

LIVE COURSE

Medical Coding

Learn ICD-10-CM, CPT and HCPCS coding from basics to advanced through live mentor-led classes, real medical charts and audit practice to become a job-ready medical coder for hospitals and billing firms.

Industry-Led Course

Batch details updating soon

Emerging



DURATION
4 Months



LEVEL
Beginner to Advanced



MODE
Live Online



LANGUAGE
English



BATCH STARTS
To be announced



ENROLMENT CLOSES
Open

COURSE FEE

₹6,999

₹30,000 - save 77% OFF



LIVE COURSE BROCHURE

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01 · AT A GLANCE



Course Overview

Learn ICD-10-CM, CPT and HCPCS coding from basics to advanced through live mentor-led classes, real medical charts and audit practice to become a job-ready medical coder for hospitals and billing firms.

This live, mentor-led course takes you from medical terminology and anatomy to advanced ICD-10-CM, CPT and HCPCS coding. You will code real charts, practice audits and denial management, and prepare for certification exams, finishing with the skills and portfolio to apply for coding roles.



DURATION

4 Months


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ENROLMENT CLOSES

Open


LEARNERS

Trusted by ambitious learners nationwide

COURSE FEE

₹6,999

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Highlights

Industry-Led Upskilling Courses

Learn from industry professionals with years of real-world experience.

Personalized Mentorship

Get one-on-one guidance tailored to your career goals and aspirations.

Premium Resources

Access course materials, job portal, free events, challenges and learner 8C Appraisal reports.

Vibrant Community

Connect with like-minded peers and build lasting professional relationships.



02 · SIMPLE 3-STEP JOURNEY

How Our Courses Work

A structured, step-by-step path designed to take you from foundational learning to career success with industry guidance.

01

Step 1: Enroll & Get Started

Choose your course and complete the enrollment process. Access your learning materials instantly and join our community of learners.

✓ Instant access to course materials

✓ Personalized learning dashboard

✓ Welcome orientation session

02

Step 2: Learn & Practice

Engage with interactive lessons, live sessions, and hands-on projects. Learn from industry experts and apply your knowledge in real-world scenarios.

✓ Live classes with expert instructors

✓ Hands-on practical projects

✓ One-on-one mentorship support

03

Step 3: Complete & Get Certified

Finish your coursework, pass assessments, and receive your professional certificate. Launch your new career with confidence and credentials.

✓ Industry-recognized certificate

✓ Portfolio of completed projects

✓ Career placement assistance

03 · BEFORE YOU ENROLL



Eligibility & Prerequisites

Check who this course is designed for and what you should know before your first class.

WHO CAN JOIN**Eligibility**

- ✓ Life science and pharmacy graduates
- ✓ Nursing and allied health students
- ✓ Freshers seeking healthcare career roles
- ✓ Working professionals planning a career switch

BEFORE YOU START**Prerequisites**

- ✓ Basic English reading and writing skills
- ✓ Comfort using a computer and the internet
- ✓ Interest in healthcare and life sciences
- ✓ Willingness to practice coding exercises daily

04 · CAREER-READY SKILLS



Skills You Will Gain

Hands-on skills you will practise in live classes, assignments and projects throughout the course.

Medical Terminology

Human Anatomy

ICD-10-CM Coding

CPT Coding

HCPCS Level II

Modifiers

E/M Coding

Medical Chart Review

Clinical Documentation

Revenue Cycle Management

Claim Submission

Denial Management

Coding Audits

HIPAA Compliance

Coding Software

05 · PRODUCT ECOSYSTEM ARCHITECTURE



How we designed our Product?

An all-in-one ed-tech ecosystem carefully engineered to bridge learning, practical skill assessment, career guidance, and employment.

WORLD'S FIRST FEATURE

8C Appraisal Report

Proprietary evaluation matrix measuring holistic performance across 8 career pillars for authentic proof-of-work.

Communication

Configuration

Chronicle

Completeness

Cognizance

Conception

Comprehension

Case Study

Industry Validated · 100% Data Score

SUBJECT MATTER EXPERT AI

Insyrio AI

Get instant 24/7 doubt solving and concept clarifications directly from our specialized AI trained on your enrolled courses.

- ✓ 24/7 Course-Specific SME Assistant
- ✓ Instant Step-by-Step Doubt Resolution

Instant Learning Support

GAMIFIED REWARDS

iSure Coins

Use iSure Coins for AI career tools, masterclasses and CertiQ - and part-pay your course fee with them.

- ✓ Earn Perks & Rewards · Pay with Coins

Redeem Rewards Store

AI ENGINE

AI Career Diagnosis

Algorithmic analysis mapping strengths, gaps, and tailored pathways for industry roles.

- ✓ Skill Gap Mapping

Personalized Roadmap

CURRICULUM

Industry-Led Courses

Handcrafted learning modules built directly alongside senior engineering, design, and management leads.

Practical Frameworks

LIVE

Live Classes

Interactive classrooms with live chat, code walk-throughs, and real-time engagement.

Real-time Q&A Support

AUTO-SCAN

AI Resume ATS

Instant ATS optimization scanner ensuring your resume passes screening software effortlessly.

High Parser Score

PRACTICAL

Assignments

Industry-grade project briefs with detailed feedback and grading from experienced mentors.

Code & Work Reviews

WEEKLY

Challenges

Weekly hackathons, coding sprints, and design contests to test your problem-solving skills.

Leaderboard Ranking

NETWORKING

Events

Exclusive expert keynotes, career fairs, and interactive networking workshops.

Free Community Pass

1-ON-1

Live Mentorship

Direct one-on-one video guidance sessions with experienced industry practitioners.

Personalized Growth

TRACKING

Attendance

Class-by-class attendance tracking to ensure disciplined, consistent progression.

Attendance Reports

HIRING

Jobs

Direct hiring pipeline connecting top-performing learners directly with recruiter managers.

Exclusive Placements

FREE ACCESS

Free Books

Curated digital library filled with essential tech, management, and soft-skill books.

Instant Digital Library

ARTICLES

Blog

In-depth technical tutorials, industry trend analysis, and career growth strategies.

Updated Weekly

FREE ACCESS

Free Study Material

Downloadable cheat sheets, interview preparation guides, templates, and revision notes.

One-Click Downloads

06 · COURSE CURRICULUM



What You Will Learn

A carefully sequenced curriculum - every section breaks into modules and hands-on topics taught live by industry experts.

5

SECTIONS

30

MODULES

180

TOPICS

9

PROJECTS

01

SECTION 1

Medical Terminology and Anatomy Foundations

Builds the essential medical language and human anatomy knowledge that every accurate medical coder relies on, progressing from word parts to complex clinical documentation.

6 modules · 36 topics

M1.1 Introduction to Medical Language · 6 topics

Introduces the structure of medical words and the basic building blocks used in clinical documentation.

1 Roots Prefixes and Suffixes

Learn how medical terms are assembled from word roots, prefixes, and suffixes. Practice breaking down unfamiliar terms into meaningful parts.

WORD PARTS

TERM ANALYSIS

VOCABULARY

2 Combining Forms and Word Building

Explore combining vowels and combining forms to construct and decode medical terms. Build terms from definitions and define terms from their parts.

WORD BUILDING

COMBINING FORMS

3 Pronunciation and Spelling Rules

Cover pronunciation conventions and spelling patterns including Greek and Latin origins. Understand how plurals and silent letters affect term recognition.

