Appendix A

WORK PROCESS SCHEDULE

AND

RELATED INSTRUCTION OUTLINE

Health Information Management (HIM) Professional Fee Coder Apprenticeship

O*NET-SOC CODE: 29-2071.00

RAPIDS CODE:
Type of Training: Competency-based
### Sample Work Process Schedule and Related Instruction Outline

**Health Information Management (HIM) Professional Fee Coder Apprenticeship**

**O*NET-SOC CODE:** 29-2071.00  
**RAPIDS CODE:**

This schedule is attached to and a part of these Standards for the above identified occupation.

<table>
<thead>
<tr>
<th>1. TYPE OF OCCUPATION</th>
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<tbody>
<tr>
<td>☐ Time-based</td>
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<tr>
<td>☒ Competency-based</td>
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<tr>
<td>☐ Hybrid</td>
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<thead>
<tr>
<th>2. TERM OF APPRENTICESHIP</th>
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<tbody>
<tr>
<td>The term of the occupation shall be competency-based supplemented by a minimum of 144 hours of related instruction.</td>
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<thead>
<tr>
<th>3. RATIO OF APPRENTICES TO JOURNEYWORKERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four (4) apprentice(s) to One (1) journeyworker/mentor/trainer.</td>
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</table>

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<thead>
<tr>
<th>4. APPRENTICE WAGE SCHEDULE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apprentices may be paid a progressively increasing schedule of wages based on a percentage of the current Hospital Coder/Coding Professional wage rate of $________.</td>
</tr>
</tbody>
</table>

**1 Year Term (example):**

- 1st 1000 hours = $______
- 2nd 500 hours + CPC or CCS-P = $______
- 3rd 500 hours = $________

<table>
<thead>
<tr>
<th>5. WORK PROCESS SCHEDULE</th>
<th>(See below Work Process Schedule)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Customized at point of hire by the Employer and Sponsor)</td>
<td></td>
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</table>

The Employer may modify the work processes to meet local needs prior to submitting these Standards to the appropriate Registration Agency for approval.

<table>
<thead>
<tr>
<th>6. RELATED INSTRUCTION OUTLINE</th>
<th>(See below Work Process Schedule)</th>
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<tbody>
<tr>
<td>(Customized at point of hire by the Employer and Sponsor)</td>
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</table>
**Position Description:**
The Health Information Management (HIM) Professional Fee Coder will use coding conventions and guidelines to abstract, analyze and accurately assign ICD (International Classification of Diseases) principal and secondary diagnostic codes and CPT (Current Procedural Terminology) principal and secondary procedural codes to ambulatory, clinic, outpatient, and provider services. The HIM Professional Fee Coder will query physicians when diagnosis is unclear, audit records, and perform peer reviews. This position may utilize encoder, grouper, and other Health Information Management software often including Electronic Health Records. Minimum job requirements include a current credential as a CCA (Certified Coding Associate) from the American Health Information Management Association or CPC (Certified Professional Coder) from the American Academy of Professional Coders (AAPC).

