Hospital Coding Certification
Certified Outpatient Coder-Hospital Outpatient (COC^{TM})

Outpatient Ambulatory Coding jobs are growing faster than ever before. As physicians move away from private practice and join hospital groups, career opportunities in Outpatient Facilities such as Ambulatory Surgical Centers or hospital outpatient billing and coding departments are opening for coders. The COC^{TM} exam validates your specialized payment knowledge needed for these jobs in addition to your CPT® and ICD-9 coding skills. Invest in your future with the COC^{TM} certification---those with the COC™ **earn 61% more** than non-credentialed coders.

The healthcare industry is highly dependent on skilled and qualified medical coders to accurately record, register and keep track of each patient's account. **Medical Coders** really don't have too much interaction with insurance companies and patients. This job is perfect for someone who would prefer to spend time analyzing and coding data. Every duty performed in a medical office has a particular code assigned to it, and it needs to be coded properly in order for proper billing. The Medical Coder and Biller often work together to make sure all invoices are paid properly.

Course Description

- Proficiency in assigning accurate medical codes for diagnoses, procedures and services performed in the outpatient setting (emergency department visits, outpatient clinic visits, same day surgeries, diagnostic testing (radiology and laboratory) and outpatient therapies (physical therapy, occupational therapy, speech therapy and chemotherapy)

- Proficiency across a wide range of services, which include evaluation and management, anesthesia, surgical services, radiology, pathology and medicine

- Knowledge of coding rules and regulations along with keeping current on issues regarding medical coding, compliance and reimbursement under outpatient grouping systems. A trained coding professional can better handle issues such as medical necessity, claims denials, bundling issues and charge capture

- Ability to integrate coding and reimbursement rule changes in a timely manner to include updating the Charge Description Master (CDM), fee updates and the Field Locators (FL) on the UB04

- Correctly completing a CMS 1500 for ASC services and UB04 for outpatient services, including the appropriate application of modifiers

- Knowledge of anatomy, physiology and medical terminology commensurate with ability to correctly code provider services and diagnoses

- A working knowledge in the assignment of ICD-9-CM codes from Volumes 1 & 2. A comprehensive, approachable guide to hospital insurance billing and coding, **Understanding Hospital Billing and Coding,** covers everything hospital billers need to know, from patient admission to accounts receivable management and HIPAA. It builds on your knowledge so that you can make a successful transition from the physician/outpatient environment to the hospital setting. This course covers the hospital regulatory setting, the structure and functions of hospital departments, patient accounts and data flow, the billing process, coding, claim forms, reimbursement, accounts receivable management, HIPAA requirements, and with updated electronic claim forms. You will have Hospital cases which allow you apply concepts to real-life scenarios.

HOSPITAL CODING CALENDAR

Our online courses have pre-recorded live lectures that can be started at **any time**. You will be working one on one with a coding professional. You are given the option of Live webinar should you require extra assistance as you watch the lectures.

ONSITE LIVE BROADCAST AND LIVE LOCATIONS

Auburn	Gray/New Gloucester	Mechanic Falls	Scarborough
Augusta	Gorham	Merrymeeting	Turner
Bangor	Kittery	Noble	Van Buren
Biddeford	Lawrence	Oxford Hills	Westbrook
Bethel	Maranacook	PVAEC	Windham
Gardiner	Marshwood	Presque Isle	York And SMCC

ENTRANCE REQUIREMENTS

All applicants must be 18 years of age. A high school diploma or GED equivalent is also required. Must have CPC or CCS before taking this program.

ATTENDANCE POLICY

All lectures must be watched and all assignments must be completed before attending the certification exam.

STANDARDS OF PROGRESS

Students whose academic average drops below 70% will be placed on academic probation. We will work with the student to develop an action plan for success, to include specific goals and target dates. If the student is unsuccessful in meeting the goals and target dates of the action plan for success, the student will be subject to academic dismissal. If a student misses more than 3 live classes and does watch the recorded lectures, or if an online student fails to provide weekly contact with the instructor via email for more than 3 weeks, the student will be subject to academic dismissal with no refund.

