

Medical Coding and Billing
Diploma | 30 credits

Campus: Hibbing

FALL SEMESTER		CREDITS
ALHE 1620	Applied Medical Terminology	2
BIOL 1300	Introduction to Anatomy and Physiology (MNTC 3)	4
BOPM 1251	Operations Management: The Professional Office	3
HINS 1120	Health Information Privacy and Security	1
HINS 1152	Medical Insurance and Billing	2
HINS 1163	Medical Office Procedures	2
HINS 1320	Medical Coding I	2
TOTAL SEMESTER CREDITS		16
SPRING SEMESTER		
BOPM 1246	College Keyboarding	3
GENS 1171	Computer Applications: Word Processing	1
GENS 1172	Computer Applications: Spreadsheets	1
HINS 1144	Pharmacology for Healthcare Admin	1
HINS 1322	Medical Coding II	3
HINS 1324	Medical Coding III	2
HINS 2144	Legal Aspects of Healthcare	2
PDEV 1130	Employment Strategies	1
TOTAL SEMESTER CREDITS		14

PROGRAM DESCRIPTION

The Medical Coding and Billing diploma prepares students for positions in healthcare billing, coding, and reimbursement. Students learn to accurately apply ICD-10-CM, CPT, and HCPCS Level II coding systems, process insurance claims, and interpret reimbursement methodologies. Coursework emphasizes data accuracy, regulatory compliance, confidentiality, and professional communication within healthcare settings. Graduates are prepared for positions such as medical coder, billing specialist, or insurance claims processor and may pursue national certification exams offered by the American Academy of Professional Coders (AAPC).

PROGRAM OUTCOMES

Graduates will be able to:

1. Assign and sequence ICD-10-CM, CPT, and HCPCS Level II codes accurately according to official coding guidelines and payer requirements.
2. Apply insurance and reimbursement methodologies to support accurate claim submission, payment posting, and denial management.
3. Analyze provider documentation to ensure clinical accuracy, compliance, and completeness of coded health records.
4. Use software, encoders, and electronic health record systems to manage coding, billing, and claim processes.
5. Apply privacy, security, and compliance standards in accordance with HIPAA and other federal, state, and organizational regulations.
6. Communicate effectively and professionally with patients, providers, and third-party payers regarding coding and billing inquiries.
7. Demonstrate ethical behavior and integrity when managing patient and financial information within healthcare environments.
8. Evaluate the connection between coding accuracy, documentation quality, and reimbursement outcomes in the revenue cycle process.
9. Demonstrate readiness for national certification exam, including the Certified Professional Coder (CPC) and Certified Professional Biller (CPB) offered by the American Academy of Professional Coders (AAPC).

PROGRAM NOTES

- This program is fully online.
- All coursework must be completed within 5 years.
- Students must earn a “C” or better in all course work.
- BIOL 2371 or BIOL 2372 can be substituted for BIOL 1300 with a grade of C or better.

EMPLOYMENT OPPORTUNITIES

The medical community depends on educated professionals to analyze, code, and manage medical data that supports continuity of care, reimbursement, and quality improvement. Medical coding and billing specialists play a vital role in ensuring that healthcare organizations are reimbursed accurately and that patient records reflect precise documentation.

These professionals work closely with providers, nurses, administrative staff, and third-party payers to maintain compliance, protect patient information, and contribute to the efficient and accurate healthcare operations behind the scenes.

Students are also prepared to sit for the national certification exams offered by the American Academy of Professional Coders (AAPC), including the Certified Professional Coder (CPC) and Certified Professional Biller (CPB) credentials. Certification exams are optional and not required for program completion.

Upon passing the CPC certification exam, individuals earn the Certified Professional Coder – Apprentice (CPC-A) credential. The apprentice designation (-A) is removed after verified work experience is submitted to AAPC, upgrading the credential to Certified Professional Coder (CPC) status.

Students who obtain this certificate may be qualified to work in any of the following (national certification may be required):

- Medical Coder
- Outpatient Coder
- Billing Specialist
- Patient Accounts Representative
- Revenue Cycle Specialist
- Insurance Claims Processor
- Health Information Technician
- Charge Entry or Payment Posting Clerk
- Claims Resolution Specialist

PROGRAM FACULTY

Susan Bremer

218-855-8094

susan.bremer@clcmn.edu