STEERSKILLS

A MEDICAL CODING TRAINING
& PLACEMENT ACADEMY

PROFILE

STEERSKILLS

To be a globally recognized leader in medical coding education providing accessible, affordable and high-quality training to aspiring healthcare professionals. Through innovative online and in-person learning, industry-recognized certifications and hands-on experience with real-world case studies, we aim to bridge the gap between education and industry needs.

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WHO WE ARE

Our mission is to provide high-quality, affordable, and industry-focused medical coding education that equips aspiring professionals with the knowledge, skills, and certifications required to excel in healthcare documentation. Through expert-led training, real-world case studies, and the latest technology, we strive to bridge the gap between education and industry demands. We are committed to fostering a learning environment that emphasizes accuracy, compliance, and ethical coding practices, ensuring our graduates contribute effectively to the global healthcare system.

ASPIRE TODAY,
ACHIEVE
TOMORROW

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WHY CHOOSE US

- Expert-Led Training – Learn from experienced CPC-certified trainers with in-depth industry knowledge.
- Comprehensive Real-Time Coding Training – Gain hands-on experience to tackle real-world coding challenges in your career.
- Strong Industry Connections – Tie-ups with top MNCs in India, ensuring reliable job placement.
- 100% Placement Assistance – Get expert job guidance to secure positions in leading healthcare BPOs and MNCs.
- Free Study Materials, AAPC Manuals, and Student Kit
- Mock Exam Center – Practice for the AAPC certification exams in an exam-like environment.
- Mock Interviews & Soft Skills Training – Dedicated sessions to prepare freshers for real-world interviews.
- Motivation & Personality Development – Boost confidence with career-building workshops.
- 24/7 Trainer Support - Assistance with questions or doubts is accessible at any time, ensuring support whenever needed.

STUDY MATERIALS

(SOFT COPY)

- ANATOMY AND PHYSIOLOGY
- CPT
- ICD -10-CM
- HCPCS
- MOCK BOOK (CHAPTER BASED Q&A)

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ELIGIBILITY

- A Bachelor's or Diploma degree in Life Sciences, Pharmacy, Nursing, Microbiology, Biochemistry, or any Allied Health Sciences is preferred.
- Candidates from Non-Life Science backgrounds (B.Com, BBA, BA, etc.) can also apply, but additional training in medical terminology may be required.
- Fresh Graduates looking for a high-paying career in healthcare.
- Working Professionals from healthcare, insurance, or IT backgrounds looking for a career switch.

ADDITIONAL CONSIDERATION FOR ONLINE TRAINING PROGRAMS:

Access to a Computer and Internet: Since the course is online, students must have reliable internet access and a computer to participate in virtual classes and access learning materials.

Time Commitment: Although online programs are usually flexible, students must commit to a certain number of hours per week for studying and assignments.

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COURSES OFFERED

01 BASIC MEDICAL CODING TRAINING - 30 DAYS

₹ 6,999

02 ADVANCE MEDICAL CODING TRAINING - 45 DAYS

₹ 9,999

03 CERTIFIED PROFESSIONAL CODER (CPC) TRAINING – FOR FRESHERS – 90 DAYS

₹ 19,999

04 CERTIFIED PROFESSIONAL CODER (CPC) TRAINING – FOR EXPERIENCED – 60 DAYS

₹ 11,999

05 EVALUATION & MANAGEMENT TRAINING (E/M) – 60 DAYS

₹ 19,999

06 IPDRG – 60 DAYS

₹ 29,999

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COURSES OFFERED

07 SURGERY – 60 DAYS

₹ 25,999

08 RADIOLOGY – 60 DAYS

₹ 15,999

09 HCC – 60 DAYS

₹ 15,999

10 INTERVENTIONAL RADIOLOGY (IVR) – 60 DAYS

₹ 19,999

11 MULTI SPECIALITY DENIAL CODING - 60 DAYS

₹ 19,999

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COURSES & PLACEMENT

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BASIC MEDICAL CODING TRAINING (BMCT)

DURATION:

- 1 MONTH
- WEEKDAYS - 1 HOUR/DAY
- WEEKENDS - 2.5 HOURS EACH ON SAT & SUN

ELIGIBILITY:

- ANY MEDICAL, PARAMEDICAL AND LIFE SCIENCE GRADUATES AND POST GRADUATES

TOPICS COVERED :

1.INTRODUCTION TO MEDICAL CODING
- Overview of medical coding
- Importance in healthcare and billing

2.MEDICAL TERMINOLOGY
- Prefixes, suffixes, and root words
- Common medical abbreviations

3.ANATOMY AND PHYSIOLOGY
- Major body systems and functions
- Key terminology for medical coding

4.CODING CLASSIFICATION SYSTEMS
- ICD-10-CM (International Classification of Diseases, 10th Revision, Clinical Modification)
- CPT (Current Procedural Terminology)
- HCPCS Level II (Healthcare Common Procedure Coding System)

5.PRACTICE AND CASE STUDIES
- Real-world coding scenarios
- Common coding errors and solutions

ADVANCE MEDICAL CODING TRAINING (AMCT)