PRONUNCIATION

SPELLING

PLURALS

4

Common Medical Abbreviations

Review frequently used abbreviations found in charts and physician notes. Identify risky or discouraged abbreviations and learn why they cause errors.

ABBREVIATIONS

PATIENT SAFETY

CHART READING

5

Directional and Positional Terms

Study anatomical position, planes, and directional terms such as proximal, distal, anterior, and posterior. Apply them to describe locations in procedure notes.

ANATOMICAL POSITION

DIRECTIONAL TERMS

6

Using Medical Dictionaries and References

Practice efficient use of medical dictionaries, drug references, and online lookup tools. Develop habits for verifying terms before assigning codes.

REFERENCE TOOLS

RESEARCH

VERIFICATION

M1.2

Body Organization and Integumentary System · 6 topics

Covers how the body is organized from cells to systems and examines skin conditions and related coding vocabulary.

1

Cells Tissues and Organs

Understand the levels of body organization from cells to organ systems. Connect tissue types to common diagnostic terms.

CELL BIOLOGY

TISSUE TYPES

BODY LEVELS

2

Body Cavities and Regions

Identify major body cavities and abdominal regions and quadrants. Use this knowledge to interpret location details in clinical notes.

BODY CAVITIES

REGIONS

LOCALIZATION

3

Skin Structure and Function

Learn the layers of the skin and its accessory structures such as hair, nails, and glands. Review the functions that matter in clinical documentation.

SKIN ANATOMY

DERMATOLOGY BASICS

4

Common Skin Disorders and Lesions

Study terminology for lesions, infections, dermatitis, and inflammatory skin conditions. Practice recognizing descriptive language in dermatology notes.

LESIONS

DERMATOLOGIC TERMS

DOCUMENTATION

5 Burns Wounds and Skin Procedures

Examine burn classifications, wound types, and common procedures such as excisions and repairs. Learn what details affect later code selection.

BURNS

WOUND REPAIR

EXCISION

6 Integumentary Case Reading Workshop

Read sample dermatology and wound care notes and highlight key terms. Summarize each case in plain language to confirm understanding.

CASE REVIEW

NOTE INTERPRETATION

SUMMARIZING

M1.3 Musculoskeletal System Essentials · 6 topics

Explores bones, joints, and muscles along with the terminology used for injuries, diseases, and orthopedic procedures.

1 Bones and the Skeletal Framework

Learn major bones, bone structure, and landmarks. Practice naming bones accurately as they appear in radiology and surgical reports.

SKELETAL ANATOMY

BONE NAMES

LANDMARKS

2 Joints and Articulations

Study joint types, movements, and supporting structures such as ligaments and cartilage. Link joint terms to common diagnoses.

JOINTS

LIGAMENTS

MOVEMENT TERMS

3 Muscles Tendons and Movement

Review major muscle groups and how tendons connect muscle to bone. Understand terms describing muscle actions and strains.

MUSCLE GROUPS

TENDONS

ACTIONS

4 Fractures and Dislocations

Differentiate fracture types, healing stages, and dislocation terminology. Recognize details like open versus closed and displaced versus nondisplaced.

FRACTURE TYPES

INJURY TERMS

DETAIL RECOGNITION

5 Arthritis and Degenerative Conditions

Cover osteoarthritis, rheumatoid arthritis, osteoporosis, and related conditions. Learn the vocabulary used to describe chronic musculoskeletal disease.

ARTHRITIS

CHRONIC CONDITIONS

DIAGNOSIS TERMS

6 Orthopedic Procedures and Terminology

Examine common procedures such as arthroscopy, joint replacement, and fixation. Practice interpreting operative note language.

ORTHOPEDIC SURGERY

OPERATIVE NOTES

PROCEDURE TERMS

M1.4 Cardiovascular and Respiratory Systems · 6 topics

Develops understanding of heart, vessel, and lung anatomy and the diseases and procedures commonly documented for them.

1 Heart Anatomy and Blood Flow

Trace blood flow through the chambers, valves, and major vessels of the heart. Learn the terms used in cardiology reports.

HEART ANATOMY

BLOOD FLOW

CARDIOLOGY TERMS

2 Blood Vessels and Circulation

Distinguish arteries, veins, and capillaries and understand systemic and pulmonary circulation. Review vascular conditions such as aneurysm and varicose veins.

VASCULAR ANATOMY

CIRCULATION

VASCULAR DISEASE

3 Cardiac Diseases and Diagnostics

Study hypertension, coronary artery disease, heart failure, and arrhythmias. Interpret terms from ECGs, echocardiograms, and stress tests.

CARDIAC DISEASE

DIAGNOSTIC TESTS

ECG TERMS

4 Respiratory Anatomy and Breathing Mechanics

Learn the structures of the upper and lower airways and how ventilation and gas exchange work. Connect anatomy to documentation of breathing problems.

AIRWAY ANATOMY

GAS EXCHANGE

VENTILATION

5 Respiratory Conditions and Treatments

Cover asthma, COPD, pneumonia, and respiratory failure along with oxygen therapy and ventilation support. Practice recognizing severity and acuity language.

COPD

PNEUMONIA

RESPIRATORY THERAPY

6

Cardiopulmonary Procedures Review

Review catheterizations, stent placement, bypass surgery, bronchoscopy, and intubation. Match procedure descriptions to the anatomy involved.

CARDIAC PROCEDURES

BRONCHOSCOPY

PROCEDURE MATCHING

M1.5

Digestive Urinary and Reproductive Systems · 6 topics

Examines abdominal and pelvic organ systems with emphasis on disease terminology, diagnostics, and surgical procedures.

1

Digestive Tract Anatomy

Follow the path of food from mouth to anus and identify each organ's role. Learn accessory organs such as the liver, gallbladder, and pancreas.

GI ANATOMY

ACCESSORY ORGANS

DIGESTION

2

Gastrointestinal Disorders and Procedures

Study reflux, ulcers, colitis, hernias, and liver disease along with endoscopy and colectomy. Practice reading GI procedure descriptions.

GI DISEASE

ENDOSCOPY

SURGICAL TERMS

3

Urinary System Anatomy and Disorders

Review kidneys, ureters, bladder, and urethra and conditions such as infections, stones, and kidney failure. Learn related lab and imaging terms.

RENAL ANATOMY

URINARY CONDITIONS

LAB TERMS

4

Male and Female Reproductive Anatomy

Identify structures of the male and female reproductive systems and their functions. Learn the vocabulary used in gynecology and urology notes.

REPRODUCTIVE ANATOMY

GYNECOLOGY

UROLOGY

5

Pregnancy Childbirth and Newborn Terms

Cover prenatal, delivery, and postpartum terminology including trimesters and common complications. Understand basic newborn documentation.

OBSTETRICS

PRENATAL CARE

NEONATAL TERMS

6

Abdominal and Pelvic Case Workshop

Analyze mixed case notes involving digestive, urinary, and reproductive conditions. Identify diagnoses, procedures, and anatomical sites in each record.

CASE ANALYSIS

DIAGNOSIS IDENTIFICATION

DOCUMENTATION REVIEW

M1.6 Nervous Endocrine and Clinical Documentation · 6 topics

Completes the foundation with neurological and hormonal systems and shows how terminology appears in real clinical records.

1 Brain Spinal Cord and Nerves

Learn the divisions of the nervous system and major brain regions. Understand terms for cranial nerves, reflexes, and neural pathways.

