly Aspen Publishers) 800-832-0034 http://www.jbpub.com</p> <p>MedBooks Phone: 800-443-7397 http://www.medbooks.com/</p> <p>National Center for Health Statistics http://www.cdc.gov/nchs/</p>
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Appendix C

How to Use Electronic Templates

Submitting program materials to the ACCP for approval is done electronically. Because the GAP Analysis/Course Synopsis is a small file, you will submit as an email (payment must be sent to AHIMA to get program on the ACCP agenda). The second step is to complete the CEPA Template. Due to the large size of this completed file, you will store the CEPA on three flash drives and send to AHIMA. It is helpful to alert AHIMA that your packet is in transit and to be on the lookout for it. The third step, if needed, is a Progress Report – this too must be an electronic submission and depending on the size of the file can be sent either as a email attachment, or as a flash drive document.

*****What is important to remember is that only a SINGLE file must be submitted for each category. ACCP will not accept partial, multiple, or re-write submissions. Review your packet carefully to be sure that the packet is ready to send before you transmit.

Materials you will need are found on the Faculty Resources section of the AHIMA website. Please visit this site, and scroll to Approved Coding Programs section: <http://www.ahima.org/academics/>

Items needed in the approval process:

- CEPA Instruction Manual (a pdf file)
- ACCP Model Curriculum Checklist (a Word document)
 - This document is for your personal use as you begin the process of evaluating your program to the AHIMA national standards, you do not have to submit the results of this document, it is internal for your benefit.
- GAP Analysis (a Word document)
 - Fill out the GAP completely – do not omit fields, do not alter any template data, save as a Word document so that the peer reviewers can make notes in the far right column
- CEPA Template (a Word document)
 - Fill out the CEPA, attach the evidence as appendices. Create three copies (3 flash drives) as they will be issued at AHIMA to three different addresses.

Appendix D

Guidelines for Promoting AHIMA Coding Approval Status

Approved coding programs will be sent a file that contains an AHIMA Seal of Approval which you can display on brochures, documents, and website. When promoting your program, please refer to the following guidelines:

What Can You Say?

► Press Release

The following template may be used when announcing AHIMA coding certificate program approval to the media.

(Sample) FOR IMMEDIATE RELEASE

Coding Education Program at XXXXX Approved by AHIMA

The (insert school/program name), a (comprehensive) / (physician) coding program, is pleased to announce its approval by the American Health Information Management Association (AHIMA) as having an approved coding certificate program.

The AHIMA approval identifies coding education programs which have been evaluated by a peer review process against national minimum standards for entry-level coding professionals. This process allows academic institutions, healthcare organizations, and private companies to be acknowledged as providing an AHIMA Approved Coding Certificate Program.

The approval designation assures healthcare providers that graduates of the XXXXX (comprehensive) (physician services) coding program possess the necessary job skills to attain success in entry level coding positions. Students are guided through a comprehensive coding curriculum providing them with more than (insert program's contact hours count) xxx hours of instruction in ICD-9-CM and CPT coding and reimbursement methodologies.

The American Health Information Management Association (AHIMA) is the premier association of health information management (HIM) professionals. AHIMA's 56,000 members are dedicated to the effective management of personal health information needed to deliver quality healthcare to the public. Founded in 1928 to improve the quality of medical records, AHIMA is committed to advancing the HIM profession in an increasingly electronic and global environment through leadership in advocacy, education, certification, and lifelong learning. To learn more, go to www.ahima.org.

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► Program Website

The following statements and guidelines can be used to announce AHIMA Coding Certificate Program Approval on your program website, and for on-going promotion of approved status.

1. Program Approval Statement

The (school program name) (comprehensive) / (physician) coding program is approved by the American Health Information Management Association (AHIMA). This designation acknowledges the coding program as having been evaluated by a peer review process against a national minimum set of standards for entry-level coding professionals. This process allows academic institutions, healthcare organizations, and private companies to be acknowledged as offering an AHIMA Approved Coding Certificate Program.

2. “Value for Students” Statement

Several factors make AHIMA approval valuable, including:

- a. Identifies specialized programs that meet established coding educational standards
- b. Stimulates improvement of educational standards through faculty development opportunities, and by involving faculty and staff in program evaluation and planning
- c. Promotes a better understanding of the goals of professional coding education
- d. Provides reasonable assurance that practitioners possess the necessary job skills upon entry into the profession

3. Indicate the timeframe of program approval (Example: April, 2007 through April, 2012).

4. The following links may be added to your website to further help students understand the coding certificate process. These websites also announce your program as being AHIMA approved with contact information used from the cover page. It is the program's responsibility to contact AHIMA should names, emails, or phone numbers change:

- a. www.healthinformationcareers.com
- b. www.ahima.org/careers/college_search/search.asp

Guidelines

The following guidelines should be used when creating press releases, announcements, and on-going promotion of approval status.

