

Professional Certificate Approval Program (PCAP) Manual for Coding Certificate Programs

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This Manual, together with the standards outlined in the accompanying PCAP Self-Study Template and PCAP Coding Curriculum Competencies, provides institutions seeking approval of their academic-based coding certificate programs with all necessary information to complete the PCAP application process.

Eligibility Criteria for AHIMA Professional Certificate Approval Program (PCAP)

A program is eligible to apply for approval **ONLY** if:

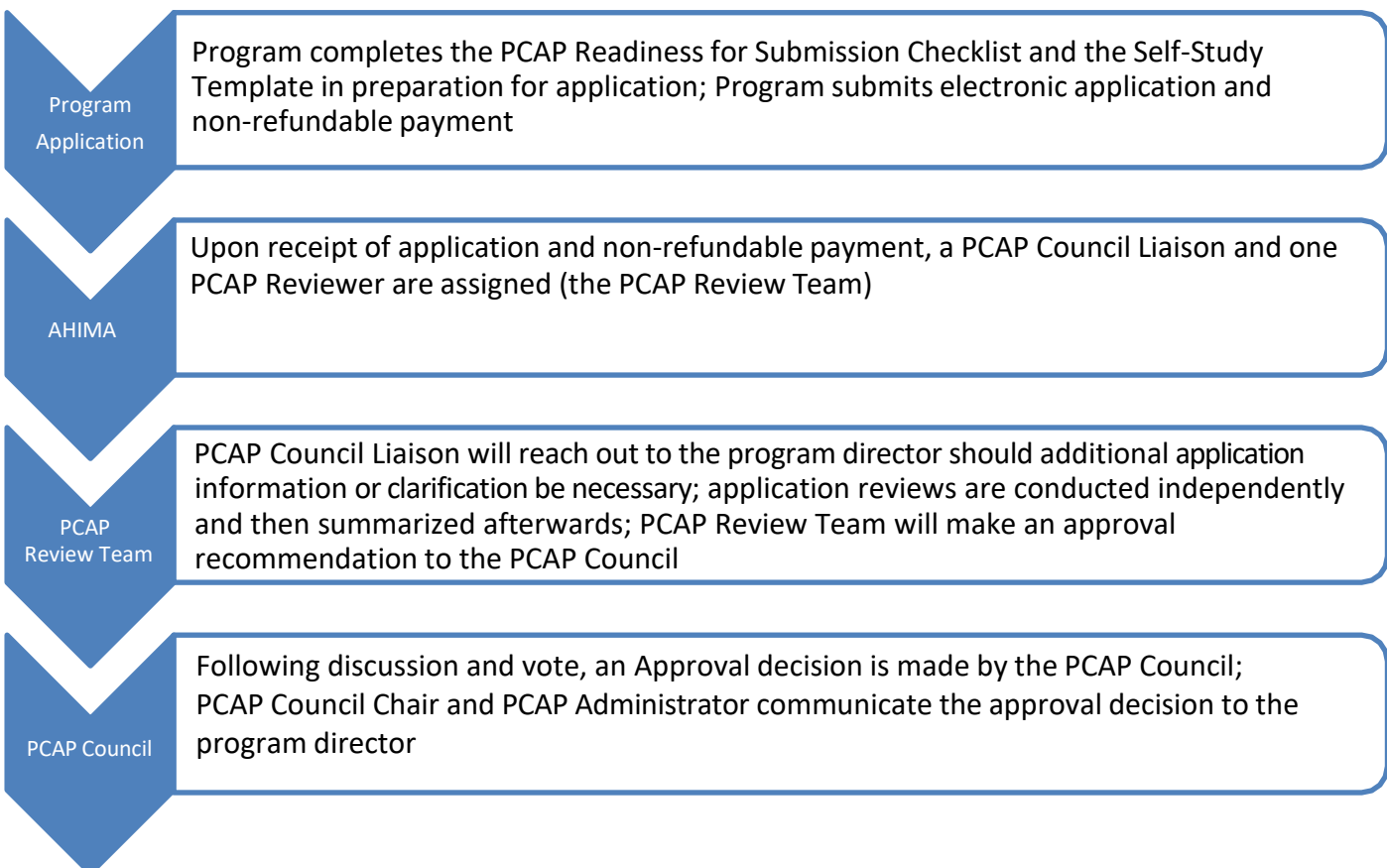
- *The sponsoring institution has had students enrolled in the certificate program for a minimum of six months; AND*
- *The sponsoring institution is accredited by a regional accrediting agency recognized by the U.S. Department of Education (USDE), OR the sponsoring institution is accredited by a national accreditor with USDE provisions*

There are **no exceptions** to these eligibility criteria.

If a sponsoring institution has more than one program that meets the above eligibility criteria, each program/location requires individual application and annual attestation, this applies to both online programs and on-site programs.

Overview of the PCAP Approval Process

At a high level, the process requires completion of a detailed Self-Study Template and submission of an online application and non-refundable payment. Following the submission of these items, a PCAP Council Liaison and one PCAP Reviewer (i.e. the PCAP review team) will conduct a quantitative and qualitative review. If any clarifications or additional items are requested, the PCAP Council Liaison will communicate with the program director. Once the PCAP review team has completed the in-depth review, they will provide an approval recommendation, which will be considered at the next regularly scheduled PCAP Council meeting. The PCAP Council will ultimately arrive at an approval decision.



Understanding the PCAP Review Process

PCAP Approval Structures:

The PCAP approval process is supported by the AHIMA PCAP Administrator, the PCAP Council Liaison, the PCAP review team, the PCAP Council, and the PCAP Commission. The purpose of these supporting bodies is to ensure program quality and objective assessment of certificate programs applying for PCAP approval.