- THE ADVANCED MEDICAL CODING TRAINING (AMCT) PROGRAM IS DESIGNED FOR EXPERIENCED CODERS WHO WANT TO ENHANCE THEIR EXPERTISE IN COMPLEX CODING SCENARIOS, COMPLIANCE, AND SPECIALIZED MEDICAL CODING FIELDS. BELOW ARE THE KEY TOPICS COVERED IN AMCT

ELIGIBILITY:

- ANY MEDICAL, PARAMEDICAL AND LIFE SCIENCE GRADUATES AND POST GRADUATES

DURATION:

- 2 MONTHS
- WEEKDAYS - 1 HOUR/DAY

OR

- WEEKENDS - 2.5 HOURS EACH ON SAT & SUN

TOPICS COVERED :

1.INTRODUCTION TO MEDICAL CODING
- Overview of medical coding
- Importance in healthcare and billing

2.MEDICAL TERMINOLOGY
- Prefixes, suffixes, and root words
- Common medical abbreviations

3.ANATOMY AND PHYSIOLOGY
- Major body systems and functions
- Key terminology for medical coding

4.CODING CLASSIFICATION SYSTEMS
- ICD-10-CM (International Classification of Diseases, 10th Revision, Clinical Modification)
- CPT (Current Procedural Terminology)
- HCPCS Level II (Healthcare Common Procedure Coding System)

5.MEDICAL DOCUMENTATION AND COMPLIANCE
- Understanding medical records
- Legal and ethical considerations in coding

6.CLAIM PROCESSING AND REIMBURSEMENT
- Insurance plans and policies
- Medical billing and reimbursement cycle
- Fraud prevention and compliance regulations

7.PRACTICE AND CASE STUDIES
- Real-world coding scenarios
- Common coding errors and solutions

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CPC CERTIFICATION FOR FRESHERS

- THE CERTIFIED PROFESSIONAL CODER (CPC) CERTIFICATION IS AN ENTRY-LEVEL CERTIFICATION FOR INDIVIDUALS LOOKING TO START A CAREER IN MEDICAL CODING. THE FOLLOWING TOPICS ARE COVERED IN CPC TRAINING FOR FRESHERS

WHO SHOULD TAKE CPC CERTIFICATION TRAINING?

- FRESHERS LOOKING TO START A CAREER IN MEDICAL CODING
- HEALTHCARE PROFESSIONALS TRANSITIONING TO MEDICAL CODING
- STUDENTS PREPARING FOR THE CPC EXAM

ELIGIBILITY:

- ANY MEDICAL, PARAMEDICAL AND LIFE SCIENCE GRADUATES AND POST GRADUATES

DURATION:

- 4 MONTHS
- WEEKDAYS - 2 HOURS/DAY

OR

- WEEKENDS - 4 HOURS EACH ON SAT & SUN

TOPICS COVERED :

1. INTRODUCTION TO MEDICAL CODING
- Overview of medical coding and billing
- Importance of coding in healthcare
- Role of a CPC-certified coder

2. MEDICAL TERMINOLOGY & ANATOMY
- Basic medical terms, prefixes, suffixes, and root words
- Body systems, diseases, and conditions
- Common medical abbreviations

3. ICD-10-CM DIAGNOSIS CODING
- Understanding ICD-10-CM structure and guidelines
- Coding for diseases, injuries, and conditions
- Correct code selection and sequencing

4. CPT (CURRENT PROCEDURAL TERMINOLOGY) CODING
- Introduction to CPT coding
- Coding for surgeries, diagnostic procedures, and E/M services
- Proper use of CPT modifiers

5. HCPCS LEVEL II CODING
- Overview of HCPCS coding for medical supplies and services
- Durable Medical Equipment (DME) coding
- Common HCPCS modifiers

6. EVALUATION AND MANAGEMENT (E/M) CODING
- E/M guidelines and levels of service
- Coding office visits, hospital visits, and consultations
- Medical decision-making (MDM) in E/M coding

7. MEDICAL BILLING & REIMBURSEMENT
- Insurance claim process (Medicare, Medicaid, private insurance)
- Revenue cycle management and claim submission
- Denials, appeals, and coding compliance

8. COMPLIANCE, ETHICS, AND HIPAA
- Understanding healthcare regulations
- Fraud, abuse, and compliance guidelines

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CPC (CERTIFIED PROFESSIONAL CODER) TRAINING

- THE CERTIFIED PROFESSIONAL CODER (CPC) CERTIFICATION IS AN ENTRY-LEVEL CERTIFICATION FOR INDIVIDUALS LOOKING TO START A CAREER IN MEDICAL CODING. THE FOLLOWING TOPICS ARE COVERED IN CPC TRAINING FOR FRESHERS

WHO SHOULD TAKE CPC CERTIFICATION TRAINING?

- FRESHERS LOOKING TO START A CAREER IN MEDICAL CODING
- HEALTHCARE PROFESSIONALS TRANSITIONING TO MEDICAL CODING
- STUDENTS PREPARING FOR THE CPC EXAM

ELIGIBILITY:

- MINIMUM 6 MONTHS EXPERIENCE IS MEDICAL CODING (ANY SPECIALITY)

DURATION:

- 3 MONTHS
- WEEKDAYS - 2 HOURS/DAY

OR

- WEEKENDS - 4 HOURS EACH ON SAT & SUN

TOPICS COVERED :

1. INTRODUCTION TO MEDICAL CODING
- Overview of medical coding and billing
- Importance of coding in healthcare
- Role of a CPC-certified coder

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- Fraud, abuse, and compliance guidelines

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EVALUATION AND MANAGEMENT (E&M)

- EVALUATION AND MANAGEMENT (E/M) CODING IS ESSENTIAL FOR MEDICAL CODERS AS IT INVOLVES DOCUMENTING AND CODING PATIENT ENCOUNTERS ACCURATELY. BELOW ARE THE KEY TOPICS COVERED IN E/M TRAINING:

WHO SHOULD TAKE E/M TRAINING?

