The 40-week* Medical Billing and Coding Certification Program provides a comprehensive foundation in essential billing and coding practices, paired with structured career development support. Students will complete two targeted courses—one focused on medical billing in preparation for the CPB™ certification, and one focused on medical coding aligned with the CPC® certification. Through hands-on application to real-world medical records and guided exam preparation, learners gain practical experience and build confidence for success in the field. The program also includes dedicated career services to assist students in developing effective job search strategies and transitioning into the healthcare workforce. This is a rigorous, fast-paced program requiring a commitment of 4 contact hours per week, along with 12 hours of independent study (including reading, assignments, and exam preparation) to ensure mastery of course content.

*40 weeks includes 36 classroom weeks, 2 weeks for review, 2 weeks for certification exams.

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Course I: Medical Billing for CPB™ Certification

Course Length: 11-week course (44 contact hours/88 outside class hours)

Course Description: This course introduces health insurance and reimbursement processes. Students will gain insight into the health insurance industry, its legal and regulatory aspects, and various reimbursement methods. They will also learn about medical billing principles, focusing on proper claim form preparation, submission, payment processing, and follow-up procedures. The course is ideal for individuals pursuing careers in medical billing departments at physician's offices, clinics, or other similar positions.

Course Objectives:

- Gain an overview of healthcare from a medical billing perspective
- Obtain the knowledge and skills for effective research guidance
- Identify various health insurance models and their impact on medical entities
- Comprehend legal and regulatory aspects of healthcare reimbursement and collections
- Describe the physician-based insurance claim process, including patient data acquisition, claim form completion, insurance carrier processing, and payment receipt
- Demonstrate proficiency in using the three primary code books: CPT, ICD-10-CM, and HCPCS Level II, and apply medical necessity standards
- Understand the accounts receivable follow-up process in a physician's office, including common insurance denials and their appeals process

Course Content:

1. Introduction to Healthcare and Research Guidance
2. Health Insurance Models
3. Patient Registration Process/Data Capture
4. How to Use Your Code Books – An Introduction to ICD-10-CM, CPT®, and HCPCS Level II Code Sets
5. Medical Necessity
6. Claim Forms (CMS-1500 and UB-04) and Medical Billing
7. A/R and Collection Concepts
8. Government Carriers (Medicare, Medicaid, and TRICARE)
9. Blue Cross/Blue Shield
10. Commercial Insurance Carriers and Workers' Compensation
11. Final Exam

Methods of Evaluation:

The instructional methods used include reading assignments, practice exercises, experiential learning, audio/video lectures, chapter review exams, and a practice exam.

Included eTextbooks:

1. Medical Billing Training: CPB™ - eBook AAPC; AAPC publisher

Required Code Books (Included):

1. CPT® Professional Edition code book (current year), AMA publisher
2. ICD-10-CM code book (current year), any publisher
3. HCPCS Level II code book (current year), any publisher

Required code books may be purchased through AAPC or any major bookseller.

Recommended Textbooks/Supplies (Not Included):

1. Medical dictionary, any publisher

Computer Requirements: High-speed Internet connection with Blackboard supported Operating System & Web browser (see the "Course Requirements" tab: https://www.aapc.com/training/cpc-online-medical-coding-training-course.aspx); Adobe Acrobat Reader. For best experience, use of a mobile device is not recommended.

Certification Exam: Certified Professional Biller® (CPB)

The Certified Professional Biller (CPB) credential demonstrates skills related to maintaining all aspects of the revenue cycle, particularly patient and payer billing and collections. Without expertise in medical billing and the nuances of payer requirements, healthcare provider reimbursement may be compromised.

Through rigorous examination and experience, CPBs have proven knowledge of how to submit claims compliant with government regulations and private payer policies. They follow up on claim statuses, resolve claim denials, submit appeals, post payments and adjustments, and manage collections. The CPB medical billing credential is vital to the financial success of the professional healthcare services claims process.

