



Medical Insurance Billing Technician Certificate Program

Description of Occupation - Medical Insurance Billing Technicians provide coding support, post charges and payments, and follow up on third-party reimbursements by initiating appeals and/or collections of unpaid balances. Billing Technicians obtain patient information necessary for successful claims management; have an understanding of medical terminology, anatomy & physiology, ICD-9 and CPT coding; and perform billing calculations and procedures. Many medical billing professionals also act as collectors, schedulers, and verifiers of insurance.

Medical Insurance Billing Technicians should have good (and accurate) math, reading and writing skills. Technicians must have good near vision with the ability to see details at close range and have keyboarding skills. Medical billing professionals should be detail-oriented and analytical. For more information regarding physical abilities and behavioral characteristics required for a career as a Medical Insurance Billing Technician, please refer to the attached Technical Standards.

Program Admission Criteria –

- *This is a noncredit course.* A college application, school transcripts and placement testing are not required.
- High school diploma or GED is required. It will likely be required for employment after completion of the program.
- State Police Criminal Record Check and drug screening may be required for employment in the healthcare field.
- Student must have a 10th grade English reading and writing level.
- Payment is due at the time of registration. Each course is an individual charge. Registration can be done by fax, phone, mail or online.
- Textbooks, which may be required for specific classes, are a separate cost and must be purchased prior to the start of class at the bookstore or online. Details for purchasing books will be mailed with your confirmation of enrollment letter.
- Student loans may be available through private lenders.
- Refund policy states that student must withdraw enrollment prior to the start of class for a refund. No refunds are given after the start of class.
- Typing or keyboarding skills are helpful but not required.
- Transcripts from HACC or other similarly accredited schools can be reviewed upon request for possible transferable classes.
- Students requesting a waiver of Medical Terminology and/or Introduction to Anatomy & Physiology courses for previous experience must pass a comprehensive exam (with a grade 70% or higher) to validate their knowledge of individual course content. Tests will be administered once the request has been submitted along with a \$75 fee for each test. Any waiver or arrangement for validation exams must be arranged through the Director or Coordinator of NonCredit HealthCare Education.
- Current course offerings and course costs for this program are listed in the Noncredit Healthcare Training Calendar. Please request a copy or download from our website. Go to www.hacc.edu and click on Health Careers. To register for classes, call (717) 780-2414. For more information, call (717) 221-1352.

Places of Employment and Outlook - Outlook is excellent for entry-level positions. Positions involving coding require some experience. Medical Insurance Billing Technicians can work in a multitude of settings and practices ranging from hospitals, physician offices, nursing facilities, rehab facilities, medical billing firms to insurance companies.

HACC does not offer assistance in job placement for this program at this time.

Length of Program and Degree Conferred –

- *This is a noncredit course.* The program is individualized and based on rotation of course offerings and student history.
- The program is offered evenings (a few courses are offered via internet) and is designed to be completed in approximately a year and a half.
- It is offered completely in Harrisburg, Lancaster and Lebanon. Some classes may be available in Gettysburg, York and Lebanon as well.
- Class attendance is considered mandatory for all courses within this certificate program – 80% attendance is required for each course.
- A final letter grade will be issued after the completion of each course. A letter grade of “C” (70% or higher) must be earned to pass each course. College records will indicate a “Pass” or “Fail” on your official transcript.
- Quizzes and exams are given at the discretion of the instructor for each class.
- A Certificate of Completion will be awarded after successfully completing this program.
- Medical billing is a field that requires ongoing education in order to remain competent.
- Students who complete this program may work toward coding certification or a degree in health information technology.

Salary Ranges for Geographical Area - \$31,226 median in Harrisburg (17110) in December 2009 for Medical Billing Clerk by salary.com.