- MEDICAL CODERS PREPARING FOR CPC, CCS, OR SPECIALTY CERTIFICATIONS
- PHYSICIANS, NURSE PRACTITIONERS, AND HEALTHCARE PROFESSIONALS
- BILLING AND COMPLIANCE SPECIALISTS

ELIGIBILITY:

- MINIMUM 6 MONTHS EXPERIENCE IS MEDICAL CODING (ANY SPECIALITY)

DURATION:

- 2 MONTHS
- WEEKDAYS - 1 HOUR/DAY

OR

- WEEKENDS - 2.5 HOURS EACH ON SAT & SUN

TOPICS COVERED :

1. INTRODUCTION TO E/M CODING
- Definition and importance of E/M coding
- Overview of E/M services in healthcare
- E/M coding updates and guidelines

2. E/M CODE STRUCTURE AND GUIDELINES
- Components of E/M codes
- Place of Service (POS) and Patient Type (New vs. Established)
- Levels of E/M services

3. KEY COMPONENTS OF E/M CODING
- History: Chief Complaint (CC), History of Present Illness (HPI), Review of Systems (ROS), Past Medical, Family, and Social History (PFSH)
- Examination: Types of examinations (problem-focused, expanded problem-focused, detailed, comprehensive)
- Medical Decision-Making (MDM): Number of diagnoses, data review, and risk assessment

4. 2021 E/M CODING CHANGES
- Time-based coding for office visits
- Medical Decision-Making (MDM) as a primary factor
- Elimination of history and physical exam as key components

5. E/M CODE SELECTION
- Selecting the correct E/M level
- Differences between office, hospital, and emergency department E/M coding
- Time-based vs. MDM-based coding

6. MODIFIERS IN E/M CODING
- Use of common modifiers (-25, -57, -59, etc.)
- Impact of modifiers on reimbursement

7. E/M DOCUMENTATION AND COMPLIANCE
- Importance of accurate documentation
- Compliance with payer guidelines
- Preventing fraud, abuse, and upcoding/downcoding

8. SPECIALTY-SPECIFIC E/M CODING
- Emergency department (ED) and urgent care
- Inpatient and outpatient services
- Telemedicine and virtual visits

9. AUDITING AND QUALITY ASSURANCE IN E/M CODING
- Internal and external E/M audits
- Common E/M coding errors and how to avoid them
- Documentation improvement strategies

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IPDRG

- INPATIENT DIAGNOSIS-RELATED GROUP (IPDRG) CODING IS ESSENTIAL FOR ACCURATE REIMBURSEMENT IN INPATIENT HOSPITAL SETTINGS. BELOW ARE THE KEY TOPICS COVERED IN IPDRG TRAINING

WHO SHOULD TAKE IPDRG TRAINING?

- INPATIENT MEDICAL CODERS AND DRG SPECIALISTS
- CLINICAL DOCUMENTATION IMPROVEMENT (CDI) PROFESSIONALS
- HOSPITAL BILLING AND REIMBURSEMENT STAFF

ELIGIBILITY:

- MINIMUM 6 MONTHS EXPERIENCE IS MEDICAL CODING (ANY SPECIALITY)

DURATION:

- 2 MONTHS
- WEEKDAYS - 1 HOUR/DAY

OR

- WEEKENDS - 2.5 HOURS EACH ON SAT & SUN

TOPICS COVERED :

1. INTRODUCTION TO IPDRG CODING
WHAT IS IPDRG?
- Importance of DRG in inpatient coding
- Differences between inpatient and outpatient coding

2. UNDERSTANDING DIAGNOSIS-RELATED GROUPS (DRG)
- Structure and classification of DRGs
- MS-DRG (Medicare Severity DRG) vs. APR-DRG (All Patient Refined DRG)
- DRG grouping logic and classification

3. ICD-10-CM DIAGNOSIS CODING FOR IPDRG
- Understanding principal diagnosis selection
- Coding for complications and comorbidities (CC/MCC)
- Sequencing diagnosis codes in inpatient settings

4. ICD-10-PCS PROCEDURE CODING FOR IPDRG
- Basics of ICD-10-PCS structure and guidelines
- Root operations and approach techniques
- Common inpatient surgical procedures coding

5. DRG ASSIGNMENT AND WEIGHT CALCULATION
- DRG weight and relative value impact on reimbursement
- Case mix index (CMI) and hospital performance
- Impact of secondary diagnoses on DRG assignment

6. COMPLICATIONS, COMORBIDITIES & SEVERITY ADJUSTMENTS
- Understanding CC (Complications & Comorbidities) and MCC (Major CC)
- How secondary diagnoses affect DRG reimbursement
- Identifying HACs (Hospital-Acquired Conditions) and POA (Present on Admission) indicators