The CPB exam is a four-hour test of medical billing proficiency consisting of 135 multiple-choice questions four hours that assess several areas of knowledge. The questions require an understanding of the types of insurance plans; local and national coverage determinations (LCDs and NCDs); healthcare regulations such as HIPAA, the False Claims Act, the Fair Debt Collections Act, and Stark Law; the life cycle of a medical claim; denial resolution; medical coding; and more. During the test, you will reference approved code books — the AMA's CPT® Professional Edition, as well as your choice of ICD-10-CM and HCPCS Level II code books.

Breakdown of the 135-question CPB exam

Passing the CPB exam requires you to correctly answer a minimum of 95 questions from the domains below. The CPB test will rely on a level of understanding that enables you to identify the domain.

Types of insurance (29 questions)

These questions will assess your knowledge of managed care, commercial payers, Medicare, Medigap, Medicaid, Blue Cross/Blue Shield, TRICARE/CHAMPUS, workers' compensation, and third-party payers (automobile, liability, etc.).

Billing regulations (17 questions)

These questions will address accountable care organizations (ACOs), the National Correct Coding Initiative (NCCI), local coverage determinizations (LCDs), national coverage determinations (NCDs), incident-to billing, global packages, unbundling, completion of the CMS-1500 and UB-04 forms, and payer payment policies.

HIPAA and compliance (7 questions)

This section will test your knowledge of HIPAA privacy, billing compliance, medical record retention, financial policies, and fraud and abuse.

Reimbursement and collections (19 questions)

This section will address RBRVs, payer and patient refunds, provider credentialing, accounts receivable, fair debt, patient statements, patient dismissal, professional courtesy, collection agencies, collections, bankruptcy, payment plans, pre-authorizations, claim editing tools, and remittance advice.

Claims and billing (19 questions)

This section will test your knowledge on appeals, denials, claims tracking and follow-up, timely filing, demographics, superbill/encounter forms, retention of records, balance billing, telephone courtesy, electronic claim submission, clean claims, and auditing the billing process.

Coding (10 questions)

This section will assess your knowledge on CPT®, ICD-10-CM, and HCPCS Level II codes and modifiers.

Case analysis (34 questions)

In this section of the exam, source documents are provided for the examinee to review. Examinees will be provided with various policies and must be able to apply those policies. Documents provided include:

- CMS-1500 claim forms
- Payment policies
- Local coverage determinations (LCD)
- National coverage determinations (NCD)
- Appeal letters
- Pre-authorizations
- Accounts receivable reports
- Claims follow-up reports

Course II: Medical Coding for CPC® Certification

Course Length: 25-week course (100 contact hours/200 outside class hours)

Course Description: This comprehensive medical coding course is designed to equip students with the essential skills required for a successful career in the industry. Throughout the course, students will learn to interpret medical records, gain a solid understanding of medical terminology and anatomy, and become proficient in utilizing the ICD-10-CM, CPT, and HCPCS Level II code books. Emphasis will be placed on practical coding exercises, allowing students to apply their knowledge to various patient services using CPT, ICD-10-CM, and HCPCS Level II codes. With hands-on experience in coding operative reports and evaluation and management services, students will be well-prepared for a rewarding career in the medical coding field. This course is recommended for anyone who is preparing for a career in medical coding for a physician's office.

Course Objectives:

- Develop the ability to interpret medical records
- Acquire a fundamental knowledge of medical terminology and anatomy
- Comprehend and utilize the ICD-10-CM, CPT®, and HCPCS Level II code books
- Implement coding conventions when assigning diagnosis and procedure codes
- Learn to accurately determine the level of Evaluation and Management (E/M) services
- Practice coding various patient services using CPT®, ICD-10-CM, and HCPCS Level II codes
- Evaluate and code operative reports and evaluation and management services

Course Content:

1. Introduction to Healthcare and Medical Terminology and Anatomy Overview
2. Review of ICD-10-CM, CPT®, and HCPCS Level II Code Books, and Code Selection
3. Integumentary System
4. Musculoskeletal System
5. Respiratory System
6. Cardiovascular System, Hemic & Lymphatic Systems, Mediastinum, Diaphragm
7. Digestive System
8. Urinary System and Male Genital System
9. Female Reproductive System and Maternity Care & Delivery
10. Endocrine System and Nervous System
11. Special Senses (Ocular and Auditory) and Anesthesia
12. Ancillary Services (Radiology and Pathology & Laboratory)
13. Evaluation & Management Services
14. Medicine
15. Final Exam
16. 600 Case Practicum (Lab)

Methods of Evaluation:

The instructional methods used include reading assignments, practice exercises, experiential learning, audio/video lectures, chapter review exams, and final exam.