NEUROANATOMY

NERVES

BRAIN REGIONS

2 Neurological Disorders and Diagnostics

Study stroke, epilepsy, dementia, and neuropathy along with CT, MRI, and EEG testing. Practice interpreting neurology report language.

STROKE

NEURO DIAGNOSTICS

REPORT READING

3 Endocrine Glands and Hormones

Review major glands, the hormones they produce, and their effects on the body. Connect hormone terms to common clinical findings.

ENDOCRINE GLANDS

HORMONES

PHYSIOLOGY

4 Diabetes and Endocrine Conditions

Cover diabetes types, thyroid disorders, and adrenal conditions with related lab values. Learn documentation details that signal complications.

DIABETES

THYROID DISORDERS

LAB VALUES

5 Anatomy of a Medical Record

Explore the parts of a medical record including history and physical, progress notes, operative reports, and discharge summaries. Learn where coding-relevant details are found.

MEDICAL RECORDS

CLINICAL NOTES

DOCUMENTATION STRUCTURE

6 Terminology Capstone Review

Complete a comprehensive review that combines terminology and anatomy across all systems. Translate full clinical notes into plain language and flag items needing clarification.

COMPREHENSIVE REVIEW

CLINICAL INTERPRETATION

QUERY AWARENESS

02

SECTION 2

ICD-10-CM Diagnosis Coding

Learners master the structure, conventions, and guidelines of ICD-10-CM to assign accurate diagnosis codes across common and complex clinical scenarios.

6 modules · 36 topics

M2.1 ICD-10-CM Fundamentals and Structure · 6 topics

Introduces the purpose, history, and organization of the ICD-10-CM code set.

1 Purpose and History of ICD-10-CM

Explore why diagnosis coding exists and how ICD evolved from ICD-9 to ICD-10-CM. Understand its role in billing, statistics, and public health.

[CODE SET HISTORY](#)[HEALTHCARE CONTEXT](#)**2 Code Structure and Characters**

Break down the three to seven character alphanumeric format of ICD-10-CM codes. Practice identifying categories, subcategories, and extensions.

[CODE ANATOMY](#)[ALPHANUMERIC FORMAT](#)**3 Chapters and Code Ranges**

Survey the 21 chapters of the Tabular List and the body systems or conditions each covers. Learn to predict where a diagnosis will be found.

[CHAPTER NAVIGATION](#)[CODE RANGES](#)**4 Placeholder X and Laterality**

Learn how the placeholder character X and laterality characters function within codes. Apply them to right, left, and bilateral conditions.

[PLACEHOLDER X](#)[LATERALITY](#)**5 Official Code Sets and Updates**

Understand how CMS and NCHS maintain the code set and publish annual updates. Practice locating the current fiscal year files.

[ANNUAL UPDATES](#)[RESOURCE LOCATION](#)

6

Coding Compliance and Ethics Basics

Review the ethical duties of a coder and the risks of upcoding and unbundling. Discuss HIPAA requirements for diagnosis data.

COMPLIANCE

ETHICS

HIPAA

M2.2

Navigating the Alphabetic Index and Tabular List · 6 topics

Builds the core workflow of looking up terms and verifying codes.

1

Index Organization and Main Terms

Learn how the Alphabetic Index is organized by main terms and subterms. Practice selecting the right main term from a diagnostic statement.

MAIN TERMS

INDEX LOOKUP

2

Table of Drugs and Chemicals

Use the Table of Drugs and Chemicals to find poisoning, adverse effect, and underdosing codes. Distinguish each column's meaning.

DRUG TABLE

POISONING CODES

3

Table of Neoplasms

Navigate the Neoplasm Table to select codes by behavior and anatomical site. Understand malignant, in situ, benign, and uncertain behavior.

NEOPLASM TABLE

BEHAVIOR TYPES

4

External Cause Index

Use the External Cause Index to locate codes describing how an injury occurred. Learn when external cause codes add value.

EXTERNAL CAUSES

INJURY CONTEXT

5

Verifying Codes in the Tabular List

Always confirm index selections in the Tabular List by reading instructional notes and code requirements. Practice catching incomplete codes.

CODE VERIFICATION

TABULAR LIST

6

Using Encoders and Lookup Tools

Compare manual lookup with software encoders and computer-assisted coding. Learn the limits of automation and the need for coder judgment.

ENCODERS

CAC TOOLS

M2.3 Conventions and Official Guidelines · 6 topics

Teaches the conventions and rules that govern correct code assignment.

1 Abbreviations Punctuation and Symbols

Interpret NEC, NOS, brackets, parentheses, and colons used throughout the code set. Apply them to real index entries.

NEC AND NOS

PUNCTUATION RULES

2 Excludes1 and Excludes2 Notes

Differentiate the two Excludes note types and when codes may be reported together. Practice resolving conflicts in code selection.

EXCLUDES NOTES

CODE CONFLICTS

3 Includes Inclusion and Exclusion Terms

Understand how Includes notes and inclusion terms expand a category. Use them to confirm the best code fit.

INCLUDES NOTES

INCLUSION TERMS

4 Code First and Use Additional Code

Apply sequencing instructions such as Code first, Use additional code, and Code also. Build correct multi-code combinations.

SEQUENCING NOTES

ETIOLOGY AND MANIFESTATION

5 Unspecified Codes and Specificity

Learn when unspecified codes are acceptable and when documentation should be clarified. Practice coding to the highest level of specificity.

SPECIFICITY

UNSPECIFIED CODES

6 Official Guidelines Section I Walkthrough

Walk through the general coding guidelines in Section I of the Official Guidelines for Coding and Reporting. Link each rule to practical examples.

OFFICIAL GUIDELINES

RULE APPLICATION

M2.4 Chapter-Specific Coding: Common Conditions · 6 topics

Applies coding rules to frequently encountered disease categories.

1 Infectious and Parasitic Diseases

Code common infections including sepsis, HIV, and viral hepatitis using chapter-specific guidelines. Practice sequencing for sepsis cases.

SEPSIS CODING

INFECTIOUS DISEASE

2

Neoplasm Coding Guidelines

Apply guidelines for primary, secondary, and metastatic neoplasms and for history of malignancy. Sequence codes for treatment encounters.

PRIMARY VS SECONDARY

NEOPLASM SEQUENCING

3

Endocrine and Metabolic Disorders

Code diabetes mellitus with its many complications and use additional codes for insulin and drug use. Cover obesity and BMI coding.

DIABETES CODING

BMI CODES

4

Circulatory System Conditions

Code hypertension, heart failure, ischemic heart disease, and myocardial infarction. Apply hypertension combination rules with heart and kidney disease.

HYPERTENSION

CARDIAC CODING

5

Respiratory System Conditions

Code asthma, COPD, pneumonia, and respiratory failure with attention to acuity and cause. Practice using Use additional code notes.

COPD AND ASTHMA

PNEUMONIA

6

Digestive and Genitourinary Conditions

Code common gastrointestinal and urinary conditions such as GERD, hernias, and kidney disease. Apply staging and laterality requirements.

GI CODING

CHRONIC KIDNEY DISEASE

M2.5

Chapter-Specific Coding: Specialized and Complex Cases · 6 topics

Extends coding skills to injuries, obstetrics, mental health, and special situations.

1

Injuries and Seventh Character Extensions

Code fractures, wounds, and burns using seventh characters for initial, subsequent, and sequela encounters. Choose the correct extension for each visit.