7. INPATIENT BILLING AND REIMBURSEMENT
- Medicare and payer policies for inpatient reimbursement
- DRG-based payment models and hospital revenue cycle
- Impact of DRG audits and denial management

8. DRG AUDITING AND COMPLIANCE
- DRG validation and clinical documentation improvement (CDI)
- Common inpatient coding errors and fraud prevention
- The role of coding audits and RAC (Recovery Audit Contractor) reviews

9. CASE STUDIES AND PRACTICAL TRAINING
- Real-world inpatient coding scenarios
- Hands-on DRG assignment exercises
- Mock DRG audits and claim review

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SURGERY

- SURGICAL CODING IS A CRUCIAL COMPONENT OF MEDICAL CODING, REQUIRING ACCURACY IN REPORTING PROCEDURES FOR REIMBURSEMENT AND COMPLIANCE. BELOW ARE THE KEY TOPICS COVERED IN SURGERY CODING TRAINING

WHO SHOULD TAKE SURGERY CODING TRAINING?

- MEDICAL CODERS SPECIALIZING IN SURGERY CODING
- PHYSICIANS AND HEALTHCARE PROFESSIONALS HANDLING SURGICAL DOCUMENTATION
- BILLING AND COMPLIANCE SPECIALISTS IN SURGICAL SETTINGS

ELIGIBILITY:

- MINIMUM 6 MONTHS EXPERIENCE IS MEDICAL CODING (ANY SPECIALITY)

DURATION:

- 2 MONTHS
- WEEKDAYS - 1 HOUR/DAY

OR

- WEEKENDS - 2.5 HOURS EACH ON SAT & SUN

TOPICS COVERED :

1. INTRODUCTION TO SURGERY CODING
- Overview of surgical coding and its importance
- Differences between minor and major surgical procedures
- Surgical coding guidelines and regulations

2. CPT SURGERY SECTION OVERVIEW
- Understanding CPT coding structure for surgeries
- Categories of surgical procedures
- Use of modifiers in surgical coding

3. ICD-10-PCS PROCEDURE CODING (FOR INPATIENT SURGERIES)
- ICD-10-PCS structure and root operations
- Coding surgical procedures in inpatient settings
- Selection of correct approach and technique

4. GENERAL SURGERY CODING
- Common general surgery procedures
- Guidelines for wound repair and excision coding
- Coding for biopsies, hernia repair, and drainage procedures

5. SPECIALTY-SPECIFIC SURGICAL CODING
- Orthopedic Surgery & Fracture care coding (open vs. closed treatment)
- Joint replacements and spinal surgery coding
- Cardiovascular Surgery
- Heart bypass, angioplasty, and stent placement coding
- Pacemaker, Desibrillator coding & Neurosurgery
- Coding for brain and spinal procedures
- Common neurosurgical interventions and documentation
- Obstetrics & Gynecology Surgery
- C-section and hysterectomy coding
- Endometrial and ovarian procedures
- ENT and Ophthalmic Surgery
- Sinus surgery, ear tube placement, and tonsillectomy coding
- Cataract surgery and retinal procedures
- Plastic and Reconstructive Surgery
- Skin grafts and cosmetic surgery coding
- Burn treatment and reconstructive procedures

6. GLOBAL SURGERY PACKAGE & MODIFIERS
- Components of the global surgical package
- Use of modifiers (e.g., -54, -55, -58, -79) in surgical coding

7. SURGICAL BILLING & REIMBURSEMENT
- Understanding bundling and unbundling procedures
- National Correct Coding Initiative (NCCI) edits
- Claim submission, denials, and appeals

8. COMPLIANCE AND AUDITING IN SURGICAL CODING
- Documentation requirements for surgical procedures
- Preventing fraud and abuse in surgical coding
- Common surgical coding errors and audits

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INTERVENTIONAL RADIOLOGY (IVR)

- INTERVENTIONAL RADIOLOGY (IVR) CODING IS HIGHLY SPECIALIZED, INVOLVING DETAILED KNOWLEDGE OF IMAGING-GUIDED PROCEDURES, CATHETER PLACEMENTS, AND THERAPEUTIC INTERVENTIONS. BELOW ARE THE KEY TOPICS COVERED IN IVR CODING TRAINING

WHO SHOULD TAKE IVR CODING TRAINING?

- MEDICAL CODERS SPECIALIZING IN RADIOLOGY AND VASCULAR CODING
- INTERVENTIONAL RADIOLOGISTS AND IMAGING TECHNICIANS
- BILLING AND COMPLIANCE PROFESSIONALS IN RADIOLOGY SETTINGS

ELIGIBILITY:

- MINIMUM 6 MONTHS EXPERIENCE IS MEDICAL CODING (ANY SPECIALITY)

DURATION:

- 2 MONTHS
- WEEKDAYS - 1 HOUR/DAY

OR

- WEEKENDS - 2.5 HOURS EACH ON SAT & SUN

TOPICS COVERED :

1. INTRODUCTION TO INTERVENTIONAL RADIOLOGY CODING
- Overview of IVR and its importance in medical coding
- Key differences between diagnostic and interventional radiology
- Common documentation challenges in IVR

2. CPT CODING FOR INTERVENTIONAL RADIOLOGY
- Understanding the structure of radiology CPT codes
- Category I vs. Category III CPT codes in IVR
- Coding for fluoroscopy, CT, MRI, and ultrasound-guided procedures