The AHIMA PCAP Administrator holds one or more AHIMA credentials and has substantial experience in educational and association leadership. This individual administers all policies and procedures, activities and communications under the AHIMA PCAP program.

The PCAP Council Liaison is a PCAP Council member assigned to a program's application. The purpose of the PCAP Council Liaison is to provide a conduit of communication between the academic program, the PCAP Reviewers, and AHIMA staff. The intent is to simplify the process and allow for effective communication among all stakeholders engaged in the process.

The PCAP review team is composed of individuals who review the application and program self-study documentation to make an approval recommendation to the PCAP Council. PCAP Reviewers possess one or more qualifying professional credentials as required by the designated certificate program standards. PCAP Reviewers are cleared of any potential conflicts of interest prior to conducting an application review. When reviewing applications, PCAP Reviewers will state that a standard is "met" or "not met" based on the PCAP Manual, the PCAP Self-Study Template and the PCAP Coding Competencies.

The PCAP Council members hold a qualifying credential. The PCAP Council is the body that makes approval decisions based on recommendations from the PCAP review teams. PCAP Council members are cleared of any potential conflicts of interest prior to participating in any program approval decisions.

The PCAP Commission is a sub-team of the AHIMA Council for Excellence in Education (CEE), it's Executive Committee. PCAP Commissioners approve PCAP policies and procedures. In addition, the PCAP Commission serves as the appeals body to the PCAP process.

Approval Decisions

There are three categories of approval decisions: Approved, Conditionally Approved, or Denial of Approval.

Approved - No further action is required; the program has passed the review and can include the phrase "PCAP approved" in all marketing literature and can display the PCAP logo on their website and other materials.

- PCAP Administrator provides electronic PCAP logo and terms of use.
- PCAP Administrator adds the institution to the official online PCAP Directory.

Conditionally Approved - The program has some areas that require modification before full approval can be granted, but the PCAP Council has determined that these areas can be resolved within a one-month timeframe. The program must address the areas and provide additional supporting documentation to resolve the noted conditions within one month of notification by the PCAP Administrator. Failure to comply and respond with the required resolutions will result in an automatic Denial of Approval status. Programs that fail to provide the requested resolution within the established timeline must wait six months from the date of denial before reapplying.

- PCAP Administrator notifies institution of PCAP Council decision and outlines required response to conditions.
- Institution submits requested revision/response to PCAP Administrator (within one month of notification of conditional approval)
- PCAP Administrator forwards revision/response to PCAP Council members prior to next regularly scheduled meeting.
- PCAP Council votes to either approve or deny approval.

*Note: **Partial submissions are not permitted.** All conditions must be addressed or the plan for addressing the concerns must be documented in the response to the conditional approval. Programs that are Conditionally Approved may NOT display the PCAP logo or announce they are PCAP approved until Full Approval is achieved. Programs in Conditionally Approved status will not be listed in the official online PCAP Directory.*

Denial of Approval - The program did not satisfy approval criteria; the problem areas are substantial and may require more time to resolve. Institutions that are denied approval may be considered for approval no earlier than one year following notification of denial, unless specifically stated otherwise in the formal letter of denial. Institutions wishing to re-apply must complete the entire process and pay all associated non-refundable fees at the time of re-application. If stated and authorized in the formal letter of denial, programs that re-apply within the identified 12-month period will pay a reduced (50%) non-refundable re-application fee.

Note: When the creation of a new course is required, the course does not have to be taught in order to satisfy the condition(s). The new program must be approved by the academic institution's curriculum review committee (internal document as evidence) and an expected date of first offering outlined in the materials.

Payment without Application In the event payment is received prior to application, the payment will be held for up to one year to allow for submission of application. In the event the application is not received within the year, the payment will be forfeited as a voluntary withdrawal of application.

PCAP Approval Cycle An academic program's PCAP approval cycle is a three-year period and will expire at the end of the term unless the program re-applies for approval in a timely manner. Annual attestations and payments are required in the interim.

Annual Attestation Annual attestation is required to maintain PCAP approved status. The annual attestation process is intended to monitor ongoing program quality. The PCAP annual attestation form and requirements are located on AHIMA's PCAP webpage, along with all other PCAP materials. Annual attestation is the responsibility of the sponsoring organization. Both the annual attestation form and non-refundable payment should be submitted simultaneously.

PCAP Approval Cycle example:

- Initial application - with 3-year PCAP approval granted and communicated to program in March 2021
- Attestation #1 - Program must submit PCAP annual attestation form and payment *early enough that they are processed before* March 2022 (mark calendar to forward documents and non-refundable payment in Jan-Feb)
- Attestation #2 - Program must submit PCAP annual attestation form and payment *early enough that they are processed before* March 2023 (mark calendar to forward documents and non-refundable payment in Jan-Feb)

- Renewal application - Program must submit a new online PCAP application and payment *early enough that they are processed before March 2024* (mark calendar to submit online application and non-refundable payment in Jan)

Although PCAP approved programs are reminded via email when their renewal applications or annual attestations and non-refundable payments are due, **it is the sole responsibility of the program director to remain aware of and be compliant with their own PCAP cycle and related application/attestation filing and non-refundable payment timelines.**

Renewal of Approval A program's PCAP approval cycle is for three years and will expire at the end of the term unless the program re-applies for approval in a timely manner and also receives approval of the required annual attestations in the interim. Programs that do not re-apply or attest and submit full non-refundable payments by their assigned deadline (each year) are considered as a Voluntary Withdrawal of Approval and will be removed from the official online PCAP Directory. Websites will be regularly audited for removal of all PCAP approved references (including the PCAP logo). Programs that continue to advertise as being PCAP approved are in violation of the PCAP and will be contacted by the AHIMA legal department.

