

# Medical Coding Specialist

17-106-3 Technical Certificate

Offered at:

New Richmond  
Superior



## Overview

This certificate will prepare you for employment as a coding specialist in hospitals, clinics, surgery centers, long-term, and home health care facilities. Coding Specialists are also employed by consulting firms, coding and billing services, insurance companies, and governmental agencies.

## Student Profile

As a Medical Coding Specialist student, you should:

- Be very detail oriented when working with patient information
- Be able to work independently
- Communicate effectively, both orally and in writing
- Enjoy learning about the medical field and about new diseases and treatments
- Maintain a high level of confidentiality

## Preparation for Admission

The following experiences will help you prepare for this certificate:

- Medical Terminology
- Anatomy
- Communications--verbal and written
- Basic computer skills

The key to your success in this certificate is attention to detail and a willingness to learn.

## Outcomes

Employers will expect you, after completing this certificate, to be able to:

- Analyze health records and assign codes for diseases and procedures.
- Abstract key information from health records for reimbursement, statistics, and research purposes.
- Maintain confidentiality.
- Maintain a high accuracy level.

After successful completion of the certificate and after a specified number of years of work experience as a coder, graduates are eligible to take one of the five coding certification exams available:

- AHIMA (CCA, CCS, or CCS-P)
- AAPC (CPC or CPC-H)

## Career Outlook

Medical Coding Specialists are in high demand throughout the country. Hospitals and clinics require trained coders. Typical positions available to you upon graduation include:

- Medical Coding Specialist
- Physician (Clinic) Coder
- Hospital Coder

## Curriculum

| Number                   | Course Title                              | Credits  |
|--------------------------|---|----------|
| 10106130                 | Medical Terminology 1                     | 3        |
| 10106132                 | Medical Records                           | 1        |
| 10106133                 | Medical Disorders and Pharmacology ▲      | 2        |
| 10106134                 | Medical Insurance Claims ▲                | 3        |
| 10106138                 | Advanced/Applied Coding ▲                 | 2        |
| 10106197                 | ICD Diagnostic Coding ▲                   | 2        |
| 10106198                 | CPT Procedural Coding                     | 2        |
| 10510135                 | Anatomy, Physiology, and Disease Concepts | <u>2</u> |
| CERTIFICATE REQUIREMENTS |   | 17       |

▲ This course requires a prerequisite and/or corequisite, and must be completed with a grade of "C-" or better.

## Course Descriptions

### 10106130

#### Medical Terminology 1 - Credits: 3

This course presents the principles of medical word construction through identification of root words, prefixes, suffixes, combining forms, and methods of building medical terms. Emphasis is placed on correct medical word spelling, pronunciation, and definition, while introducing terminology specific to various body systems. The course is arranged by body system so that the student will recognize organs and anatomical terms as they relate to each system.

### 10106132

#### Medical Records - Credits: 1

This course exposes the student to basic aspects and guidelines of the medical record function in health facilities. Learners will locate, analyze, and abstract clinical data from medical records as required for diagnostic and procedural coding.

### 10106133

#### Medical Disorders and Pharmacology - Credits: 2

This course introduces the student to important concepts related to human diseases. The most common diseases and disorders of each body system are presented along with a review of the anatomy and physiology pertinent to that body system. Additionally, causes, diagnoses, treatments, and medications common to each system are presented. PREREQUISITE: 10106130 Medical Terminology 1.

### 10106134

#### Medical Insurance Claims - Credits: 3

This course presents common health insurance terminology and selected private and government insurance coverages. Students are introduced to basic principles of disease coding and procedural coding from the physician/provider perspective and follow the life cycle of the medical insurance claim with the aim of accurate and efficient reimbursement for services provided. This is not for experienced coders. PREREQUISITE: 10106130 Medical Terminology 1.

### 10106138

#### Advanced/Applied Coding - Credits: 2

This course focuses on advanced coding principles and techniques. It expands on coding techniques to include prospective payment system and decision making leading to optimal DRG assignment, regulatory agency coding requirements, coding assessment and coding quality assurance. PREREQUISITES: 10106132 Medical Records, 10106133 Medical Disorders and Pharmacology, and 10106198 CPT Procedural Coding.

### 10106197

#### ICD Diagnostic Coding - Credits: 2

This course gives the student an introduction to the process of diagnostic coding for health insurance reimbursement using the International Classification of Diseases. Students learn the format and organization of the ICD system. They learn to identify abbreviations, symbols, and modifiers used in the ICD coding system. Students learn to analyze medical documentation to locate and identify primary, principal, secondary, and concurrent diagnoses. Students then use their knowledge of anatomy and

terminology along with the ICD process to accurately assign diagnostic codes for insurance reimbursement purposes and correctly link diagnoses to procedures performed. PREREQUISITE: 10106134 Medical Insurance Claims and 10510135 Anatomy, Physiology, and Disease Concepts.

### 10106198

#### CPT Procedural Coding - Credits: 2

This course gives the student an introduction to the process of procedural coding for health insurance reimbursement purposes using the CPT system developed and updated yearly by the American Medical Association. Students explore the history of and uses for procedural coding. They develop an understanding of the organization of the CPT manual and the conventions that guide its use. They then use their understanding of CPT along with knowledge of medical terminology and anatomy to correctly assign procedural codes that document and justify charges for procedures and treatments performed.

### 10510135

#### Anatomy, Physiology, and Disease Concepts - Credits: 2

This course is a study of human anatomical structure, physiology, and the basic mechanisms of disease. It is designed to meet the unique educational needs of the medical secretary/office personnel. The course focuses on assessment, diagnosis, and treatment of commonly occurring medical conditions. The course will be structured to application of the content through case studies and group discussions. It is meant to provide a solid knowledge base for students entering work in health care settings. It is recommended that the student have a basic knowledge of medical terminology.