

# Mastering ICD-10-CM

## Online Web-Based Training Program

Work online at your own pace with no scheduled classes to attend. This course is preapproved for 16 continuing education units with AHIMA & AIHC.



## Sponsored by The American Institute of Healthcare Compliance (AIHC)

AIHC is a nonprofit 501(c)(3) organization and an internationally recognized leader in healthcare compliance training and certification. Our mission is to provide education, certification, and continuing education to healthcare administrators at a reasonable cost through our classroom and web-based training programs. Our goal is to improve the competency of medical facility management in an increasingly complex regulatory environment. We seek to promote the increased quality of administrative healthcare systems in the United States by building an international network of credentialed healthcare professionals.

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- [Board of Directors](#)
- [Professional Staff: Instructors, Corporate Trainers, and Online Course Managers](#)
- [Join Our ListServ to Receive Compliance News and Training Program Updates](#)
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## eLearn Training: The Basics

eLearn training courses are online instructor assisted programs. There are no scheduled classes to attend, so you can work at your own pace. You are able to access your course information 24 hours a day, 7 days a week, by logging into the AIHC website. Your course instructor will be available to communicate by phone and e-mail to assist you throughout your training program.

## Course Prerequisites

This course is designed for certified coders, HIM professionals, Coding Auditors, medical billing companies, consulting firms, healthcare payers and providers, and anyone required to file claims using ICD-10-CM to report diagnosis codes. View the [Do I Qualify to Take the Certified ICD-10 Trainer \(ICDCT-CM\) Exam](#) page for our recommendations for professionals considering the certification option that is part of this training program.

## Included in the Course Tuition

- An Online Course Manager is assigned to each professional enrolling in the program to provide professional guidance, technical website support, and assistance throughout the learning experience.
- Training materials and access to the online course page are provided for up to six (6) months. If you choose to attempt the optional certification exam, you must do so within twelve (12) months of your enrollment date.
- Homework, quizzes, and downloadable information can all be accessed through the online course page.
- AIHC Membership is provided for one (1) year *for first time members only*.
- One attempt at the online certification exam is included in the course tuition, provided the exam is taken within three (3) months of completing the program.



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## Computer Requirements and Time Limits

To successfully complete this course, you will need high-speed internet access, email, Microsoft Word, Microsoft Excel, and Adobe Reader. You must complete this course within six (6) months of your enrollment date. Your course enrollment begins when the AIHC Office receives your course tuition payment.

## Course Learning Objectives

- OIG Compliance Guidance for Training & Education
- Developing Your Teaching Skills
- How to Train New or Inexperienced Coders
- Infectious & Parasitic Diseases
- Neoplasms
- Diseases of the Blood & Blood-Forming Organs
- Endocrine, Nutritional, & Metabolic Diseases
- Mental & Behavioral Disorders
- Nervous System
- Eye and Adnexa
- Ear & Mastoid Process
- Circulatory System
- Respiratory System
- Digestive System
- Skin and Subcutaneous Tissue
- Musculoskeletal System & Connective Tissues
- Genitourinary System; Pregnancy, Childbirth, & the Puerperium and Perinatal Periods
- Congenital Malformations, Deformations, & Chromosomal Abnormalities
- Signs and Symptoms & Abnormal Clinical Laboratory Findings
- Injury, Poisoning, External Causes, & Factors Influencing Health Status

## Earn Continuing Education Units (CEUs)



**16 CEUs:** This program has been approved for 16 continuing education units by the American Institute of Healthcare Compliance for AIHC Certified Professionals. These continuing education units may be applied towards the Core, HIPAA and Ethics Category CEU Renewal Requirements for the following AIHC credentials: ICDCT-CM and CMDP.



**16 CEUs:** This program has been approved for 16 continuing education units for use in fulfilling the continuing education requirements of the American Health Information Management Association (AHIMA). Granting prior approval from AHIMA does not constitute endorsement of the program content or its program sponsor.

**Core Content Hours Approved: Clinical Data Management, 16 Hours**



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## Optional Certification Exam

Experienced coders will have the *option* to become a certified ICD-10-CM Trainer (ICDCT-CM) after successful completion of the Mastering ICD-10-CM Training Program. The online exam can be taken remotely from the comfort of your home or office. Attempts at the exam are only available by appointment with a professional AIHC proctor. Visit the [Certification Exam Cancellation or Rescheduling](#) page for information about AIHC exam policies and rescheduling fees.

**Remember:** The certification exam is *optional*, but the cost of one exam attempt is *included* in your course tuition provided you take the exam within three months of completing the program.

## Maintaining Your ICDCT-CM Credential

Once you are certified, you need to maintain your credential by earning six (6) CEUs annually. View the online [CEU Renewal Chart](#) for a summary of the CEUs required to renew this credential. AIHC also offers free and low-cost CEU programs for our members. Please [Contact Us](#) for more information.

## Full Course Tuition: \$1,250

**AIHC Member Tuition:** \$895

Visit the [AIHC Promotions](#) page to see if there are current discounts available for your registration.

## How to Register for this Course

### Register Online:

**Non-Members:** Register online using the [Course Registration and New AIHC Membership Form](#).

**AIHC Members:** Register through the [AIHC Member Store](#) to obtain the discounted member pricing.

**Register Multiple People:** We offer multiple student discounts if you have more than three people at your organization seeking to enroll in this training program. Please [Contact Us](#) for more information.