3. VASCULAR & NON-VASCULAR INTERVENTIONAL PROCEDURES
VASCULAR PROCEDURES:
- Angiography and Venography Coding
- Diagnostic vs. interventional angiography
- Selective vs. non-selective catheterization
- Angioplasty, Stent Placement & Atherectomy Coding
- Lower extremity revascularization coding
- Use of modifiers for staged interventions
- Embolization and Thrombectomy Coding
- Tumor embolization, GI bleed, and uterine artery embolization
- Mechanical vs. pharmacological thrombectomy

Non-Vascular Procedures:
- Image-Guided Biopsy and Drainage Coding
- Fine needle aspiration (FNA) vs. core biopsy
- Abscess drainage and catheter placements
- Spinal, Joint Injections Epidural steroid injections
- Facet joint, nerve block coding & Radiofrequency ablation (RFA)
- Cryoablation and microwave ablation
- Tumor Ablation Procedures

4. CATHETERIZATION AND DEVICE PLACEMENT CODING
- Selective vs. non-selective catheterization
- Central venous catheter and port placements
- PICC line insertion and removal coding

5. COMPONENT CODING IN IVR
- Separating diagnostic and therapeutic procedures
- When to code imaging guidance separately
- Use of add-on codes for multiple interventions

6. MODIFIER USAGE IN IVR CODING
- Modifier -26 (Professional Component)
- Modifier -TC (Technical Component)
- Modifiers for bilateral and multiple procedures (-50, -59, -XS)

7. ICD-10-CM CODING FOR INTERVENTIONAL RADIOLOGY
- Common diagnoses related to IVR procedures
- Z-codes for follow-up and device maintenance
- Coding for complications and adverse effects

8. REIMBURSEMENT AND COMPLIANCE IN IVR CODING
- Medicare and private payer guidelines for IVR billing
- National Correct Coding Initiative (NCCI) edits
- Preventing claim denials and audits in IVR coding

9. CASE STUDIES & HANDS-ON PRACTICE
- Real-world IVR coding scenarios
- Hands-on exercises for coding complex cases
- Audit and compliance review of IVR claim

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CPMA (CERTIFIED PROFESSIONAL MEDICAL AUDITOR) TRAINING

- THE CERTIFIED PROFESSIONAL MEDICAL AUDITOR (CPMA®) CREDENTIAL FOCUSES ON MEDICAL AUDITING, COMPLIANCE, AND RISK MANAGEMENT. BELOW ARE THE KEY TOPICS COVERED IN CPMA TRAINING

WHO SHOULD TAKE CPMA TRAINING?

- MEDICAL CODERS AND BILLERS
- COMPLIANCE OFFICERS AND HEALTHCARE ADMINISTRATORS
- AUDITORS AND RISK MANAGEMENT PROFESSIONALS

ELIGIBILITY:

- MINIMUM 6 MONTHS EXPERIENCE IS MEDICAL CODING (ANY SPECIALITY)

DURATION:

- 3 MONTHS
- WEEKDAYS - 2 HOURS/DAY

OR

- WEEKENDS - 4 HOURS EACH ON SAT & SUN

TOPICS COVERED :

1. INTRODUCTION TO MEDICAL AUDITING
- Overview of the CPMA certification
- Importance of medical auditing in healthcare
- The role of a medical auditor

2. MEDICAL DOCUMENTATION AND COMPLIANCE
- Key elements of complete and accurate documentation
- Legal and ethical standards in medical auditing
- HIPAA compliance and patient privacy

3. AUDIT TYPES AND METHODS
- Prospective vs. retrospective audits
- Random vs. focused audits
- Internal vs. external audits

4. CODING AND BILLING COMPLIANCE
- CPT, HCPCS, and ICD-10-CM coding review
- Evaluation & Management (E/M) audits
- Modifiers and their impact on audits

5. MEDICAL RECORD REVIEW PROCESS
- Identifying documentation deficiencies
- Validating medical necessity
- Ensuring correct coding and billing

6. FRAUD, WASTE, AND ABUSE IN HEALTHCARE
- Recognizing fraudulent billing practices
- The role of the Office of Inspector General (OIG)
- Stark Law, Anti-Kickback Statute, and False Claims Act

7. RISK ANALYSIS AND MANAGEMENT
- Identifying high-risk coding and billing errors
- Corrective action plans and compliance strategies
- How to handle payer audits and appeals

8. AUDIT REPORTING AND COMMUNICATION
- Preparing an effective audit report
- Communicating findings to providers and administrators
- Implementing corrective action plans

9. REGULATORY AND COMPLIANCE GUIDELINES
- CMS guidelines for audits and compliance
- National Correct Coding Initiative (NCCI) edits
- Payer policies and reimbursement guidelines

10. CASE STUDIES AND PRACTICE AUDITS
- Hands-on audit exercises
- Real-world scenarios for E/M and procedural audits
- Mock audits and compliance reviews

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CCS (CERTIFIED CODING SPECIALIST) TRAINING

- THE CERTIFIED CODING SPECIALIST (CCS®) CREDENTIAL IS A CERTIFICATION FROM THE AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION (AHIMA), DESIGNED FOR PROFESSIONALS SPECIALIZING IN HOSPITAL (INPATIENT) AND OUTPATIENT CODING. BELOW ARE THE KEY TOPICS COVERED IN CCS TRAINING

WHO SHOULD TAKE CCS TRAINING?

