

Psychiatric Coding & Documentation Compliance Short Course

Online, On-Demand for 3 months

*(This course covers coding guidelines as of October 1st and
CPT codes as of January 1st.)*



A Continuing Education Training Program

Designed for Coders, Outpatient Clinical Documentation Improvement Professionals, Medical Billers, Providers, Compliance Officers, Payers, Auditors and Investigators.

Online, On-Demand Training 24/7

This course is Online, On-Demand with no scheduled classes to attend during your 3-month access to course materials.

Earn Continuing Education Units (CEUs)



6 CEUs: This program has been approved for 6 continuing education units by the American Institute of Healthcare Compliance for AIHC Certified Professionals. These continuing education units may be applied towards all AIHC credentials.

What You Will Learn

HIPAA Privacy and Sharing Information Related to Mental Health

- Individually Identifiable Health Information of Covered Entities and Business Associates
- HIPAA Provides Extra Protections For Mental Health Information, Psychotherapy Notes and Substance Abuse
- Medical Billing Considerations

Psychiatric Providers, DSM-5 and Diagnosis Coding

- What Coders and Billers Need to Know About the DSM
- ICD-10-CM Coding for Psychiatric Services
- Guidelines for Signs, Symptoms and Ill-Defined Conditions
- Definitive Diagnoses
- Official ICD-10-CM Coding Guidelines

Evaluation & Management Coding and Psychotherapy Encounters

- Psychiatric Definitions and Evaluation & Management Documentation Elements
- Guidelines
- E&M Coding Revisions
- E&M and Psychotherapy



The American Institute of Healthcare Compliance, Inc.

www.aihc-assn.org Phone: (330) 241-5635

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What You Will Learn, Continued

Psychiatric Services

- Health Behavior Assessment & Intervention (HBAI)
- Psychiatric Diagnostic Evaluation
- Assessment Code
- Care Management Code
- Collaborative Management Care
- Additional Guidelines and Supporting Documentation Requirements
- Psychological/Neuropsychological Testing
- Central Nervous System Assessments/Tests

Computer Requirements and Time Limits

To successfully complete this course, you will need high-speed internet access, email, and [Adobe Reader](#). If you do not have Adobe Reader, use the link provided above to download it for free from the Adobe website.

You will have access to the online AIHC Exams training page for 90 days starting on your enrollment date. Your course enrollment will begin within 2-3 business days of the date that the AIHC Office receives your course tuition payment. You will receive notification from our office when your course enrollment begins. Please check with your employer regarding date requirements for your completion of this training.

Course Tuition Includes:

- A technical support professional 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 competency exam to test your knowledge are provided for up to three (3) months.
- Temporary AIHC Membership is provided for three (3) months.
- A Certificate of Completion is awarded for passing the online competency exam with a minimum score of 80%.



Cost of this Training: \$75

How to Register for this Course

Register Online – [Click here](#) to return to the Course Page, Enroll and Pay!



We accept online registration payment via credit card. We only accept American Express when you register online.

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.

Refund Policy




View the Refund Policy Posted on the Home Page of our Website under Financial Policies www.aihc-assn.org



HARD COPY REGISTRATION FORM

Psychiatric Coding & Documentation Short Course – Online

Please submit one form per person

Name & Credentials:	Enrollment Date:
Home Address:	Employer Name & Address:
Current Job Position:	
(For website administration and registration confirmation) Primary Email Address:	Work Phone Number:
Alternate Email Address:	Alternate or Cell Phone Number:
Credit Card Payment Information: <div style="display: flex; justify-content: center; align-items: center; gap: 20px; margin-top: 5px;">    </div> <div style="display: flex; justify-content: center; align-items: center; gap: 20px; margin-top: 5px;"> <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover </div>	
Amount Approved on this Credit Card: <input type="checkbox"/> \$75 Tuition Card Number: _____ Security Code: _____ Expiration Date: _____ Billing Address for this Card: _____ Name As It Appears on this Card: _____ Authorized Signature & Date: _____	
<p>Please Make Checks Payable to: AIHC</p> <p><input type="checkbox"/> \$75 Tuition</p> <p>AIHC Mailing Address: 3637 Medina Road, Suite 15, Medina, Ohio 44256</p> <p>AIHC Fax Number: (330) 952-0716</p> <p>How did you hear about us?</p> <p> <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>	

