

MEDICAL BILLING SPECIALIST, SHORT-TERM CERTIFICATE



The Medical Billing Specialist Certificate is a short-term program established to prepare students for employment in physicians' offices, medical insurance companies, and outpatient billing services. Medical Billing Specialists provide patient billing services for physicians, dentists, physical therapists, and other healthcare providers. They are knowledgeable in ICD-10-CM, CPT-4 and HCPCS coding, medical terminology; processing insurance claims, appeals and denials; fraud and abuse; HIPAA and OIG Compliance; information and web technology; reimbursement practices, and much more.

Program contact: Learn more

This certificate will be automatically awarded when the certificate requirements are completed. If you do not want to receive the certificate, please notify the Office of the Registrar at RegistrarOffice@tri-c.edu.

Learn more about how certificate credits apply to the related degree and about related training programs.

Program Admission Requirements

Students who choose the major code S702 for Medical Billing Specialist Short-Term Certificate do not need to fill out an application for health careers. This is a self-paced program; therefore, after meeting the following admission requirements, the student may begin taking first semester courses.

- High School Diploma/GED.
- ENG-0995 Applied College Literacies or appropriate score on English Placement Test.
- MATH-0955 Beginning Algebra or appropriate score on Math Placement Test.

Other Information

- Number accepted per year is based on courses offered and number of openings available in the course each semester.
- 2.0 GPA required.
- Students must pass all courses with a grade of "C" or higher to be eligible for the certificate.
- MA-1020 Medical Terminology I and MA-2010 Medical Terminology II must be completed within two years of program completion if not using Medical Terminology in current work environment.
- Coding courses expire after 12 months of completion of a program.

Program Learning Outcomes

This program is designed to prepare students to demonstrate the following learning outcomes:

1. Utilize oral and written skills to effectively communicate and interact with health care professionals, colleagues, administration and customers to enhance satisfaction.
2. Develop effective interpersonal skills to conduct yourself professionally among clients, colleagues, and other health care professionals.
3. Conduct yourself ethically and professionally according to the AHIMA code of ethics and standards of practice.
4. Use a variety of techniques to problem solve and arrive at best outcome.
5. Apply regulatory and accreditation standards to identify and support documentation compliance.
6. Apply hospital policies, federal regulations and/ or state statutes in the release and management of protected health information (PHI).
7. Ensure document compliance for services being billed.
8. Apply skills to find, build, research, manage and report both electronic and paper data.
9. Employ auditing skills and methodologies to insure compliance, accuracy, completeness, regulations, policies and procedures, and protocols in the healthcare delivery system.
10. Utilize knowledge and skills of medical terminology, codesets, reimbursement methodologies and regulations to accurately and thoroughly assign respective code sets.

Suggested Semester Sequence

First Semester		Credit Hours
MA-1020	Medical Terminology I ¹	3
MATH-1xxx	1000-level MATH course or higher	3
Select one of the following:		3
ENG-1010	College Composition I	
ENG-101H	Honors College Composition I	
Select one of the following:		3
IT-1090	Computer Applications	
IT-109H	Honors Computer Applications	
Credit Hours		12
Second Semester		Credit Hours
HIM-1112	Physician Office Coding	4
HIM-1121	Medical Billing Practices	2
HIM-1311	Legal Aspects of Health Care	3
MA-2010	Medical Terminology II	2
Credit Hours		11
Total Credit Hours		23

¹ Students must pass all required courses with a grade of "C" or higher to be eligible for the certificate.