

CITI Program Offers CMS ICD-10-CM Training for Non-Coders to Strengthen Compliance

A CMS-developed ICD-10-CM course, available through CITI Program's training platform, helps non-coders improve compliance and coding accuracy.

FORT LAUDERDALE, FL, UNITED STATES, June 9, 2026 /EINPresswire.com/ -- The Centers for

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Medicare & Medicaid Services (CMS) Medicare Learning Network® created the course entitled [Diagnosis Coding: Using the ICD-10-CM](#), which is now available through CITI Program. This course joins the [CITI Program's Fraud, Waste, and Abuse series](#). This self-paced course provides a practical understanding of ICD-10-CM structure, coding conventions, and official guidelines. It is designed for professionals who do not code day-to-day, yet these roles still need a solid working knowledge of ICD-10-CM because coding accuracy directly affects their work.

This includes compliance officers, revenue cycle professionals, Medicare coverage analysts, auditors,

healthcare IT professionals, software developers, C-suite executives, healthcare attorneys, transactional attorneys, and healthcare consultants.

By focusing on accurate code selection and real-world application, the training supports clean claims, proper reimbursement, reliable financial forecasting, stronger compliance, and reduced [False Claims Act](#) risks.

Why Non-Coders Need This Training

Many professionals assume ICD-10-CM coding is only relevant to full-time coders; however, diagnosis coding affects a wide range of healthcare operations. Even small inaccuracies can lead to claim denials, inaccurate financial reports, misunderstood audit findings, poor risk analysis for mergers and acquisitions, or even fraud.

Professionals who do not assign codes daily still rely on accurate ICD-10-CM data to perform their responsibilities effectively.

How ICD-10-CM Knowledge Applies to Different Roles

- Compliance officers and auditors use diagnostic codes to identify potential regulatory issues and support audit defense.
- Revenue cycle professionals and Medicare coverage analysts depend on the codes for clean claims, alignment with National Coverage Determinations and Local Coverage Decisions, proper reimbursement, and accurate financial forecasting.
- Budget developers and research administrators rely on the codes for reliable budgeting and Medicare Coverage Analyses, as well as for alignment with artificial intelligence analysis.
- Healthcare IT professionals and software developers use the diagnosis codes to build and maintain systems with proper coding logic, particularly for calculating evaluation and management services, which are based on the number of diagnoses reviewed.
- C-suite executives use ICD-10 codes to better understand revenue reports, review operational metrics, make capital investment and personnel decisions based on market needs shown in diagnosis code trends, and assess compliance based on audit results.
- Healthcare attorneys need a general understanding of the codes when reviewing documentation, supporting transactions, or managing regulatory matters.
- Healthcare transactional attorneys need to understand the codes to lead compliance audits and determine whether a merger or acquisition is feasible and attractive.

What You'll Learn in the Course

The training focuses on practical skills:

- Understanding ICD-10-CM classification structure, conventions, and official guidelines
- Applying critical thinking to select accurate diagnosis codes based on clinical documentation
- Using practical strategies to improve coding precision, reduce errors, and strengthen compliance

Key Benefits

- Supports clean claims and proper reimbursement
- Improves the reliability of financial forecasting and budgeting

Strengthens compliance and audit readiness

- Reduces False Claims Act risks
- Enhances cross-departmental understanding and decision-making
- Benefits of this course:
 - Self-paced
 - Developed by the CMS Medicare Learning Network®
 - Emphasizes real-world application for non-coding roles

Streamlined Institutional Tracking and Reporting

When organizations enroll learners in this course through CITI Program's LMS, they gain

streamlined oversight of participation and outcomes across departments and roles. Institutional administrators can track enrollment, course progress, and completion status in a single centralized system, reducing the administrative burden of manual tracking or decentralized training records.

The LMS supports consistent documentation for compliance, audit readiness, and internal reporting, helping organizations maintain clear, auditable records of training completion. This centralized approach makes it easier to deliver ICD-10-CM education at scale, evaluate engagement, and ensure that teams across functions have completed training aligned with organizational needs.

Conclusion

This course provides a practical foundation in ICD-10-CM for professionals across compliance, revenue cycle, IT, finance, legal, and executive roles. As part of CITI Program's Fraud, Waste, and Abuse education series, it supports organizations seeking consistent, high-quality training that strengthens accuracy, decision-making, and risk reduction. Visit the course page to learn more about access and institutional enrollment coordinated through CITI Program.

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