Request for Extension of Approval In *very rare unforeseen circumstances*, an academic program may feel compelled to request an extension of their PCAP approval. An example is a sudden change of program leadership at the end of a PCAP cycle. Such an extension request will be considered on a case-by-case basis. Granting extensions is exceedingly rare, and if granted, will be very time limited.

Immediate Notification Required The AHIMA PCAP Administrator must be immediately notified via email at academic.affairs@ahima.org in the following circumstances. If such notification is not received within 30 days of occurrence, program approval may be suspended. A PCAP Attestation Form may be used in the communication.

- Change in Program Director/Coordinator
- Change of Organization address
- Loss of regional or national accreditation or adverse action from accrediting agency (explain action, include letter or notification from accreditor)
- Voluntary Withdrawal of Approval

Official Online PCAP Directory Programs can verify the accuracy of their program contact person's information at: www.ahima.org/pcap. This individual will receive important program notifications and correspondence. Locate the program and verify that the program name, campus address, and contact person's name, email, and phone information are accurate. Email any changes to the AHIMA PCAP Administrator at academic.affairs@ahima.org.

Voluntary Withdrawal of Approval The PCAP accepts this action at the sponsoring institution's request. There are no application or attestation fee refunds in the event of Voluntary Withdrawal of Approval. With 30 days or more advance notice, the program must submit their request for Voluntary Withdrawal of Approval via email to academic.affairs@ahima.org and indicate the desired withdrawal effective date. Upon that date, the program must:

- remove the PCAP logo from all affected webpage(s)
- remove the PCAP logo from all affected print materials
- cease all marketing of their program as PCAP approved

The program's information will be removed from the official online PCAP Directory. The PCAP Administrator will forward a Notification of Voluntary Withdrawal confirmation to the program

Suspension of Approval

The PCAP has the authority to suspend approval for programs that fail to submit an application or an annual attestation, or whose annual submitted documents reveal significant deficiencies, lack of response to student complaints, or changes in program status, or fails to implement required PCAP modifications in a timely manner. While on suspension, institutions must remove all PCAP approved language and logos from their website(s), marketing and program materials.

PCAP Program Modification Compliance

The AHIMA reserves the right to make annual PCAP modifications as necessary. Changes that are deemed significant by the PCAP may require currently approved programs to make modifications to their existing programs in order to retain approval. The PCAP will provide adequate notice and corresponding timeline requirements to allow approved programs to respond to requirements with an implementation plan during the next scheduled annual attestation.

PCAP Self-Study Template Completion

Please read this information before completing the Self-Study Template.

The academic institution offering instruction for professional certificates must ensure it is compliant in all standards required for PCAP approval. The Self-Study Template includes specific instructions for documentation necessary to meet the standards for approval. In addition to the Self-Study Template, certificate programs must use the associated curriculum competencies for their designated certificate program.

PCAP Coding Certificate Competencies

The 2018 PCAP Coding Certificate Competencies (see separate documents) outline the intended student learning outcomes for coding certificate programs. **All PCAP approved programs must meet or exceed the 2018 PCAP Coding Certificate Competencies effective September 1, 2021.** Programs are to analyze these competencies and design their programs to ensure the learning outcomes are met. The competencies addressed may be incorporated within any course, module or portion of the program, but must be met in the appropriate sequence by the conclusion of the program.

At a minimum, the program should include content related to:

- Medical Terminology (equivalent to one 3-semester-hour course, or 45 contact hours)
- Anatomy and Physiology (equivalent to one 3-semester-hour course, or 45 contact hours)
- Pathophysiology and Pharmacology or pathopharmacology (equivalent to one 3-semester-hour course, or 45 contact hours)
- ICD Coding (equivalent to two 3-semester-hour courses, or 90 contact hours)
- CPT Coding (equivalent to two 3-semester-hour courses, or 90 contact hours)
- Health Information and Delivery Systems (Health record and data content, IT, etc.; equivalent to one 3-semester-hour course, or 45 contact hours)
- Reimbursement and Legal and Compliance (equivalent to one 3-semester-hour course, or 45 contact hours)
- Professional Practice Experience (equivalent to one 3-semester-hour course, or 45 contact hours)

To verify appropriate contact hours, PCAP Reviewers may request access to the campus learning management system (LMS) for a class currently in session at the time of the review. Baseline LMS training may also be required where applicable to ensure that PCAP Reviewers can appropriately evaluate contact hours. PCAP Reviewers will ask to review a completed program self-assessment that documents how each required learning outcome is reached. For example, what assignments, activities, exams, PPE activities lead to the student's competence in the required content area?

In some cases, programs may choose to include the health information, delivery systems, reimbursement, legal and compliance content as part of another class. While this is allowable, the content must be covered in sufficient detail to ensure the student is appropriately prepared to enter the workforce with an understanding of how these content items impact the coding profession. All students must have access to appropriate meaningful interaction with the faculty and course support staff. Some methods to demonstrate contact hour compliance include a course calendar that shows face-to-face or synchronous meeting dates/times; documentation of office hour policies and calendars; calendars showing prescheduled chat sessions and so on.

As general guidance on the required course content, please consider the following:

Supporting Body of Knowledge: Life 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.

Medical Terminology and Anatomy & Physiology should be taught as prerequisites to the coding courses. Pathophysiology and pharmacology (or a combined pathopharmacology course) may be taught as co-requisites to the coding courses.

