With the transition to ICD-10 fast approaching, Optum offers training and education tailored to your organization's needs. We have the most comprehensive ICD-10 transition training in the marketplace — you can take courses online at your desk, invite a specialist to your office for on-the-job preparation or ask our consulting professionals to assess your organization and suggest a tailor-made program. No matter which path you choose, let Optum be your partner for ICD-10.

Level 1
Provides a baseline knowledge of why the industry is moving from ICD-9 to ICD-10, including benefits, challenges, timelines and impacts. Available in eLearning format.

Level 2
Delivers a deeper understanding of the ICD-10 code set and is designed for those who consistently use diagnosis data. Available in eLearning and on-site training.

Level 3
Transition learners from a structured classroom or eLearning environment to on-the-job training customized for your organization's needs.

Receive Actionable, Comprehensive and Flexible Training
Optum provides actionable training you can apply to your day-to-day job functions. Whether you're a coder, a physician or part of the support staff, we offer comprehensive training for each staff member at your facility. We are flexible, choose online, on-site, or tailor made training options.

Get started with our eLearning courses today
Our training was developed by experts to fit each and every learner. Whatever role you play in your medical facility, Optum offers relevant training solutions.

To begin developing your education plan, contact our ICD-10 specialists at 866.223.4863.

ICD-10 Core Education (eLearning) Offering

Impact of ICD-10 Overview – Revenue Cycle

Target Learners: Patient Access (Registration/Pre-Authorization/Admitting/Medical Necessity); Patient Financial Services (Claim Edits/Billing/Denials); Revenue Integrity (CDM/Medical Necessity Denials); Managed Care Contracting (Decision Support/Contracting/Pricing); among other areas as appropriate within your organization.

Course Objectives/Overview of Content:

- Explain what ICD-10 is; why it is being put into place; and implementation timeline (include system/upgrade remediation timelines)
- Identify how diagnosis information is being used today and the flow of diagnosis information throughout the revenue cycle process
- Describe impacts of need for dual-processing environment on workflows, such as: prior-authorizations; billing; edits; denials, etc.
- Identify risks within the revenue cycle process of not being compliant by mandated date.
- Identify key success factors for ICD-10 implementation

Impact of ICD-10 Overview – Clinical

Target Learners: Providers, Nurses and Clinical Documentation Specialists

Course Objectives/Overview of Content:
- Overview: Explain what ICD-10 is, why it is being put into place and compliance timelines (approximately 10 minutes)
- Review specific examples of how clinical documentation will be impacted by ICD-10-CM/PCS. Focus on top impacted documentation areas such as AMI; Cerebral Infarctions; Pregnancy; Musculoskeletal Conditions; Injuries; other.
- Focus on how documentation will impact quality metric reporting such as physician-level CMI, CORE Measures, Observed-to-Expected Mortality rates, other.
- Review how inadequate physician documentation will impact reimbursement (both indirectly and directly) in the hospital and private office setting
- Pave the path to the future – how will this data allow providers to provide better care for their patients?

**Impact of ICD-10 Overview – IT/Reporting**

Target Learners: Application Managers (Clinical and Financial); technical resources; report writers; data warehouse

Course Objectives/Overview of Content:
- Explain what ICD-10 is, why it is being put into place, and implementation timeline (include system/upgrade remediation timelines).
- Identify how diagnosis information is being used today and the flow of diagnosis information throughout systems
- Identify complexities of dual-processing environment; which systems/departments will need to live in a dual-processing work environment; explore the benefits and pitfalls of the General Equivalency Mappings
- Identify risks of not being compliant by Oct. 1, 2013 and importance of contingency planning.
- Identify key success factors for ICD-10 implementation

**Provider Documentation Enhancement for ICD-10**

Target Learners: Providers and Clinical Documentation Specialists

Course Objectives/Overview of Content:

This course is broken down into 21 modules as follows:

<table>
<thead>
<tr>
<th>Module 1 - Certain Infectious &amp; Parasitic Diseases</th>
<th>Module 12 - Diseases of Skin and Subcutaneous Tissue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 2 – Neoplasms</td>
<td>Module 13 - Diseases of Musculoskeletal System &amp; Connective Tissue</td>
</tr>
<tr>
<td>Module 3 - Diseases of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism</td>
<td>Module 14 - Diseases of the Genitourinary System</td>
</tr>
<tr>
<td>Module 4 - Endocrine, Nutritional &amp; Metabolic Diseases</td>
<td>Module 15 - Pregnancy, Childbirth &amp; Puerperium</td>
</tr>
<tr>
<td>Module 5 - Mental &amp; Behavioral Disorders</td>
<td>Module 16 - Certain Conditions Originating in the Perinatal Period</td>
</tr>
<tr>
<td>Module 6 - Diseases of Nervous System</td>
<td>Module 17 - Congenital Malformations, Deformations &amp; Chromosomal Abnormalities</td>
</tr>
<tr>
<td>Module 7 - Diseases of Eye and Adnexa</td>
<td>Module 18 – Injuries – Fractures and Non-Fractures</td>
</tr>
</tbody>
</table>
Optum will provide your organization with a recommended mapping of medical/surgical specialties to modules so each provider’s education is specific to their specialty and the diseases/conditions they diagnose and treat. However, providers will have the opportunity to access each of the 21 modules so it will be up to you organization to determine which modules are mandatory for each specialty. For example, Dermatology would map as follows:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Modules_MAPPING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td>Module 2: Neoplasms</td>
</tr>
<tr>
<td></td>
<td>Module 12: Diseases of Skin and Subcutaneous Tissue</td>
</tr>
<tr>
<td></td>
<td>Module 19: Injuries – Poisoning &amp; Certain Other Consequences of External Causes including Complications</td>
</tr>
</tbody>
</table>

