



National Guidelines for Apprenticeship Standards
Medical Coder



District 1199C Training & Upgrading Fund
One South Broad Street, 6th Floor, Philadelphia, PA 19107
Tel: 215-568-2220
www.1199ctraining.org

©1199C Training and Upgrading Fund 2024. All rights reserved.

Medical Coder

Job Description:

Compile, process, and maintain medical records of hospital and clinic patients in a manner consistent with medical, administrative, ethical, legal, and regulatory requirements of the healthcare system. Classify medical and healthcare concepts, including diagnosis, procedures, medical services, and equipment, into the healthcare industry’s numerical coding system.

Appendix A-1: Work Process Schedule

O*NET-SOC CODE: 29-2072.00 RAPIDS CODE: 1114HY

1. Perform clerical work in medical settings.	Approximate Hours
A. Release information to persons or agencies according to regulations.	75 - 100
B. Retrieve patient medical records for physicians, technicians, or other medical personnel.	125 - 150
C. Scan patients’ health records into electronic formats.	75 - 100
D. Transcribe medical reports.	125 - 150
Total Hours	400 - 500

2. Process healthcare paperwork.	Approximate Hours
A. Process and prepare business or government forms.	175 - 200
B. Process patient admission or discharge documents.	175 - 200
C. Scan patients’ health records into electronic formats.	75 - 100
Total Hours	425 - 500

3. Classify materials according to standard systems.	Approximate Hours
A. Assign the patient to diagnosis-related groups (DRGs), using appropriate computer software.	200 - 250
Total Hours	200 - 250

4. Code data or other information.	Approximate Hours
A. Identify, compile, abstract, and code patient data, using standard classification systems.	175 - 250
Total Hours	175 - 250

5. Collect medical information from patients, family members, or other medical professionals.		Approximate Hours
A. Identify, compile, abstract, and code patient data, using standard classification systems.		175 - 250
Total Hours		175 - 250
6. Communicate with management or other staff to resolve problems.		Approximate Hours
A. Resolve or clarify codes or diagnoses with conflicting, missing, or unclear information by consulting with doctors or others or by participating in the coding team's regular meetings.		175 - 250
Total Hours		175 - 250
7. Enter patient or treatment data into computers.		Approximate Hours
A. Enter data, such as demographic characteristics, history and extent of disease, diagnostic procedures, or treatment into computer.		175 - 250
Total Hours		175 - 250
8. Maintain medical facility records.		Approximate Hours
A. Maintain or operate a variety of health record indexes or storage and retrieval systems to collect, classify, store, or analyze information.		175 - 250
Total Hours		175 - 250
9. Maintain medical or professional knowledge.		Approximate Hours
A. Consult classification manuals to locate information about disease processes.		175 - 250
Total Hours		175 - 250
10. Maintain security.		Approximate Hours
A. Protect the security of medical records to ensure that confidentiality is maintained.		175 - 250
Total Hours		175 - 250
11. Monitor medical facility activities to ensure adherence to standards or regulations.		Approximate Hours
A. Review records for completeness, accuracy, and compliance with regulations.		175 - 250
Total Hours		175 - 250

12. Prepare official health documents or records.		Approximate Hours
A. Process and prepare business or government forms.		175 - 250
Total Hours		175 - 250
13. Process medical billing information.		Approximate Hours
A. Post medical insurance billings.		75 - 100
Total Hours		75 - 100
14. Record patient medical histories.		Approximate Hours
A. Compile and maintain patients' medical records to document condition and treatment and to provide data for research or cost control and care improvement efforts.		175 - 200
Total Hours		175 - 200
15. Schedule appointments.		Approximate Hours
A. Schedule medical appointments for patients.		75 - 100
Total Hours		75 - 100
16. Schedule patient procedures or appointments.		Approximate Hours
A. Schedule medical appointments for patients.		75 - 100
Total Hours		75 - 100
Grand Total Hours		3,000 - 4,000

Appendix A-2: Related Technical Instruction

O*NET-SOC CODE: 29-2072.00 RAPIDS CODE: 1114HY

Class Number	Class Name	Credits	Hours
ALHT181	<p>MEDICAL TERMINOLOGY This course will introduce the student to: 1) medical combining forms, prefixes, suffixes, and abbreviations; 2) anatomy and physiology basics of body systems; 3) pathologies and associated signs and symptoms; 4) procedures, therapeutics, and healthcare specialties; and, 5) associated pharmacology.</p> <p>COURSE OBJECTIVES: Upon completion of this course, the apprentice will be able to:</p> <ul style="list-style-type: none"> Identify the basic structure of medical words, including prefixes, suffixes, roots, combining forms, and plurals. Identify medical terminology as it relates to the anatomy and physiology of the human body. Describe the rules of building medical terms and a connection between the term and its relationship to anatomy and physiology 	3	45