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)

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)

Pathopharmacology Pathophysiology content places emphasis on the disease processes affecting the human body through an integrated approach to specific disease entities, including the study of causes, diagnosis and treatment of disease. Pharmacology content emphasizes understanding of the action of drugs, including the absorption, distribution, metabolism, and excretion of drugs by the body. (Minimum 45 contact hours)

Supporting Body of Knowledge: 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:

The coding instruction must include hands-on labs using computerized encoding systems with coding reference software, as well as exposure to:

- Automated code book software systems
- Natural Language Processing coding systems

Conversion Plan: As coding system changes arise, programs will be asked to document a conversion plan to show how the program will transition.

ICD Coding Part 1 (45 contact hours)

Curriculum Guidance:

- Principles and application of coding systems (International Classification of Diseases ICD-10-CM/PCS)
- Diagnostic groupings
- Classifications, taxonomies, nomenclatures, terminologies, and clinical vocabularies such as SNOMED-CT
- Review/discuss other diagnosis coding systems or code sets including: DSM-V, ICD-O
- Use of official coding guidelines and reporting requirements

CPT Coding Part 1 (45 contact hours)

Curriculum Guidance:

- Principles and application of coding systems
- Procedural groupings (APC, RUGs)
- Review/discuss other procedural coding systems

ICD Coding – Part 2 (45 contact hours)

Curriculum Guidance:

- Case mix analysis
- Severity of illness systems
- Coding compliance strategies, auditing, and reporting (such as CCI, plans)
- Coding quality monitors reporting
- Case studies using more complex code assignments with ICD-10-CM/PCS. Include PPS application examples for ICD coding (DRG, RUGS, HHRG, etc.)
- Introduction to Systematized Nomenclature of Medicine (SNOMED). Includes a brief overview of its role in the healthcare delivery system as the basis for an electronic health record outline 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

CPT Coding Part 2 (45 contact hours)

Curriculum Guidance:

- Principles and application of coding systems
- Procedural groupings (APC, RUGs)
- 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

Some programs choose to teach the following three content areas as part of a single course (equivalent to one 3-semester-hour class). Other programs may elect to teach the content as part of other courses. Either approach is acceptable as long as the content is included in the program curriculum.

Supporting Body of Knowledge: Reimbursement Methodologies (15 contact hours)

Intent: Study the uses of coded data and health information in reimbursement and payment systems appropriate to all healthcare settings and managed care. Include contemporary prospective payment systems and key health plans, chargemaster maintenance, and evaluation of fraudulent billing practices.

Curriculum Guidance:

- Commercial, managed care, and federal insurance plans
- Compliance strategies and reporting
- Payment methodologies and systems (such as capitation, prospective payment systems, RBRVS)
- Payer requirements for appropriate code assignment (CMS, etc.)
- Billing processes and procedures (such as claims, EOB, ABN, electronic data interchange)
- Chargemaster maintenance
- Regulatory guidelines
- Reimbursement monitoring and reporting
- Denial management and documentation requirements

Supporting Body of Knowledge: Health Information and Delivery Systems (15 contact hours)

Intent: To ensure clinical coders are familiar with basic health data structure, content, and standards; healthcare delivery systems; and information technology and systems.

Curriculum Guidance:

- Structure and use of health information
- Health record data collection tools
- Data sources
- Healthcare data sets
- Health record documentation
- Data quality and integrity
- Healthcare institution structure and operation
- External standards, regulations, and initiatives
- Healthcare providers and disciplines
- Computer concepts
- Communication and internet technologies
- Health information systems
- Health information specialty systems (coding)
- Document archival, retrieval, and imaging systems
- Data retrieval and maintenance
- Data security concepts
- Data integrity and security processes and monitoring

Supporting Body of Knowledge: Legal and Compliance (15 contact hours)

Intent: To study relevant legal and compliance issues faced by clinical coders in the workplace setting.

Curriculum Guidance:

- Legislative and regulatory processes
- Health information/record laws and regulations (such as retention, patient rights/advocacy, advanced directives, privacy)
- Confidentiality, privacy, and security policies, procedures and monitoring
- Ethical issues

Supporting Body of Knowledge: Professional Practice Experience (PPE) (Minimum 45 contact hours including a minimum of 40 hours of authentic coding, which is described as coding from real patient records)

Intent: To provide the student with coding practice in a healthcare setting with directed projects common to a clinical coding specialist on the job.

Field-based PPE

Students should have hands-on experience coding authentic patient records. This professional practice experience should be either field-based or virtual using authentic patient records, encoder/grouper software, and if possible, computer-assisted coding (CAC). Documentation of PPE hours, activities and measurement of student learning outcomes are required. Students in field-based PPE or virtual PPE should be supervised by an AHIMA credentialed mentor or faculty who provides a substantial contribution to the student learning experience. Field-based PPE supervisors (mentors) are entitled to five Continuing Education Units (CEU's) per year for providing student supervision.

Virtual PPE

PCAP approved coding certificate programs may use a 100% virtual PPE 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 an encoder software package that simulates real world application as recommended by the employers of the region, or most similar academic application. *Note: most textbook encoder practice tools do not meet the criteria of real-world encoder practice and application.* The student completes assignments using the coding reference software package including use of Coding Clinic references.
 - The student is exposed to professional coders from a variety of settings such as guest speakers, recorded webinars or presentations. These alternate resources must 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 codes are 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 authentic medical records approximately 100 to 150 charts to ensure that students are not all doing the same chart at the same time, and to ensure the minimum 40 hours of authentic coding is met.
 - Subscribers of the AHIMA Virtual Lab™ (AHIMA VLab™) have access to additional authentic charts, coded records, assignments, and answer keys.
 - Programs should call on members of their advisory body to provide them with copies of de-identified records that reflect the type of chart construction used in local area facilities.

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

Program Resources

Coding Lab Coding programs should have resources available (physically or electronically) for students to practice coding skills in addition to contact hours spent in the didactic learning process. Several items should be considered for inclusion in a coding laboratory, such as the coding references discussed - as official guidelines and clinical references work to expand the clinical knowledge base of the students for interpretation of clinical reports. Online programs must demonstrate how a virtual PPE is maintained for online students.

