

HEALTHCARE CERTIFICATION TRAINING

As the healthcare industry continues to evolve, certified healthcare professionals will become increasingly more essential. Certified professionals are crucial in ensuring the quality, accuracy, and security. According to the U.S. Bureau of Labor Statistics, the need for certified, skilled HIM professionals will increase 22% through the year 2022.

Certified Professional Coder (CPC®)

Medical coding is the transformation of healthcare diagnosis, procedures, medical services and equipment into universal medical codes. Medical Coders play a significant role within the healthcare landscape by ensuring that healthcare facilities, physician practices, and insurance companies are accurately documenting patient issues and charging for services provided.

- Learn to review and assign accurate medial codes for diagnoses, procedures and services performed
- Apply appropriate CPT® and ICD-10-CM codes to quality claims for reimbursement
- Gain knowledge of medical coding guidelines and regulations including compliance and reimbursement
- Understand principles of medical coding related to coding manuals: CPT®, ICD-10-CM, and HCPCS Level II

Certified Professional Biller (CPB®)

Medical billing is the process of submitting health insurance claims on behalf of the patient to various health insurance payors for the purpose of acquiring payment for services rendered in a medical facility. The medical billing credential is vital to the financial success of the professional healthcare services claims process.

- Understand various types of insurance plans
- Knowledge of CPT®, ICD-10-CM, and HCPCS Level II coding guidelines
- Gain knowledge on how to submit claims compliant with government regulations and private payer policies.
- Understand the life cycle of a medical billing claim and how to improve the revenue cycle

Certified Professional Medical Auditor (CPMA®)

Medical auditing is a critical piece to compliant and profitable medical practices. Medical Auditors help keep healthcare providers compliant and avoidant of fraudulent activity, making them valuable to healthcare practices and organizations. Medical Auditors play a big role in discerning when a practice is at risk for non-compliance.

- Medical documentation, fraud, abuse and penalties for documentation and coding violations based on government guidelines
- Quality assurance and coding risk analysis
- Scope and statistical sampling methodologies
- Communication of results and findings



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