

# MEDICAL BILLING AND OUTPATIENT CODING SPECIALIST

**Program code:** MCOD-CC

**Location:** Asnuntuck, Middlesex, Northwestern, Norwalk, Quinebaug Valley

## Program Description

The Medical Billing and Outpatient Coding Specialist Certificate program prepares students for entry level positions in medical billing, outpatient medical coding, and health information in physician’s offices, hospitals, ambulatory care centers, telehealth, health insurance companies, and other allied health venues. Process claims submissions for compliant and equitable reimbursement. The healthcare industry is facing significant changes in how providers and insurers generate, maintain, and communicate documentation related to medical records, insurance, coding, and financial reimbursement.

## Learning Outcomes

1. Identify and compare reimbursement methodologies.
2. Summarize principles related to healthcare privacy, confidentiality, legal and ethical issues.
3. Use current Electronic Medical Record (EMR) software to manage provider reimbursement and patient health information.
4. Prepare revenue cycle documents by utilizing International Classification of Disease - Clinical Modification (ICD-10-CM), Current Procedural Terminology (CPT), and Healthcare Common Procedure Coding System (HCPCS) II reference material.
5. Review and abstract information needed to support accurate outpatient coding and health record documentation for completeness and accuracy.
6. Interpret healthcare data to determine claim status, resolve claim denials, submit appeals, post payments and adjustments, and manage collections.
7. Apply Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH), and Protected Health Information (PHI) regulations as they apply in the outpatient setting.

Eligible for Workforce Innovation and Opportunity Act (WIOA) and Supplemental Nutrition Assistance Program (SNAP) specialized funding that affects program length or structure. It prepares students for a nationally recognized professional certification. A billing or coding credential provides proof of competency in the field and is often a requirement for medical billing, medical coding, or other healthcare revenue cycle positions. Students are encouraged to discuss certification options with their faculty advisor and consider sitting for one of the following credentialing exams on completion of the certificate:

### National Health Care Association (NHA)

- **CBCS** - Certified Billing and Coding Specialist
- **CMAA** - Certified Medical Administrative Assistant

### AAPC

- **CPB** - Certified Professional Biller
- **CPC** - Certified Professional Coder

## Certificate Requirements

Code	Title	Credits
<b>Required Courses</b>		
MDAS 1011 or HIMT 1410	Administrative Medical Assisting Healthcare Access Management	3
HIMT 1110 or HIMT 2110	Introduction to Health Information Management Health Information Management Principles	3
Choose one of the following:		3
HIMT 2010	Human Diseases and Pathophysiology	
BIO 2103	Pathophysiology	
BIO 1023	Biology of Disease	
HIMT 2732	Introduction to Diagnosis Coding	2
HIMT 2745	Healthcare Coding for Services & Supplies	2
MDAS 1012 or HIMT 2460	Medical Insurance and Billing Healthcare Reimbursement	3
Choose one of the following:		3
MDAS 1025	Medical Terminology for Clinical and Administrative Professions	
BOT 1800	Medical Terminology and Anatomy	
HIMT 1000	Medical Terminology	
MDAS 2016 or HIMT 2350	Electronic Medical Records Healthcare Informatics	3
HIMT 2410	Professional Medical Billing	2
<b>Total Credits</b>		<b>24</b>