Included eTextbooks:

1. Medical Coding Training: CPC® - eBook; AAPC; AAPC publisher

Required Code Books (Included):

1. CPT® Professional Edition code book (current year), AMA publisher
2. ICD-10-CM code book (current year), any publisher
3. HCPCS Level II code book (current year), any publisher

Required code books may be purchased through AAPC or any major bookseller.

Recommended Textbooks/Supplies (Not Included):

2. Medical dictionary, any publisher

Computer Requirements: High-speed Internet connection with Blackboard supported Operating System & Web browser (see the "Course Requirements" tab: https://www.aapc.com/training/cpc-online-medical-coding-training-course.aspx); Adobe Acrobat Reader. For best experience, use of a mobile device is not recommended.

Certification Exam: Certified Professional Coder (CPC®)

The Certified Professional Coder (CPC®) is the gold standard for medical coding in a physician office setting. The CPC® certification exam tests the competencies required to perform the job of a professional coder who specializes in coding for services performed by physicians and non-physician providers (e.g., nurse practitioners and physician assistants). Individuals who earn the CPC credential have proven expertise in physician/non-physician provider documentation review, abstract professional provider encounters, coding proficiency with CPT®, HCPCS Level II, ICD-10-CM, and compliance and regulatory requirements for physician services.

The CPC® exam is a four-hour test of medical coding proficiency consisting of 100 multiple-choice questions that assess 17 areas of knowledge. Most questions present a coding scenario to test proper application of CPT® procedure codes, HCPCS Level II procedure and supply codes, and ICD-10-CM diagnosis codes. Medical providers use all of these to submit claims to payers. During the test, you will reference approved code books — the AMA's CPT® Professional Edition, as well as your choice of ICD-10-CM and HCPCS Level II code books.

You must complete the CPC® exam within four hours and answer 70% of the questions correctly to pass.

Breakdown of the 100-question CPC exam

Passing the CPC® exam requires you to correctly answer a minimum of 70 questions from the domains below. The CPC® test will rely on a level of understanding that enables you to identify the domain.

Medical terminology (4 questions)

These questions will assess your knowledge of medical terminology for all systems in the human body.

Anatomy (4 questions)

These questions will assess your knowledge of anatomy for all systems in the human body.

Compliance and regulatory (3 questions)

This section will test your knowledge of compliance and regulations which pertain to services covered under Medicare Parts A, B, C, and D; applying coding to payment policy; place of service reporting; fraud and abuse; NCCI edits; NCDs/LCDs; HIPAA; ABNs; and RVUs.

Coding guidelines (7 questions)

This section will address the ICD-10-CM Official Guidelines for Coding and Reporting, CPT® coding guidelines and parenthetical notes, and modifier use.

ICD-10-CM (5 questions)

This area will test your proficiency in diagnosis coding within all the chapters of ICD-10-CM, as well as thorough knowledge of the ICD-10-CM Official Guidelines for Coding and Reporting. Additionally, diagnosis questions will appear in other sections of the exam from the CPT® categories.

HCPCS Level II (3 questions)

This section will test your knowledge on HCPCS Level II coding and includes questions focusing on modifiers, supplies, medications, and professional services for Medicare patients.

CPT®

10000 series codes (6 questions)

The 10,000 series CPT® part of the exam relates to surgical procedures performed on the integumentary system, which includes skin, subcutaneous, and accessory structures, as well as nails, pilonidal cysts, repairs, destruction, and breast.

20000 series codes (6 questions)

The 20000 series CPT® portion will home in on surgical procedures performed on the musculoskeletal system from head to toe. Specifically, these areas include the head, neck, back and flank, spine, abdomen, shoulder, arm, hand and fingers, pelvis and hip, leg, foot, and toes.