**WORK PROCESS SCHEDULE**

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>MEASURED BY</th>
<th>Score</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>
| Use and maintain electronic applications and work processes to support clinical classification and coding (for example, encoding and grouping software) | Demonstrates understanding in use and application of encoder and grouper software | 1 2 3 4 5 | 1 – Below expectation in the use of electronic applications (encoder and grouper software)  
2 – Needs improvement in use of electronic applications (encoder and grouper software)  
3 – Satisfactory use of electronic applications (encoder and grouper software)  
4 – Proficient in electronic applications (encoder and grouper software)  
5 – Exceeds expectation in use of electronic applications |
| Apply outpatient diagnosis and procedure codes according to current nomenclature and demonstrate adherence to current regulations and established guidelines in code assignment (focus on assignment of first listed diagnosis, and sequencing as well as other clinical coding guidelines) | Audits indicate appropriate code and sequencing use following regulations and guidelines | 1 2 3 4 5 N/A | 1 – Below expectation in the application of outpatient coding guidelines and regulations  
2 – Needs improvement in the application of outpatient coding guidelines and regulations  
3 – Demonstrates basic understanding of outpatient coding guidelines and regulations  
4 – Demonstrates proficiency in outpatient coding guidelines and regulations  
5 – Excels in application of outpatient coding guidelines and regulations |
<table>
<thead>
<tr>
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<th>MEASURED BY</th>
<th>Score</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>
| Ensure accuracy of diagnostic/procedural APC (Ambulatory Payment Classification) system | Audits indicate accuracy of APC assignment | 1 2 3 4 5 | 1 – Below expectation in the accuracy of APC assignment  
2 – Needs improvement in the accuracy of APC assignment  
3 – Demonstrates basic understanding APC assignment  
4 – Demonstrates proficiency in APC assignment  
5 – Excels in application of APC assignment |
| Validate outpatient coding accuracy using clinical information found in the health record | Audits indicate accuracy of diagnostic and procedural coding | 1 2 3 4 5  
Audit score | 1 – Below expectation in the accuracy of applying outpatient codes  
2 – Needs improvement in the accuracy of applying outpatient codes  
3 – Satisfactorily demonstrates accuracy in the application of outpatient codes  
4 – Demonstrates proficiency in the application of outpatient codes  
5 – Exceeds expectations in the accuracy of applying outpatient codes |
<p>| Use and maintain applications and processes to support other clinical classification and nomenclature as appropriate to the work setting (e.g., DSM V (Diagnostic and Statistical Manual of Mental Disorders), SNOMED-CT (Systematized Nomenclature of | Identifies correct coding nomenclature for patient type and location | Meets or Does not Meet | Comment on <strong>Does Not Meet</strong> |</p>
<table>
<thead>
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<th>Score</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>Medicine – Clinical Terms)</td>
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</tr>
<tr>
<td>Resolve discrepancies between coded data and supporting documentation.</td>
<td>Creates compliant physician queries</td>
<td>1 2 3 4 5 N/A</td>
<td>1 – Queries reviewed did not meet facility criteria</td>
</tr>
<tr>
<td>Communicates with providers to ensure appropriate documentation.</td>
<td></td>
<td></td>
<td>2 – Queries reviewed met facility criteria at least 25% of the time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 – Queries reviewed met facility criteria at least 50% of the time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4 – Queries reviewed met facility criteria at least 80% of the time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5 – Queries reviewed met all facility criteria for compliance 100% of the time</td>
</tr>
<tr>
<td>Apply policies and procedures for the use of clinical data required</td>
<td>Adheres to national, regional and facility-specific requirements for accurate reimbursement by payer type</td>
<td>Meets or Does not Meet</td>
<td>Comment on Does Not Meet</td>
</tr>
<tr>
<td>in reimbursement and outpatient prospective payment systems (OPPS) in</td>
<td></td>
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<tr>
<td>healthcare delivery as well as changing regulations among various</td>
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<tr>
<td>payment systems for healthcare services such as Medicare, Medicaid,</td>
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<tr>
<td>managed care, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support accurate billing through coding, chargemaster, claims management,</td>
<td>Reviews codes identified manually and by the</td>
<td>Meets or Does not Meet</td>
<td>Comment on Does Not Meet</td>
</tr>
<tr>
<td>and bill reconciliation processes</td>
<td>chargemaster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPETENCY</td>
<td>MEASURED BY</td>
<td>Score</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>to ensure compliant billing</td>
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</tbody>
</table>
| Use established guidelines to comply with reimbursement and outpatient   | Follows coding edits for compliance with NCCI                               | 1 2 3 4 5 | 1 – Not compliant with coding edits  
2 – Needs improvement in monitoring of coding edits  
3 – Satisfactorily monitors coding edits  
4 – Proficient in the monitoring of coding edits  
5 – Proactive in resolving NCCI edits prior to billing |
| reporting requirements such as the National Correct Coding Initiative and  |                                                                             |        |                                                                          |
| others                                                                    |                                                                             |        |                                                                          |
| Compile patient data and perform data quality reviews to validate code    | Participates in coding audits                                               | Meets or Does not Meet | Comment on Does Not Meet |
| assignment and compliance with reporting requirements such as outpatient  |                                                                             |        |                                                                          |
| prospective payment systems                                              |                                                                             |        |                                                                          |
| Participate in compliance (fraud and abuse), HIPAA (Health Insurance      | Attends required compliance training                                         | Meets or Does not Meet | Comment on Does Not Meet |
| Portability and Accountability Act of 1996), and other organization      |                                                                             |        |                                                                          |
| specific training                                                         |                                                                             |        |                                                                          |
| Total Approximate hours                                                   |                                                                             |        |                                                                          |

Note: *On the job competencies will be evaluated as competency-based achievements. Each of the competencies will have objectives and all competencies will be verified and signed off by assigned journeyworker/mentors/trainers/supervisors.*

All related instruction and supplementary training will be structured in accordance with professional coding certification domains.
### RELATED INSTRUCTION OUTLINE

