

College of Insurance
Insurance Institute of India, Mumbai
International Classification of Diseases and Health Insurance
(ICD 10)
Program ID: CPG14
(From: 19th to 21st August, 2020)

Relevance of the Program:-

Health insurance is becoming challenging day by day and insurers have to increasingly depend on knowledge and technology to be competitive. The high levels of specificity that are required to make analyses meaningful depends on the quality of the data analyzed. In the highly technical areas of medical diagnosis and treatment, analyses can be possible only by defining data at granular levels and achieving precision in coding and standardization of the medical terms used. Efforts at standardization have been ongoing across the world. Classification of medical data is essentially the transformation of verbal descriptions of medical diagnoses and procedures into universally acceptable code numbers. Coding systems specific to health care relate mainly to (i) diagnostic codes used for diseases, disorders and symptoms and facilitate measurement of morbidity and mortality, (ii) procedural codes used to identify specific health interventions taken by medical professionals, (iii) pharmaceutical codes used to identify medications and (iv) topographical codes that indicate a specific location in the body.

The International Classification of Diseases (ICD) is used to correctly depict the diagnosis while International Classification of Diseases (ICD) Procedural Coding System is used to code the medical procedures and interventions (popularly known by the latest version names – ICD-10 and ICD-10-PCS) whilst they are entered in Health Management software at clinics and hospitals. Adoption of ICD coding in Health Insurance software ensures standardization of disease types logged in the system. Inputting health insurance claims data using ICD helps to identify disease frequency within specific geographies, age groups, occupations, behavior groups and other sub-strata of the market; in essence making medical data analyzable.

The three-day course of the College of Insurance will focus on the classification of diseases and coding part, essentially on the non-medical aspects of coding. Medically educated/ experienced participants are expected to join the course.

Program Objective:-

- Reviewing the principles and practices of insurance as practiced in the health insurance domain
- Creating awareness of different standards and evolution of standard setting in the medical domain
- Understanding of basic analytical studies based on granular data.
- Training in ICD 10 and ICD 10 PCS.

Participant Profile:-

The program is open to persons having a fair awareness of health insurance and need to know more about classification of diseases, health analysis and coding.

Participants can be from insurance companies, third party administrators, brokers and involved in data analysis who are medically educated/experienced.

Course Coordinator:-

Dr. George E Thomas. – 022-26544271 Email: thomas@iii.org.in

Program Duration & Timing: -

3 days & from 10.00 a.m. to 05.00 p.m.

Course Fees:-

- **Participants requiring residential facilities: Total amount Required –Rs. 17700/- i.e. (Rs. 15000/- plus 9% CGST + 9% SGST).**

The fees cover tuition, course material, A/C single room accommodation in the Institute's campus and full boarding (bed tea/coffee, breakfast, lunch, light refreshments in the evening and dinner). All rooms are fully furnished with attached bathroom and Internet facility.

Rooms are reserved from 12.00 noon onwards the day prior to the commencement of the program. The participants can stay till 12.00 noon next day after the conclusion of the program.

- **Non-residential participants: Total amount Required –Rs. 12744/- i.e. (Rs. 10800/- plus 9% CGST + 9% SGST).**

The fees cover tuition, course material and day boarding (i.e. tea/coffee during tea breaks and lunch for actual days of training).

Training Venue:-

Please follow below link / QR Code for Training Venue

<https://qr.go.page.link/qs2Qb>



Parking Facility:-

Public parking available at 5 minutes walking distance (Behind US Consulate).

Respond to:-

Ms E. D'souza	college_insurance@iii.org.in	022-26544210
Mr D V Govekar		022-26544247
Ms S S Vaidya		022-26544266
Ms A P Dalvi		022-26544254
Mr P M Tare		022-26544251
Ms N B Bagde		022-26544234

**College of Insurance
Insurance Institute of India,
G Block, Plot No. C – 46, Near American Consulate, Bandra Kurla Complex,
Bandra (East), Mumbai – 4000051**

Information for Registration

Registration:-

- To register online, visit menu Enrolment – Online Enrolment on website www.coi.org.in else follow link - <http://www.coi.org.in/web/guest/programme-calendar>
- For offline registration, mail us at college_insurance@iii.org.in and please see below details for bank transfer.

Name of the Beneficiary:-	Insurance Institute of India
Name of Bank & Address :-	Axis Bank Ltd, Fort Branch, Jeevan Prakash Building, Sir P M Road, Mumbai – 400001.
Account No.:-	0040 10100 143462
IFSC Code:-	UTIB 000 000 4
MICR Code:-	400211002
Swift Code:-	AXISINBB004

- The confirmation of registration for the program will be subject to receipt of payment before the commencement of the program.

Training Venue:-

Insurance Institute of India, (College of Insurance), G Block, Plot No. C – 46, Near American Consulate, Bandra Kurla Complex, Bandra (East), Mumbai – 4000051

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Nomination Form

- 1) Participant Name: _____
- 2) Program Name: _____
- 3) Program Period: _____
- 4) Address: _____

- 5) Educational Qualification: _____
- 6) Date of Birth: _____
- 7) Position Held: _____
- 8) Mobile No: _____
- 9) Telephone No.: _____
- 10) E-Mail: _____
- 11) Alternate E-Mail: _____
- 12) Sponsoring Organisation: _____
- 13) Food preference: Vegetarian Non-Vegetarian
- 14) Hostel Facility Required: Yes No
- 15) Details of Fee Paid: Cheque / D.D. No. _____ dt. _____
Drawn on _____ Bank, for Rs. _____

Please
affix your
photograph
here

Signature & seal of the authority
of the Sponsoring organisation

Signature of the Participant

*Name of Co-ordinator: _____
Mobile No: _____ Tel. No.: _____
Email-Id.: _____ Company Name: _____

*This column is mandatory for those participants who are sponsored by company.