30000 series codes (6 questions)

The 30000 series CPT® section focuses on surgical procedures performed on the respiratory system, the cardiovascular system, the hemic and lymphatic systems, and the mediastinum and diaphragm.

40000 series codes (6 questions)

Your knowledge of the 40000 series CPT® section covers surgical procedures performed on the digestive system, which will focus on these areas: lips, mouth, palate and uvula, salivary gland and ducts, pharynx, adenoids, and tonsils, esophagus, stomach, intestines, appendix, rectum, anus, liver, biliary tract, pancreas, abdomen, peritoneum, and omentum.

50000 series codes (6 questions)

The 50000 series CPT® section tests your knowledge pertaining to surgical procedures performed on the urinary system, the male reproductive system, the female reproductive system, including maternity and delivery, and the endocrine system.

60000 series codes (6 questions)

The 60000 series CPT® section involves surgical procedures performed on the nervous system and will include codes pertaining to the skull, meninges, brain, spine, spinal cord, extracranial nerves, peripheral nerves, autonomic nervous system.

Radiology codes (6 questions)

These questions will focus on both diagnostic and interventional radiology, including diagnostic ultrasound, radiologic guidance, mammography, bone and joint studies, radiation oncology, and nuclear medicine.

Pathology and laboratory codes (6 questions)

This section will test your knowledge of organ and disease panels, drug testing, therapeutic drug assays, evocation/suppression testing, consultations, urinalysis, molecular pathology, MAAA, chemistry, hematology and coagulation, immunology, transfusions, microbiology, anatomic pathology, cytopathology, cytogenetic studies, surgical pathology, in vivo and reproductive.

Medicine (6 questions)

This will cover numerous specialty-specific coding scenarios, as well as immunizations, biofeedback, dialysis, central nervous system assessments, health and behavior assessments, hydration, medical nutrition, therapeutic and diagnostic administration, chemotherapy administration, photodynamic therapy, osteopathic manipulative treatment, patient education and training, non-face-to-face nonphysician services, and moderate sedation.

E/M (6 questions)

This area will assess your coding proficiency related to place and level of services, such as office/other outpatient, hospital observation, hospital inpatient, consultations, emergency department, critical care, nursing facility, domiciliary and rest homes, and home services. It will also include questions directed at preventive medicine, non-face-to-face services, neonatal and pediatric critical care, intensive care, prolonged services, chronic care, transitional care, case management, and care plan oversight.

Anesthesia (4 questions)

The questions related to anesthesia will pertain to time reporting, qualifying circumstances, physical status modifiers, anesthesia for surgical, diagnostic and obstetric services.

Cases (10 cases, 1 question each)

Each case will test your ability to accurately code medical record documentation using CPT®, ICD-10-CM, and HCPCS Level II codes.

Career Development Program

Towards the end of the Medical Billing and Coding Program, the learner gains practical knowledge for a successful job search, and they are equipped with the necessary tools to launch their careers.

Career development covers four main topics:

1. Introduction to Job Search and Career Services

Objective: Gain an understanding of the job search process and various resources available to support your career development, including networking events, job boards, and professional organizations.

2. Resume Building

Objective: Learn how to create an effective and professional resume tailored to your skills, experiences, and targeted job opportunities. Discover resume formats, content organization, and best practices to make your resume stand out to potential employers.

3. Interview Strategies

Objective: Master effective interview techniques through practice and understanding of various interview formats, such as behavioral, situational, and technical interviews. Develop communication skills and a personal pitch to confidently present yourself during interviews and leave a lasting impression on recruiters.

4. Networking

Objective: Identify networking techniques to effectively leverage professional networks and social media platforms to connect with others. Learn how to build your personal profile to appropriately market your skills and highlight your individual accomplishments to prospective employers.

By taking these added services, students will build a strong foundation for a successful job search process, creating a tailored resume, and developing interview strategies to land their desired job.