SEVENTH CHARACTERS

FRACTURE CODING

2

Poisoning Adverse Effects and Underdosing

Distinguish poisoning from adverse effects and underdosing and sequence each correctly. Use the drug table to support selection.

ADVERSE EFFECTS

POISONING SEQUENCING

3

Pregnancy Childbirth and the Puerperium

Apply obstetric guidelines including trimester assignment and the priority of Chapter 15 codes. Code common complications and delivery encounters.

OBSTETRIC CODING

TRIMESTERS

4

Mental Behavioral and Substance Use Disorders

Code depression, anxiety, and substance use disorders with attention to severity and remission. Apply documentation requirements for specificity.

BEHAVIORAL HEALTH

SUBSTANCE USE CODING

5

Congenital Conditions and Perinatal Codes

Code congenital anomalies and conditions originating in the perinatal period. Understand when these codes may be used across a patient's lifetime.

CONGENITAL CODES

PERINATAL PERIOD

6

Symptoms Signs and Ill-Defined Conditions

Know when symptom codes are appropriate versus a confirmed diagnosis. Apply outpatient rules for uncertain diagnoses.

SYMPTOM CODES

UNCERTAIN DIAGNOSES

M2.6

Z Codes External Causes and Applied Practice · 6 topics

Covers supplementary code chapters and applies all skills to realistic coding scenarios.

1

Z Codes for Health Status and Encounters

Use Z codes for screenings, vaccinations, history, and status encounters. Learn which Z codes may be principal or secondary.

Z CODES

ENCOUNTER REASONS

2

Social Determinants of Health Coding

Report social determinants such as housing, food insecurity, and employment issues using Z55 to Z65 codes.

Understand documentation sources allowed for these codes.

SDOH

Z55 TO Z65

3

External Cause Place and Activity Codes

Assign external cause, place of occurrence, activity, and status codes to injury encounters. Apply sequencing and reporting rules.

EXTERNAL CAUSE CODING

PLACE OF OCCURRENCE

4

Outpatient vs Inpatient Diagnosis Reporting

Compare principal diagnosis selection in inpatient settings with first-listed diagnosis in outpatient settings. Apply the uncertain diagnosis rule for each.

PRINCIPAL DIAGNOSIS

SETTING DIFFERENCES

5

Documentation Review and Provider Queries

Evaluate clinical documentation for gaps and write compliant provider queries. Practice phrasing non-leading questions.

CLINICAL DOCUMENTATION

QUERY WRITING

6

Case Study Coding Lab

Code a set of realistic multi-diagnosis charts from start to finish and defend code choices. Review errors and refine accuracy and speed.

CASE CODING

ACCURACY REVIEW

AUDIT READINESS

03

SECTION 3

CPT and HCPCS Procedure Coding

Learners build the skills to select accurate CPT and HCPCS Level II codes, apply modifiers and guidelines, and defend code choices against payer scrutiny.

6 modules · 36 topics

M3.1

CPT Fundamentals and Code Set Structure · 6 topics

Introduces the purpose, organization, and conventions of the CPT code set.

1

Purpose and History of CPT

Explore how CPT was developed, who maintains it, and why it is the standard for reporting procedures. Understand its role in billing and reimbursement.

CPT OVERVIEW

AMA ROLE

BILLING BASICS

2

CPT Categories I II and III

Distinguish between the three CPT categories and when each is used. Practice identifying code formats for each category.

CODE CATEGORIES

TRACKING CODES

EMERGING TECHNOLOGY

3 Navigating the CPT Manual

Learn the layout of the CPT book including sections, subsections, and appendices. Practice locating codes quickly.

[MANUAL NAVIGATION](#)
[APPENDICES](#)
[CODE LOOKUP](#)

4 Using the Alphabetic Index

Master main terms, modifying terms, and code ranges in the index. Learn to verify index results in the tabular section.

[INDEX SEARCHING](#)
[VERIFICATION](#)
[MAIN TERMS](#)

5 CPT Symbols and Conventions

Interpret symbols such as the bullet, triangle, plus sign, and lightning bolt. Understand semicolons and parenthetical notes.

[SYMBOLS](#)
[CONVENTIONS](#)
[PARENTHETICAL NOTES](#)

6 Annual Updates and Code Maintenance

Track yearly CPT changes including new, revised, and deleted codes. Build a process for keeping coding references current.

[ANNUAL UPDATES](#)
[COMPLIANCE](#)
[REFERENCE MANAGEMENT](#)

M3.2 Evaluation and Management Coding · 6 topics

Covers selection of E/M codes based on current documentation and decision-making guidelines.

1 E/M Categories and Settings

Review office, hospital, emergency, and consultation code families. Match encounter types to the correct category.

[E/M FAMILIES](#)
[PLACE OF SERVICE](#)
[CODE SELECTION](#)

2 New vs Established Patients

Apply the three-year rule and professional service definitions. Resolve common patient status scenarios.

[PATIENT STATUS](#)
[THREE-YEAR RULE](#)
[SCENARIO ANALYSIS](#)

3 Medical Decision Making

Score problems addressed, data reviewed, and risk of management. Determine the MDM level from documentation.

[MDM SCORING](#)
[RISK ASSESSMENT](#)
[DOCUMENTATION REVIEW](#)

4 Time-Based E/M Coding

Learn when total time on the date of the encounter determines the level. Understand what activities count toward time.

[TOTAL TIME](#)
[TIME THRESHOLDS](#)
[ACTIVITY RULES](#)

5 Prolonged and Add-On Services

Apply add-on codes for prolonged services and other supplemental work. Learn the rules for reporting them correctly.

[ADD-ON CODES](#)
[PROLONGED SERVICES](#)
[REPORTING RULES](#)

6 E/M Audit Practice

Audit sample notes to confirm the level of service billed. Identify undercoding and overcoding patterns.

[AUDITING](#)
[OVERCODING](#)
[UNDERCODING](#)

M3.3 Surgery Section Coding · 6 topics

Focuses on coding procedures across surgical body systems using CPT guidelines.

1 Surgical Package and Global Periods

Understand what is included in a surgical package and how 0, 10, and 90 day global periods work. Identify separately billable services.

[GLOBAL PERIOD](#)
[SURGICAL PACKAGE](#)
[BILLING RULES](#)

2 Integumentary System Procedures

Code lesion excisions, repairs, debridement, and biopsies. Measure and document wound length and lesion size correctly.

[EXCISIONS](#)
[WOUND REPAIR](#)
[LESION MEASUREMENT](#)

3 Musculoskeletal Procedures

Code fracture care, arthroscopy, and joint procedures. Distinguish open, closed, and percutaneous treatment.

[FRACTURE CARE](#)
[ARTHROSCOPY](#)
[TREATMENT TYPES](#)

4 Cardiovascular Procedures

Work through catheterizations, stent placement, and vascular access coding. Apply family-of-codes logic.

[CATHETERIZATION](#)
[STENTS](#)
[VASCULAR CODING](#)

5 Digestive and Urinary Procedures

Code endoscopies, hernia repairs, and urologic procedures. Apply the rule of coding to the deepest extent reached.

[ENDOSCOPY](#)
[HERNIA REPAIR](#)
[UROLOGY](#)

6 Operative Report Abstraction

Read operative reports and extract the details needed for code selection. Practice coding full surgical cases.

