ABOUT THE PROGRAM
The Medical Coding Specialist program prepares individuals for employment as entry-level coding specialists in health care facilities such as hospitals, clinics, physician practice groups, surgery centers, long-term care facilities, and home healthcare agencies. Coding specialists are also employed in consulting firms, coding and billing services, insurance companies, governmental agencies, and computer software companies. The medical coding specialist reviews medical documentation provided by physicians and other health care providers and translates this into numerical codes. The coding specialist assigns and sequences diagnostic and procedural codes using universally recognized coding systems. Several uses of coded data are for payment of health care claims, statistics, and medical research.

PROGRAM OUTCOMES
• Assign diagnostic and procedure codes using the ICD coding system.
• Assign procedure codes using the HCPCS/CPT coding system.
• Adhere to security/privacy/confidentiality policies.
• Use computers to process information.
• Support data collection and reimbursement system.
• Communicate in a professional manner.
• Model professional behaviors, ethics, and appearance.

CAREER AND EDUCATION ADVANCEMENT OPPORTUNITIES
LTC credits transfer to over 30 universities. For more information visit gotoltc.edu/future-students/transfer.

PROGRAM ADMISSIONS STEPS
• Work with Career Coach to:
  - Submit application and $30 fee.
  - Submit official transcripts (high school and other colleges).
  - Complete background check and $16 processing fee.

ENROLLMENT PROCESS
• Work with program Academic Advisor to:
  - Complete an assessment for placement (Accuplacer or ACT).
  - Complete health requirements.
  - Complete Functional Abilities Statement of Understanding form.
  - Meet to plan your first semester schedule, review your entire plan of study, discuss placement assessment results and complete any additional enrollment requirements.

APPROXIMATE COSTS
• $142 per credit (resident)
• Other fees vary by program (books, supplies, materials, tools, uniforms, health related exams, etc.) Visit gotoltc.edu/financial-aid/tuition-and-fees for details.

FINANCIAL AID
This program is eligible for financial aid. Visit gotoltc.edu/Financial-Aid or talk with your Career Coach about how to apply for aid.

CONTACT
LTC Career Coach
920.693.1162 • CareerCoach@gotoltc.edu
APPLIED CODING...prepares students to assign ICD and CPT/HCPCS codes supported by medical documentation with intermediate level of proficiency. Students will prepare appropriate physician queries in accordance with compliance guidelines and will assign codes to optimize compliance with federal regulations and reimbursement. PREREQUISITE: 10501101 Medical Terminology and COREQUISITES: 10530197 ICD Diagnosis Coding and 10530199 ICD Procedure Coding and 10530184 CPT Coding and 10530102 Health Insurance and Reimbursement

BASIC ANATOMY...examines concepts of anatomy and physiology as they relate to health careers. Learners correlate anatomical and physiological terminology to all body systems. COREQUISITE: 10838105 Intro Reading and Study Skills or Equivalent or Accuplacer Reading score of 74 or equivalent

CLINICAL INFORMATION MANAGEMENT...prepares learners for work with health information in various health care delivery systems and within a health information department. It prepares learners to retrieve data from health credits. Professional ethics, confidentiality and security of information are emphasized. It introduces learners to the use and structure of health care data elements, data sets, data standards, their relationships to primary and secondary record systems and health information processing. PREREQUISITE: 10530117 Digital Literacy for HC

HEALTH DATA MANAGEMENT...introduces the use and structure of health care data elements, data sets, data standards, their relationships to primary and secondary record systems and health information processing.

HEALTH INSURANCE AND REIMBURSEMENT...introduces the learner to Federal, state, and private health insurance plans and managed care systems; and surveys the coding, submission and processing cycle of claims, as well as reimbursement methods used by payers. It provides application of information to ambulatory settings, pharmacies, hospitals, and long term care.

HEALTHCARE REIMBURSEMENT...prepares learners to compare and contract health care payers, illustrate the reimbursement cycle, and to comply with regulations related to fraud and abuse. Learners assign Diagnosis Related Groups (DRGs), Ambulatory Payment Classifications (APCs) and Resource Utilization Groups (RUGs) with entry-level proficiency.

HEALTHCARE REIMBURSEMENT PRACTICUM 1...applies previously acquired skills and knowledge by means of clinical experiences in the technical procedures of health record systems and discussion of clinical situations. COREQUISITES: 10530195 Applied Coding, 10530197 ICD Diagnosis Coding, 10530199 ICD Procedure coding, 10530184 CPT Coding, CONDITION: 315302 Medical Coding Specialist or 105304 Health Information Management program requirements met

HUMAN DISEASE FOR HEALTH PROFESSIONS...focuses on the common diseases of each body system as encountered in all types of health care settings by health professionals. Emphasis is placed on understanding the etiology (cause), signs and symptoms, diagnostic tests, and treatment (including pharmacological) of each disease. COREQUISITES: 10501101 Med Term or CONDITION: 101064 Med Trans Spec program requirements met and 10806103 Body Struc & Func or CONDITION: 311067 Medical Transcription program requirements met and 10806103 Body Structure and Function

ICD DIAGNOSIS CODING...prepares students to assign ICD diagnosis codes supported by medical documentation with entry level proficiency. Students apply instructional notations, conventions, rules, and official coding guidelines when assigning ICD diagnosis codes to case studies and actual medical record documentation. PREREQUISITE: 10501101 Medical Terminology and COREQUISITES: 10530182 Human Diseases for the Health Professions and 10501102 Health Insurance and Reimbursement

ICD PROCEDURE CODING...prepares students to assign ICD procedure codes supported by medical documentation with entry level proficiency. Students apply instructional notations, conventions, rules, and official coding guidelines when assigning ICD procedure codes to case studies and actual medical record documentation. PREREQUISITE: 10501101 Medical Terminology and COREQUISITES: 10530182 Human Diseases for the Health Professions and 10501102 Health Insurance and Reimbursement

INTRO TO THE HEALTH RECORD...prepares learners to illustrate the flow of health information in various health care delivery systems and within the health information department. It prepares learners to retrieve data from health records. Professional ethics, confidentiality, and security of information are emphasized.

MEDICAL TERMINOLOGY...focuses on the component parts of medical terms, including prefixes, suffixes, and word roots. Spelling, definition, and pronunciation will enhance student learning as students practice formation, analysis, and reconstruction of medical terms. Medical terminology will come “alive” through an introduction to operative, diagnostic, therapeutic and symptomatic terminology of all body systems, as well as systemic and surgical terminology. Students will explore the Greek and Latin origins of medical terms and commonly used abbreviations.