Medical Billing & Coding

The Medical Billing & Coding Profession

Medical billing and coding is one of the fastest-growing careers in the healthcare industry today! The need for professionals who understand how to code healthcare 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 healthcare providers all depend on medical billing and coding for insurance carrier reimbursement. The medical industry will have almost 50% more jobs available by 2018; therefore, a surplus of medical facilities will continue to hire candidates who specialize in medical billing and coding.

The Medical Billing & Coding Program

This billing and coding program delivers the skills students need to solve insurance billing and coding problems. It details proper assignment of codes and the process to file claims for reimbursement. With the transition to ICD-10, effective as of October 1, 2015, this course will also provide training in ICD-10-CM. This course covers the following key areas and topics:

- An overview of healthcare & insurance industry
- The organization and use of the ICD-9-CM, ICD-10-CM, CPT, and HCPCS manuals to identify correct codes
- Detailed review and practice using the alphabetic index and tabular list of the ICD-9-CM, ICD-10-CM, and practice coding examples within the CPT
- Basic claims processes for medical insurance and third-party reimbursements
- Completing common insurance forms, tracing delinquent claims, and appealing denied claims
- ICD-10-CM Overview

Course Hours: 80 Hours
Student Tuition: $1,899 (Textbooks Included)

March 4th – June 17th 2019
Mondays and Wednesdays
4:00pm – 7:00pm

Education & Certification

- Students should have or be pursuing a high school diploma or GED.
- Numerous national certification exams are available for students who complete this course including American Academy of Professional Coders (AAPC), American Health Information Association (AHIMA) and others.
- Certain national certification organizations suggest 6 months to 2 years of practical work experience prior to pursuing certain national certification exams.

Detailed Course Topics Covered

- Intro to International Classification of Diseases, Clinical Modifications & Coding Guidelines
- Introduction to the organization and use of the ICD-9-CM, ICD-10-CM, and CPT manuals
- Basics of diagnostic and procedural coding
- The Health Insurance Claim Form (CMS 1500)
- HIPAA and Electronic Data Interchange (EDI)
- Review and practice coding Evaluation and Management (E&M) services
- Review and practice coding from anesthesia, surgery, radiology, medicine, and the pathology/laboratory sections of the CPT
- CPT Modifiers, E and V Codes, and Late Effects
- Coding surgical procedure and medical procedures for the cardiovascular, integumentary, male/female reproductive systems, maternity care and delivery
- Coding for general surgery, radiology, pathology, diagnostic, therapeutic and laboratory services and the Level II National Codes
- Tracing delinquent claims & insurance issues
- Third-party reimbursement issues
- Development of and Improvements to the ICD-10-CM Coding Manual
- Examination of the ICD-10-PCS system