Clinical Documentation Improvement Specialists should be required to take all 21 modules.

The modules will provide providers with the baseline education required to document properly to support level of specificity of ICD-10

- Modules outline how to properly document for the high impact disease processes within each body system; the focus will be on how to document, not how to code (references to ICD-10 codes for each diagnosis will be available within modules if physicians want to review)
- Example: The Circulatory System Module will focus on the progression of heart disease ranging from Hypertension to Angina to Congestive Heart Failure to Pulmonary Heart Disease. For each disease, we provide the delta in terms of how clinical documentation will need to be enhanced to support the level of specificity required within ICD-10. We understand that providers do not want to be taught what they already know so we focus on the delta between documentation specificity under ICD-9 and ICD-10.
- Content of each module has been prioritized to focus on high impact disease processes, both frequency and dollar-driven.
- Written by a physician for physicians – information is concise, relevant and accurate
- Each module will include interactive learning examples throughout each module so physicians can practice applying the new concepts in ICD-10

**Impact to Nursing Documentation**

Target Learners: Nurses (Practicing)

Course Objectives/Overview of Content:

This web-based (eLearning) module will review ICD-10 impact to clinical documentation and provider enhancement to support level of specificity required within ICD-10 code set. In certain cases, nursing documentation may be leveraged to support/supplement provider documentation and can help support level of specificity required within ICD-10. Examples of these areas include:

- General (Laterality; POA; BMI)
- Nervous System (Dominant/Non-Dominant)
- Signs & Symptoms (Glasgow coma scale specific for eye movement, verbal and motor response)
- Skin Ulcers
- Pregnancy – documentation of trimesters

**ICD-10-CM Code Set Training**

Target Learners: Coders (Inpatient, Outpatient, Professional)

Course Objectives/Overview of Content:

This series of modules will teach coders how to code following the ICD-10-CM coding guidelines and conventions. The course modules are outlined below; each module is approximately 60 minutes length, for a total estimated duration of 20 hours of learning. Learners will be required to complete a proficiency assessment at the end of each module to assess their understanding of the content reviewed throughout each module. In order to earn the 18 CEUs available for this course, learners must review all content within each module and achieve a passing score of 80% on the proficiency assessment at the end of each module. For each module below, Optum will cover: differences between ICD-9-CM and ICD-10-CM code sets; code families; deletions of codes or codes moved in/out of each chapter; coding conventions (learners will be instructed to reference Optum ICD-10-CM Code Book throughout the course); and changes in guidelines and guidelines specific to diagnosis.

**ICD-10-CM Course Modules:**

1. Overview of ICD-10 Coding Principles and Guidelines
2. Certain Infectious & Parasitic Diseases
3. Neoplasms
4. Diseases of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism
5. Endocrine, Nutritional & Metabolic Diseases
6. Mental & Behavioral Disorders
7. Diseases of Nervous System
8. Diseases of Eye and Adnexa
9. Diseases of Ear & Mastoid Process
10. Diseases of Circulatory System
11. Diseases of Respiratory System
12. Diseases of Digestive System
13. Diseases of Skin and Subcutaneous Tissue
14. Diseases of Musculoskeletal System & Connective Tissue
15. Diseases of the Genitourinary System
16. Pregnancy, Childbirth & Puerperium
17. Certain Conditions Originating in the Perinatal Period
18. Congenital Malformations, Deformations & Chromosomal Abnormalities
19. Symptoms, Signs & Abnormal Clinical & Laboratory Findings
20. Injury, Poisoning & Certain Other Consequences of External Causes including Complications
21. External Causes of Morbidity
22. Factors Influencing Health Status & Contact with Health Services
ICD-10-PCS Code Set Training

Target Learners: Coders (Inpatient; Outpatient Surgery if assigning ICD-9-CM procedure codes)

Course Objectives/Overview of Content:

This series of modules will teach coders how to code following the ICD-10-PCS coding guidelines and conventions. The course modules are outlined below; each module is approximately 90 minutes length, for a total estimated duration of 20 hours of learning. Learners will be required to complete a proficiency assessment at the end of each module to assess their understanding of the content reviewed throughout each module. In order to earn the 20 CEUs available for this course, learners must review all content within each module and achieve a passing score of 80% on the proficiency assessment at the end of each module. For each module below, Optum will cover: Root Operation, definition and applicable guidelines and refresher of anatomy and physiology as applicable. Learners will be instructed to reference Optum ICD-10-PCS Code Book throughout the course.