Coding References Reference materials for use in solving coding problems should be available in a practice laboratory or through online applications and web-based links. Examples of useful reference materials 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 are useful in helping the students interpret information from the patient record. Finally, authoritative or official coding guidelines (e.g., from Coding Clinic®, CPT Assistant® and others) must be available for student reference in a meaningful way (i.e., electronically for online programs). Note: these resources are available within AHIMA VLab for those programs that utilize this option.

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 commonly used 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. Note: these resources are available within AHIMA VLab for those programs that utilize this option.

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 to 150 authentic records of various patient types are required**, and 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.)

Additional Resources for Programs Seeking Approval

Institutions seeking approval of their certificate programs are encouraged to review the following additional appendices:

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Appendix A

PCAP Readiness for Submission Checklist

This document is for the convenience of institutions preparing to submit for PCAP approval. Use this list to track your readiness for submission. This document is **not to be uploaded** as part of the submission packet.

- Download, print, read and be guided by the entire PCAP Manual
- Download, print, read and be guided by the PCAP Self-Study Template
- Download, print, read and be guided by the 2018 PCAP Coding Certificate Competencies (effective September 1, 2021)
- Download, print and complete the 2-page application for approval (included in the PCAP Self-StudyTemplate), sign, scan and upload
- Complete the requirements for all self-study Standards for Approval:
 - Complete the form for the Administration Standard
 - Complete the Advisory Body Standard form and gather attachments and upload
 - Complete form for the Fair Practices standard and upload any necessary files
 - Complete the form for the Advertising standard
 - Complete the form for the Program Resources standard and upload required files
 - Complete the form for the Program Director (Coordinator), Faculty, and Staff Support standard and upload required files
 - Complete the form for the Curriculum Plan and Methodology standard and upload required files
 - Complete the forms and upload the required files for EACH of the Curriculum Component sections. Be careful to ensure all required items for each course are addressed in the forms and uploads.
 - Complete the Program Self-Assessment document and upload.
 - Complete the form for the Program Outcomes Reporting standard and upload files.
 - Complete the final narrative form which is submitted as the first form in the application packet
- Pay the non-refundable application fee at the same time when all application materials are submitted. Be sure to include the invoice or a message with the payment - specifying it is for PCAP approval.
- Send an e-mail to academic.affairs@ahima.org to notify AHIMA that the online application has been completed and submitted, and payment has been made (subsequent payment confirmation is the trigger that initiates the application review process).

Checks should be made out to AHIMA and mailed to:

**AHIMA
Dept. 77-2735
Chicago, IL 60678-2735**

Appendix B

Workflow/Steps of the Approval Process

Step 1: Application and Self-Study Submission

1. Institution must submit all the following items (no action to initiate the review process will be taken until all of these are received):
 - a. Online application via the PCAP SmarterSelect system.
 - b. Upload the PCAP Application for Approval (included in Self-Study Template).
 - c. \$2,500 nonrefundable program application fee.
NOTE CAHIIM-accredited schools pay a discounted application fee of \$1,500.
Academic institutions with more than one program pay a discounted fee of \$1,500 for each additional program.
2. All items required in the Self-Study Template.
3. AHIMA PCAP Administrator assigns one PCAP Council Liaison, who conducts a quantitative review of the application materials (to ensure all required documentation is present) followed by a qualitative review.
4. AHIMA PCAP Administrator assigns one PCAP Reviewer, who conducts a qualitative review of the application materials.

Step 2: Program Review Phase

1. PCAP Council Liaison conducts cursory review to ensure documentation is sufficient to conduct full review. PCAP Council Liaison will reach out to program director as may be necessary.
2. Review team reviews documentation and submits comments and questions requiring clarification from the institution to the Council Liaison.
 - a. Council Liaison communicates with institution to achieve clarity regarding review team questions.
 - b. Institution responds to questions from review team (within one month of receiving questions).
 - c. Council Liaison communicates with review team members to provide responses from institution and calls for a recommendation vote from the review team.
 - d. Review team members submit their Evaluator Comments and vote recommendation to the Council Liaison via the SmarterSelect system.
3. PCAP Administrator submits consensus recommendation to PCAP Council and places the application onto the agenda for the next regularly scheduled Council meeting for approval vote by the PCAP Council.

Step 3: Council Decision Phase

1. PCAP Council reaches one of three decisions, and the institution is notified of the outcome through the AHIMA PCAP Administrator:
 - a. Approved
 - i. AHIMA PCAP Administrator provides electronic PCAP logo and terms of use.
 - ii. AHIMA PCAP Administrator adds the institution's name to the official online PCAPDirectory.
 - b. Conditionally Approved (no PCAP logo use until all conditions are resolved).
 - c. Denial of Approval
2. For conditionally approved programs, the AHIMA PCAP Administrator notifies the school of decision and outlines the conditions which require response.
 - a. Institution submits requested revision/response to AHIMA PCAP Administrator (within one month of notification of conditional approval).
 - i. AHIMA PCAP Administrator forwards revision/response to PCAP Council members prior to next regularly scheduled meeting.

