

Medical Billing and Coding Professional – 80 Hours

Medical billing and coding professionals keep records, calculate patient charges and review files. Duties include: reviewing records; calculating charges for a patient's procedure and service and preparing itemized statements and submitting claims to third party payers. Medical Coders are responsible for the collection of physician charges and patient data to ensure that claims are submitted to insurance carriers accurately and in the most efficient and expeditious manner.

Additionally, Medical Coders determine codes for physician procedures and diagnosis - using ICD-9 and CPT-4 coding protocols - for third party billing purposes.

Medical Billing & Coding Professional – Employment & Education

Medical Billing and Coding is one of the fastest growing careers in the health care industry today! The need for professionals that understand how to code health care services and procedures for third party insurance reimbursement is growing substantially. Physician practices, hospitals, pharmacies, long-term care facilities, chiropractic practices, physical therapy practices and other health care providers all depend on medical billing and coding for insurance carrier reimbursement.

Educational Requirements*

People interested in becoming Medical Coders or pursuing national certification should have a high school diploma or GED equivalent. Also, Certain National Medical Coding Certification exams are very complex and may require 6 months to 2 years of suggested practical coding experience prior to taking the exam or being recognized as a certified medical coding professional.

Medical Billing and Coding Program

This 80 hour course offers the skills needed to solve insurance billing problems, how to manually file claims (using the CPT and ICD-9 manual), complete common insurance forms, trace delinquent claims (EOB's) and use generic forms (CMS 1500) to streamline billing procedures. The course covers the following areas: CPT (introduction, guidelines, evaluation and management), specialty fields (such as surgery, radiology and

laboratory), ICD-9 (introduction and guidelines) and basic claims process for medical insurance and third party reimbursement. Students will learn how to find the service codes using coding manuals, (CPT & ICD-9).

After obtaining the suggested practical work experience, students who complete this course could be qualified to sit for the American Academy of Professional Coders (AAPC) - Certified Professional Coder Exam (CPC or CPC-H - Apprentice); the American Health Information Management Association (AHIMA) Certified Coding Associate (CCA) exam; and/or other National Certification Exams.

Medical Billing and Coding Detailed Course Information

- ◆ a career as an insurance coding specialist
- ◆ documentation guidelines and legal issues affecting insurance claims and medical records
- ◆ basics of health insurance and procedural coding
- ◆ introduction to CPT Manual
- ◆ evaluation and management services
- ◆ Anesthesia/Surgery, Radiology and Pathology/Laboratory Medicine
- ◆ Diagnosis Coding
- ◆ CPT Modifiers, E and V Codes and Late Effects
- ◆ Introduction to International Classification of Diseases, Clinical Modifications, Coding Guidelines
- ◆ The Health Insurance Claim Form (CMS 1500)
- ◆ HIPAA and Electronic Data Interchange (EDI)
- ◆ Tracing Delinquent Claims and Insurance Problem Solving
- ◆ Managed Care Systems and Special Plans & Third Party Reimbursement, Medicare, Blue Cross-and Blue Shield Plans, Medicaid and Other State Programs, CHAMUS and CHAMPVA, Worker's Compensation, Disability Income Insurance and Disability Benefit Programs
- ◆ This entry level course does not require the use of a computer as the focus of a coding professional is the proper use of coding and the related coding manuals