[REPORT ABSTRACTION](#)
[CASE CODING](#)
[CRITICAL READING](#)

M3.4 Anesthesia Radiology Pathology and Medicine Coding · 6 topics

Addresses the remaining CPT sections and their unique reporting rules.

1 Anesthesia Coding Basics

Learn anesthesia code structure, base units, and physical status modifiers. Understand how anesthesia time is reported.

[BASE UNITS](#)
[ANESTHESIA TIME](#)
[PHYSICAL STATUS](#)

2 Anesthesia Add-Ons and Qualifying Circumstances

Apply qualifying circumstance codes and add-ons for complex cases. Practice calculating anesthesia payment elements.

[QUALIFYING CIRCUMSTANCES](#)
[ADD-ON CODES](#)
[PAYMENT CALCULATION](#)

3 Radiology Coding and Components

Code diagnostic imaging, interventional radiology, and nuclear medicine. Separate professional and technical components.

[IMAGING CODES](#)
[PROFESSIONAL COMPONENT](#)
[TECHNICAL COMPONENT](#)

4 Pathology and Laboratory Coding

Code lab panels, individual tests, and pathology services. Avoid unbundling of organ and disease panels.

[LAB PANELS](#)
[UNBUNDLING](#)
[PATHOLOGY](#)

5 Medicine Section Services

Code immunizations, therapeutic injections, cardiology diagnostics, and physical medicine. Apply administration and product code pairings.

[IMMUNIZATIONS](#)
[INJECTIONS](#)
[DIAGNOSTICS](#)

6 Telehealth and Remote Monitoring Codes

Report virtual visits and remote patient monitoring services. Review payer rules for modifiers and place of service.

[TELEHEALTH](#)
[REMOTE MONITORING](#)
[PLACE OF SERVICE](#)

M3.5 HCPCS Level II Coding · 6 topics

Teaches how to select and report supplies, drugs, and services using HCPCS Level II codes.

1 HCPCS Structure and Purpose

Understand the alphanumeric format and the role of CMS in maintaining Level II codes. Compare HCPCS with CPT.

[HCPCS OVERVIEW](#)
[CODE FORMAT](#)
[CMS ROLE](#)

2

Durable Medical Equipment Coding

Code wheelchairs, oxygen equipment, and prosthetics. Apply rental versus purchase indicators.

DME

RENTAL INDICATORS

PROSTHETICS

3

Drugs and J Codes

Select J codes for injectable and infused drugs. Calculate billing units from dosage and package size.

J CODES

BILLING UNITS

DRUG DOSAGE

4

Supplies Transport and Temporary Codes

Report ambulance services, medical supplies, and temporary G, K, and Q codes. Recognize when temporary codes apply.

AMBULANCE CODES

SUPPLIES

TEMPORARY CODES

5

HCPCS Modifiers

Apply Level II modifiers for laterality, anatomical sites, and drug waste. Combine them with CPT modifiers correctly.

LEVEL II MODIFIERS

LATERALITY

DRUG WASTE

6

Medicare Coverage and Fee Schedules

Use national and local coverage determinations along with fee schedules. Check coverage before submitting claims.

NCD AND LCD

FEE SCHEDULES

COVERAGE CHECKS

M3.6

Modifiers Compliance and Claim Accuracy · 6 topics

Brings together modifier use, code edits, and compliance practices for clean claims.

1

Core CPT Modifiers

Apply commonly used modifiers such as 25, 59, 50, and 76. Understand the documentation that supports each one.

MODIFIER 25

MODIFIER 59

DOCUMENTATION SUPPORT

2

Multiple Procedure and Reduced Service Modifiers

Report multiple procedures and reduced or discontinued services. Determine payment impact of each modifier.

MODIFIER 51

REDUCED SERVICES

PAYMENT IMPACT

3

NCCI Edits and Bundling Rules

Use National Correct Coding Initiative edits to detect bundled codes. Resolve edit conflicts appropriately.

NCCI EDITS

BUNDLING

EDIT RESOLUTION

4

Medical Necessity and Linking Diagnoses

Link ICD-10-CM codes to procedures to support medical necessity. Review payer policies that affect approval.

MEDICAL NECESSITY

CODE LINKING

PAYER POLICY

5

Compliance Audits and Denial Management

Analyze denial reasons and prepare appeals with supporting documentation. Learn the basics of compliance auditing.

DENIALS

APPEALS

COMPLIANCE

6

Capstone Procedure Coding Lab

Code a mixed set of real-style cases using CPT and HCPCS with modifiers. Present and defend code choices in a peer review.

CASE CODING

PEER REVIEW

CODE DEFENSE

04

SECTION 4

Revenue Cycle, Claims and Denial Management

Learners connect coded data to the full healthcare revenue cycle, from patient registration through claim submission, payment posting, denial resolution and compliance.

6 modules · 36 topics

M4.1

Revenue Cycle Fundamentals · 6 topics

Introduces the stages of the healthcare revenue cycle and the role of coding within it.

1

Overview of the Revenue Cycle

Walk through every stage from scheduling to final payment and see where coders add value. Learners map a patient encounter to its financial journey.

REVENUE CYCLE

WORKFLOW MAPPING

HEALTHCARE FINANCE

2

Patient Registration and Demographics

Examine how accurate demographic capture prevents downstream claim rejections. Practice spotting common registration errors.

REGISTRATION

DATA ACCURACY

ERROR SPOTTING

3 Insurance Verification and Eligibility

Learn how to confirm coverage, benefits, copays and deductibles before services are rendered. Practice using eligibility response data.

[ELIGIBILITY CHECKS](#)
[BENEFITS](#)
[DEDUCTIBLES](#)

4 Prior Authorization and Referrals

Understand when authorizations and referrals are required and how missing ones cause denials. Learners build an authorization tracking checklist.

[PRIOR AUTHORIZATION](#)
[REFERRALS](#)
[TRACKING](#)

5 Charge Capture and Charge Description Master

Explore how services become billable charges and how the chargemaster links to codes. Identify missed charges and mismatches.

[CHARGE CAPTURE](#)
[CHARGEMASTER](#)
[BILLING ACCURACY](#)

6 Coding and Billing Roles and Handoffs

Clarify responsibilities among coders, billers, auditors and front-office staff. Practice clean handoffs that reduce rework.

[TEAM ROLES](#)
[HANDOFFS](#)
[COMMUNICATION](#)

M4.2 Payers and Reimbursement Models · 6 topics

Covers the types of payers and the methods used to determine payment for services.

1 Government Payers: Medicare and Medicaid

Compare coverage rules, enrollment and billing requirements of major government programs. Review key differences in Medicare Parts A, B, C and D.

[MEDICARE](#)
[MEDICAID](#)
[PAYER RULES](#)

2 Commercial Payers and Managed Care

Study HMO, PPO and EPO structures and how networks affect billing. Learners compare in-network and out-of-network outcomes.

[HMO AND PPO](#)
[NETWORKS](#)
[MANAGED CARE](#)

3 Fee-for-Service and Fee Schedules

Learn how allowed amounts are set and how contractual adjustments are calculated. Practice computing expected reimbursement.

[FEE SCHEDULES](#)
[ALLOWED AMOUNT](#)
[ADJUSTMENTS](#)

4

Prospective Payment Systems and DRGs

Understand inpatient payment through MS-DRGs and outpatient payment through APCs. See how code selection shifts payment groups.

MS-DRG

APC

CASE MIX

5

Value-Based Care and Risk Adjustment

Explore quality programs and HCC risk adjustment and why diagnosis specificity matters. Review how documentation drives risk scores.