- b. PCAP Council votes: to approve, conditionally approve, or deny approval.
3. For programs that are denied approval, programs may re-submit for approval no earlier than one year following notification of denial. Institutions wishing to re-apply must complete the entire process and pay all associated non-refundable fees at the time of re-application. *See Appendix C for Reconsideration and Appeal Process.*

Step 4: Initial Approval and Annual Attestation

1. A program's initial PCAP approved cycle is for a three-year period beginning in the month of their initial approval (aka their "approval month"). Annual attestations are required in the interim. PCAP approved status will be suspended if the program fails to submit the required annual attestations or fails to re-apply for approval in a timely manner at the end of their 3-year cycle.
2. All programs must submit an annual PCAP attestation form at least one month in advance of their "approval month" and include full payment of the non-refundable \$750.00 annual attestation fee. The purpose of the annual attestation is to ensure ongoing program quality.
 - a. The AHIMA PCAP Administrator will send electronic PCAP logos upon approval of the annual attestation statement and receipt of the payment. If annual attestation results in approval suspension, the PCAP Administrator will communicate compliance requirements to the institution.
 - b. Programs that fail to submit the required annual PCAP attestation form and/or the non-refundable maintenance fee will be considered as a Voluntary Withdrawal of Approval and must remove all references of PCAP approved status from their website, marketing and program materials within 30 days following their "approval month". Failure to remove these materials may result in legal action.
 - c. If the annual attestation key indicators suggest a significant change in program status, program suspension may be warranted. Institutions may appeal program suspension following the request for reconsideration process.
3. An online renewal application and full program review are required every three years (i.e., if a program was approved in March 2021, they would re-apply in Jan 2024, which provides the PCAP Council with enough processing time for re-approval by March 2024). Annual attestations and payments are required in the interim.

Appendix C

Reconsideration and Appeal Process

Adverse Actions of the PCAP that are Subject to Reconsideration and Appeal

The following actions by the PCAP are subject to reconsideration and appeal:

- Denial of Approval
- Suspension of Approval

Reconsideration and appeal shall be limited to the time and circumstances that triggered the PCAP action and shall be based solely on the information contained in the Appeal Request and Initial Approval Request or Annual Attestation. Descriptions of changes made since that time will not be considered.

Notice of Adverse Action

Upon a finding that a certificate program is not in substantial compliance with the PCAP's published *Standards for Approval* (published in the PCAP Self-Study Template and application documents), and imposition of an appealable action by the PCAP Council, the PCAP shall promptly send the Program's sponsoring institution a Notice of Adverse Action that shall include the specific areas of noncompliance that support the imposition of the action. The PCAP also shall inform the sponsoring institution of the right to request reconsideration.

PCAP Reconsideration Procedure Request for Reconsideration

If the sponsoring institution wishes to request reconsideration of the PCAP's action, it must notify the PCAP within thirty (30) calendar days from the date of receipt of the Notice of Adverse action. Such Request for Reconsideration must contain a concise statement of why the institution believes that the PCAP's action was improper.

If a Request for Reconsideration is not received by the PCAP within thirty (30) days, the PCAP's initial action shall constitute the final action by the PCAP.

Reconsideration by the PCAP Approval Committee (PCAP Council)

Reconsideration and Decision without a Hearing

An institution may request reconsideration without a hearing before the PCAP Council. In such event, the PCAP Council will reconsider the approval status of the program at its next regularly scheduled meeting. The PCAP Council shall review the following documents, which shall constitute the Reconsideration Record: the documents concerning the program upon which the PCAP Council relied in the action that is the subject of the reconsideration, and the Request for Reconsideration.

The PCAP Council shall determine by majority of those members present whether substantial evidence supports the existence of the cited areas of noncompliance with the PCAP *Standards for Approval*, and whether the initial action should be affirmed, modified or reversed. PCAP Council shall notify the institution in writing of the decision, including the reasons therefore, within thirty (30) calendar days after the PCAP Council meeting.

Reconsideration with a Telephonic Hearing Before the PCAP Council

An institution may request reconsideration with a telephonic hearing before the PCAP Council. In such event, the PCAP shall schedule the reconsideration hearing for a regularly scheduled PCAP Council meeting that will occur no more than sixty (60) calendar days after receipt of the Request for Reconsideration.

The PCAP shall notify the institution in writing of the date and time of the hearing. The notice shall be provided at least thirty (30) calendar days prior to the hearing. The notice shall advise the institution that it:

(1) may have representatives appear before the PCAP Council;

(2) may be represented by legal counsel; and

(3) may submit a written response to the PCAP Council's cited areas of noncompliance. Such response must be based solely on the information contained in the application and review materials.

The institution's written intent to have representatives appear before the PCAP Council, the names of the representatives and, if any, the legal counsel who will participate in the hearing, must be received by the PCAP no later than fourteen (14) calendar days before the scheduled date of the hearing.

Conduct of the Hearing before the PCAP Council

The hearing before the PCAP Council shall be chaired by PCAP Council Chair.

The hearing will be limited to a consideration of the time and circumstances that triggered the initial PCAP Council action. Descriptions of actions taken, or changes made since that time shall not be considered.

While strict adherence to the formal rules of evidence shall not be required, irrelevant, or unduly repetitious statements may be ruled out of order. The hearing shall follow the following general format:

- a. Introductory statement of the Chair.
- b. Oral presentation by the institution (one hour).
- c. Questions by PCAP Council members and staff.
- d. PCAP Council executive session (15 minutes).
- e. Additional questions by PCAP Council members and staff.
- f. Closing statement by the institution (15 minutes).
- g. Adjournment.

A record of the hearing shall be kept by a certified court reporter.

If the institution, without good cause, fails to appear or fails to advise the PCAP in writing more than five (5) calendar days before the scheduled date of the hearing that it will not appear, the PCAP may elect to notify the institution that no further opportunity for a personal appearance will be provided.

