

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 knowledge-based certification exam during your final term through the American Medical Certification Association (AMCA).

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.

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


Certain state certification and licensure boards have specific educational requirements for programs to lead to a license or nongovernmental certification that is a precondition for employment in a recognized occupation.

Unless otherwise specified, Purdue Global's programs are not designed to meet any specific state's licensure or certification requirements. If certain licensed occupations, vocations, or professions are not explicitly listed, Purdue Global has not reviewed the licensure or certification requirements of those occupations, vocations, or professions, nor intended the program to meet such requirements. 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, meeting other certification requirements, or the program or the University itself having appropriate accreditation or licensure.

You will take a billing and coding certification exam sponsored by the American Medical Certification Association (AMCA) during your capstone course. It is a virtually proctored exam and is designed to provide you with a knowledge-based credential at the time of graduation. 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 sponsored by the American Health Information Management Association (AHIMA), the Certified Coding Specialist-Physician-based (CCS-P[®]) and Certified Coding Specialist (CCS[®]) exams offered by the American Health Information Management Association (AHIMA), 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.

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		
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
SC121	Human Anatomy and Physiology I	5
SC131	Human Anatomy and Physiology II	5
HS292	Billing and Coding Practicum	3
Total Major Requirements		44
TOTAL CREDITS		44