- MEDICAL CODERS SEEKING ADVANCED CERTIFICATION
- INPATIENT AND OUTPATIENT CODING PROFESSIONALS
- HEALTH INFORMATION MANAGEMENT (HIM) PROFESSIONALS
- HOSPITAL BILLING AND CODING SPECIALISTS

ELIGIBILITY:

- MINIMUM 6 MONTHS EXPERIENCE IS MEDICAL CODING (ANY SPECIALITY)

DURATION:

- 3 MONTHS
- WEEKDAYS - 2 HOURS/DAY

OR

- WEEKENDS - 4 HOURS EACH ON SAT & SUN

TOPICS COVERED :

1. INTRODUCTION TO CCS CERTIFICATION
- Overview of AHIMA's CCS credential
- Job roles and responsibilities of a CCS
- Differences between inpatient and outpatient coding

2. MEDICAL TERMINOLOGY AND ANATOMY
- Key medical terms and abbreviations
- Human body systems and functions
- Common diseases, conditions, and procedures

3. ICD-10-CM (DIAGNOSIS CODING)
- Structure and format of ICD-10-CM
- Coding guidelines for diseases and conditions
- Diagnosis coding for inpatient and outpatient settings

4. ICD-10-PCS (PROCEDURE CODING FOR INPATIENT)
- Introduction to ICD-10-PCS structure
- Root operations and procedure guidelines
- Understanding medical procedures and surgical techniques

5. CPT AND HCPCS LEVEL II CODING (OUTPATIENT CODING)
- Structure of Current Procedural Terminology (CPT)
- Coding for Evaluation & Management (E/M) services
- Surgical, radiology, pathology, and laboratory coding
- HCPCS Level II codes for supplies, drugs, and services

6. REIMBURSEMENT METHODOLOGIES
- Understanding DRGs (Diagnosis-Related Groups)
- MS-DRG vs. APR-DRG in inpatient coding
- APCs (Ambulatory Payment Classifications) for outpatient coding
- Medicare, Medicaid, and private insurance reimbursement

7. MEDICAL BILLING AND COMPLIANCE
- Coding compliance and fraud prevention
- National Correct Coding Initiative (NCCI) edits
- HIPAA regulations and ethical considerations

8. HEALTH INFORMATION SYSTEMS AND ELECTRONIC HEALTH RECORDS (EHR)
- Role of EHR in medical coding
- Data entry, abstraction, and record-keeping
- Using coding software and encoder systems

9. AUDITING, QUALITY CONTROL, AND COMPLIANCE
- Coding audits and reviews
- Identifying coding errors and discrepancies
- Reporting compliance issues and fraud detection

10. CCS EXAM PREPARATION AND PRACTICE TESTS
- CCS exam format and structure
- Time management strategies for the exam
- Mock exams and practice scenarios

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HIERARCHICAL CONDITION CATEGORIES (HCC)

- HIERARCHICAL CONDITION CATEGORIES (HCC) CODING IS USED FOR RISK ADJUSTMENT IN MEDICARE ADVANTAGE, ACA, AND OTHER HEALTHCARE REIMBURSEMENT MODELS. BELOW ARE THE KEY TOPICS COVERED IN HCC CODING TRAINING

WHO SHOULD TAKE HCC TRAINING?

- MEDICAL CODERS SPECIALIZING IN RISK ADJUSTMENT
- PHYSICIANS, NURSE PRACTITIONERS, AND HEALTHCARE PROVIDERS
- HEALTH PLAN AUDITORS AND COMPLIANCE OFFICERS
- REVENUE CYCLE MANAGEMENT PROFESSIONALS

ELIGIBILITY:

- MINIMUM 6 MONTHS EXPERIENCE IS MEDICAL CODING (ANY SPECIALITY)

DURATION:

- 2 MONTHS
- WEEKDAYS - 1 HOUR/DAY

OR

- WEEKENDS - 2.5 HOURS EACH ON SAT & SUN

TOPICS COVERED :

1. INTRODUCTION TO HCC CODING
- Overview of risk adjustment and predictive modelling
- Purpose of HCC coding in healthcare reimbursement
- Medicare Advantage, ACA risk adjustment, and Medicaid HCC models

2. ICD-10-CM CODING FOR HCC
- Understanding the role of ICD-10-CM in HCC coding
- Mapping ICD-10-CM codes to HCC categories
- Importance of specificity and accurate diagnosis coding

3. RISK ADJUSTMENT FACTOR (RAF) SCORING
- Calculation of RAF scores
- Impact of chronic conditions on RAF scores
- Risk score variation based on patient demographics and diagnose

4. HCC MODEL CATEGORIES AND CONDITIONS
- CMS-HCC vs. HHS-HCC models
- Chronic conditions commonly included in HCC coding:
- Diabetes with complications
- Chronic kidney disease (CKD)
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Cancer, HIV/AIDS, and neurological disorders

5. MEDICAL DOCUMENTATION AND COMPLIANCE
- Importance of provider documentation in HCC coding
- Best practices for complete and accurate medical records
- Common errors and omissions in HCC documentation