Decision of the PCAP Council Following the Hearing

At the conclusion of the hearing, the PCAP Council shall meet in executive session to review the proceedings and to reach a decision. The PCAP Council shall consider the Reconsideration Record and the information presented during the hearing. The PCAP Council shall determine by majority of those members present whether substantial evidence supports the existence of the cited areas of noncompliance with the PCAP *Standards for Approval*, and whether the initial action should be affirmed, modified or reversed. The PCAP Council shall notify the institution in writing of the decision, including the reasons therefore, within thirty (30) calendar days after the PCAP Council hearing. The PCAP also shall inform the sponsoring institution of the right to appeal the decision.

PCAP Appeal Procedure

The institution shall have an opportunity to appeal the PCAP Approval Committee's (PCAP Council's) decision upon reconsideration to the PCAP Commission, none of whose members shall have served on the PCAP Council) at the time the adverse action was taken; shall have participated on a Review Panel, the results of which triggered the adverse action; or shall have a conflict of interest as determined under the PCAP Conflict of Interest Policy.

Notice of Appeal to the PCAP Commission

If it wishes to appeal the PCAP Council's decision upon reconsideration, the sponsoring institution must submit a Notice of Appeal to the PCAP Commission within thirty (30) calendar days from the date of notification of the PCAP Council's decision. Such Notice of Appeal must contain a concise statement of why the institution believes that the PCAP Council's decision upon reconsideration was improper. **If a Notice of Appeal is not received by the PCAP Commission within thirty (30) days, the PCAP Council's action shall constitute final decision by the PCAP and shall not be subject to appeal absent extraordinary circumstances, as determined solely by the PCAP.**

The information submitted in the Notice of Appeal shall be limited to that submitted to the PCAP Council. New information shall not be considered on appeal.

Standard of Review

Review by the PCAP Commission shall be limited to a determination of whether (1) a procedural error may have contributed to the PCAP Council's decision or (2) the PCAP Council's decision was arbitrary and capricious.

Review by the PCAP Commission

The PCAP Commission shall consider the Reconsideration Record, the Notice of Appeal, and a statement from the Chair of the PCAP Council. The foregoing shall constitute the Appeal Record. The PCAP Commission shall base its review solely on the Appeal Record and shall determine by majority vote of those members present whether to affirm or reverse the PCAP Council's decision upon reconsideration. The PCAP Commission shall notify the institution in writing of its decision, including the reasons therefore, within thirty (30) calendar days after making its decision.

THE DECISION BY THE PCAP COMMISSION SHALL CONSTITUTE THE FINAL DECISION OF THE PCAP ON THE MATTER AND SHALL NOT BE SUBJECT TO FURTHER APPEAL.

Effective Date

A FINAL DECISION BY THE APPROVAL COMMITTEE (PCAP COUNCIL) OR THE PCAP COMMISSION SHALL BECOME EFFECTIVE AS OF THE DATE IT CONSTITUTES THE *FINAL DECISION OF THE PCAP* AS PROVIDED HEREIN.

Appendix D

PCAP Annual Attestation Form/Process

Although PCAP approved programs are reminded via email when their annual attestation and non-refundable payment are due, **it is the sole responsibility of the program director to remain aware of and be compliant with their own PCAP cycle and related application/attestation filing and payment timelines.**

Annual Attestation Update

All schools approved under the PCAP approval program since January 2013 must complete and submit the PCAP Annual Attestation Form. The form and payment are to be submitted in the month preceding your program's "approval month" (for example, if your program was originally approved in March of 2021, you would submit your annual PCAP Attestation Form and payment in February 2022, allowing enough processing time for it to be approved in March 2022). The non-refundable fee associated with the annual attestation is \$750.00. Submit your annual PCAP attestation form and documents to: academic.affairs@ahima.org. Checks should be payable to AHIMA and sent to AHIMA, Dept. 77-2735, Chicago, IL 60678-2735.

Documents to be submitted

In addition to the annual PCAP Attestation Form, please provide the following documentation:

- Advisory Committee agendas and summaries from prior application/attestation to current date
- Curriculum Vitae for any new faculty from prior application/attestation to current date
- Continuing education summary for each active faculty member from prior application/attestation to current date
- Syllabi for any new or modified courses (from prior application/attestation to current date)

PCAP ANNUAL ATTESTATION FORM

Date Annual Attestation Form Completed:

Organization Name: Program Name:	New (If new, include requested information as an attached document)	No Change (check only –no documentation required)
Program Director/Coordinator Name		
Program Director Credentials		
Program Director/Coordinator Contact Information (e-mail and phone)		
Organization Address		
Curriculum Revisions (List names/course numbers of courses added or delete from curriculum)		

Organization Name: Program Name:	New (If new, include requested information as an attached document)	No Change (check only –no documentation required)
Changes in faculty (new faculty names and credentials – include CV for new faculty). List names of faculty that have permanently left the organization since previous report. Please provide a document that demonstrates faculty professional development.		
Accreditation actions (loss of accreditation, adverse action). Describe action and outcome.		
Please provide advisory board documentation of meeting minutes/actions and member profiles		
Describe how student complaints regarding your program have been or are addressed. (You will have received notification from AHIMA in the event complaints are received)		
Number of students enrolled in the program at time of last attestation/application		
Number of students who have completed the program since the time of the last annual attestation		
Number of students who have withdrawn/stopped attending the program since last annual attestation		
Number of students currently enrolled in the program		
Students who remain for other programs/degrees		
Number of graduates employed within one year of program completion		
Actions plans that arose out of annual program evaluation		

Appendix E

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 systems.

In addition to their use on insurance claims for reimbursement, clinical codes are used in data sets 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.

AHIMA staff, volunteer PCAP Council members, and PCAP Commissioners review and approve the PCAP Manual on a periodic, as needed basis. The AHIMA staff, AHIMA subject matter experts, and PCAP volunteers periodically review and make recommendations for revision to the PCAP Coding Certificate Competencies.

What Is a Clinical Coder?