REFUND POLICY

1. You may terminate the Enrollment Agreement or training at any time. If you do so, you must inform **the school, not the instructor in writing.** Termination will become effective upon receipt of the written notice. Refund will be based on notification week corresponding with your course assignments/week associated with start date of the program.

2. If you terminate within three days of enrolling, provided you have not commenced training, you will receive a refund of the money paid to the school, minus $125 for the course books and reference books, unless they are returned unused. The $300.00 application fee in nonrefundable. If all materials are returned, only the application fee will be subtracted.

3. If you terminate within the first 3 weeks, you will receive a prorated refund equal to the unused portion of monies received from your last day of attendance, or week corresponding with your course assignment, less the application fee of $300.00 and the book fee of $125.00 for course books. **If you terminate any time after week 3, there will be no refund. If you are paying a payment plan, the balance will be effective as of drop date, 30 days to pay in full or sent to collections.**

GI Bill recipients follow different guidelines. If you are a GI Bill student please contact our office for more details

HOSPITAL CODING ENROLLMENT AGREEMENT
(PRINT, MAIL, EMAIL OR FAX REGISTRATION FORM TO ABOVE ADDRESS)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP:_____

PHONE NUMBER: _____(H) _____(C)

E-MAIL: _____

LOCATION ATTENDING   START DATE _____
OR ONLINE/CORRESPONDENCE   START DATE:_____

WHERE DID YOU HEAR ABOUT OUR COURSES?:
_____
If Adult Education, which one?_____

PAYMENT METHOD
****Please make checks payable to the Academy of Medical Professions****

- **PLEASE SEND ALL REGISTRATION FORMS TO BRUNSWICK, MAINE OFFICE**
- **$300.00 NON-REFUNDABLE ENROLLMENT FEE IS ALREADY INCLUDED IN THE PRICE**

_____**SINGLE PAYMENT**   **$1,800 Full payment**

_____**VOUCHER PAYMENT**   **$1,800 PAID BY OUTSIDE SOURCE**
    VOUCHER PAYMENTS: (I.E. GOODWILL, DEPT OF LABOR, VA, MYCAA, ETC)
)

WEEKLY PAYMENT PLANS   (Finance Fees Included)   Circle One

_____PAYMENT PLAN 1: **$ 1,900**   **$350 Down, then $75 weekly until paid in full**
                  $2,000   **$350 Down, then $50.00 weekly until paid in full.**

MONTHLY PAYMENT PLANS   (Finance Fees Included)   Circle One

_____PAYMENT PLAN 1: **$2,000**   **$350 Down, then $250 monthly until paid in full.**
                  $2,100   **$350 Down, then $200 monthly until paid in full.**

HOSPITAL CODING ENROLLMENT AGREEMENT

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BE SURE TO PROVIDE CREDIT CARD INFORMATION AND DATE YOU WANT TO START THE AUTOMATIC PAYMENTS ON: _____(initial agreement to terms)

CREDIT CARD # _____

EXPIRATION: _____SECURITY CODE: _____ TYPE OF CARD: _____

NAME AS IT APPEARS ON CARD: _____

ADDRESS WHERE CARD IS SENT IF DIFFERENT FROM REGISTRATION FORM:
_____

(Check One)
DEPOSIT AMOUNT:_____Date to take out deposit:_____
(OR)
PAYMENT IN FULL: _____ Date to take out the full payment:_____

PAYMENT PLANS:

AMOUNT OF **WEEKLY** PAYMENT: _____Date to begin payments: _____
(OR)
AMOUNT OF **MONTHLY** PAYMENT:_____ Date to begin payments: _____

CONTRACT AGREEMENT

I, _____ hereby agree to the above mentioned terms of the program. I agree to the payment plan chosen above and I have read and understand the REFUND POLICY and STANDARDS OF PROGRESS for this course and agree to its terms. I agree that if I have a payment plan, that I will keep it in good standing, and that if my account is sent to collections, I am responsible for the legal fees, late fees, and payment plan I have agreed to:

SIGNATURE:_____ DATE: _____

(THIS INFORMATION IS ONLY NEEDED IF USING PAYMENT PLAN)
SS# _____ DRIVER'S LICENSE # _____ STATE _____