



# TrustHCS

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## ACADEMY

The TrustHCS Academy is dedicated to growing new coders to enter the field of medical records coding while also increasing the ICD-10 skills of seasoned coding professionals. A unique combination of on-line coding educational content and resources for student placement empowers the graduates of TrustHCS Academy. Determine the TrustHCS Academy courses that are best for you and your staff based on the tables provided on the following pages.

Level of Coding Experience	Coding Programs
No Coding Experience Nursing Experience Transcription Experience Other Clinical Experience	<b>ICD-10 New Student Program</b>
	<i>\$4,035</i> <i>8 - 12 months</i>
<b>Experienced Outpatient Coder</b>	<b>ICD-10 Advanced Training Program</b>
	<i>\$2,541</i> <i>2 - 4 Months</i>
<b>Experienced Inpatient Coder</b>	<b>ICD-10 Fast Track</b>
	<i>\$924*</i> <i>1 Month</i>

Learn more regarding the content covered within each course on the following pages.

# TrustHCS Academy Courses

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## ICD-10 New Student Program:

605 hours

### Program Orientation (1 hour)

At the conclusion of this module, the learner will be able to:

1. Identify the elements, expectations, and requirements of the program.
2. Navigate the program using the pages, menus, and buttons provided.
3. Use the program tools, including the study planner, grade book, and completion Report. Learners will also be able to contact Career Step using communication tools, including phone, email, forums, chat rooms, and social media.
4. Identify program-specific resources, including the 3M encoder. Learners will also be able to order their coding books with an understanding of the yearly coding update schedule.

### Computer Fundamentals (5 hours)

At the conclusion of this module, the learner will be able to:

1. Identify basic computer hardware and interpret system requirements.
2. Navigate a Windows operating system environment, as well as install and operate basic software utilities.
3. Use a web browser to navigate between websites in multiple tabs or windows, send and receive e-mail, and access search engines to find information, and troubleshoot basic computer problems.
4. Recognize basic technologies related to an office environment.

### Legal and Compliance (45 hours)

At the conclusion of this module, the learner will be able to:

1. Explain the legislative and regulatory processes in the United States.
2. Describe the laws and regulations pertaining to health information.
3. Define Health Insurance Portability and Accountability Act (HIPAA).
4. Adhere to privacy and security policies.
5. Identify the components of the Code of Ethics and Standards of Ethical Coding.

### Health Information Management (45 hours)

At the conclusion of this module, the learner will be able to:

1. Identify data sources by describing types of medical records and the information found in each record.
2. Describe the role medical records take in coding and billing.
3. Describe the structure and use of health information.
4. Identify record data collection tools.
5. Discuss health care data sets.
6. Discuss appropriate health record documentation.
7. Describe data quality and integrity.
8. Discuss health information systems, including specialty coding systems.
9. Describe the archival, retrieval, and imaging systems used in health information.
10. Identify data retrieval, maintenance, security and integrity processes.
11. Discuss the evolution of the electronic health record (EHR) and the personal health record (PHR).

### Healthcare Delivery Systems (13 hours)

At the conclusion of this module, the learner will be able to:

1. Explain the main structure and organization of healthcare services in the United States.
2. Differentiate between the various healthcare settings.
3. Differentiate between healthcare providers.
4. Identify the structure of hospitals in the United States.
5. Explain the purpose of healthcare licensure, certification and accreditation in healthcare facilities.
6. Differentiate between healthcare registries and their purpose.
7. Identify the various stakeholders throughout the healthcare delivery system.
8. Describe current trends in healthcare delivery.

### Reimbursement Methodologies (45 hours)

At the conclusion of this module, the learner will be able to:

1. Define commercial, managed care, and federal insurance plans.
2. Identify various compliance strategies and reporting.
3. Define and list payment methodologies and systems (such as capitation, prospective payment systems, RBRVS, MS-DRGs).
4. Describe the billing processes and procedures (such as claims, EOB, ABN, electronic data interchange).
5. Explain chargemaster maintenance.
6. Describe regulatory guidelines.
7. Discuss reimbursement monitoring and reporting.