Class Number	Class Name	Credits	Hours
SCIE240	<p>ANATOMY & PHYSIOLOGY I</p> <p>An introduction to the structure and function of the human body, this course explores basic chemistry and biochemistry, cells, tissues, and membranes. The body systems examined in this course include the integumentary, muscular, central nervous, peripheral and autonomic nervous system, special senses, and the endocrine system.</p> <p>COURSE OBJECTIVES:</p> <p>Upon completion of this course, the apprentice will be able to:</p> <ul style="list-style-type: none"> • Identify the microscopic and gross anatomy of selected organs and systems from laboratory dissection of animal organs and systems, interactive labs, and lab demonstrations. • Define the macroscopic and microscopic structure and function of the human body systems. • Describe the systems and mechanisms involved in maintaining a state of human health. • Use terminology key to the fields of anatomy and physiology. • Correlate the relationships of the body systems as they work together. 	3	45
SCIE250	<p>ANATOMY AND PHYSIOLOGY II</p> <p>A continuation of SCI 240, topics examined include blood, heart, circulation and blood vessels, the lymphatic and immune systems, and infection control and standard precautions. The body systems examined in this course include the respiratory, digestive, urinary, and reproductive. Other topics explored include nutrition, genetics, and genetically linked diseases.</p> <p>COURSE OBJECTIVES:</p> <p>Upon completion of this course, the apprentice will be able to:</p> <ul style="list-style-type: none"> • Use anatomical terminology to identify and describe locations of major organs of each system covered. • Explain interrelationships among molecular, cellular, tissue and organ functions in each system. • Describe the interdependency and interactions of the systems. • Explain contributions of organs and systems to the maintenance of homeostasis. • Identify causes and effects of homeostatic imbalances. • Describe modern technology and tools used to study anatomy and physiology. 	3	45
SCIE270	<p>PATHOPHYSIOLOGY</p> <p>This course examines foundational disease concepts, including the mechanisms of disease, neoplasms, inflammation, and infection. Common diseases and disorders by body system are explored with an emphasis on common signs and symptoms, etiology, diagnosis, diagnostic tests, treatment, prevention, and the effects of aging. Other topics include genetics, childhood diseases, and mental health disorders.</p> <p>COURSE OBJECTIVES:</p> <p>Upon completion of this course, the apprentice will be able to:</p> <ul style="list-style-type: none"> • Describe the general physiological processes used by the body to maintain homeostasis • Describe the pathophysiological responses to infection, necrosis, stress, and carcinogenesis • Discuss the etiology and effects of disease on the various organ systems • Identify compensation mechanisms that occur in response to trauma and disease 	3	45

Class Number	Class Name	Credits	Hours
HIT218	<p>HEALTHCARE REIMBURSEMENT</p> <p>This course covers health insurance products and managed care approaches to the financing and delivery of healthcare services. Students explore reimbursement and payment methodologies. Students examine forms, processes, practices, and the roles of health information professionals.</p> <p>COURSE OBJECTIVES:</p> <p>Upon completion of this course, the apprentice will be able to:</p> <ul style="list-style-type: none"> • Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery. • Support accurate billing through coding, chargemaster, claims management, and bill reconciliation processes. • Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative. • Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements such as outpatient prospective payment systems. • Apply policies and procedures to comply with the changing regulations among various payment systems for healthcare services such as Medicare, Medicaid, managed care, and so forth. • Monitor coding and revenue cycle processes. 	3	45
HIT220	<p>ICD-10-CM CODING</p> <p>Gives the student in-depth instruction on key terms, code sets, conventions, and guidelines, as well updates on current codes, for ICD-10-CM.</p> <p>COURSE OBJECTIVES:</p> <p>Upon completion of this course, the apprentice will be able to:</p> <p>Apply guidelines unique to ICD-10-CM and incorporate vocabulary and data used in health information systems.</p> <p>Consult medical references, medical dictionaries, professional journals, and official coding references.</p> <p>Interpret healthcare data and apply inpatient/outpatient coding guidelines to code and sequence diagnosis and procedures.</p> <p>Assign ICD-10-CM codes.</p> <p>Apply data set definitions to select the first-listed and principal diagnoses, complications and comorbidities, secondary diagnoses, and procedures.</p> <p>Define and assign DRGs and define major diagnostic categories, principal diagnosis, complication, and comorbidity.</p>	3	45
HIT225	<p>CPT/OUTPATIENT CODING</p> <p>This course will emphasize the American Medical Association’s Current Procedural Terminology (CPT) coding system. Course work will focus on introductory outpatient coding with emphasis on evaluation and management, and surgery. Coding exercises will reference documentation guidelines and application of coding and reporting guidelines for outpatient services.</p> <p>COURSE OBJECTIVES:</p> <p>Upon completion of this course, the apprentice will be able to:</p> <ul style="list-style-type: none"> • Locate and identify medical procedures, supplies, and services by translating them into CPT and HCPCS codes. • Demonstrate understanding of correct coding guidelines by completing coding simulations and reviews. • Build their information database 	3	45

Class Number	Class Name	Credits	Hours
HIT226	<p>ADVANCED CPT CODING & VIRTUAL PPE</p> <p>This course includes advanced concepts, principles, and conventions of the CPT and HCPCS coding systems. Students will assign procedural codes and groupings, including APCs, in accordance with current regulations and established guidelines. Special emphasis is placed upon coding compliance strategies, auditing, reporting, and coding quality monitors. The AHIMA Virtual Lab is used in this course. This course includes advanced concepts, principles, and conventions of the CPT and HCPCS coding systems. Students will assign procedural codes and groupings, including APCs, in accordance with current regulations and established guidelines. Special emphasis is placed upon coding compliance</p> <p>COURSE OBJECTIVES:</p> <p>Upon completion of this course, the apprentice will be able to:</p> <ul style="list-style-type: none"> • Analyze health records to assign principal/secondary diagnoses and procedures. • Assign reimbursement methodologies. • Complete intermediate and advanced coding exercises by applying the coding guidelines of ICD-10-CM/PCS, CPT, and HCPCS level II. • Use computerized software to assign diagnoses and procedure codes and assign appropriate prospective 	3	45
	TOTAL	24	360



District 1199C Training & Upgrading Fund

One South Broad Street, 6th Floor, Philadelphia, PA 19107

Tel: 215-568-2220

www.1199ctraining.org



This project has been funded, either wholly or in part, with Federal funds from the Department of Labor, Employment & Training Administration under Contract number, 1605C2-22-C-0007, the contents of this publication do not necessarily reflect the views or policies of the Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement of same by the U.S. Government.