ICD-10-PCS Course Modules

1. Overview: Discussion of ICD-10-PCS Definitions and Guidelines including organization and classification of root operations
2. Root Operations for Procedures That Take Out or Eliminate All or a Portion of a Body Part
   a. Excision, Resection, Detachment, Destruction, Extraction
3. Root Operations for Procedures That Take Out Solids/Fluids/Gases from a Body Part
   a. Drainage, Extirpation, Fragmentation
4. Root Operations for Procedures Involving Cutting or Separating Out
   a. Division, Release
5. Root Operations for Procedures That Put In/Put Back or Move Some/All of a Body Part
   a. Transplantation, Reattachment, Transfer, Reposition
6. Root Operations for Procedures that Alter the Diameter/Route of a Tubular Body Part
   a. Restriction, Occlusion, Dilation, Bypass
7. Root Operations for Procedures That Always Involve a Device
   a. Insertion, Replacement, Supplement, Change, Removal, Revision
8. Root Operations for Procedures Involving Examination Only
   a. Inspection, Map
9. Root Operations for Procedures That Define Other Repairs
   a. Control, Repair
10. Root Operations for Procedures That Define Other Objectives
    a. Fusion, Alteration, Creation
11. Root Operations for Procedures in Medical and Surgical-related Sections
    a. Obstetrics, Placement, Administration, Measurement and Monitoring, Extracorporeal Assistance and performance, Extracorporeal Therapies, Osteopathic, Other Procedures and Chiropractic
12. Root Operations for Ancillary Sections of PCS
    a. Imaging, Nuclear Medicine, Radiation Oncology, Physical Rehabilitation and Diagnostic Audiology, Mental Health, and Substance Abuse Treatment
Coding for Non-Coders – Financial

Both of the Coding for Non-Coder courses (Financial and Clinical) are targeted at those individuals that work with codified diagnosis data as part of their daily workflow, are not coders, but may need to assign codes for reporting or other purposes. Example scenario: A patient access representative is responsible for submitting medical necessity checks for Medicare outpatient visits. Often the physician does not identify the codified diagnosis on the order form and only provides a written description of the diagnosis. Although not a coder, the patient access representative must assign a code in order to submit for Medical Necessity verification through their compliance checker application. In this scenario, the patient access representative does not need comprehensive training in how to code in ICD-10 and applicable coding guidelines but does require an overview of how the code set is organized so the individuals are able to look-up the appropriate codes in ICD-10. Examples of these types of workflows/job functions are provided for each course below. We divided the ICD-10 Coding for Non-Coders into two courses; one to focus on those individuals working with diagnosis codes from a financial perspective and the other course to focus on those individuals working with diagnosis codes from a clinical reporting perspective. Depending on how your organization is structured it may be applicable for individuals within IT/Reporting & Analytics to take these courses as well.

Target Learners: Those individuals whom are working with structured diagnosis data whom will benefit from a deeper dive into the ICD-10 code set such as: Decision Support/Financial Modeling; Medical Necessity Verification; Billers (especially if managing claim edits and denials); Revenue Integrity (if conducting diagnosis to procedure auditing or other functions); other.

Course Objective/Content Overview:
- Overview of ICD-10 Coding Conventions and Guidelines (General Content)
- Review change in nomenclature and organization of code set
- Review pitfalls of mapping and translation
- Overview of General Equivalency Mappings (GEMs)
- Specific workflows to be addressed include: prior-authorizations; top services requiring medical necessity; and top diagnosis-based claim edits or denials; other.

Coding for Non-Coders – Clinical

Target Learners: Those individuals whom are working with structured diagnosis data whom will benefit from a deeper dive into the ICD-10 code set such as: Quality reporting/abstracting (i.e. CORE Measures); Risk Management; Compliance; Clinical Registries; Clinical Research; other.