### Medical Terminology (45 hours)

At the conclusion of this module, the learner will be able to:

1. Spell, define, and pronounce medical terms.
2. Engage in supplemental CD tools to enhance learning.
3. Discuss concepts of building medical words using root/suffix/prefix.
4. Define common medical terms of major disease processes.
5. Identify common diagnostic procedures.
6. Discuss common laboratory tests.
7. Define common abbreviations.
8. Discuss common drugs and treatment modalities in body systems.

### Pathophysiology (45 hours)

At the conclusion of this module, the learner will be able to:

1. Identify common disease processes by human body system.
2. Discuss common disease causes.
3. Define common disease diagnoses, symptoms and treatments for disease processes.
4. Identify common symptoms of disease processes important for coders.

### Anatomy and Physiology (45 hours)

At the conclusion of this module, the learner will be able to:

1. Identify and describe the basic structure, organization, and functions of human body systems.
2. Identify anatomical structures of the body using anatomical orientation tools such as labels and assessment.
3. Discuss different online lookup tools such as Adam.
4. Utilize anatomical plate work to enhance learning experience.

### Pharmacology (25 hours)

At the conclusion of this module, the learner will be able to:

1. Define drug actions (absorption, distribution, metabolism, and excretion).
2. Identify various drug classifications.
3. Discuss the most commonly prescribed drugs.
4. Review drug formulary.
5. Match drugs to common conditions and laboratory findings.

### Introduction to Coding (20 hours)

At the conclusion of this module, the learner will be able to:

1. Discuss use of official coding guidelines.
2. Define the difference between the inpatient and outpatient coding guidelines.
3. Discuss coding compliance strategies including the physician query process.
4. Identify auditing methods.
5. Identify the principles and application of coding systems (International Classification of Diseases ICD-10-CM).
6. Discuss automated coding software systems (CAC, encoders).
7. Describe natural language processing.
8. Compare classifications, nomenclatures, terminologies, and clinical vocabularies (SNOMED-CT, ICD-O, CPT, DSM-IV).
9. Describe the relationship between the Systematized Nomenclature of Medicine (SNOMED) and the electronic health record.
10. Apply ethical coding to practice cases.
11. Discuss severity of illness systems, including MS-DRGs.
12. Describe coding quality monitors.

### ICD-10 Coding (45 hours)

At the conclusion of this module, the learner will be able to:

1. Describe the use of official coding guidelines and reporting requirements.
2. Define the background of ICD-10-CM and ICD-10-PCS.
3. Define and apply the General ICD-10-CM and ICD-10-PCS conventions and guidelines.
4. Define the Uniform Hospital Discharge Data Set (UHDDS).
5. Practice basic coding process steps.
6. Define and apply the ICD-10-CM Chapter specific coding guidelines to all 21 chapters in ICD-10-CM.
7. Define and apply the root operation guidelines in ICD-10-PCS.
8. Discuss the Present on Admission Indicator (POA).
9. Define the ICD-10-PCS definitions and apply to coding common procedure codes.
10. Practice coding ICD-10-CM/PCS codes in many practice exercises.
11. Navigate the ICD-10-CM and ICD-10-PCS code books.
12. Locate and accurately construct diagnosis codes using the Alphabetic Index to Diseases, the Tabular List, the Table of Neoplasms, the Table of Drugs and Chemicals and the Index to External causes.
13. Locate and accurately construct procedure codes using the Alphabetic Index and Tables in the ICD-10-PCS classification.

### CPT/HCPCS Coding – Block 1 (45 hours)

At the conclusion of this module, the learner will be able to:

1. Navigate the CPT code book and identify the uses of the conventions, index, numeric section, and appendices.
2. Recognize modifiers that can be appended to CPT procedure codes, as well as identify when their use is appropriate.
3. Calculate and assign CPT Evaluation and Management codes.

### **CPT/HCPCS Coding – Block 2 (45 hours)**

At the conclusion of this module, the learner will be able to:

1. Identify the meaning and purposes of procedural code audits and how to apply them.
2. Apply the guidelines for the six main sections of the CPT.
3. Assign codes from each of the six main sections of the CPT.
4. Identify the uses of CPT Category II and Category III codes.
5. Navigate the HCPCS Level II code book and apply its contents, including the conventions, index, tabular list, levels of use, Table of Drugs and Biologicals, and appendices.
6. Describe the use of coding guidelines and reporting requirements.
7. Practice case studies and more complex code assignments using CPT and HCPCS Level II codes.
8. Review examples of RBRVS, APCs, ASCs and E/M services.

