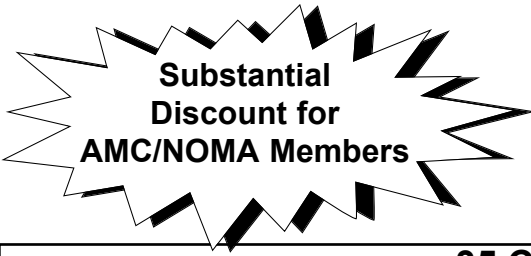
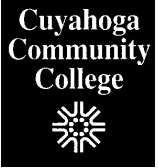


# Certified Medical Coder (CMC)



Sponsored by:



## 35 Classroom Hours Over 5 Weeks

Master the critical skills necessary to succeed as an accurate diagnostic and procedural coding professional. This 5-day course is spread over 5 weeks, one day per week for maximum learning potential. Go beyond the basics. Intermediate coders will raise skill level with hands-on coding instruction. You will also learn how to enhance and maintain practice compliance through clean claims submissions.

### Day 1

- Medical Terminology for Diagnostic & Procedural Coding
- Roots, Suffixes, Prefixes, Acronyms
- Abbreviations & Symbols
- Problem Set Exercises

### Day 2

- ICD-9-CM Diagnostic Coding
- Coding Conventions
- CMS (formerly HCFA) Guidelines
- Primary vs. Secondary Codes - Medical Necessity
- Signs/Symptoms/Ill-Defined Conditions
- Neoplasms
- Adverse Effects - Poisoning vs. Adverse Reactions
- Injuries - Burns, Fractures, Wounds
- Supplementary Classifications

### Day 3

- CPT - Categories, Format, Guidelines
- Diagnostic vs. Therapeutic Services
- E&M Services, All Categories
- Modifiers for E&M
- Surgery - Surgical Coding Guidelines
- CPT & ICD-9-CM Problem Set Exercises - Coding from Chart Notes & Operative Reports

### Day 4

- OB/GYN Maternity Care & Delivery
- Radiology
- Pathology & Lab Services in Physicians' Office
- Medicine- Intervention
- HCPCS Codes
- ICD-9-CM & CPT Advanced Coding

### Day 5

- CPT & ICD-9-CM Problem Set Exercises - Medical & Surgical Specialties
- Solving Participants' Coding Problems
- 6-hour Comprehensive Certification Exam

**Wednesdays,  
September 22, 29  
& October 6, 13 & 20, 2004**

**Registration Fee: \$750  
CRN# 87288**

Cuyahoga Community College  
Eastern Campus  
Room E2-229  
4250 Richmond Avenue  
Highland Hills, OH 44122

**8:30 a.m. to 4:30 p.m.  
each day!**

For more information, contact  
Alison Arkin at 216-987-2106 or  
email [alison.arkin@tri-c.edu](mailto:alison.arkin@tri-c.edu)

*Sign-in begins 15 minutes prior to program*

**Lunch on your own**

**CEUs: CCC - 3.5, AAPC - 35,  
AAMA - 35, PMI - 35**

### Important Notice!

You must bring current CPT Manual, current ICD-9-CM Manual Vol I & II and a Medical Dictionary to this certification program.

PERSONAL INFORMATION	BUSINESS OR WORK INFORMATION	TO REGISTER												
Social Security Number/Student I.D. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Business Name _____ Address _____ Number Street City State Zip County Phone _____ EXT _____ Fax _____	<b>By Mail:</b> Complete registration form. Mail with payment to: Cuyahoga Community College, Unified Technologies Center Registration, 2415 Woodland Avenue, Cleveland, Ohio 44115. <b>By Phone: (216) 987-3075</b> Payment can be made by American Express, Visa, Mastercard, Discover or accompanying P.O. <b>Hours:</b> M - Th 8:30am - 7:00pm / Fri. 8:30am - 5:00pm Sat. 8:00am - 1:00pm <b>By Fax: (216) 987-3210</b> Payment can be made by American Express, Visa, Mastercard, Discover or accompanying P.O. <b>In Person:</b> Stop by the UTC building or any campus Admissions office.												
Name _____ Last First MI Former Address _____ Number Street Apt. No. City State Zip County Home Phone _____ E-Mail _____	Payment Type <input type="checkbox"/> Bill Company via P.O.# P.O. form must accompany reg. form <input type="checkbox"/> Check (Enclosed) <input type="checkbox"/> Money Order (Enclosed) <input type="checkbox"/> Master Charge <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Visa Exp. Date _____ Account Number _____ Name on Card _____ Signature _____	<table border="1"> <thead> <tr> <th>COURSE REF NO</th> <th>COURSE</th> <th>START DATE</th> <th>FEE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	COURSE REF NO	COURSE	START DATE	FEE								
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Ethnic background:</b> <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> White <input type="checkbox"/> Asian, Pacific Islander, or Indian (Non-Hispanic) Subcontinent <input type="checkbox"/> Hispanic <input type="checkbox"/> Other Date of Birth _____ Mo. Day Year U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>REFUND POLICY/PARKING INFORMATION</b> <b>Refund Policy:</b> Individuals withdrawing 1 week prior to session will receive a 90% refund. No refunds will be issued after the session begins. Call (216) 987-3075 to withdraw. <b>Parking:</b> is \$.50 upon exiting the parking lot.												