CPB™ and CPC® Job Ready Program Weekly Agenda

Week	Topic	Chapters	Practicum	Career Services
Week 1	Introduction to Healthcare	CPB Chapter 1		
Week 2	Health Insurance Models	CPB Chapter 2		
Week 3	Patient Registration Process/Data Capture	CPB Chapter 3		
Week 4	How to use your code books (CPT, HCPCS Level II, and ICD-10-CM)	CPB Chapters 4-6		
Week 5	Medical Necessity	CPB Chapter 7		
Week 6	CMS 1500 Claim Form Billing	CPB Chapters 8-9		
Week 7	AR and Collection	CPB Chapter 10		
Week 8	Government Carriers (Medicare, Medicaid, Tricare)	CPB Chapter 11		
Week 9	Blue Cross/Blue Sheild	CPB Chapter 12		
Week 10	Commercial Insurance Carriers Workers' Compensation	CPB Chapters 13-14		
Week 11	CPB Practice Exam			
Week 12	CPB Review			
Week 13	CPB Certification Exam			
Week 14	Introduction to Healthcare Medical Terminology & Anatomy	CPC Chapters 1-2		
Week 15	Introduction to ICD-10-CM ICD-10-CM Guidelines, Chapters 1-11	CPC Chapters 3-4		
Week 16	ICD-10-CM Guidelines, Chapters 12-22	CPC Chapter 5		
Week 17	Introduction to CPT, HCPCS Level II, and Modifiers Integumentary System	CPC Chapters 6-7	10 Cases	
Week 18	Musculoskeletal System Respiratory System	CPC Chapters 8-9	20 Cases	
Week 19	Cardiovascular System	CPC Chapter 10	20 Cases	
Week 20	Digestive System	CPC Chapter 11	20 Cases	
Week 21	Urinary System and Male Genital System	CPC Chapter 12	20 Cases	
Week 22	Female Reproductive System	CPC Chapter 13	20 Cases	
Week 23	Endocrine and Nervous System	CPC Chapter 14	20 Cases	Intro to Job Search and Career Services
Week 24	Eye and Ocular Adnexa, Auditory Systems Anesthesia	CPC Chapters 15-16	20 Cases	
Week 25	Radiology Pathology and Laboratory	CPC Chapters 17-18	20 Cases	Resume Building
Week 26	Evaluation and Management	CPC Chapter 19	20 Cases	
Week 27	Evaluation and Management	CPC Chapter 19	20 Cases	
Week 28	Medicine	CPC Chapter 20	20 Cases	Interview Strategies
Week 29	Final Exam		20 Cases	
Week 30	CPC Review			Networking

Week 31	CPC Certification Exam			
Week 32	Practicum x 2		40 Cases	
Week 33	Practicum x 2		40 Cases	
Week 34	Practicum x 2		40 Cases	
Week 35	Practicum x 2		40 Cases	
Week 36	Practicum x 2		40 Cases	
Week 37	Practicum x 2		40 Cases	
Week 38	Practicum x 2		40 Cases	
Week 39	Practicum x 2		40 Cases	
Week 40	Practicum x 2		30 Cases	

Delivery Model

- Total Duration - 40 Weeks (160 contact hours/320 outside class hours) - Made up of Multiple Courses
- Courses
    - Self-Study – Reading (Homework)
    - Day 1 LIVE - 2 Two Hours (Mandatory)
        - Lecture and Demo – Review of topics to be covered in demo.
    - Day 2 LIVE - 2 Two Hours (Mandatory)
        - Guided Practice – Interactive case guided practice
        - Unguided Lab (Practical Applications) – Instructor available for questions
    - Day 2 LIVE – 1 Hour (Optional)
        - Office Hours
    - Graded Assignments – Graded on BB – (Homework)

Successful Completion Deliverables

- Certificate of course completions from AAPC
- CPC-A Practicum (Lab) included in CPC Course
- CPC and CPB Certification
- AAPC Membership including Membership Benefits
- Introductions to Local Chapters for Networking opportunities
- Career Development Program
- Code Books
- Student Codify Subscription
- Internship Opportunity for Qualified Students, Post-certification