

# Medical Billing and Coding Program



**Program Summary:** This combined 98 hour billing and coding course offers the skills needed to solve insurance billing problems how to manually file claims (using the CPT and ICD-10 manual), complete common insurance forms, trace delinquent claims, appeal denied claims and use generic forms 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-10 (Introduction and Guidelines) and basic claims processes for medical insurance and third party reimbursements. Students will learn how to find the service and codes using manuals, (CPT, ICD-10 and HCPCS).

**Costs:** \$1,799 includes textbooks (traditional Army tuition assistance, GI bill funding and traditional college financial aid does not apply). MyCAA may apply.

**National Certification:** After obtaining the practical work experience (6 months to 2 years), 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 Association (AHIMA) Certified Coding Associate (CCA) exam; and/or other National Certification Exams

- **Maximum participation is 20**
- **No refund after start date.**
- **For more information, call the JCC Continuing Education Division at 315-786-2233 or [ced@sunyjefferson.edu](mailto:ced@sunyjefferson.edu)**



*Pick up the application at the Information Session:*

**June 13, 2017**

Extended Learning Ctr., Rm. E-129  
5:00 - 7:00 p.m.

Jefferson Community College  
Watertown, NY 13601  
315-786-2233

**Payment Deadline:**

**August 28, 2017**

**14-week**

**Medical Billing & Coding**

Course Code: CCI 007 701

September 12 – December 19, 2017

Tuesdays/Thursdays

6:00 – 9:30 p.m.

\$1,799



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# **Medical Billing and Coding Professional – 98 Hours**

## **Medical Billing and Coding Professional**

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 98 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 manual.