HCC

RISK ADJUSTMENT

QUALITY MEASURES

6

Coordination of Benefits and Secondary Billing

Determine primary and secondary payers and bill them in the correct order. Practice handling crossover claims.

COORDINATION OF BENEFITS

SECONDARY CLAIMS

PAYER ORDER

M4.3

Claim Forms and Electronic Submission · 6 topics

Teaches how to build, check and transmit accurate claims in standard formats.

1

CMS-1500 Claim Form Walkthrough

Break down each field of the professional claim form and its coding requirements. Learners complete a form from a sample encounter.

CMS-1500

FORM FIELDS

PROFESSIONAL BILLING

2

UB-04 Claim Form and Facility Billing

Learn the institutional claim layout including revenue codes, type of bill and occurrence codes. Practice reading a facility claim.

UB-04

REVENUE CODES

FACILITY BILLING

3

HIPAA 837 Electronic Transactions

Understand the structure of the 837P and 837I electronic claim files. Review loops and segments at a practical level.

837P AND 837I

EDI BASICS

HIPAA STANDARDS

4

Clearinghouses and Claim Scrubbing

See how clearinghouses edit claims before they reach payers. Learners interpret scrubber alerts and correct them.

CLEARINGHOUSE

CLAIM SCRUBBING

EDITS

5 Modifiers and Place of Service on Claims

Apply modifiers and place of service codes correctly at claim level. Study how errors alter payment.

MODIFIERS

PLACE OF SERVICE

CLAIM ACCURACY

6 Timely Filing and Claim Status Tracking

Learn filing deadlines by payer and how to monitor claims through status inquiries. Build a follow-up calendar.

TIMELY FILING

CLAIM STATUS

FOLLOW-UP

M4.4 Payment Posting and Accounts Receivable · 6 topics

Focuses on interpreting payments and managing outstanding balances.

1 Reading Explanation of Benefits and Remittance Advice

Decode EOB and ERA documents including adjustment and remark codes. Practice matching payments to claim lines.

EOB

ERA

REMARK CODES

2 CARC and RARC Codes

Study claim adjustment reason codes and remittance advice remark codes and what each implies for action. Learners categorize codes by next step.

CARC

RARC

ADJUSTMENT ANALYSIS

3 Payment Posting and Reconciliation

Post payments, adjustments and patient responsibility accurately and reconcile deposits. Identify posting errors.

PAYMENT POSTING

RECONCILIATION

ACCURACY

4 Patient Responsibility and Statements

Handle copays, coinsurance and deductibles through clear patient billing. Explore payment plans and communication etiquette.

PATIENT BILLING

COLLECTIONS ETIQUETTE

STATEMENTS

5 Accounts Receivable Aging Analysis

Read aging reports and prioritize accounts by age and value. Practice setting follow-up priorities.

AR AGING

PRIORITIZATION

REPORTING

6 Credit Balances Refunds and Write-Offs

Resolve overpayments and apply write-off policies correctly. Review refund requirements and documentation.

CREDIT BALANCES

REFUNDS

WRITE-OFFS

M4.5 Denial Management and Appeals · 6 topics

Builds practical skills to analyze, resolve and prevent claim denials.

1 Types and Causes of Denials

Distinguish rejections from denials and soft from hard denials. Identify the most frequent root causes.

DENIAL TYPES

ROOT CAUSE

REJECTIONS

2 Coding Related Denials

Resolve denials from medical necessity mismatches, bundling and invalid code combinations. Practice correcting and resubmitting claims.

MEDICAL NECESSITY

NCCI EDITS

CORRECTED CLAIMS

3 Writing Effective Appeal Letters

Structure appeals with clinical evidence, policy references and clear requests. Learners draft a complete appeal.

APPEALS

BUSINESS WRITING

EVIDENCE

4 Appeal Levels and Deadlines

Navigate first level, second level and external review processes with payer timelines. Build an appeals tracker.

APPEAL LEVELS

DEADLINES

TRACKING

5 Denial Analytics and Trend Reporting

Use denial rates and reason data to find patterns and recommend fixes. Practice building simple dashboards.

DENIAL RATE

ANALYTICS

DASHBOARDS

6 Denial Prevention Strategies

Design front-end and coding-level controls that reduce repeat denials. Develop a prevention plan for a sample practice.

PREVENTION

PROCESS IMPROVEMENT

QUALITY CONTROL

M4.6 Compliance, Audits and Revenue Integrity · 6 topics

Addresses regulatory requirements, auditing and ethical billing practices.

1 HIPAA Privacy and Security for Coders

Apply privacy and security rules to everyday coding and billing work. Review minimum necessary and safe handling of PHI.

HIPAA

PHI

DATA SECURITY

2

Fraud Waste and Abuse

Recognize upcoding, unbundling and false claims and their legal consequences. Review the False Claims Act and OIG guidance.

FRAUD DETECTION

FALSE CLAIMS ACT

OIG

3

Medical Necessity and LCD NCD Policies

Use local and national coverage determinations to support billed services. Practice checking policy before submission.

LCD AND NCD

MEDICAL NECESSITY

POLICY RESEARCH

4

Internal Coding Audits

Plan and conduct sample-based audits and calculate accuracy rates. Learners score a set of coded charts.

CODING AUDIT

ACCURACY RATE

SAMPLING

5

External Audits RAC and Payer Reviews

Understand RAC, MAC and payer audit processes and how to respond to records requests. Prepare documentation packages.

RAC AUDITS

RECORDS REQUESTS

RESPONSE PLANNING

6

Compliance Programs and Professional Ethics

Review elements of an effective compliance program and the AAPC and AHIMA codes of ethics. Discuss real-world ethical dilemmas.

COMPLIANCE PROGRAM

ETHICS

PROFESSIONAL CONDUCT

05

SECTION 5

Auditing, Compliance and Certification Preparation

Learners master coding audits, regulatory compliance, risk management and exam strategies to become certification-ready and audit-capable professionals.

6 modules · 36 topics

M5.1

Fundamentals of Medical Coding Audits · 6 topics

Introduces the purpose, types and methods of coding audits used by healthcare organizations and payers.

1

Purpose and Types of Coding Audits

Explore why audits exist and compare prospective, retrospective, internal and external audits. Learn where each type fits in the revenue cycle.

AUDIT TYPES

PROCESS AWARENESS

QUALITY CONTROL

2

Audit Planning and Scope Definition

Learn to define audit objectives, select record types and set review periods. Practice building a simple audit work plan.

AUDIT PLANNING

SCOPING

DOCUMENTATION

3

Sampling Methods and Sample Size

Understand random, stratified and targeted sampling approaches. Calculate sample sizes for provider and facility audits.

SAMPLING

BASIC STATISTICS

DATA SELECTION

4

Chart Review Techniques

Walk through systematic methods for reviewing clinical records against assigned codes. Apply checklists to sample charts.

CHART REVIEW

ATTENTION TO DETAIL

CHECKLISTS

5

Accuracy Rates and Error Categorization

Learn to calculate coding accuracy percentages and classify errors such as overcoding, undercoding and missed codes. Interpret benchmarks used in industry.

ACCURACY METRICS

ERROR ANALYSIS

BENCHMARKING

6

Audit Tools and Software

Survey encoder and audit platforms and spreadsheet templates used to track findings. Practice logging audit results in a standard tool.

