2020 Indian Health Service, Tribal and Urban Indian Health Program (ITU) Medical Coding Training and Certification

Sponsored by the Centers for Medicare and Medicaid Services (CMS)

The Centers for Medicare and Medicaid Services (CMS), Division of Tribal Affairs (DTA), in coordination with the Indian Health Service (IHS), Health Information Management (HIM) / Office of Information Technology, is proud to announce the 2020 ITU Medical Coding Training and Certification.

These training sessions will be held at various locations from January - September 2020. The training is two weeks in duration. Participants will take an exam on the tenth day for the American Academy of Professional Coders (AAPC), Certified Professional Coder (CPC) certification. Participants may retake the exam within a one-year timeframe if they do not pass the initial exam. The application period for the 2020 ITU Medical Coding Training and Certification application will take place from January to August 2020 depending on the start date of the training (see attached CMS flyer).

Eligibility:

Eligible candidates are Indian Health Service, Tribal and Urban Indian Health Program (I/T/U) employees who work in Health Information Management (HIM) and/or perform coding functions. Other applicants will be considered if space is available.

Note: A maximum of 2 Tribal College and University (TCU) students will be allowed to participate for each course. To register as a TCU student please send an email to: info@lcbsolutions.com with your full name and preferred e-mail address. Please insert, "ICD-10 Coding Training," in the subject line of your email.

Selection of ITU participants will be made by the respective IHS Area HIM Consultant. Participants will be notified by e-mail 60 days prior to the start date of the training.

Applicants will be prioritized according to the following criteria/qualifications:

| Priority Level 1 Applicants who: ☐ Possess a minimum of two years of medical coding experience,* and, ☐ Have participated in a prior Nashville Area HIM Medical Coding Training. |
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| Priority Level 2 Applicants who: ☐ Possess a minimum of 1 year of medical coding experience;* ☐ Have a CPC-A credential; and, ☐ Have participated in a prior Nashville Area HIM Medical Coding Training. |
| Priority Level 3 Applicants who: Do not perform coding functions; Are Health Information Management staff persons; and, Have participated in a prior Nashville Area HIM Medical Coding Training. |
| Priority Level 4 Applicants who: Do not perform coding functions, and Either perform third party billing functions, Purchased/Referred Care functions or other function within the ITU Facility. |
| Inpatient and outpatient experience in multiple specialties is recommended due to the content of the raining and exam. |

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Participants are responsible for travel and other per diem costs. CMS will cover expenses for books, supplies, AAPC membership for 1 year, and the AAPC CPC exam.

Please ensure the HIM Director/Supervisor at your facility signs page 2.

For additional information about the 2020 Medical Coding Training and Certification you may contact the IHS Area HIM Consultant or IHS Headquarters HIM National Consultant at Jacqueline.Reves@ihs.gov

| I. Years of Coding Experience: II. Have you completed the Nashville Area Coding training? III. Do you currently have a CPC-A credential? IV. Applicant Information: Name: Job Title: Phone Number: Email: Email: Address Line 1: Address Line 2: Zip Code: Supervisor's Name: Email: Phone Number: W. Signatures: HIM Director/Supervisor VI. Priority Level Reviewed by Area HIM Consultant: Comments: | Department: | Area: | | I/T/U: | | | |
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| Name: Phone Number: Facility: Address Line 1: City: State: Supervisor's Name: Email: Phone Number: V. Signatures: HIM Director/Supervisor VI. Priority Level Reviewed by Area HIM Consultant: | II. Have you completed the Nashville Area Coding training? | | | | | | |
| Phone Number: Facility: Address Line 1: City: State: Supervisor's Name: Email: Phone Number: V. Signatures: HIM Director/Supervisor VI. Priority Level Reviewed by Area HIM Consultant: | IV. Applicant Information: | | | | | | |
| Facility: Address Line 1: City: State: Zip Code: Supervisor's Name: Email: Phone Number: V. Signatures: HIM Director/Supervisor VI. Priority Level Reviewed by Area HIM Consultant: | Name: | | Job Title: | | | | |
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