

Instructor: [qy cpf c'Ucngt<

Medical Billing and Coding Course

Medical coding is a key step in the medical billing process. Every time a patient receives professional health care in a physician's office, hospital outpatient facility or ambulatory surgical center (ASC), the provider must code and create a claim to be paid, whether by a commercial payer, the patient or CMS.

The medical coder and medical biller may be the same person or may work closely together to make sure all invoices are paid properly, the medical coder is primarily responsible for accurately coding the claims. To do so, he/she checks a variety of sources within the patient's medical record, such as the transcription of the doctor's notes, ordered laboratory tests, requested imaging studies and other sources, to verify the work was done. A knowledge of anatomy and medical terminology is essential. Medical coders should be familiar with different types of insurance plans, regulations and , of course CPT® HCPCS Level II and ICD-9-CM codes and guidelines. This will allow the coder to assign correct codes and service levels for the procedures performed and supplies used to treat the patient.

Coders also serve to help document frequency of diagnoses and utilization of particular services and procedures associated with those diagnoses.

At the successful completion of the coursework, students may select the option to take the state examination. The examination is usually offered immediately following the completion of the course and is administered by our Instructor, who is authorized to administer the examination by the state.