### **Advanced ICD-10 Coding (50 hours)**

At the conclusion of this module, the learner will be able to:

1. Assign ICD-10-CM diagnosis codes and ICD-10-PCS Procedure Codes to a variety of coding scenarios including coding for multiple scenarios.
2. Apply official coding guidelines and reporting requirements for many coding scenarios.
3. Practice assigning ICD-10-CM/PCS codes to many case studies using more complex code assignments to gain in proficiency.

### **Coding Practicum (45 hours)**

At the conclusion of this module, the learner will be able to:

1. Apply knowledge of coding to a variety of authentic coding scenarios to build speed and accuracy.
2. Demonstrate hands on encoder use.
3. Assign diagnostic groupings.
4. Practice the use of official coding guidelines and reporting requirements.
5. Practice case mix analysis.
6. Apply codes to many types of records including inpatient, outpatient, physician, emergency room, long term care and home health.

### **Final Exam Overview and Preparation (1 hour)**

At the conclusion of this module, the learner will be able to:

1. Identify the steps they need to take to be eligible for and effectively prepare for and access their final exam.
2. Identify the format, restriction, and policies of final exams, including scoring, retakes, allowed

## ICD-10 Advanced Training Program:

412 hours

### Program Orientation (1 hour)

At the conclusion of this module, the learner will be able to:

1. Identify the elements, expectations, and requirements of the program.
2. Navigate the program using the pages, menus, and buttons provided.
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2. Recognize modifiers that can be appended to CPT procedure codes, as well as identify when their use is appropriate.
3. Calculate and assign CPT Evaluation and Management codes.

### **CPT/HCPCS Coding – Block 2 (45 hours)**

At the conclusion of this module, the learner will be able to:

1. Identify the meaning and purposes of procedural code audits and how to apply them.
2. Apply the guidelines for the six main sections of the CPT.
3. Assign codes from each of the six main sections of the CPT.
4. Identify the uses of CPT Category II and Category III codes.
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### **Final Exam Overview and Preparation (1 hour)**

At the conclusion of this module, the learner will be able to:

1. Identify the steps they need to take to be eligible for and effectively prepare for and access their final exam.
2. Identify the format, restriction, and policies of final exams, including scoring, retakes, allowed

## ICD-10 Fast Track

135 Hours

### Advanced Anatomy and Physiology (45 Hours)

At the conclusion of this module, the learner will be able to:

1. Identify the anatomic structures of the human body as needed to assign correct and complete diagnosis and procedure codes.
2. Identify anatomic structures associated with body systems, disease processes, and procedures including new terms for ICD-10-CM and ICD-10-PCS.
3. Contrast and compare traditionally studied human body systems and the body system values for ICD-10-PCS.
4. Define and recall body parts for ICD-10-PCS.

### Advanced Pathophysiology (45 Hours)

At the conclusion of this module, the learner will be able to:

1. Discuss pathophysiology by body system.
2. Identify specific pathophysiology conditions that have a different focus in ICD-10-CM coding, including diabetes mellitus, Glasgow coma scale and seizure and epilepsy coding.
3. Compare and contrast various disease processes.
4. Identify important conditions related to adult and pediatric coding.

### ICD-10 Coding (45 Hours)

At the conclusion of this module, the learner will be able to:

1. Describe the use of official coding guidelines and reporting requirements.
2. Define the background of ICD-10-CM and ICD-10-PCS.
3. Define and apply the General ICD-10-CM and ICD-10-PCS conventions and guidelines.
4. Define the Uniform Hospital Discharge Data Set (UHDDS).
5. Practice basic coding process steps.
6. Define and apply the ICD-10-CM Chapter specific coding guidelines to all 21 chapters in ICD-10-CM.
7. Define and apply the root operation guidelines in ICD-10-PCS.
8. Discuss the Present on Admission Indicator (POA).
9. Define the ICD-10-PCS definitions and apply to coding common procedure codes.
10. Practice coding ICD-10-CM/PCS codes in many practice exercises.
11. Navigate the ICD-10-CM and ICD-10-PCS code books.
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