Course Objective/Content Overview:
- Overview of ICD-10 Coding Conventions and Guidelines (General Content)
- Review change in nomenclature; organization of code set
- Review pitfalls of mapping and translation
- Overview of General Equivalency Mappings (GEMs)
- Focus on abstracting and review of documentation and application of ICD-10 codes
- Specific workflows to be addressed include: concurrent documentation review; clinical registries; core measures; other.
Supplemental Training Options – Descriptions

**AHIMA ICD-10 Fundamentals.** Depending on the skillset of the HIM coders, we recommend these courses be offered as pre-requisites to the ICD-10-CM/PCS code set training offered through our ICD-10 Core Education Offering. Various packages are available however the complete list of courses is provided below:

- Anatomy & Physiology (estimated hours/CEUs: 150-180 hours/60 CEUs)
- Pharmacology (estimated hours/CEUs: 120-150 hours/45 CEUs)
- Medical Terminology (estimated hours/CEUs: 120-150 hours/45 CEUs)
- Clinical Concepts for Coders - 10Q Assessment (estimated hours/CEUs: 30-45 minutes/1 CEU)
- Clinical Concepts for Coders – Course (estimated hours/CEUs: 4-5 hours/4 CEUs)
- ICD-10-CM Proficiency Assessment – 60Q (estimated hours/CEUs: 1-2 hours/4 CEUs)
- ICD-10-PCS Proficiency Assessment – 60Q (estimated hours/CEUs: 1-2 hours/4 CEUs)
- ICD-10-CM: Deciphering the Code (estimated hours/CEUs: 4 hours/4 CEUs)
- ICD-10-PCS: Deciphering the Code (estimated hours/CEUs: 4 hours/4 CEUs)
- ICD-10 Anatomy & Physiology Focus (2 hours per body system/4 CEUS)
  - ICD-10-PCS A&P Focus: Central & Peripheral Nervous System
  - ICD-10-CM/PCS A&P Focus: Circulatory System
  - ICD-10-PCS A&P Focus: Musculoskeletal System
  - ICD-10-CM A&P Focus: Pregnancy, Childbirth and the Puerperium
  - ICD-10-CM A&P Focus: Neoplasms
  - ICD-10-CM A&P Focus: Respiratory System

Note: This is the only portion of our education offering that is not based on Optum-developed content. In addition, the AHIMA ICD-10 Fundamentals will be accessed via an external LMS sponsored by AHIMA and administered by Optum. Optum will provide all technical support required for enrollment of learners, distribution of usernames/passwords, site maintenance, other. Only the AHIMA ICD-10 Fundamentals
courses can be accessed via this site and this specific content cannot be uploaded into the existing client LMS.

**Instructor-Led Physician Education Sessions.** In addition to the *Provider Documentation Enhancement for ICD-10* modules offered via the eLearning platform in our Core Education Offering, Optum recommends providing supplemental instructor-led training sessions for targeted physician groups. The targeted physician groups could include: top specialties driving admissions, hospitalists, physician champions, etc. The content would be similar to the content provided in the eLearning modules however these sessions would provide direct access to a Clinical Educator and the content would be geared specifically towards the targeted physician group.

**Instructor-Led ICD-10-CM/PCS Code Set Training:** Leveraging the same content as our ICD-10-CM/PCS Code Set Training eLearning courses offered in our ICD-10 Core Education Offering, this course would be delivered via an instructor-led setting by an AHIMA-approved ICD-10 Trainer. 38 CEUs (18 CEUs – ICD-10-CM/20 CEUs – ICD-10-PCS) will be granted after successful completion of this course. Learners will be directed to complete an online assessment in order for this course to be completed and be granted the applicable CEUs.

**EncoderPro.com License.** This is offered as an add-on option to the *Provider Documentation Enhancement for ICD-10* eLearning modules. Providers will have access to Optum’s EncoderPro.com; not only will providers learn how to document to support level of specificity of ICD-10, providers can also access the appropriate ICD-10 code options via a hyperlink to the web-based coding referential application EncoderPro.com. In addition to being able to access the applicable ICD-10-CM codes via the “Provider Documentation Enhancement for ICD-10” eLearning modules, providers will be able to access EncoderPro.com via any computer or laptop with access to the internet. With this powerful search engine, providers will be able to search across all three code sets (ICD-9/10-CM, CPT, HCPCS) simultaneously via CodeLogic™ Search Engine. This tool may be particularly enticing for organizations with employed physicians and/or owned medical groups in which physicians may be assigning their own diagnosis codes.

**Physician Practice Coder Training.** Optum can provide site-based instructor-led education for physicians and administrative office staff responsible for coding within the physician practice settings; includes:

- 3 hours onsite per location/practice/clinic
- Overview of ICD-10-CM Code Set Training
- Mapping of super-bill and/or preference list
- Review of ICD-9 => ICD-10 Translations specific to super-bill/preference list
- Review of 10 (pre-selected) charts during session

**Dual-Coding Review and Education.** As part of our ICD-10 Program Management & Support, Optum will be assisting client in designing the workflow and strategy for ICD-10 dual-coding. However, in addition Optum can provide a certified coder and AHIMA-approved ICD-10 trainer to review the records being coded in ICD-10 during this period and provide education as applicable based on trends and deficiencies identified.