6. HCC CODING GUIDELINES AND BEST PRACTICES
- MEAT (Monitoring, Evaluating, Assessing, Treating) criteria
- Capturing chronic conditions accurately each year
- Addressing coding gaps and documentation improvement

7. RISK ADJUSTMENT DATA VALIDATION (RADV) AUDITS
- Overview of CMS RADV audits
- Importance of audit preparation and compliance
- Avoiding penalties due to coding errors

8. ELECTRONIC HEALTH RECORDS (EHR) AND HCC CODING
- Using EHR systems for accurate diagnosis capture
- Technology tools for HCC coding and risk adjustment

9. HCC CODING FOR DIFFERENT HEALTHCARE SETTINGS
- HCC coding in primary care vs. specialty care
- Coding in home health, skilled nursing, and hospice settings
- Impact of telehealth on HCC coding

10. EXAM PREPARATION AND PRACTICE
- HCC coding mock tests and case studies
- Real-world examples and practical exercises

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MULTI SPECIALITY DENIAL CODING

- DENIAL CODING PLAYS A CRUCIAL ROLE IN REVENUE CYCLE MANAGEMENT, ENSURING THAT DENIED CLAIMS ARE PROPERLY REVIEWED, CORRECTED, AND RESUBMITTED. MULTI-SPECIALTY DENIAL CODING COVERS VARIOUS MEDICAL FIELDS AND THE REASONS FOR CLAIM DENIALS. BELOW ARE THE KEY TRAINING TOPICS

WHO SHOULD TAKE THIS TRAINING?

- MEDICAL CODERS HANDLING MULTI-SPECIALTY CLAIMS
- BILLING AND REVENUE CYCLE PROFESSIONALS
- HEALTHCARE COMPLIANCE OFFICERS
- APPEALS AND DENIAL MANAGEMENT SPECIALISTS

ELIGIBILITY:

- MINIMUM 6 MONTHS EXPERIENCE IS MEDICAL CODING (ANY SPECIALITY)

DURATION:

- 2 MONTHS
- WEEKDAYS - 1 HOUR/DAY

OR

- WEEKENDS - 2.5 HOURS EACH ON SAT & SUN

TOPICS COVERED :

1. INTRODUCTION TO DENIAL CODING
- Overview of denial management in medical coding
- Importance of denial coding in revenue cycle
- Types of medical claim denials:
- Hard denials (cannot be corrected/resubmitted)
- Soft denials (can be corrected/resubmitted)

2. COMMON REASONS FOR CLAIM DENIALS
- Invalid or missing ICD-10, CPT, or HCPCS codes
- Medical necessity and coverage issues
- Lack of prior authorization or referral
- Duplicate claims and bundling/unbundling errors
- Coordination of Benefits (COB) issues
- Late or untimely filing

3. SPECIALTY-SPECIFIC DENIAL ISSUES
- Emergency Medicine – Lack of medical necessity, non-covered services
- Surgery – Unbundling, modifier errors, global period denials
- Radiology & Interventional Radiology – Documentation gaps, prior authorization denials
- Cardiology – Incorrect use of diagnostic vs. interventional codes
- Anaesthesia – Incorrect time reporting, invalid CPT codes
- Orthopedics – Bundled procedures, inappropriate use of modifiers
- Evaluation & Management (E/M) – Incorrect level selection, medical necessity denials
- Pathology/Laboratory – Duplicate billing, CLIA certification issues

4. MEDICAL NECESSITY AND DOCUMENTATION BEST PRACTICES
- Ensuring medical necessity is met per payer guidelines
- Importance of complete and accurate documentation
- Linking diagnosis codes correctly to justify procedures

5. MODIFIER USAGE IN DENIAL MANAGEMENT
- Common modifiers causing denials (e.g., 25, 59, 76, 77)
- Proper application of modifiers to prevent denials
- Modifier-specific rules for different specialties

6. APPEALS AND RESUBMISSIONS
- Understanding payer-specific appeal processes
- Writing effective appeal letters
- Supporting documentation for successful appeals

7. COMPLIANCE AND LEGAL CONSIDERATIONS
- HIPAA regulations and claim resubmission compliance
- Working within CMS and payer guidelines

8. HANDS-ON TRAINING AND CASE STUDIES
- Real-world denial coding scenarios
- Practice exercises for denial resolution

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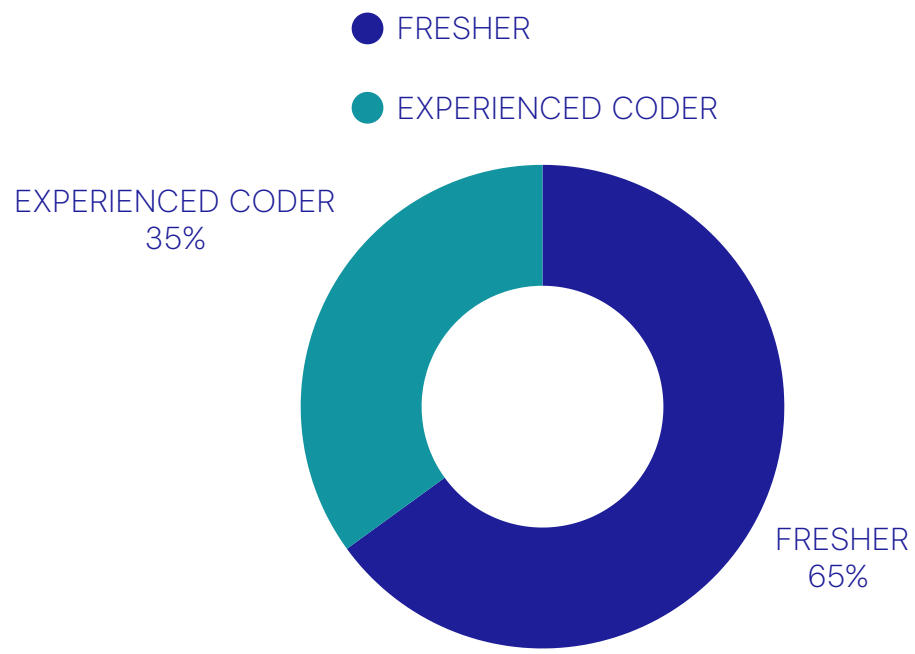
PLACEMENT RECORD