Related Websites

[Career InfoNet](http://www.careerinfo.net) www.careerinfo.net

[American Medical Billing Association](http://www.ambanet.net/cmrs.htm) www.ambanet.net/cmrs.htm

[American College of Medical Coding Specialists](http://www.acmcs.org) www.acmcs.org

[American Academy of Professional Coders](http://www.aapc.com) www.aapc.com

[American Health Information Management Association](http://www.ahima.org) www.ahima.org

Required Courses – effective 7/1/11 - 219 Hours/\$1975 Total Cost of Tuition for 8 core classes plus 1 elective (Does not include cost of textbooks)

Introduction to Healthcare - \$163

This course serves as an introduction to allied health professions. The course reviews the US healthcare delivery system and identifies roles within that system. The course also introduces the student to concepts of cultural diversity, healthcare law and ethics, Universal Precautions, stress in the workplace, professionalism, communication and interpersonal relations and strategies for becoming a successful healthcare employee. **18 hours PLEASE NOTE: This is a new required course for any student who has not completed the program by 6/30/11. If you complete the entire program by 6/30/11, you would not be required to take this course.**
Accepted credit transfer: AH 140 (grade C or higher)

Medical Terminology - \$265

The course begins with frequently used prefixes and suffixes and progresses to include commonly used terms from each of the major body systems. Medical abbreviations will also be included. **30 hours**
Accepted credit transfer: BIOL 105 (grade C or higher)

Intro to Anatomy & Physiology - \$397

This course serves as introduction for any career in the healthcare field. A basic review of anatomy and physiology is the cornerstone of the program. Basic body organization and review of all body systems are included within this course. There is no lab required. **45 hours**
Accepted credit transfers: BIOL 111 or BIOL 121 & 122 (grade C or higher)

ICD-9 Coding - \$305

This is the second coding class in this certificate program. In the healthcare arena, specific codes describe diseases, injuries, and procedures. This course details the required thought process, knowledge of medical terminology, anatomy and physiology to assign the specific and correct diagnosis or ICD-9 code. Classes will include instruction and exercises to assist learning these skills. *This course will be offered each spring.* **33 hours Prerequisites: Medical Terminology and Intro to Anatomy & Physiology**

CPT Coding - \$305

This is the first of two coding classes in this certificate program. A basic coding introduction is included in this course. This course will provide a basic understanding of CPT Coding, which is a system developed by the AMA for standardizing the terminology and coding used to describe medical services and procedures. These codes allow for comparability in pricing, billing and utilization review. The course combines lecture and hands-on applications. The classes are designed for individuals who have minimal CPT coding experience. *This course will be offered each spring.* **33 hours Prerequisites: Medical Terminology, Intro to Anatomy & Physiology, and ICD-9 Coding.**

Intro to Medical Insurance - \$203

This course provides a review of insurance and third-party payment systems. Focus is on government programs. Legal issues that impact the medical office are discussed. An overview of claims reporting is provided. **24 hours**

Insurance Reimbursement Calculations - \$123

This course covers the system for calculating and determining the correct reimbursement for medical fee schedules, including RBRVS and RVU's. **15 hours Prerequisite: Intro to Medical Insurance**

Hospital Billing- \$123 (Effective 7/1/10, this course replaces Medical Office Computer Applications.)

This course will explore billing, coding and payment for hospital outpatient and inpatient services. The class will place a focus on applicable Medicare payment systems, Diagnosis Related Groups (DRG) ICD-9-CM, HCPCS coding, and the UB-04 as it relates to facility billing. Learned concepts will be exercised through the utilization of case studies. **15 hours Prerequisites: Intro to CPT Coding, ICD-9 Coding, Intro to Medical Insurance**

Elective Courses – One course from the following list is required. Please refer to the current class schedule for up-to-date offerings of electives each term.**Appeals, Fair Hearings, and Collections - \$91**

This course will cover the basic processes involved in generating appeals to third-party payers (i.e., insurance companies), basic skills of telephone appeals, creation of written appeals, Medicare's appeal process, and the basic guidelines for collections including legal aspects. **6 hours Prerequisite: Intro to Medical Insurance**

Coding and Auditing of Evaluation and Management Services - \$91

This course is for physician and outpatient hospital billers and coders and will introduce the concepts of correct coding of Evaluation and Management services, the current CMS Evaluation and Management guidelines, and current audit tools available. **6 hours Prerequisite: Intro to CPT Coding**

ICD-10 Coding Overview - \$91

This course is for billers and coders and will introduce the concepts of ICD-10 CM /PCS coding both for diagnoses and for procedures as found in the ICD10 CM/PCS Volumes I, II and III . The effective date of October 1, 2013 and the steps that will be necessary to get ready for the implementation and all the entities that will be affected by the implementation of such a system will be discussed. Sample coding questions with copies from the current proposed DRAFT of ICD 10-CM/PCS will be used as a teaching tool in this presentation. A power point presentation provided by CMS will also be used for teaching purposes as well as a power point presentation for the GEM (Generalized Equivalency Mapping) that is also to take place in preparing us for this transition. **6 hours Prerequisite: Medical Terminology, Intro to Anatomy & Physiology, Intro to CPT Coding, ICD-9 Coding and Intro to Medical Insurance**