**Ask-an-ICD-10 Expert.** Coders will have unlimited access to an Optum expert coder to ask ICD-10 coding related questions via a designated email and phone line. Optum guarantees a response rate of one business day for emails and two business days for phone calls. Business Hours include: Monday-Friday, 9:00 A.M. – 6:00 P.M. Central Time, excluding Standard Corporate Holidays.
## AHIMA ICD-10 Fundamentals Packages

<table>
<thead>
<tr>
<th>Course Title</th>
<th>AHIMA CEUs</th>
<th>Estimated Effort</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy &amp; Physiology</td>
<td>60</td>
<td>150-180 hours</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>45</td>
<td>120-150 hours</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Medical Terminology</td>
<td>45</td>
<td>120-150 hours</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Clinical Concepts for Coders Assessment 10Q</td>
<td>1</td>
<td>30-45 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Clinical Concepts for Coders Course</td>
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<td>4-5 hours</td>
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<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>ICD-10-PCS Assessment 60Q</td>
<td>4</td>
<td>1-2 hours</td>
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<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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</tr>
<tr>
<td>ICD-10-CM: Deciphering the Code</td>
<td>4</td>
<td>4 hours</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>ICD-10-PCS: Deciphering the Code</td>
<td>4</td>
<td>4 hours</td>
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<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Anatomy &amp; Physiology – Focus on Body Systems and Assessments</td>
<td>4</td>
<td>2 hours per body system</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Anatomy & Physiology:** This is a self-paced, Internet-based course that covers all the basic information necessary for a general understanding of the structure and function of the human body. The topics that are
covered include: the language of medicine, organization of the body, cellular foundations, and tissues and membranes. The body systems covered include: skeletal, muscular, integumentary, cardiovascular, lymphatic and immune, respiratory, nervous, sensory, endocrine, gastrointestinal, urinary, and reproductive.

**Medical Terminology:** Students are taught how to break medical terms into prefixes, suffixes and roots, and become familiar with the spelling and definition of common medical terms related to major disease processes, diagnostic procedures, laboratory tests, abbreviations, drugs, and treatment modalities.

**Pathophysiology/Pharmacology:** Emphasis is placed on the disease processes affecting the human body via an integrated approach to specific disease entities. Included will be the study of causes, diagnosis and treatment of disease as well as an understanding of the basic principles of pharmacology.

**Clinical Concepts for Coders Assessment (10Q Assessment) and Course:**

**Assessment:** AHIMA Distance Education recommends that this Coding Overview assessment be taken prior to beginning the corresponding Coding Overview course; as soon as the student completes the assessment, automatic feedback provides insight into the student's current level of knowledge and identifies areas for additional training. This assessment should take 30 to 45 minutes to complete and may only be taken once.

**Course:** A strong understanding of clinical concepts is essential for every successful coder. AHIMA developed this training to serve as a bridge between clinical concepts and coding practices. This 12-lesson, four CEU Overview course and its related 10-question, 1 CEU Overview assessment are both focused on skills for coding professionals that are based on a solid understanding of anatomy, physiology, and disease processes. These skills support a higher level of granularity in the code selection process. Through the use of case studies, students will have the opportunity to expand and integrate their knowledge of:

- Identifying disease processes;
- Interpreting clinical documentation; and
- Applying coding guidelines for ICD-9-CM, CPT®, ICD-10-CM, and ICD-10-PCS

This course is estimated to take four to six hours to complete. All learning materials are presented online. You will need access to ICD-9-CM and CPT/HCPCS codes. The 12 lessons in this course are:

1. Introduction to Clinical Concepts for Coders
2. Pharmacology: Finding Clinical Clues
3. Laboratory Values: Finding Clinical Clues
4. Diagnostic Studies: Finding Clinical Clues
5. Signs and Symptoms: Connecting the Dots
6. Anemia
7. Skin Lesions and Lipomas (Integumentary System)
8. Diabetes Mellitus
9. Sepsis and SIRS
10. Fractures
11. Neoplasms
12. Heart Failure

Upon successful completion, a student will be able to:

- Describe the clinical concepts associated with specific diseases.
- Apply knowledge of anatomy & physiology and clinical disease processes to support the correct coding assignment for diagnoses and procedures.
- Apply coding guidelines for correct assignment of ICD-9-CM, CPT, ICD-10-CM and ICD-10-PCS.
- Analyze clinical documentation to support accurate code assignment.
- Assemble a library of resources to support accurate code assignments.

A "successful completion" is defined as providing correct answers on at least 70 percent of the final assessment questions. If a student score is lower than 70 percent, one retake is allowed.

**ICD-10-CM Proficiency Assessment (60Q):** This 60-question CATS Coding Overview assessment covers the clinical information that coding professionals will be required to know in order to correctly apply ICD-10-CM
codes. Questions related to basic clinical knowledge (anatomy and pathophysiology for example) are addressed for each chapter of the ICD-10-CM system.

