

# Medical Coding Specialist

22-credit Technical Diploma

## About the Program

Medical Coders work in a variety of healthcare areas such as hospitals, physician offices and insurance companies. They review the physician documentation in the record in order to assign diagnoses and procedure codes which are used for reimbursement and data purposes. Billing forms are then filed based on the codes assigned. There are strict federal guidelines that must be followed when assigning codes.

Coders must have a strong background in Medical Terminology, Anatomy and Physiology and Pathophysiology. In this program, students learn to use two different coding systems in order to assign codes in addition to the reimbursement systems for inpatient and outpatient coding.

Graduates can become eligible to write the CCA which is a certification exam through AHIMA (American Information Management Association)

## Potential Job Titles

- Medical Coding Specialist
- Revenue Cycle Analyst
- Medical Billing Specialist
- Medical Coder

## Admission Process

- Fill out a WCTC application
- Send \$30 non-refundable application fee
- Send high school transcript or GED/HSED
- Send any previous college transcripts
- Complete Skills Assessment test (COMPASS)
- Begin pursuing Financial Aid options
- View online informational meeting and schedule a Program Planning Session (PPS) with program counselor

For more information, call 262.691.5200.

## Medical Coding Specialist Required Courses

**501-101 Medical Terminology** 3  
Develop an understanding of medical terminology by breaking related words into prefixes, root words, and suffixes. Practice the formation, analysis, and reconstruction of terms, and learn correct spellings, definitions, and pronunciations. Become familiar with the operative, diagnostic, therapeutic, and symptomatic terminology of all body systems, as well as systemic and surgical terminology.

## Required Courses

## Credits

### First Semester

501-101	Medical Terminology	3
509-302	Human Body in Health & Disease	3
530-181	Introduction to Health Records	1
530-182	Human Diseases for Health Professions	3
530-183	ICD-9-CM Coding	3
<b>Total semester credits</b>		<b>13</b>

### Second Semester

501-107	Intro to Healthcare Computing	2
530-184	Current Procedural Terminology	3
530-185	Health Care Reimbursement	2
530-195	Applied Coding	2
<b>Total semester credits</b>		<b>9</b>

*A grade point of 2.0 (C) or better is required in all courses to complete the program. Curriculum is current as of catalog printing. The most current curriculum requirements for graduation will be provided upon admission to program, or review at [www.wctc.edu](http://www.wctc.edu).*

<b>501-107 Intro to Healthcare Computing</b>	<b>2</b>	Anatomy; or 806-177 Gen Anatomy & Physiology and 501-101 Medical Terminology; and 530-181 Introduction to Health Records (or concurrent); and 530-182 Human Diseases Hlth Profession (or concurrent)
Become familiar with the basic computer applications used in contemporary healthcare settings, including common software packages, operating systems, file management, word processing, spreadsheets, databases, the Internet, and e-mail. Study the hardware and software components of modern computer systems.		
<b>509-302 Human Body in Health &amp; Disease</b>	<b>3</b>	Study normal body structure and function as well as the causes, signs, and symptoms of diseases of the major body systems, as well as the diagnostic procedures, usual treatment, prognosis, and prevention of common diseases. Prerequisites: 501-101 Medical Terminology (or concurrent); or 510-314 Language of Anatomy; or 509-160 Medical Terminology; or 509-361 Advanced Medical Terminology; or 509-164 Adv Med Term (or concurrent) or 509-360 MED TERM
<b>530-181 Introduction to Health Records</b>	<b>1</b>	Comprehend the flow of health information in various health care delivery systems and within the health information department. Study the retrieval of data from health records, and discuss topics such as professional ethics, confidentiality, and security of information.
<b>530-182 Human Diseases Hlth Profession</b>	<b>3</b>	Become familiar with the common diseases encountered in all types of health care settings by health information professionals. Examine the causes, signs and symptoms, diagnostic tests, and treatment of each disease. Prerequisites: 509-160 Medical Terminology (or concurrent); or 501-101 Medical Terminology (or concurrent) and 509-302 Human Body in Health & Disease (or concurrent); or 806-195 Anatomy and Physiology I (or concurrent); or 510-314 Language of Anatomy (or concurrent); or 501-101 Medical Terminology (or concurrent) and 806-177 Gen Anatomy & Physiology (or concurrent)
<b>530-183 ICD-9-CM Coding</b>	<b>3</b>	Develop the skills needed to assign ICD-9-CM codes, supported by medical documentation, with entry-level proficiency. Apply ICD-9-CM instructional notations, conventions, rules, and official coding guidelines when assigning ICD-9-CM codes to case studies and actual medical record documentation. Prerequisites: 501-101 Medical Terminology (or concurrent) and 509-302 Human Body in Health & Disease (or concurrent); or 510-314 Language of
<b>530-184 Current Procedural Terminology</b>	<b>3</b>	Learn how to assign CPT codes, supported by medical documentation, with entry-level proficiency. Apply CPT instructional notations, conventions, rules, and official coding guidelines when assigning CPT codes to case studies and actual medical record documentation. Prerequisites: 501-101 Medical Terminology (or concurrent) and 509-302 Human Body in Health & Disease (or concurrent); or 510-314 Language of Anatomy; or 806-177 Gen Anatomy & Physiology (or concurrent) and 501-101 Medical Terminology (or concurrent); and 530-181 Introduction to Health Records (or concurrent); and 530-182 Human Diseases Hlth Profession (or concurrent)
<b>530-185 Health Care Reimbursement</b>	<b>2</b>	Prepare to compare and contrast health care payers, understand the reimbursement cycle, and comply with regulations related to fraud and abuse. Use computerized encoding and grouping software to assign diagnosis-related groups, ambulatory payment classifications, and resource utilization groups with entry-level proficiency. Prerequisites: 509-160 Medical Terminology (or concurrent); or 501-101 Medical Terminology (or concurrent) and 509-302 Human Body in Health & Disease (or concurrent); or 806-195 Anatomy and Physiology I (or concurrent); or 510-314 Language of Anatomy (or concurrent) and 530-109 Intro ICD-9 Med Coding (or concurrent); or 530-181 Introduction to Health Records (or concurrent) and 530-110 Intro CPT Coding (or concurrent); or 530-184 Current Procedural Terminology (or concurrent) and 530-182 Human Diseases Hlth Profession (or concurrent); and 530-183 ICD-9-CM Coding (or concurrent) or 530-109 Intro ICD-9 Med Coding (or concurrent)
<b>530-195 Applied Coding</b>	<b>2</b>	Prepares students to assign ICD and CPT/HCPCS codes supported by medical documentation with intermediate level of proficiency. Prepare appropriate physician queries in accordance with compliance guidelines and assign codes to optimize appropriate reimbursement. Prerequisites: 530-183 ICD-9-CM Coding and 530-184 Current Procedural Terminology (or concurrent) and 530-185 Health Care Reimbursement (or concurrent)