MEDICAL BILLING/CODING CERTIFICATE

Description and Outcomes

The objective of the Medical Billing/Coding Certificate program is to prepare you with the knowledge, technical skills, and work habits to pursue an entry-level position as a billing and insurance specialist in either a physician's office or institutional setting, or as a patient referral specialist, coder, or medical receptionist. The certificate program is approved by the AHIMA Professional Certificate Approval Program (PCAP), and the curriculum concentrates on helping you acquire the basic skills and knowledge necessary to submit medical claims for reimbursement, process bills, operate computerized billing systems, and gain a working knowledge of various insurance plans. Emphasis is placed on quality of coding for reimbursement and statistical reporting. You will gain additional hours of practical experience in both a virtual lab and onsite practicum location. You will complete a virtually proctored certification exam during your final term.

Upon graduation, workplace duties may include evaluating medical records in order to appropriately assign ICD-10 and CPT codes related to medical diagnoses and procedures, submitting insurance claims for reimbursement, and evaluating rejected claims for resubmission. You may use computerized billing programs and complete the HCFA claim form. In addition, you may develop a working knowledge of various insurance plans, including their associated regulations and guidelines, in order to efficiently and accurately refer patients to various health care providers.

Practicum Experience

Prior to graduation, you will be required to complete a 40-hour practicum experience during HS292 Billing and Coding Practicum. You will select the facility where you will complete the experience. Detailed guidelines for selection of a facility will be provided during HS215 Medical Insurance and Billing.

You should be aware that health care organizations may have specific requirements regarding vaccination against communicable diseases including COVID and Influenza. Failure to comply with requirements could interfere with the opportunity to complete a required practicum, fieldwork, or internship experience, may delay graduation or lead to an inability to complete your program, and could impact future employment opportunities.

Program Length

The Medical Billing/Coding Certificate program consists of 44 quarter credit hours. Upon completion of the program, you will be awarded a certificate.

Program Outcomes

1. Administration: Perform administrative functions of medical billing and coding.
2. Technical: Apply computer literacy skills in managing electronic medical claims.
3. Foundational Knowledge: Demonstrate knowledge of coding and billing guidelines and requirements in the process of medical claims management.
4. Standards, Laws, Ethics, and Professionalism: Analyze ethical and legal standards in practical applications within the discipline of coding and medical claims processing.
5. Critical Thinking: Apply problem-solving skills to real and simulated health care scenarios.

Program Availability

For program availability, please refer to the U.S. State and Other Approvals (https://catalog.purdueglobal.edu/policy-information/university-information/accreditation-approvals-memberships/) section and Program Availability Information (https://www.purdueglobal.edu/catalog-program-availability-info.pdf).

Policies

Certification, State Board, and National Board Exams

Certification and licensure boards have state-specific educational requirements for programs that lead to a license or certification that is a precondition for employment. Prospective and current students must review Purdue Global's State Licensure and Certifications (https://www.purdueglobal.edu/about/accreditation/licensure-state-authorizations/) site to view program and state-specific licensure information.

Licensure-track programs may limit enrollment to students in certain states; please see Purdue Global's Program Availability Information (https://www.purdueglobal.edu/catalog-program-availability-info.pdf) to determine enrollment eligibility.

You are responsible for understanding the requirements of optional certification exams. Such requirements may change during the course of your program. You are not automatically certified in any way upon program completion. Although certain programs are designed to prepare you to take various optional certification exams, Purdue Global cannot guarantee you will be eligible to take these exams or become certified. Your eligibility may depend on your work experience, completion of education and/or degree requirements, not having a criminal record, and meeting other certification requirements.

Upon completion of the program, you may be eligible to take the Certified Billing and Coding Specialist (CBCS) certification exam sponsored by the National Healthcareer Association (NHA); the Certified Coding Associate (CCA) certification exam, the Certified Coding Specialist–Physician-based (CCS-P®) exam, and the Certified Coding Specialist (CCS®) exam offered by the American Health Information Management Association (AHIMA); the Medical Coder and Biller Certification (MCBC) sponsored by the American Medical Certification Association (AMCA); and the Insurance and Coding Specialist (NCICS) certification exam sponsored by the National Center for Competency Testing (NCCT). You may be eligible for additional certifications once you attain professional experience. You will take one of these exams available through virtual remote proctoring during your capstone course which is designed to provide you with a professional credential at the time of graduation.

Degree Plan

The ⊕ icon appears in the title of traditional courses that are also available as a set of module courses. Module course availability may be limited to certain academic calendars. See Course Types *(*https://catalog.purdueglobal.edu/policy-information/university-information/approach-to-learning/*) for information about module courses.*

Program Requirements

Code	Title	Credits
Major Requirements		
HI135	🌐 Legal Aspects of Health Information	5
HI215	Reimbursement Methodologies	3
HI253	Medical Coding I	5
HI255	Medical Coding II	5
HS111	🌐 Medical Terminology	5
HS140	Pharmacology	5
HS200	Diseases of the Human Body	5
HS215	Medical Insurance and Billing	3
HS292	Billing and Coding Practicum	3
SC116	Survey of Human Structure and Function	5
Total Major Requirements		44
TOTAL CREDITS		**44**