This Coding Proficiency assessment is part of AHIMA’s Coding Assessment and Training Solutions® (CATS) program. It was developed as an evaluation tool; it may be used to gauge your own, your staff’s, or a candidate’s clinical knowledge as it relates to ICD-10-CM coding. There are two levels of questions that appear in any Coding Proficiency assessment: intermediate and advanced:

- Intermediate level questions assess how well a person applies basic coding skills to actual health record information;
- Advanced level questions assess the person’s ability to interpret, analyze, and synthesize the impact of code selection and assignment on the entire spectrum of health information data.

Every question is in the true/false or multiple-choice format and presents either two or four answer choices. Upon completion of the entire assessment, a page appears that gives the total score as well as feedback on each individual question.

A "successful completion" is defined by AHIMA as providing correct answers on at least 70 percent of the questions. No retakes are allowed.

ICD-10-PCS Proficiency Assessment (60Q): This 60-question Coding Proficiency assessment covers the clinical information that coding professionals will be required to know in order to accurately apply ICD-10-PCS codes. Questions related to both clinical performance of procedures and anatomy and physiology are addressed for the sections of ICD-10-PCS containing the codes most frequently reported in an inpatient setting.

This Coding Proficiency assessment is part of AHIMA’s Coding Assessment and Training Solutions® (CATS) program. It was developed as an evaluation tool; it may be used to gauge your own, your staff's, or a candidate's clinical knowledge as it relates to ICD-10-PCS coding.

There are two levels of questions that appear in any Coding Proficiency assessment: intermediate and advanced:

- Intermediate level questions assess how well a person applies basic coding skills to actual health record information;
- Advanced level questions assess the person’s ability to interpret, analyze, and synthesize the impact of code selection and assignment on the entire spectrum of health information data.

Every question is in the true/false or multiple-choice format and presents either two or four answer choices. Upon completion of the entire assessment, a page appears that gives the total score as well as feedback on each individual question.

ICD-10-CM Overview: Deciphering the Code: Students will learn about the history, organization and structure, see how ICD-10-CM compares to ICD-9-CM, study changes chapter by chapter, and get a glimpse into new coding conventions and guidelines. ICD-10-CM will replace ICD-9-CM Volumes 1 and 2. The ICD-10-CM classification system is based on the internationally recognized ICD-10 but will provide additional morbidity detail and will be updated annually.

ICD-10-PCS Overview: Deciphering the Code: This 14 lesson, 4 CEU online course is for coders, educators, and consultants who are interested in familiarizing themselves with ICD-10-PCS classification system, which has an anticipated implementation date of October 1, 2013. In this course, students will learn:

- The history of ICD-10-PCS
- ICD-10-PCS development, implementation and maintenance issues
- How the ICD-10-PCS seven character structure differs between sections
- Analysis of the organization and classification within all 16 sections
- Examination of the procedures in each of the following: Medical and Surgical, Medical and Surgical-related, and Ancillary
• Evaluation of general and section specific coding guidelines
• Documentation guidelines

The program includes the following Body System Focused Courses and Assessments. Each course also has an accompanying Assessment.

**ICD-10-PCS A&P Focus: Central and Peripheral Nervous Systems:** This 3-lesson course covers the nervous system anatomy and physiology needed to code ICD-10-PCS procedures correctly. This short, focused course—CATS ICD-10-PCS A&P Focus: Central and Peripheral Nervous Systems—prepares a coding professional by refreshing their basic knowledge of the anatomy and physiology of the nervous system and by interpreting common procedures. The materials cover the ICD-10-PCS coding guideline B4.2, Branches of Body Parts as it pertains to the central and peripheral nervous systems and provides analysis of the ICD-10-PCS body part values. Case scenarios are included so learners may practice applying the correct values and root operations.

This course is estimated to take two hours to complete. All learning materials are presented online.

The three lessons in this course are:
2. Peripheral Nervous System— A&P and Procedures
3. Applying ICD-10-PCS Codes to Nervous System Procedures

Upon successful completion, a student will be able to:
• Identify the anatomy and physiology of the central and peripheral nervous systems
• Interpret the common procedures for the central and peripheral nervous systems
• Discuss the ICD-10-PCS coding guideline "B4.2, Branches of body parts" as it pertains to the central and peripheral nervous systems
• Analyze the ICD-10-PCS body part values available for central and peripheral systems
• Apply correct ICD-10-PCS body part values and root operations for case scenarios

A "successful completion" is defined as providing correct answers to seven of the ten questions in the final assessment (70 percent). If a student score is lower than 70 percent, one retake is allowed.

**CATS ICD-10-CM/PCS A&P Focus: Circulatory System Course:** This 4-lesson course covers ICD-10-CM and ICD-10-PCS coding of the circulatory system and a comprehensive review of the anatomy and physiology of the circulatory system. This course is designed to review a coder’s baseline anatomy and physiology knowledge of the circulatory system in preparation for ICD-10-CM and ICD-10-PCS. This course will assist in identifying any knowledge deficits regarding the location of arteries and veins throughout the circulatory system in addition to current medical terminology regarding the circulatory system. This course is estimated to take two hours to complete. All learning materials are presented online.