1. The wording of the AHIMA Approval Statements cannot be changed or edited.

2. In the case of multiple campuses or corporate entities, avoid implying that all sites are approved when only one campus is approved.
3. The program cannot be identified as approved if conditions to make the approval complete are still outstanding. If the ACCP has conferred an “Approved with Conditions” status on the program, the conditions must be met before using the above approval phrases for promotional purposes.

Appendix E

ACCP Model Curriculum Checklist

(Optional use – helpful in group discussions with faculty when asking “is it in there?”)

ACCP Model Curriculum Checklist

Domains/Sub-domains and Knowledge Clusters

& Coding Competencies

Coding Certificate Programs have four domains of learning: Life Sciences, Information Technology, Health Information Management, and Clinical Classification Systems. There are 14 sub-domains, with numerous knowledge clusters in each (class topics). In addition to Domains of Learning, there are Job Competencies which make up the expected body of knowledge for a beginning coder with a CCA credential.

Check off in which courses the KCs & Competencies are covered, coverage in multiple courses is common and expected

List Course Numbers In Top Row:												
Domain: Life Sciences												
Anatomy and Physiology: <ul style="list-style-type: none"> • Study of the structure and function of the human body – full body systems • Emphasis on anatomical orientation • Anatomical online lookup (Adam, etc.) • Anatomical plate work 												
Medical Terminology: <ul style="list-style-type: none"> • Spell, define, and pronounce (through supplemental CD tools), medical terms as well as understanding the concepts of root/suffix/prefix word builds. • Common medical terms of major disease processes, diagnostic procedures, laboratory tests, abbreviations, drugs, and treatment modalities. 												
Pathophysiology: <ul style="list-style-type: none"> • Specific disease processes • By human body system • For each disease, identify: Cause, diagnosis, and treatment 												

List Course Numbers In Top Row:												
Pharmacotherapy & Laboratory Findings <ul style="list-style-type: none"> • Emphasis is placed on the understanding of the action of drugs such as: absorption, distribution, metabolism and excretion of drugs by the body. • Drug classifications • Most commonly prescribed drugs • What is a formulary • Matching drugs to common conditions • Matching drugs to lab findings 												
Domain: Information Technology												
Introduction to Desktop Applications <ul style="list-style-type: none"> • Keyboard, web access skills • Concepts related to hardware and software • Demonstrate knowledge of Microsoft Office Suite applications 												
Computer Software Applications in Healthcare <ul style="list-style-type: none"> • Introduction to commonly used software in healthcare: • Public reporting of disease and disease trends • How acute care organizations store and retrieve electronic health records • Analysis of different types of encoder software • Analysis on online coding tools (coding reference tools) • Evaluation of CACs • Identify the issues involving the migration from a paper-based HIM to an electronic HIM • The student should be aware of the major acute care environment vendors and their system strengths. • Evaluation of the EHR • Evaluation of the PHR 												

List Course Numbers In Top Row:												
Domain: Health Information Management												
<p><i>Introduction to Health Information Management & Healthcare Data Content and Structure</i></p> <ul style="list-style-type: none"> • Emphasis is placed on content and components of the health record including: • Content of the health record • Documentation requirements • Patient Identity Management (MPI) • Abstracting • Filing Systems (TD) • Registries (Cancer, Trauma, etc) • Primary vs. secondary records • Legal/ethics issues • Legal EHR • Privacy, confidentiality and computer security • HIPAA requirements • Release of information • Code of Ethics of the AHIMA • Standards of Ethical Coding of the AHIMA 												
<p><i>Healthcare Delivery Systems</i></p> <ul style="list-style-type: none"> • A thorough understanding of the types and levels of Healthcare Delivery Systems in the U.S., • and of the governing bodies that regulate the HIM processes, • an understanding how eHIM will change this environment: • Organization of healthcare delivery • Accreditation standards • Licensure/regulatory agencies • RAC process 												