**Professional Fee Coder Immersion Training (Related Instruction) Outline Sample**

<table>
<thead>
<tr>
<th>Item</th>
<th>Type</th>
<th>Content</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program orientation</td>
<td>Teleconference</td>
<td>Program overview</td>
<td>1</td>
</tr>
<tr>
<td>VLab tutorial</td>
<td>Teleconference</td>
<td>VLab training</td>
<td>1</td>
</tr>
<tr>
<td>Pre-immersion assessment</td>
<td>Online assessment</td>
<td>Questions from CCS-P exam domains</td>
<td>4</td>
</tr>
<tr>
<td>Chapters 1, 2 and 3 in <em>Procedure Coding &amp; Reimbursement for Physician Services</em> textbook. Complete online assessments.</td>
<td>Online and self-directed</td>
<td>Introduction to Coding Basics, E&amp;M coding, anesthesia coding</td>
<td>20</td>
</tr>
<tr>
<td>Chapter 4 in <em>Procedure Coding &amp; Reimbursement for Physician Services</em> textbook. Complete online assessment.</td>
<td>Online and self-directed</td>
<td>In-depth review of surgery coding with CPT by body system</td>
<td>20</td>
</tr>
<tr>
<td>Chapters 5, 6, and 7 in <em>Procedure Coding &amp; Reimbursement for Physician Services</em> textbook. Complete online assessments.</td>
<td>Online and self-directed</td>
<td>Review of radiology, pathology, laboratory and medicine coding</td>
<td>20</td>
</tr>
<tr>
<td>Chapters 8, 9 and 10 in <em>Procedure Coding &amp; Reimbursement for Physician Services</em> textbook. Complete online assessments.</td>
<td>Online and self-directed</td>
<td>Review of HCPCS Level II coding, modifiers, and reimbursement process for outpatient coding</td>
<td>20</td>
</tr>
<tr>
<td>Chapters 11 and 12 in <em>Procedure Coding &amp; Reimbursement for Physician Services</em> textbook. Complete online assessments.</td>
<td>Online and self-directed</td>
<td>Review of coding and reimbursement reports and databases and evaluation of coding quality</td>
<td>16</td>
</tr>
<tr>
<td>Review Exercises in <em>Procedure Coding &amp; Reimbursement for Physician Services</em> textbook.</td>
<td>Online</td>
<td>Office visit, operative reports, surgical case auditing and E&amp;M auditing</td>
<td>4</td>
</tr>
<tr>
<td>Hands on coding practice on redacted original medical records.</td>
<td>VLab online</td>
<td>Outpatient clinic, outpatient surgery, emergency department, and observation cases.</td>
<td>20</td>
</tr>
</tbody>
</table>
| Common employability modules                              | Online self-directed | Common employability skills to include:  
• Communicating Effectively  
• Telephone Etiquette  
• The Mindful Leader  
• Leveraging Diversity and Strengths in the Workplace  
• Social Media Awareness  
• Excellence in Customer Service | 10    |
| Post-immersion assessment                                 | Online assessment | Questions from CCS-P exam domains                                       | 4     |
| Meetings with Coding Trainers                             | Teleconference   | Review activities, provide feedback and instruction                     | 4     |
| Total Immersion/Related Instruction hours                 |                  |                                                                         | 144   |

**TOTAL MINIMUM HOURS** 144
**Immersion Skill Training Curriculum**  
**Professional Fee Coder Apprenticeship**

NOTE: This is a recommended course outline that is customizable based on the apprentice scores in their pre-assessment and the needs of the Employer.

- **Orientation Teleconference:**
  - Introduction to the AHIMA Apprenticeship Program
  - Orientation to Immersion Program
    - Training Structure:
      - Program expectations
      - Program length, goals, deliverables
  - Directions on how to navigate the technical components
  - Contact Information for concerns etc.

- **Resources Training Teleconference:** PowerPoint/Video/LMS Tutorial
  - VLab
  - AHIMA Academy

- **Pre-immersion Coding Assessment for Professional Skills Training:**
  - CCS-P Exam Data Bank randomized questions (Not Timed)
    - Multiple Choice
    - *MentorCheckpoint

- **Clinical Coding Review utilizing** Procedural Coding and Reimbursement for Physician Services textbook. Complete assessments online.
  - *MentorCheckpoint

