CODING SPECIALIST — CERTIFICATE

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Medical coding professionals

Health-care facilities need coders who accurately select ICD-10-CM/PCS codes, CPT codes, and HCPCS codes, as well as identify appropriate DRG or APC assignments for diagnostic and surgical information filed in health records. In most instances, financial reimbursement is directly tied to these codes. The statistical information generated from these codes is used for research, quality improvement in patient care, education, and administrative decision-making.

Opportunities

Coding specialists are in demand in acute care and ambulatory care facilities, physicians' office practices, and long-term care facilities. A variety of government agencies require coding expertise as well. The need for accurate, skilled coders is critical in California and throughout the nation. Available information about job opportunities is provided to alumni.

The program

The Coding Specialist Program is an online certificate program that is five quarters in length. Practicum courses in the program require some live, synchronous meetings between instructors and students to ensure the students receive adequate guidance in preparation for the workforce. Before beginning coding courses, students are introduced to foundational concepts in health-care records management as well as disease states and interventions.

Program learning outcomes

Upon completion of the program, the graduate should be able to:

1. Assess health record documentation to verify that it is accurate, timely, and complete, and that it supports the diagnosis and other clinical findings.

2. Determine the appropriate medical codes for health-care encounters with accuracy and consistency according to official guidelines.
3. Adhere to the format, organization, and mechanical conventions of the ICD-10-CM/PCS, CPT, E & M, and HCPCS coding systems.
4. Facilitate health data collection and processing through coding, indexing, and maintaining disease and operation statistics.
5. Assess compliance with regulatory requirements and reimbursement methodologies.
6. Perform diagnostic-related group and ambulatory patient-classification assignments using decision trees and computerized patient-data groupers.
7. Develop appropriate physician queries to resolve discrepancies in clinical documentation and coding.

Professional certification

Upon successful completion of the program, the student is eligible to take the national entry-level certification examinations of the American Health Information Management Association.

Special coursework/credit

Credit for life experience may be offered through waiver or equivalency examination as allowed by University policy.

Approval

The Loma Linda University Coding Specialist Certificate Program is approved by AHIMA's Professional Certificate Approval Program (PCAP). This designation acknowledges the coding program as having been evaluated through a peer-review process and against a national minimum set of standards for entry-level coding professionals. This process allows academic institutions, health-care organizations, and private companies to be acknowledged as offering an approved coding certificate program. Any PCAP-related inquiries may be addressed to AHIMA, 233 N. Michigan Avenue, 21st Floor, Chicago, IL 60601-5809; telephone 312/233-1149; email, academic.affairs@ahima.org.

Admissions

In addition to Loma Linda University (http://llucatalog.llu.edu/about-university/admission-policies-information/#admissionrequirementstext) and School of Allied Health Professions admissions requirements (http://llucatalog.llu.edu/allied-health-professions/#generalregulationstext), the applicant must also complete the following requirement:

- High School Diploma or GED

Program requirements
Corequisite

The following corequisites/courses must be completed at an accredited college or university:

- Human anatomy and physiology (must be completed before Winter Quarter of first year)
- Medical terminology

Year 1

HLCS 242	Coding I	4
HLCS 243	Coding II	4
HLCS 961	Coding Practicum I	2

HLIN 220	Health Information Science and the U.S. Health-Care System	4
HLIN 248	Pathopharmacology for Health Information Management	4
RELE 257	Health Care Ethics	2
Year 2		
HLCS 245	Coding III	4
HLCS 250	Reimbursement and Coding Compliance	4
HLCS 260	Seminar and Portfolio for Health-Care Professionals	2
HLCS 962	Coding Practicum II	2
Total Units		**32**

A minimum grade of C (2.0) is required for all courses in the program.

Normal time to complete the program

Fifteen (15) months based on less than half-time enrollment; no full-time option available

Courses

HLCS 236. Pharmacology. 2 Units.
Introduces pharmacology, including a review of pharmaceuticals used in diagnosis, prevention, and treatment of disease as commonly encountered in medical records.