A clinical coder is a knowledge worker in healthcare institutions who reviews and analyzes health data. The coder 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 used 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. Coders are employed by all types of healthcare institutions 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 institutions involved with the provision or funding of health services.

What Is Coding Certification?

The American Health Information Management Association's (AHIMA) Commission on Certification for Health Informatics and Information Management (CCHIIM) administers an entry-level coding certification examination: the **CCA® (Certified Coding Associate)**, and mastery level coding certification examinations: the **CCS® (Certified Coding Specialist)** and **CCS-P® (Certified Coding Specialist–Physician-based)**. Programs that meet the criteria for coding approval have been deemed by AHIMA to contain the necessary components that would prepare a student to be eligible for these examinations. It is noted that those programs with more extensive professional practice experience better prepare graduates for successful examination.

An Overview of AHIMA

The American Health Information Management Association (AHIMA) represents professionals who work with health data for more than one billion patient visits each year. AHIMA's mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and providers.

Serving 52 affiliated component state associations and more than 101,000 members, AHIMA is recognized as the leading source of "HIM knowledge," a respected authority for rigorous professional education and training.

Founded in 1928 to improve health record quality, AHIMA has played a leadership role in the effective management of health data and medical records needed to deliver quality healthcare to the public.

AHIMA members stay one step ahead through AHIMA's accreditation of cutting-edge academic programs and professional development opportunities, including comprehensive continuing education.

AHIMA keeps HIM professionals posted on the healthcare industry through resources to improve their knowledge, skills, and abilities. Some of AHIMA's offerings include:

- Textbooks
- Credentials
- Live meetings
- Online education
- The *Journal of AHIMA*
- The HIM Body of Knowledge (BoK)
- Engage Communities
- Newsletters
- E-Alerts

In addition to providing resources AHIMA actively advocates for the HIM profession, serves as a thought leader in the world of HIM and is one of the four cooperating parties responsible for the ICD-10 Coding Guidelines.

Helpful Links:

- American Health Information Management Association <http://www.ahima.org>
- AHIMA Career & Student Center www.ahima.org/careers
- Faculty resources <http://www.ahima.org/education/academic-affairs>
- National Center for Health Statistics <https://www.cdc.gov/nchs>
- The Centers for Medicare and Medicaid Services <http://cms.hhs.gov/>

Appendix F

Coding Related Resources

The following 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- 3000 Orders: 800-242-2626 http://www.aha.org</p> <p>AHA Central Office (312) 893-6800 www.ahacentraloffice.org</p> <p>American Medical Association (312) 464-5000 (800) 621-8335 Fax Orders: (312) 464-5600 http://www.ama-assn.org www.amabookstore.com</p> <p>Channel Publishing, Ltd. (800) 248-2882 www.channelpublishing.com</p> <p>Contexo Media (800) 334-5724 www.codingbooks.com</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>HCPPro (781) 639-1872 www.hcpro.com</p> <p>Jones and Bartlett (Formerly Aspen Publishers) (800) 832-0034 http://www.jbpub.com</p> <p>Maxim Health Information Services (866) 316-8773- West (866) 265-0589-East www.maximhis.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> <p>Optum (800)-464-3649 www.optum.com</p> <p>Pearson www.pearson.com</p> <p>PMIC (800) Med-Shop www.pmiconline.com</p> <p>Super Coder, the Coding Institute (866) 228-9252 www.supercoder.com</p>
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Appendix G

Post-Approval Guidelines for Promoting PCAP Approval

PCAP approved coding certificate programs will be sent a file that contains the PCAP logo which can be displayed on brochures, documents, and websites. When promoting your program, please refer to the following guidelines:

What Can You Say?

► **Press Release** This template may be used when announcing AHIMA PCAP coding certificate program approval to the media.

(Sample) For Immediate Release

Coding Education Program at XXXXX Approved by the AHIMA PCAP

The (insert school/program name), a (comprehensive) coding program, is pleased to announce its approval by the AHIMA PCAP as having an approved coding certificate program.

The PCAP approval designates coding programs which have been evaluated by a peer review process using national minimum standards for entry-level coding professionals. This process allows academic institutions, to be acknowledged as providing an approved Coding Certificate Program.

The approval designation assures healthcare providers that graduates of the XXXXX coding program possess the necessary job skills to attain success in entry level coding positions. Students are guided through a comprehensive coding curriculum with more than (insert program's contact hours count) xxx hours of instruction in ICD-10-CM, ICD-10-PCS, and CPT coding and reimbursement methodologies.

The American Health Information Management Association (AHIMA) is the premier association of health information management (HIM) professionals. Serving 52 affiliated component state associations and more than 101,000 members, it is recognized as the leading source of "HIM knowledge," a respected authority for rigorous professional certification, and one of the industry's most active and influential advocates in Congress.

Visit www.ahima.org for more information about AHIMA initiatives, programs, resources and membership.

► Program Website

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

1. Program Approval Statement

The (school program name) (comprehensive) coding program is approved by the AHIMA Professional Certificate Approval Program (PCAP). This designation acknowledges the coding program as having been evaluated by a peer review process using a national minimum set of standards for entry-level coding professionals. This process allows academic institutions to be acknowledged as offering an AHIMA PCAP-Approved Coding Certificate Program.

2. "Value for Students" Statement

The valuable AHIMA PCAP approval designation:

- 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 workforce

3. Indicate the timeframe of program approval (Example: March 2021 through March 2024).

Guidelines

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

1. The wording of the AHIMA PCAP Approval Statements cannot be changed or edited.
2. In the case of multiple campuses or corporate entities, do not imply that all sites are approved when only one campus is approved.
3. If the PCAP has conferred a “Conditionally Approved” status on the program, the conditions must be met before using the above approval statements.