Medical Record Documentation - \$91

This course will introduce the importance of medical record documentation in coding and billing healthcare services. The course will present methods of documentation, an introduction to electronic medical records, documentation guidelines and essentials. Students will be introduced to the necessary chart elements for general and specific healthcare services. Students will be introduced to the concepts of addendums, late entries, and record corrections. Appropriate methods of physician query will also be discussed. **6 hours Prerequisite: Intro to CPT Coding and ICD-9 Coding**

*If you are interested in this program or have questions,
Contact Noncredit Healthcare Education at 717-221-1352 or email mib@hacc.edu.*

Visit our web site at <http://www.hacc.edu> for our current schedule of classes.

HACC, Central Pennsylvania's Community College does not discriminate in admission or employment on the basis of race, color, religion, political affiliation or belief, age, sex, national origin, ancestry, non-job-related disability, place of birth, General Education Development Certificate (GED), marital status, sexual orientation, or veteran status. Inquiries concerning affirmative action should be directed to the office of Human Resources, Whitaker Hall 126, HACC, One HACC Drive, Harrisburg, PA 17110, telephone (717) 780-2367. For information regarding services, activities, and facilities that are accessible to and usable by persons with disabilities contact the Director of Disability Services, telephone (717)780-2614.

About HACC

In partnership with students, educators, businesses and our diverse communities, Harrisburg Area Community college fosters excellence in the educational, cultural, workforce development, and economic growth of the College's service areas.

Harrisburg Area Community College is an accessible, affordable, high-quality, comprehensive community college. The multi-campus college serves as a premier educational and workforce development institution. The presence of quality instruction and cutting edge technology, business and industry collaboration, and a learner-centered environment provides students the necessary knowledge, skills, and values to compete and excel in a global community.

Pennsylvania's first community college, Harrisburg Area Community College offers more than 120 associate degree, certificate, and diploma programs for students pursuing a bachelor's degree, seeking to upgrade their job skills, or planning a career change. The College also works in partnership with hundreds of businesses to design customized employee training programs.

HACC offers courses and programs at campuses in Gettysburg, Harrisburg, Lancaster, and Lebanon.

Medical Insurance Billing Technician Technical Standards

The following information contains essential technical standards outlining the physical abilities and behavioral characteristics necessary for the student to successfully complete the Medical Insurance Billing Technician Program. Technical standards are non-academic requirements of the program that a student must be able to master to participate successfully in the program. These standards reflect the performance abilities and characteristics necessary to successfully complete requirements for the Medical Insurance Billing Technician Program.

The applicant should carefully review the technical standards for the program and ask questions if not familiar with the activities or functions listed. The applicant must decide if he or she has any limitations that may restrict or interfere with satisfactory performance of any of the requirements. It is ultimately the applicant's responsibility to meet these technical standards.

The applicant should consult with the program director to discuss any individual situation if he or she may not be able to meet these essential performance requirements. The applicant may also contact Disability Services for more information on reasonable accommodations.

Interpersonal Communication:

- Requires the ability to communicate and interact with people to convey and/or exchange information
- Requires the ability to follow written and verbal instructions
- Requires telephone skills and ability to utilize a phone system

Visual Acuity:

- Requires the ability to read patient information, reports, books etc., which may at times be in fine print, a printed format, or less than legible hand writing
- Requires the ability to operate and manipulate equipment as necessary; i.e., computer, telephone, etc.

Reasoning Ability:

- Requires ability to apply principles of logical thinking to define problems, collect data, establish facts, and draw valid conclusions.

Language Ability:

- Requires ability to read and understand complex information from report, technical journals, papers, etc.
- Requires the ability to communicate the same types of complex information and data through speech and in writing using proper format, punctuation, spelling, grammar and using all parts of speech.

Numerical Ability:

- Requires the ability perform basic addition, subtraction, multiplication, and division operations.

Personal Temperament:

- Requires the ability to deal effectively with stress