AUDIT SOFTWARE

EXCEL TRACKING

DATA LOGGING

M5.2

Documentation Integrity and Clinical Validation · 6 topics

Focuses on the link between clinical documentation quality and defensible code assignment.

1

Documentation Requirements for Code Support

Identify what makes documentation sufficient to support diagnoses and procedures. Review examples of strong and weak notes.

DOCUMENTATION STANDARDS

CODE SUPPORT

CRITICAL READING

2

Clinical Validation of Diagnoses

Learn how to question whether a documented diagnosis is clinically supported by indicators. Practice with common cases such as sepsis and malnutrition.

CLINICAL VALIDATION

CRITICAL THINKING

DIAGNOSIS REVIEW

3

Physician Query Practices

Write compliant, non-leading queries that clarify unclear documentation. Study ACDIS and AHIMA query guidelines.

QUERY WRITING

COMPLIANCE

COMMUNICATION

4

E/M Documentation Auditing

Audit evaluation and management services using medical decision making and time criteria. Spot common level selection errors.

E/M AUDITING

MDM SCORING

LEVEL VALIDATION

5

Copy-Paste, Templates and EHR Risks

Examine cloned notes and template overuse and how they create audit exposure. Learn red flags for auditors.

EHR RISK

CLONING DETECTION

RISK SPOTTING

6

Provider Education and Feedback

Learn to present audit findings to clinicians constructively. Practice building short education sessions and feedback summaries.

PROVIDER EDUCATION

FEEDBACK DELIVERY

PRESENTATION

M5.3

Healthcare Compliance and Regulations · 6 topics

Covers the laws, rules and programs that govern ethical coding and billing.

1

HIPAA Privacy and Security for Coders

Review protected health information rules and the minimum necessary standard. Apply them to daily coding and remote work scenarios.

HIPAA

PHI PROTECTION

PRIVACY

2

False Claims Act and Fraud Statutes

Understand the False Claims Act, Anti-Kickback Statute and Stark Law. Discuss real enforcement cases involving coding.

FRAUD LAWS

LEGAL AWARENESS

CASE ANALYSIS

3

Fraud, Waste and Abuse Identification

Differentiate fraud, waste and abuse and recognize common billing patterns that trigger concern. Practice reporting pathways.

FWA DETECTION

PATTERN RECOGNITION

REPORTING

4 **OIG Work Plan and Compliance Program Elements**

Study the seven elements of an effective compliance program and how the OIG Work Plan guides focus areas.

[OIG GUIDANCE](#)
[COMPLIANCE PROGRAMS](#)
[POLICY REVIEW](#)

5 **Medicare and Medicaid Audit Programs**

Learn how RAC, MAC, CERT and UPIC programs operate. Understand the appeal process after adverse findings.

[RAC AUDITS](#)
[PAYER AUDITS](#)
[APPEALS](#)

6 **Ethical Standards and Professional Conduct**

Review AAPC and AHIMA codes of ethics and apply them to dilemmas such as pressure to upcode.

[ETHICS](#)
[PROFESSIONAL CONDUCT](#)
[DECISION MAKING](#)

M5.4 **Risk Adjustment and Specialty Auditing** · 6 topics

Builds advanced auditing skills in risk-based payment models and specialty settings.

1 **HCC and Risk Adjustment Fundamentals**

Learn how hierarchical condition categories drive Medicare Advantage payments. Understand RAF scores and their dependence on accurate diagnosis coding.

[HCC CODING](#)
[RAF SCORES](#)
[RISK ADJUSTMENT](#)

2 **RADV Audits and Documentation Defense**

Study risk adjustment data validation audits and how records must support submitted HCCs. Practice validating chronic conditions.

[RADV](#)
[VALIDATION](#)
[CHRONIC CONDITIONS](#)

3 **Inpatient DRG Validation**

Audit MS-DRG assignment including principal diagnosis selection and CC or MCC capture. Identify common DRG shift causes.

[DRG VALIDATION](#)
[INPATIENT CODING](#)
[MCC CC REVIEW](#)

4 **Outpatient and APC Auditing**

Review outpatient claims for correct modifiers, status indicators and bundling edits. Practice with facility examples.

[APC](#)
[MODIFIERS](#)
[OUTPATIENT AUDIT](#)

5 **Surgical and Procedural Coding Audits**

Audit operative reports for CPT accuracy, global periods and NCCI edits. Spot unbundling and missed modifiers.

[NCCI EDITS](#)
[SURGICAL CODING](#)
[UNBUNDLING](#)

6 Radiology, Pathology and Emergency Department Audits

Apply audit techniques to high-volume specialties with unique rules. Compare professional and technical component issues.

SPECIALTY AUDITS

GLOBAL COMPONENTS

ED CODING

M5.5 Corrective Action and Quality Improvement · 6 topics

Teaches how to turn audit results into measurable improvement and sustained compliance.

1 Root Cause Analysis of Coding Errors

Use structured methods to trace errors to documentation, education or system causes. Build a simple fishbone diagram.

ROOT CAUSE ANALYSIS

PROBLEM SOLVING

PROCESS MAPPING

2 Corrective Action Plans

Draft corrective action plans with owners, deadlines and success measures. Learn how to follow up on progress.

ACTION PLANNING

ACCOUNTABILITY

FOLLOW-UP

3 Overpayments and the 60-Day Rule

Understand obligations to report and refund overpayments. Walk through the steps from discovery to repayment.

OVERPAYMENTS

REFUNDS

REGULATORY TIMELINES

4 Audit Reporting and Dashboards

Create clear audit reports and trend dashboards for leaders. Practice summarizing findings with visuals.

REPORTING

DATA VISUALIZATION

EXECUTIVE SUMMARIES

5 Coding Education and Continuous Monitoring

Design ongoing education and monitoring cycles to keep error rates low. Explore peer review and coder scorecards.

TRAINING DESIGN

MONITORING

CODER PERFORMANCE

6 Annual Code Updates and Policy Maintenance

Learn how to track yearly ICD-10-CM, CPT and HCPCS changes and update internal policies. Build an update checklist.

CODE UPDATES

POLICY MANAGEMENT

CHANGE TRACKING

M5.6 Certification Exam Preparation and Career Launch · 6 topics

Prepares learners to pass major coding credentials and enter the job market confidently.

1 Certification Pathways: CPC, CCS and CCA

Compare AAPC and AHIMA credentials, eligibility and exam formats. Choose a path that fits career goals.

CREDENTIAL SELECTION

CAREER PLANNING

EXAM OVERVIEW

2

Exam Strategy and Guideline Navigation

Learn how to use code books efficiently, tab key sections and manage time. Practice quick guideline lookups.

TIME MANAGEMENT

CODE BOOK USE

TEST STRATEGY

3

Practice Exam: Diagnosis and Procedure Coding

Complete a timed practice section covering ICD-10-CM and CPT questions. Review answers with rationales.

PRACTICE TESTING

CODE ASSIGNMENT

RATIONALE REVIEW

4

Practice Exam: Compliance, Terminology and Anatomy

Complete a timed section on regulations, medical terminology and anatomy. Identify weak areas for targeted review.

KNOWLEDGE REVIEW

GAP ANALYSIS

EXAM READINESS

5

Capstone Audit Case Study

Perform a full mock audit on a set of charts, calculate accuracy, and present findings and recommendations.