HLCS 238. Essentials of Human Diseases. 3 Units.
Surveys human diseases, including the etiology, pathogenesis, and clinical manifestations of commonly encountered diseases.

HLCS 239. Introduction to Health Records Science. 3 Units.
Introduces health-care facilities and the information systems involving health records. In-depth study of health record content, confidentiality of health-care information, and professional ethics.

HLCS 241. Medical Terminology. 2 Units.
Prefixes, suffixes, and root words used in the language of medicine. Terms pertaining to pathology and surgery. Terms studied by body system: gastroenterology, cardiology, neurology, musculoskeletal, dermatology, ophthalmology, otorhinolaryngology, and respiratory.

HLCS 242. Coding I. 4 Units.
Principles and conventions of ICD-10-CM and ICD-10-PCS coding in diseases and procedures pertaining to infectious diseases; diseases of blood, endocrine, respiratory, digestive, genitourinary, skin, and musculoskeletal systems; and mental disorders.

HLCS 243. Coding II. 4 Units.
Principles and conventions of ICD-10-CM and ICD-10-PCS coding in diseases and procedures pertaining to pregnancy, perinatal conditions, poisonings, injuries, complications of medical and surgical care, the circulatory system, and neoplasms. Prerequisite: HLCS 242.

HLCS 245. Coding III. 4 Units.
Principles of current procedural coding terminology (CPT) at the intermediate level, including: surgical coding for all body systems; medical procedures; anesthesia coding; radiology, pathology, and laboratory coding for inpatient and outpatient health-care settings. Modifier assignment. Also includes laboratory practice on 3M software. Prerequisite: HLCS 243.

HLCS 247. Computer Applications in Health Care. 2 Units.
Introduces health-care information systems concepts and applications. Focuses on software application in the health-care arena. Specific topics addressed include: general system theory; data management; interoperability; health record applications (e.g., encoder, ADT-R, ROI, etc); electronic health records; personal health records; mobile technology; telemedicine; bioinformatics; heath information exchange; patient informatics applications; and emerging trends in health information technology.

HLCS 250. Reimbursement and Coding Compliance. 4 Units.
Addresses principles of billing and third-party reimbursement relating to physician professional coding and APC assignment for health-care institutions. Includes E&M coding conventions and modifiers. Covers principles of health-service billing, including billing terminologies, billing processes, and universal billing forms for various physician-practice settings. Overview of coding guideline compliance, physician querying, severity of illness systems, and clinical documentation improvement. Prerequisite or concurrent: HLCS 245.

HLCS 260. Seminar and Portfolio for Health-Care Professionals. 2 Units.
Requires development of a portfolio that illustrates mastery of the program learning outcomes. Provides students with a format to demonstrate acquisition of the knowledge and skills necessary to enter the workforce, including preparation for any relevant professional credentials, resume-building, and interview-skill development.

HLCS 292. Computer Applications in Health Care II. 1 Unit.
Introduces health-care information systems concepts and applications. Focuses on software application in the health-care arena. Specific topics addressed include: general system theory; interoperability; specific health record applications (encoder, ADT-R, ROI, etc); electronic health records; personal health records; and patient informatics applications. One hour required each week.

HLCS 961. Coding Practicum I. 1,2 Unit.
Provides 60 hours of practical, hands-on coding experience under the direction of a practicum supervisor. Supports the application of state and national coding and reimbursement regulations to a variety of inpatient and outpatient records. Fosters an opportunity to improve coding knowledge and techniques in preparation to enter the workforce.

HLCS 962. Coding Practicum II. 1,2 Unit.
Continuation of HLCS 961. Provides 60 hours of practical, hands-on coding experience under the direction of a practicum supervisor. Supports the application of state and national coding and reimbursement regulations to a variety of inpatient and outpatient records. Fosters an opportunity to improve coding knowledge and techniques in preparation to enter the workforce. Prerequisite: HLCS 961.