Frequently Asked Questions: Medical Billing & Coding

Medical Billing and Coding is one of the fastest growing careers in the health care industry. The need for professionals that understand how to code health care services and procedures for third party insurance reimbursement is growing substantially. Physician practices, hospitals, pharmacies, long-term care facilities, chiropractic practices, physical therapy practices, and other health care providers all depend on medical billing and coding for insurance carrier reimbursement.

Medical billing and coding professionals’ duties include reviewing records, calculating charges for a patient’s procedure and service and preparing itemized statements, and submitting claims to third party payers. Medical Coders are responsible for the collection of physician charges and patient data to ensure that claims are submitted to insurance carriers accurately and in the most efficient and expeditious manner. Medical Coders determine codes for physician procedures and diagnosis - using ICD-9 and CPT-4 coding protocols - for third party billing purposes.

What is the course description?
This combined 80-hour billing and coding course offers the skills needed to solve insurance billing problems, how to manually file claims (using the CPT and ICD-9 manual), complete common insurance forms, trace delinquent claims, appeal denied claims, and use generic forms to streamline billing procedures.

Class lectures cover the following areas: CPT (Introduction, Guidelines, Evaluation and Management), specialty fields (such as surgery, radiology and laboratory), ICD-9 (Introduction and Guidelines), and basic claims processes for medical insurance and third party reimbursements. Students will learn how to find the service and codes using manuals (CPT, ICD-9 and HCPCS).

Classes meet on Monday and Wednesday evenings and on a few Saturdays. Only two missed classes are permitted.

What are the course pre-requisites?
Students should possess a high school diploma or GED equivalent. Certain National Medical Coding Certification exams are very complex and may require 6 months to 2 years of practical coding experience prior to taking the exam or being recognized as a certified medical coding professional.

How do I register for the course and what is the refund policy?
You can register online at [www.sunyocc.edu/community](http://www.sunyocc.edu/community), by mail or fax, or in person. The class is limited to 25 students. Course refunds will be granted up to three business days prior to class start date.

What is the course tuition fee?
Tuition is $1,799. Payment can be made by cash, check or money order made payable to OCC, or Visa, MasterCard, and Discover credit cards. The course fee includes the class textbook. This course is not eligible for federal financial aid.
Are there any additional fees?
There is a separate fee if you sit for a national certification exam.

What is certification?
Certification is the process by which a non-governmental association or agency grants recognition to an individual who has met certain predetermined qualifications specified by that association or agency.

What are the requirements for certification?
It is recommended that students who complete this course obtain practical work experience (six months to two years) before sitting for the American Academy of Professional Coders (AAPC) Certified Professional Coder Examination (CPC or CPC-H Apprentice), the American Health Information Association (AHIMA) Certified Coding Associate (CCA) examination, and/or other National Certification Examinations.