CAPSTONE

AUDIT EXECUTION

PRESENTATION

6

Resume, Interview and Job Search Preparation

Build a coding-focused resume and practice interview questions. Explore remote roles, apprenticeships and growth paths in auditing.

RESUME BUILDING

INTERVIEW SKILLS

CAREER GROWTH

07 · SMES



Meet Our SME Board Members

Expert professionals guiding your journey through real-world industry knowledge and practical experience.

Our SME board for this course will be announced soon.

08 · TOOLS AND TECHNIQUES



Key Tools and Techniques

Master industry-standard methodologies used by top-tier professionals, gaining practical exposure to tools, frameworks, and strategies for results.

INDUSTRY STANDARD

01

ICD-10-CM Code Book

The official diagnosis classification system used to code conditions and diseases accurately.

CORE REFERENCE

02

CPT Code Set

The AMA procedure code set used to report medical, surgical and diagnostic services.

BILLING ESSENTIAL

03

HCPCS Level II

A code set for supplies, equipment, drugs and services not covered by CPT.

PRODUCTIVITY

04

Encoder Software

Practice with code lookup and encoder tools that speed up code search and validate selections.

CLAIMS STANDARD

05

CMS-1500 Claim Form

The standard claim format for professional billing used to submit services to payers.

HANDS-ON

06

Medical Billing Practice Software

Simulated practice management tools for charge entry, claim creation and payment posting.

DATA TRACKING

07

Microsoft Excel

Used to track coding accuracy, build lookup sheets and analyze denial trends.

KEY TECHNIQUE

08

Clinical Documentation Review

A technique for reading physician notes to extract codable diagnoses and procedures.

COMPLIANCE

09

HIPAA Compliance Checklist

A practical framework for protecting patient data and following privacy rules in coding work.

Many More Tools Integrated in Curriculum

09 · COURSE PROJECTS



Projects You Will Work On

Build a strong portfolio by working on industry-relevant projects that simulate real job scenarios, helping you gain confidence and career-ready skills.

INDUSTRY-LED PROJECT

01

Medical Terminology Glossary Builder

Build a searchable glossary of prefixes, suffixes and root words grouped by body system. Use it to decode real clinical notes and report phrases.

Duration: 6-10 hours

INDUSTRY-LED PROJECT

02

Anatomy System Coding Map

Create a visual map linking each body system to common diagnoses and procedures. Annotate it with the relevant code ranges for quick reference.

Duration: 6-10 hours

INDUSTRY-LED PROJECT

03

ICD-10-CM Outpatient Chart Coding

Assign diagnosis codes to a set of anonymized outpatient charts following official guidelines. Document your code selection rationale for each case.

Duration: 8-12 hours

INDUSTRY-LED PROJECT

04

E/M Level Assignment Exercise

Review physician visit notes and assign the correct evaluation and management level using history, exam and medical decision making. Compare results with mentor answer keys.

Duration: 6-10 hours

INDUSTRY-LED PROJECT

05

Surgical Procedure CPT Coding Set

Code a series of surgical operative reports with CPT codes and appropriate modifiers. Explain bundling and unbundling decisions in a short note.

Duration: 8-12 hours

INDUSTRY-LED PROJECT

06

HCPCS Supplies and Drugs Coding Sheet

Identify and code durable medical equipment, supplies and injectable drugs using HCPCS Level II. Build a quick lookup spreadsheet for common items.

Duration: 6-10 hours

INDUSTRY-LED PROJECT

07

Claim Form Preparation Simulation

Fill out CMS-1500 style claims from patient encounters including demographics, codes and charges. Validate each claim for completeness before simulated submission.

Duration: 8-12 hours

INDUSTRY-LED PROJECT

08

Denial Analysis and Appeal Report

Analyze a sample set of denied claims and classify the root causes. Draft corrective actions and appeal letters for the most common denial types.

Duration: 8-12 hours

INDUSTRY-LED PROJECT

09

Coding Audit and Compliance Review

Audit a batch of previously coded charts to measure accuracy and identify errors. Present findings with a HIPAA-aware compliance checklist and improvement plan.

Duration: 8-12 hours



10 · COURSE ENROLLMENT

Medical Coding

Learn ICD-10-CM, CPT and HCPCS coding from basics to advanced through live mentor-led classes, real medical charts and audit practice to become a job-ready medical coder for hospitals and billing firms.

Starts	To be announced	Enrolment closes	Batch details soon
Duration	4 Months	Timings	To be announced
Batch	Batch details updating soon	Batch status	Batch open · Batch dates announced soon

Your plan

One-time fee · inclusive of GST

Plan 1

Course + Live Work Experience

Build real projects and earn a live work experience certificate.

₹6,999~~₹30,000~~ · 77% OFF

Live classes & completion certificate	✓ Included
---------------------------------------	------------

Live projects	✓ Included
---------------	------------

Live work experience certificate	✓ Included
----------------------------------	------------

8C appraisal report	✓ Included
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SME AI (Insyrio)	✓ Included
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Live chat with SME	✗ Not included
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Placement assistance	✗ Not included
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Plan perks	15% off across Intern Stump - coins, self-paced courses, masterclasses, mock interviews 20% off membership plans
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Also included

- Live classes with industry SMEs
- Course completion certificate
- Live projects reviewed by your SME

Good to know

Completion certificate

Verifiable ID - a sample certificate can be previewed on the course page.

8C Appraisal System

How the eight Cs work - see the 8C Appraisal section of this brochure.

Part-pay with iSure Coins

Use your coin balance at checkout.

Need help choosing?

See the FAQs or book a free demo.

11 · 8C APPRAISAL



World's First Ed-Tech with 8C Appraisal

Verified 8C Appraisal Certificate: every candidate receives an official corporate readiness report shared directly with hiring partners upon course completion.

The 8C Appraisal is a proprietary evaluation matrix measuring holistic performance across 8 career pillars for authentic proof-of-work:

Communication

Configuration

Chronicle

Completeness

Cognizance

Conception

Comprehension

Case Study



Frequently Asked Questions

Find answers to common questions about our learning tracks, placement assistance, and 8C evaluation model, or connect directly with an academic consultant.

Q1 Who can join the Medical Coding course?

Life science, pharmacy, nursing and allied health students, freshers and working professionals can join. No prior coding experience is needed because the course starts from the basics.

Q2 What is the duration of the course?

The course runs for 4 Months with live mentor-led sessions, assignments and regular practice charts so you build skills step by step.

Q3 What is the course fee?

The current fee is ₹6,999, reduced from ₹30,000, which gives you a 77% discount. Check the page for the latest offers.

Q4 When does the next batch start?

The upcoming batch is the next batch and starts on soon. Sessions are held at to be announced.

Q5 Will I get hands-on practice?

Yes. You will work on nine practical projects including chart coding, claim preparation, denial analysis and audits using realistic anonymized records.

Q6 Does the course prepare me for certification exams?

Yes. The final module covers exam strategy, guideline navigation and timed practice to help you prepare for recognized coding certifications. Exam fees are paid separately to the certifying body.

Q7 What job roles can I apply for after the course?

You can apply for roles such as medical coder, billing executive, coding auditor trainee, claims analyst and revenue cycle associate in hospitals, billing companies and healthcare BPOs.

Q8 Do you provide placement support?

Yes. Emerging track learners get resume building, mock interviews and job guidance from mentors. Placement support improves your chances but does not guarantee a job.

Ready to take the next step?

Medical Coding · Live Course



Scan to view details & enrol

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info@internstump.com



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