

Regional Center for Border Health, Inc.

Job Training Center

MEDICAL BILLING AND CODING CERTIFICATION TRAINING

PROGRAM DESCRIPTION:

This 12-week course is designed to prepare candidates for entry-level positions in the medical billing and coding health care industry.

PROGRAM SCHEDULE OUTLOOK

Day Classes: Mondays, Wednesdays, and Fridays 8:00a.m. - 4:00 p.m.

Or Evening Classes: Tuesdays and Thursdays 6:00 p.m.-9:30 p.m.

PROGRAM GOAL:

Upon successful completion of this course, candidates will demonstrate an understanding of employment and career opportunities in the medical billing and coding industry and acquire the skills necessary to obtain a Professional Coding Certification and entry-level employment.

Course Descriptions and Related Requirements

PROGRAM PREREQUISITES

The Medical Billing and Coding enrichment program requires candidates to be referred by current health care providers with a standard letter of recommendation, approval on admission application and a successful financial clearance in order to be accepted in the course.

WHAT IS MEDICAL CODING?

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.

While 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 that was done. To make sense of it all, a thorough knowledge of anatomy and medical terminology is essential. It is also important that the medical coder is familiar with different types of insurance plans, regulations and, of course, CPT®, HCPCS Level II and ICD-9-CM codes and guidelines. This enables the coder to assign correct codes and service levels for the procedures

performed and supplies used to treat the patient during an encounter as well as properly identify the physician's diagnoses.

The medical coder also serves to help document frequency of diagnoses and utilization of particular services and procedures associated with those diagnoses. The coder may audit and re-file appeals of denied claims. The medical coder educates and recommends federal mandates requiring providers use specific coding and billing standards through chart audits, and he/she may act as an advocate for the provider and patient in issues of coverage and medical necessity.

Certified Professional Coders, or CPCs®, are in high demand because employers know that these individuals can perform the job of medical coder with the utmost proficiency.

INSTRUCTION APPROVED BY THE AMERICAN ACADEMY OF PROFESSIONAL CODERS.

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Regional Center for Border Health, Inc.
Is also a licensed job training center by the
Arizona State Board for Private Postsecondary
Education

For more information please contact
us at 928-627-9222.

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