**Register Via Mail or Fax:** Scroll down for a hard copy enrollment form. Mail or fax your completed form to the AIHC Office to submit your registration and payment information.



## Payment Options

We accept registration payment via credit card or corporate check. You are able to submit your payment information online, by mail, or via fax. See the Enrollment Form below for more details or visit our website for more information about AIHC [Payment Options](#).

## Refund Policy

Refunds are not available. However, you may opt to request a credit voucher. For our eLearn courses, you have five (5) business days from your date of payment to notify us that you would like to request a credit voucher. If you have accessed the online course information, no credit voucher is available. View the [AIHC Refund Policy](#) for more details.






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## Mastering ICD-10-CM Online Training Program

Hard Copy Registration Form *(Please submit one form per person)*

<b>Enrollment Date:</b> 	<b>Tuition (Check the Appropriate Box):</b> <input type="checkbox"/> Full Tuition: \$1,250.00 <input type="checkbox"/> Coupon Code: _____ <i>if applicable</i> <b>Are You Already an AIHC Member?</b> <input type="checkbox"/> AIHC Member Tuition: \$895.00 <input type="checkbox"/> Coupon Code: _____ <i>if applicable</i> <b>I intend to take the online certification exam after completing this program:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name &amp; Credentials:</b> 	
<b>Home Address:</b> 	
<b>Employer Name &amp; Address:</b> 	
<b>Current Job Position:</b> 	<b>Highest Level of Education:</b> <input type="checkbox"/> High School <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Masters Degree or Higher <input type="checkbox"/> Diploma Program
<i>(For website administration and registration confirmation)</i> <b>Primary Email Address:</b>  <b>Alternate Email Address:</b> 	<b>Work Phone Number:</b>  <b>Alternate or Cell Phone Number:</b> 
<b>Credit Card Payment Information:</b> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">   <input type="checkbox"/> MasterCard         </div> <div style="text-align: center;">   <input type="checkbox"/> VISA         </div> <div style="text-align: center;">   <input type="checkbox"/> Discover         </div> </div> <p>Amount Approved on this Credit Card: \$ _____</p> <p>Card Number: _____</p> <p>Security Code: _____                      Expiration Date: _____</p> <p>Billing Address for this Card: _____</p> <p>Name As It Appears on this Card: _____</p> <p>Authorized Signature &amp; Date: _____</p> <p><b>Paying by corporate check? Amount Due: \$ _____</b>  <b>Please Make Checks Payable to: AIHC</b></p> <p><b>AIHC Mailing Address:</b> 431 West Liberty Street, Medina, Ohio 44256  <b>AIHC Fax Number:</b> (330) 952-0716</p> <p><b>How did you hear about us?</b>  <input type="checkbox"/> Mail    <input type="checkbox"/> Email    <input type="checkbox"/> Co-Worker    <input type="checkbox"/> AIHC Website    <input type="checkbox"/> Social Media    <input type="checkbox"/> Other: _____       </p>	



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## American Institute of Healthcare Compliance, Inc.

### A Membership Application Is Required for Non-Members Enrolling in this Program

(Membership is included in the price of tuition *for new members only*)

#### Job/Position (Title and Brief Description):

#### Are you certified by any organization? Please Indicate Certification and Company Name:

#### Are you a licensed clinical professional? Please Check All Appropriate Boxes:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> MD/DO                        | <input type="checkbox"/> Kinesiotherapist           | <input type="checkbox"/> Other (please specify below): |
| <input type="checkbox"/> Chiropractor                 | <input type="checkbox"/> Physician Assistant        | _____  |
| <input type="checkbox"/> Doctor of Podiatric Medicine | <input type="checkbox"/> Nurse Practitioner/Midwife | _____  |
| <input type="checkbox"/> Physical Therapist           | <input type="checkbox"/> Registered Nurse           | _____  |
| <input type="checkbox"/> Occupational Therapist       | <input type="checkbox"/> Licensed Practical Nurse   | _____  |
| <input type="checkbox"/> Speech-Language Pathologist  | <input type="checkbox"/> Registered Pharmacist      |  |

#### OIG Exclusion

Have you ever been notified that you were under investigation for, investigated for, charged with, or convicted of any offense relating to Medicaid or Medicare fraud?

- Yes  
 No

Have you ever been on the OIG exclusion list?

- Yes  
 No

#### Membership Requirement (Restriction)

AIHC membership is open to the public, health care workers and administrators as well as certified healthcare auditors, collectors and compliance officers. To uphold to a higher standard, AIHC follows the guidelines recommended by the Office of the Inspector General (OIG) regarding retention of excluded individuals.

For many years the Congress of the United States has worked diligently to protect the health and welfare of the nation's elderly and poor by implementing legislation to prevent certain individuals and businesses from participating in Federally-funded health care programs. The OIG, under this Congressional mandate, established a program to exclude individuals and entities affected by these various legal authorities, contained in sections [1128](#) and [1156](#) of the [Social Security Act](#), and maintains a list of all currently excluded parties called the List of Excluded Individuals/Entities. (See OIG website at [exclusions.oig.hhs.gov](http://exclusions.oig.hhs.gov) )

No individual whose name appears on the OIG Excluded Individuals Entities List may hold membership in AIHC and any member whose name is added to this list will have his/her membership status revoked without refund.

“My signature below indicates I have read this restriction to membership and attest that I am not currently on the OIG exclusion list at the date this application has been submitted for membership to the American Institute of Healthcare Compliance.”

Signature



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Date