





We specialise in training, upskilling and educating the Healthcare Industry.

We are specialists in online training and we have a dedicated support tea help every learner along the way. We ensure you get all the necessary support while investing in learning.



Learn from anywhere and at any time with the level of interaction and engagement you need.

Training for the Healthcare Industry:

Continuous learning is essential for Healthcare Professionals to contribute to high-quality patient care.

Losing out on valuable and cost-effective learning within Healthcare practices results in higher costs and wasted time.

The benefits of online learning in the Healthcare Industry:

- Ensure to keep staff up-to-date regarding the latest advancements and developments within the Healthcare Industry. $\frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} \right) \left(\frac{1$
- Online education reduces training budgets and costs as well as saving to
- Online learning supports Healthcare practices with staff retention and onboarding.
- Online education is a modern learning approach and learning takes place from anywhere and at any time with the level of interaction and engagement a learner needs.

Learning with us includes: An online learning platform to support all learners and motivate engagement.

- An online platform that guides learners through all learning content and assessments
- Online tutors who are subject experts and we maintain human interaction and support throughout the learning journey.

Assess a Medical Claim - R1840.00

Purpose: This module is intended for medical claims assessors and learners in service centres who are required to respond to queries about medical claims. It requires learners to use insight in applying medical knowledge to process a medical claim. The qualifying learner is capable of:

Our Modules include:

Using medical reference guides to access information.
 Explain how scheme rules apply to the payment of a claim.
 Investigate the most commonly occurring medical conditions in South Africa.
 Explain basic terminology relating to medical claims.
 Process a medical claim.

- Explain has the most control of Explain basic terminole Process a medical claim

 - Current codes include procedural, diagnostic and consumable codes and related tariffs/guidelines
 Irregularities in a claim include, but are not limited to, procedures by gender and age, exceptionall
 high claims, cosmetic claims, anaesthetics, over servicing and over utilisation.
 User rights and confidentiality relate to information, staff, information on medical conditions and
 membership status.
 Conditions applied to Prescribed Minimum Benefits refer to service providers
 and medication.
- Explain the Cycle of a Medical Claim R1310.00

 - Purpose: This module is intended for learners who assess medical claims. It will be useful for intermediaries and service centre agents in Healthcare Benefits Administration.

- Explaining the origin of medical scheme claims.
 Describing the different routes followed by medical claims.
 Analysing a complex medical claim.
 Investigate the storage and retrieval of claims related documents in a Healthcare Benefits.

- - Complex claims include, but are not limited to, MVA, ex gratia, foreign claims and special cases such as orthodontic, oncology, trauma and HIV/AIDS.
 Control measures include, but are not limited to, the Medical Schemes Act, Scheme Rules, option and limitations of benefits.
 - Utilise Clinical Coding Terms, Rules and Conventions for Diagnostic and Procedure Codes R2050.00
- Purpose: The skills, values and knowledge reflected in this module is required by people in the field of diagnostic and procedural coding. Learners would be able to contribute to quality data in diagnostic and procedural coding by utilising terms, rules and conventions for ICD and procedural coding.

- Extrapolate the applicable clinical coding terms, rules and conventions for the interpretation of relevant ICD and Procedure Codes.
 Explain the rationale of the applicability of Clinical Coding terms, rules and conventions for the assignment of the relevant ICD and Procedure Codes.
 Apply different applicable Clinical Coding terms, rules and conventions when assigning ICD an Procedure Codes, the Medical Schemes Act, Scheme Rules, options and limitations of benefits.
- Analyse Clinical Information and Assign ICD and Procedure Codes R2260.00
- Purpose: The skills, values and knowledge reflected in this module is required by people in the field of diagnostic and procedural coding. Learners would be able to contribute to provide quality services in diagnostic and procedural coding by analysing clinical information and assigning ICD and Procedure Codes.

- Assign accurate ICD and Procedure Codes to health and data records. - Assess the impact of assigning inaccurate ICD and Procedure Codes. - Apply rules, conventions and medical terminology when assigning ICD and Procedure Codes.

- Explain the Use of Coding in Healthcare Benefit Administration R2100.00

Purpose: This module introduces the concept of coding as used in Healthcare Be It is useful for medical claims assessors, medical practitioners and intermediaries

- Explaining the concept of coding as used by Healthcare Benefits Administration.
- Explaining the diagnostic coding system.
- Explaining the procedural coding system.
- Explaining commable coding systems.
- Applying knowledge of medical terminology, anatomy and physiology to the use of coding systems.

- Apply Knowledge of the Musculo-Skeletal System to assess risk R1520.00

Explaining the anatomy and physiology of the Musculo-skeletal system. Explaining the main conditions and impairments related to the Musculo-skeletal system. Interpreting evidence related to Musculo-skeletal conditions and impairments. Applying knowledge of the Musculo-skeletal system to assess risk.

- Describe the Control of Fraud in Healthcare Benefits Administration R1520.00
 - Purpose: This module introduces the concept of fraud and its control in Healthcare Benefits Administration and is intended for medical claims assessors and learners in Medical Schem Administrators.

- Describing fraud as it occurs in a Healthcare Benefits Administration environment.
 Explaining legal aspects relating to fraud Healthcare Benefits Administration
 Explaining internal processes relating to the investigation of fraud in Healthcare Benefits Administration
 Analysing trends and the impact of fraud in a Healthcare Benefits Administration environment.
 Explaining control mechanisms used to contain fraud in a healthcare Benefits Administration.

- Describe Healthcare Cover in South Africa R1000.00 Purpose: This module requires detailed knowledge of the main products offered by Healthcare Benefits Administrators. It will be useful for intermediaries, learners in medical scheme administrat trustees and learners in call centres.

- Explaining the difference between a medical scheme and medical insurance Researching the move from traditional to new generation medical schemes. Explaining the benefits that are covered by medical schemes. Explaining and use the correct context terminology used in the industry.

Purpose: This module introduces the concept of managed care in Healthcare Benefits It will be useful for medical claims assessors, intermediaries and learners in Healthcare Benefits Administrators.

- Describe Managed Care as it is applied in Medical Scheme Administration in South Africa R1260.00

 - Course Outcomes:

Introduction to Billing & Coding (Urologists) - R525.00

- Describing the rationale for managed care. Explaining the principals of managed care. Describing different aspects of managed care programme. Analysing the advantages and disadvantages of managed car
- Introduction to Billing & Coding (Basics) R525.00 Introduction to Billing & Coding (Paediatricians) - R525.00

Introduction to Billing & Coding (Cardiothoracic Surgeons) - R525.00 Introduction to Billing & Coding (Cardiologists) - R525.00

 Introduction to Billing & Coding (Opthalmologists) - R525.00 Introduction to Billing & Coding (Physicians) - R525.00 You will receive a certificate on completion of the course.

XTI, IN PARTNERSHIP WITH XPEDIENT OFFERS TRAINING ON VARIOUS MODULES TO OPTIMISE THE OPERATIONAL SIDE OF

Xpedient welcomes their clients by educating them on various modules on the daily healthcare practice needs - including in-depth system training. Patient Loading Reports Invoicing Receipting Practice Clinical Notes Electronic Journals Management (If Applicables Diary

YOUR HEALTHCARE PRACTICE.





Contact us: we want to learn with you.