List Course Numbers In Top Row:												
Domain: Clinical Classification Systems												
<p>Basic Diagnosis Coding Systems</p> <p>Detailed Instruction in:</p> <ul style="list-style-type: none"> • Student will learn about the International Classification of Diseases ICD-9-CM, how to code, and guidelines for usage for: • Volume I • Volume II • Volume III 												
<p>Basic Procedure Coding Systems</p> <p>Detailed instruction in:</p> <ul style="list-style-type: none"> • Student will focus on Basic HCPCS coding, with a focus on CPT-4 coding for: • Anesthesia, • E&M, • Surgical, • Pathology/Laboratory, Radiology • Medicine • HCPS II codes 												
<p>Intermediate (or Advanced) Diagnosis Coding</p> <ul style="list-style-type: none"> • Complex Case Studies: advancing coding skills through the use of complex case studies using more complex code assignments to determine the correct diagnoses. • Authentic Coding : using actual medical records from a variety of patient types Students should be exposed to medical records and learn how to interpret actual charts. • Student should be introduced to diagnostic based prospective payment groupers: DRG, APR-DRG, & RUGS. • An introduction to International Classification of Diseases ICD-10-CM, including compare and 												

<p>contrast assignments from ICD-9 to ICD-10</p> <ul style="list-style-type: none"> • and other diagnosis coding systems (DSM-IV, ICD-0) • Introduction to Systematized Nomenclature of Medicine (SNOMED) – Includes a brief overview of its role in the health care delivery system as the basis for an electronic health record 												
<p>List Course Numbers In Top Row:</p>												
<p>Intermediate (or Advanced) Procedure Coding</p> <ul style="list-style-type: none"> • Using case studies and authentic coding, students should practice more complex procedure code assignments with ICD-9-CM and CPT-4. • Student should be introduced to procedure based payment systems: <ul style="list-style-type: none"> • RBRVS, • E&M codes, • and APC assignments • and the impact coding and sequencing has on reimbursement. 												

<i>List Course Numbers In Top Row:</i>												
<p><i>Reimbursement Methodologies</i></p> <ul style="list-style-type: none"> • Prospective payment system • Diagnosis Related Groups • Ambulatory Payment Classifications • ASC Groups • Resource Based Relative Value Scale • Third party payers • Billing and insurance procedures • Explanation of benefits • Quality Improvement Organizations (QIO) and their role in the payment process • Charge master description and maintenance • Managed care/capitation • Compliance issues • Health plan claims processing and coding • Billing for healthcare services using codes • Auditing and monitoring the coding process for regulatory compliance 												
<p>Professional Practice Experience/Practicum/Internship</p> <ul style="list-style-type: none"> • Field Based PPE: To provide the student with coding practice experiences in a hospital, physician’s office, clinic or other healthcare setting with directed projects common to a clinical coding specialist on the job. • Virtual PPE: Review presentations from coding specialist guest speakers (CCS, CCS-P) either pre-recorded or live. Practicum hours to focus on building speed and accuracy using paper and scanned medical records. 												

List Course Numbers in Top Row:												
COMPETENCES: <i>At the conclusion of a coding certificate program, the student should be prepared to demonstrate the following competencies:</i>												
Maintain Health Data Content, Requirements, and Standards. This content area addresses competencies related to the content and use of healthcare data.												
Be compliant with regulations and standards associated with health information management, which are distributed by private and governmental agencies (e.g., CMS, JCAHO, NCQA)												
Understand global issues in healthcare and delivery mechanisms												
Understand the role of Information Technology as it relates to Healthcare Delivery												
Understand the role of various providers and disciplines throughout the continuum of healthcare services												
Use common software packages (e.g., spreadsheets, databases, word processing, graphics, presentation, statistical, e-mail)												
Protect data integrity and validity using software or hardware technology												
Maintain departmental and facility-wide coding guidelines												
Assist in the facility's billing process and/or revenue cycle process												
Investigate health plan payment denials												
Assist in using coded data for reporting – organization and state reporting levels												
Collect the data necessary to assign patients to severity of illness categories												

List Course Numbers in Top Row:												
Assign procedure codes using CPT/HCPCS												
Assign procedure codes using ICD-9-CM												
Assign diagnosis and procedure codes using ICD-10-CM/PCS												
Be familiar with: DSMIII, SNOMED, ICD-O, and other ancillary coding classifications												
Conduct qualitative analysis to assure that documentation in the health record supports the diagnosis and reflects the progress, clinical findings and discharge status of the patient												
Access and evaluate the EHR: An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed and consulted by authorized clinicians and staff across more than one health care organization.												
Access and evaluate the PHR: An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed and controlled by the individual.												
Demonstrate an understanding of a Health Information Exchange: The electronic movement of health-related information among organizations according to nationally recognized standards.												
Demonstrate an understanding of a Health Information Organization (Regional): A health information organization that brings together health care stakeholders within a defined geographic area and governs health information exchange among them for the purpose of improving health and care in the community.												

List Course Numbers in Top Row:												
Demonstrate an awareness of emerging technologies in coding: CAC, Voice Recognition, coding from the EHR, reading imaged documents												