PLACED EMPLOYEES

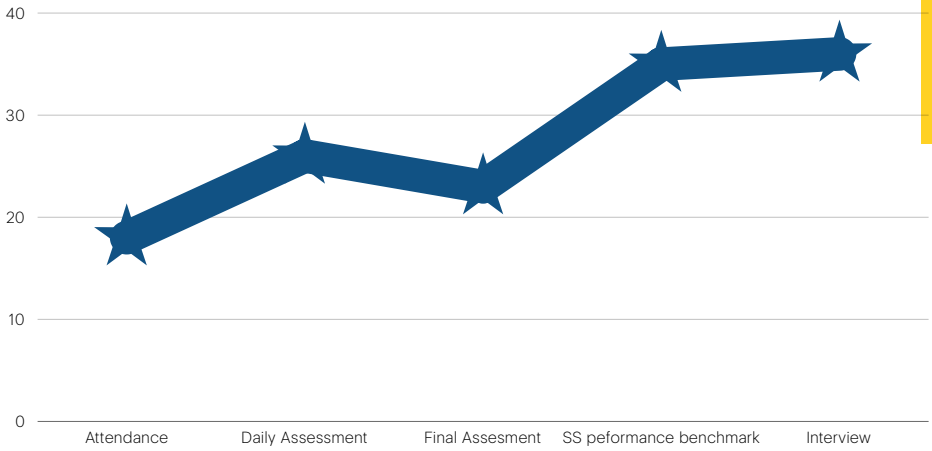
2024	480
2023	175
2022	80

LOCATION

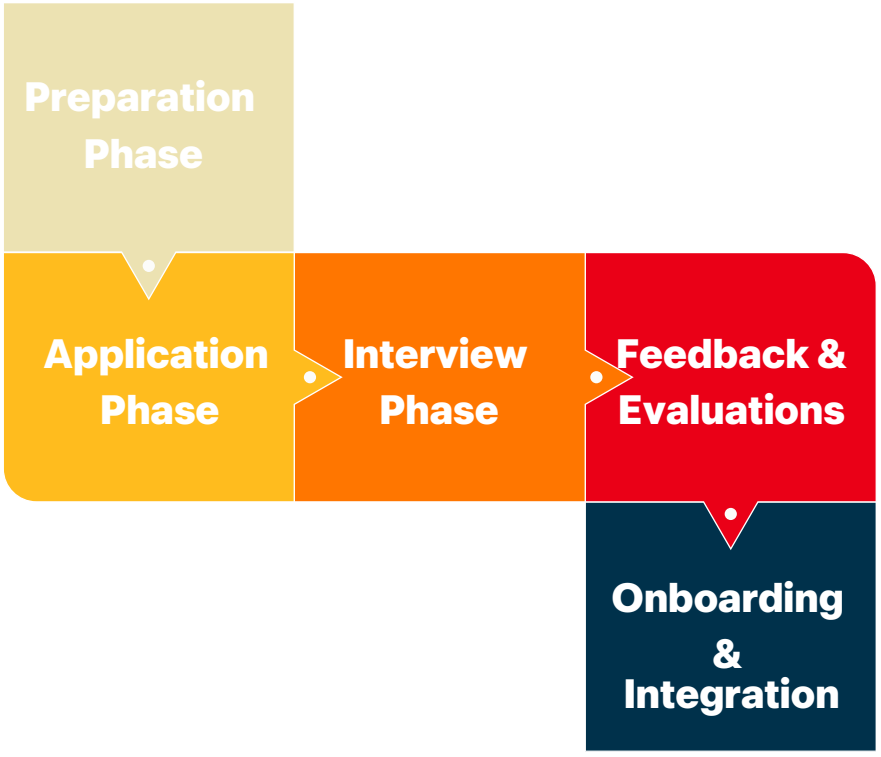
CHENNAI	40%
BANGALORE	25%
MUMBAI	20%
HYDRABAD	10%
PUNE & NAGPUR	5%



PLACEMENT ELIGIBITY



PLACEMENT PROCESS



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A MEDICAL CODING TRAINING
& PLACEMENT ACADEMY

ONLINE CLASS SCHEDULE :
Monday to Friday - 10 AM to 5 PM
&
Saturday and Sunday - 9 AM to 6 PM

Curated & flexible timings for working professionals

LOCATION :
Senate Space
W117, 2nd Floor, Ravilla Towers,
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