  - Chapter 1 - Online and self-directed – Introduction to Coding Basics
    - Describe the health record and standard health record formats
    - Identify organizations that direct health record format
    - Recognize basic elements of health record documentation
    - Understand the resources used to assign diagnostic and procedure codes
    - Understand CPT structure and coding conventions
    - Identify the sources of documentation that generate physician codes and charges
    - Identify codable diagnostic and procedural statements (in physician office documentation)
    - Understand the Ambulatory Coding Guidelines for ICD-10-CM
  - Chapter 2 – Online and self-directed - Evaluation and Management Coding
    - Understand documentation guidelines
    - Define evaluation and management services
• Understand terms commonly used in reporting E/M Services
• Define the levels of E/M Services
• Understand modifiers
• Define the various E/M categories
• Identify the HCPCS codes used in evaluation and management coding
• Chapter 3 - Online and self-directed – Anesthesia Coding
  • Describe the format and arrangement of codes in the anesthesia section
  • Explain the anesthesia package
  • Identify and apply the modifiers commonly used in reporting anesthesia services
  • Identify codes used in reporting qualifying circumstances
  • Perform the steps used in coding anesthesia services
  • Calculate fees for anesthesia services
• Chapter 4 – Online and self-directed – Surgery Coding
  • Identify coding used in the surgery section
  • Explain the use of modifiers used in surgery coding
  • Assign codes used in all surgery sections
• Chapter 5 – Online and self-directed – Radiology
  • Describe the Radiology surgery section format and arrangement
  • Identify and apply the modifiers used in Radiology coding
• Chapter 6 – Online and self-directed – Pathology and Laboratory
  • Describe the pathology and laboratory section structure and content
  • Understand the Clinical laboratory Improvement Amendments of 1988 (CLIA)
  • Interpret quantitative and qualitative studies
  • Understand the Guidelines Pertaining to Pathology and Laboratory subsections
  • Identify and apply the modifiers used in Pathology and Laboratory coding
• Chapter 7 – Online and self-directed – Medicine
  • Understand the Medicine section content and code structure for all specialties
  • Identify and assign the appropriate modifiers used in coding Medicine services
  • Identify and assign the appropriate HCPCS codes used in coding Medicine services
• Chapter 8 – Online and self-directed – HCPCS Level II Coding
  • Understand the HCPCS code assignment hierarchy and the steps in HCPCS code assignment
  • Understand the effect of HIPAA on HCPCS
  • Identify the Level II codes that are inappropriate for professional billing
• Chapter 9 – Online and self-directed – Modifiers
  • Understand the types of Modifiers
  • Identify and assign modifiers
• Chapter 10 – Online and self-directed – Reimbursement Process
• Understand the reimbursement process and mechanisms
• Describe Fee Schedule management
• Identify sources of coding and reimbursement guidelines
• Identify payer-specific guidelines
• Understand how to submit claims and the claims process
• Identify the data elements of a computerized internal Fee Schedule

• Chapter 11 – Online and self-directed – Coding and Reimbursement Reports and Databases
  • Perform data evaluation
  • Interpret computerized internal Fee Schedule Reports
  • Analyze Payer Remittance Reports

• Chapter 12 – Online and self-directed – Evaluation of Coding Quality
  • Understand the tools for evaluating coding quality
  • Perform internal audits

• Clinical coding practice coding original redacted medical records (55 records):
  - 25 Outpatient clinic cases
  - 16 Emergency department cases
  - 14 Outpatient surgery cases
  *Mentor Checkpoint

• Clinical coding practice coding original redacted medical records (35) records in VLab/Solcom EDCO:
  - 4 ambulatory surgery cases
  - 26 emergency department cases
  - 5 outpatient cases
  *Mentor Checkpoint

• Common Employability Resources:
  • Module 1: Communicating Effectively – Discover how effective communication can lead to positive business interactions. Effective listening and questioning techniques to use and how to write engaging emails.
  • Module 2: Telephone Etiquette – Gain an understanding of the seven steps to perfect telephone etiquette.
  • Module 3: The Mindful Leader – Learn the benefits of mindfulness and how it works.
  • Module 4: Leveraging Diversity and Strengths in the Workplace – Understand the importance of the diversity of others and what everyone brings to the workplace.
• **Module 5: Social Media Awareness** – Learn how to use social media in the workplace and understand how a social media policy can assist you.

• **Module 6: Excellent in Customer Service** – Learn about the CONTACT approach to customer excellence.

• Post-immersion Coding Assessment for Professional Skills Training
  ➢ CCS-P Exam Database randomized questions (Timed)
  ➢ Multiple choice
  * Mentor Checkpoint at the end of Post-Immersion Assessment

  **Completion of Immersion Skills Training**

**Apprentice transitions to OTJ training with mentor:**

- Meetings with Mentors & Apprentices
- Educational Webinars on key topics such as:
  - Coding guidelines
  - Principal Diagnosis, Principal Procedure / UHDDS guideline overview
  - CCS-P Exam preparation

**Post Immersion Skills Training Apprentice will be eligible to request a coupon code for the CCS-P Exam during the Apprenticeship**