The four lessons in this course are:
1. Anatomy and Physiology of the Circulatory System
2. ICD-10-CM Chapter 9 Categories I00–I49 Terminology and Classification Changes
3. ICD-10-CM Chapter 9 Categories I50–I99 Terminology and Classification Changes
4. ICD-10-PCS and the Circulatory System

Upon successful completion, a student will be able to:
• Identify the anatomy and physiology of the heart
• Identify the anatomy of the blood vessels of the circulatory system
• Analyze the ICD-10-CM Chapter 9, Diseases of the Circulatory System, categories (I00-I99)
• Explain ICD-10-CM terminology related to diseases of the circulatory system
• Identify classification changes in Chapter 9 of ICD-10-CM
• Identify combination codes in Chapter 9 of ICD-10-CM
• Analyze the ICD-10-PCS body part values available for arteries and veins
• Apply correct body part values and root operations for case scenarios

A "successful completion" is defined as providing correct answers on at least 70 percent of the final assessment questions. If a student score is lower than 70 percent, one retake is allowed.

CATS ICD-10-PCS A&P Focus: Musculoskeletal System Course: This 4-lesson course covers ICD-10-PCS coding for inpatient hospital settings and a comprehensive review of the anatomy and physiology of the musculoskeletal system. It is designed to review a coder’s baseline anatomy and physiology knowledge of the musculoskeletal system in preparation for ICD-10-PCS. This course will assist in identifying any knowledge deficits surrounding the bone and muscles throughout the musculoskeletal systems in addition to current medical terminology regarding this body system. This course is estimated to take two hours to complete. All learning materials are presented online.

The four lessons in this course are:

1. Anatomy and Physiology of the Musculoskeletal System
2. The Musculoskeletal System of the Head and Trunk
3. The Musculoskeletal System of the Extremities, Including Hands and Feet
4. ICD-10-PCS Review

Upon successful completion, a student will be able to:

• Identify the anatomy and physiology of the musculoskeletal system
• Interpret the types of musculoskeletal system procedures
• Discuss the types of devices utilized in musculoskeletal system procedures
• Analyze the types of detachment procedures related to the hand and foot
• Analyze the ICD-10-PCS body part values available for the musculoskeletal system

A "successful completion" is defined as providing correct answers on at least 70 percent of the final assessment questions. If a student score is lower than 70 percent, one retake is allowed.

CATS ICD-10-CM A&P Focus: Pregnancy, Childbirth and the Puerperium Course: Be ready for the ICD-10-CM transition! CATS ICD-10-CM A&P Focus: Pregnancy, Childbirth and Puerperium is a web-based refresher course designed to enhance a coding professional’s knowledge in anatomy, physiology, and pathophysiology terminology for conditions related to pregnancy, childbirth, and the puerperium. This course covers terminology changes as they relate to Chapter 15 in ICD-10-CM. There is a focus on using the fifth and sixth characters to identify the trimester and on coding elective abortions. Used in conjunction with the related 20-question pre-assessment, this program helps you first identify knowledge gaps and then fill in those gaps through expert training prepared by AHIMA. Get a head start by learning how coding the conditions related to pregnancy, childbirth and the puerperium will change under ICD-10-CM.

This course is estimated to take two hours to complete. All learning materials are presented online.

The three lessons in this course are:

1. ICD-10-CM Terminology for Pregnancy, Childbirth and the Puerperium
2. ICD-10-CM Chapter 15 Categories
3. ICD-10-CM Chapter 15 Guidelines

Upon successful completion, a student will be able to:
Use the ICD-10-CM Chapter 15 guidelines and categories (O00-O9A)
Discuss the use of the fifth and sixth characters to identify the trimester
Review ICD-10-CM terminology as it relates to pregnancy, childbirth, and the puerperium
Discuss appropriate coding of elective abortions
Describe the use of combination codes related to Chapter 15

A "successful completion" is defined as providing correct answers to seven of the ten questions in the final assessment (70 percent). If a student score is lower than 70 percent, one retake is allowed.

**CATS ICD-10-CM A&P Focus: Neoplasms Course:** Be ready for the ICD-10-CM transition! CATS ICD-10-CM A&P Focus: Neoplasms is a web-based refresher course designed to enhance a coding professional’s knowledge in anatomy, physiology, and pathophysiology terminology for conditions related to neoplasms. This course reviews the ICD-10-CM Chapter 2 categories (C00-D49) and ICD-10-CM terminology as it relates to neoplasm coding. This online course also discusses the organizational changes of the neoplasm chapter and reviews the ICD-10-CM Neoplasm Table. With this program you and your staff will be prepared to code neoplasms in ICD-10-CM.

This course is estimated to take two hours to complete. All learning materials are presented online.

The four lessons in this course are:

1. A Comparison of ICD-9-CM and ICD-10-CM
2. Anatomy Review
3. Pathophysiology Review
4. ICD-10-CM Neoplasm Coding

Upon successful completion, a student will be able to:

- Analyze the ICD-10-CM Chapter 2 categories (C00-D49)
- Explain ICD-10-CM terminology as it relates to neoplasms
- Discuss the organizational changes of the neoplasm chapter
- Use the ICD-10-CM Neoplasm Table
- Demonstrate the ability to identify anatomy in relation to ICD-10-CM neoplasm coding
- Demonstrate the ability to identify pathophysiology terms as they relate to ICD-10-CM neoplasm coding

A "successful completion" is defined as providing correct answers to seven of the ten questions in the final assessment (70 percent). If a student score is lower than 70 percent, one retake is allowed.

**CATS ICD-10-CM A&P Focus: Respiratory System Course:** Be ready for the ICD-10-CM transition! CATS ICD-10-CM/PCS A&P Focus: Respiratory System is a web-based refresher course designed to enhance a coding professional’s knowledge in anatomy, physiology, and pathophysiology terminology for conditions and procedures related to the respiratory system. This course reviews the ICD-10-CM Chapter 10 categories (J00-J99) and ICD-10-CM terminology as well as discussing the organizational changes and combination codes for Chapter 10. The course also discusses the respiratory body part values available in ICD-10-PCS for three distinct body sections: Nose and Sinus, Respiratory System, and Mouth and Throat. With this course you and your staff will be well-prepared to code respiratory system diseases and procedures in ICD-10-CM.

This course is estimated to take two hours to complete. All learning materials are presented online.

The three lessons in this course are:

1. Anatomy and Physiology of the Respiratory System
2. ICD-10-CM Chapter 10 Respiratory System
3. ICD-10-PCS and the Respiratory System
Upon successful completion, a student will be able to:

- Identify the anatomical structures of the Respiratory System.
- Describe the normal and abnormal physiology of the Respiratory System.
- Define medical terminology related to the Respiratory System.
- Apply ICD-10-CM coding principles and guidelines to selected Respiratory System diseases.
- Describe the format and organization of ICD-10-PCS as it pertains to the Respiratory System.
- Apply coding principles and guidelines for accurate assignment of ICD-10-PCS codes for the Respiratory System.
- Assign ICD-10-CM and ICD-10-PCS codes correctly using a case study.

A "successful completion" is defined as providing correct answers to seven of the ten questions in the final assessment (70 percent). If a student score is lower than 70 percent, one retake is allowed.

Example eLearning Modules
ICD-10 Education for Coders

Diseases of the Musculoskeletal System & Connective Tissue > Organizational Adjustments

In addition to code changes and expansions, some categories have been moved into or out of the musculoskeletal code system in ICD-10-CM.

Roll over each topic to view some of the changes and expansions from ICD-9-CM to ICD-10-CM.

- Swelling of limb
- Scot
d- Polymyotonia nodosa
- Cerebellar anomalies
- Extremely/Earl pain

ICD-10 Education for Coders

Diseases of the Circulatory System > Introduction

ICD-9-CM vs. ICD-10-CM

This course is meant to help you become familiar with ICD-10 coding changes for the Circulatory System. As you work through the course you will:

- Review and apply the ICD-10 coding guidelines
- Compare ICD-9-CM vs. ICD-10-CM codes
- Recognize combination codes
- Review the inoperative and postoperative complications code structure
- Practice determining the correct ICD-10 codes given AHIMA’s sample coding cases

Click each ICD-9-CM code in the table to the left to view the corresponding ICD-10-CM code(s).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>410.10</td>
<td>AMI Anterior wall unspecified episode</td>
<td>121.09</td>
<td>STEMI involving other coronary artery, anterior wall</td>
</tr>
<tr>
<td>410.11</td>
<td>AMI Anterior wall initial episode</td>
<td>121.01</td>
<td>STEMI involving LMCA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>121.02</td>
<td>STEMI involving LAD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>121.00</td>
<td>STEMI involving other coronary artery anterior wall</td>
</tr>
<tr>
<td></td>
<td></td>
<td>122.0</td>
<td>Subsequent STEMI anterior wall</td>
</tr>
<tr>
<td></td>
<td></td>
<td>121.09</td>
<td>STEMI involving other coronary artery anterior wall</td>
</tr>
</tbody>
</table>
Diseases of the Circulatory System > Myocardial Infarction

Roll over each circle on the heart to view the ICD-10 code for myocardial infarctions of the anterior wall, inferior wall, and other or unspecified sites. The guidelines are included for your review.

- I21.1 ST elevation (STEMI) myocardial infarction of inferior wall
- I21.11 ST elevation (STEMI) myocardial infarction involving right coronary artery

If NSTEMI evolves to STEMI, assign the STEMI code. If STEMI converts to NSTEMI due to thrombolytic therapy, it is still coded as STEMI. See Guidelines for additional information.