Dear Prospective Student:

Thank you for your interest in the Coding Certificate Program. This Program is designed to provide you with the coding knowledge needed in today’s healthcare environment. With the requirement and implementation for ICD-10-CM and ICD-10-PCS coding expected October of 2014, individuals wanting to become competent coders will need this education to enter into the coding profession need the education and training.

Wherever there is health information, there is a need for the professional coder; acute care setting, ambulatory care, skilled nursing facility, home health, hospice, research, and provider’s offices. Coders are asked to assist in decision-making, make ethical coding decisions in the workplace to prevent fraud and abuse, and maintain a commitment to coding integrity.

This packet contains all the information needed to apply for the Coding Certificate Program. This Program is part of the Health Information Management (HIM) Program curriculum and students accepted into the Coding Certificate Program must adhere to the College’s and the HIM Program’s policies, standards and code of ethics. If there are additional questions about the Coding Certification Program and/or HIM career, please do not hesitate to contact patricia.elliott@mcckc.edu.

The required core coding courses are offered in a one semester format every fall in conjunction with the Health Information Management Program. Once students have completed required prerequisite courses it will only take one semester to complete the coding certification. If a student chooses to continue their education in health information management through an Associate in Applied Science (AAS) degree in Health Information Management (HIM) all of the courses required for the coding certification will apply toward the AAS in HIM.

Good luck in your academic endeavors and for making the first choice into a new career in healthcare.
Since this is combines with HIM they will need a copy of the HIM student Handbook but make it clear the clinical education requirements do not apply to their courses.

**Certificate of Program Statement**

Upon completion of the Program, students will be eligible to sit for AHIMA Certified Coding Assistant (CCA) exam. The CCA credential is a nationally HIM credential accredited by the National Commission for Certifying Agencies (NCCA).

A CCA credentialed professional exhibits a level of proficiency to demonstrate coding competencies in hospital, physician practices, and other outpatient healthcare settings.

**Program Outcomes**

1. Apply and demonstrate knowledge in Health Data Management to include; health data structure, content, and standards

2. Demonstrate knowledge and apply principles of Clinical Classification of Coding Systems of ICD-10-CM, ICD-10-PCS, ICD-9-CM, CPT, and HCPCS.

3. Demonstrate knowledge and apply principles of Reimbursement Methodologies as it relates to compliance strategies, reporting and monitoring, and regulatory guidelines.

4. Apply and articulate processes related to Healthcare Privacy, Confidentiality, Legal, and Ethical Issues in accordance to federal regulations and state statutes.
The deadline for the Program application process is March 1

Process for program application:

1. Formal acceptance to MCC (if you are not an MCC student you must complete the College application online at www.mcckc.edu)
2. Complete the Program Application Form
3. Complete an essay that addresses why you are interested in beginning a career in health information management. The essay should be one page, single spaced with 11-12 point font.
4. Secure all college transcripts (unofficial copies of transcripts will be accepted) to include transcripts from MCC.
   If required coursework was completed at other academic institutions other than MCC then you will need to submit OFFICIAL transcripts to the:
   MCC Student Data Center
   3200 Broadway
   Kansas City, MO 64111

   The Student Data Center will determine course equivalencies and post them to the student’s MCC transcript. Please note that the Program Coordinator does not make the final determination regarding accepted previous college course work. Please note that it may take a few weeks for transcripts to be requested, sent, and reviewed. Therefore it is imperative that the student does not delay in requesting transcripts for the Student Data Center review. The transcripts should be at the Student Data Center no later than February 15th so that the student meets the application deadline of March 1st.

5. Submit the Program Application Form, completed essay and transcripts to the HIT Program by March 1. Applications received after the application deadline will only be reviewed and considered if open seats remain in the program.

Program Admission Requirements:

1. Science courses must have been taken within the last five years.
2. Minimum cumulative GPA of 2.5
3. Completed Program Application Packet received by March 1

Completed program application documents can be submitted one of three ways:

1. Drop the completed packet off in the Allied Health Division located in the MCC-Penn Valley Health Science Institute, Suite 410
Coding Certificate Program Application

2. Mail the completed packet to:
   MCC-Penn Valley Health Science Institute
   Health Information Technology Program
   3444 Broadway, KCMO 64111

3. Scan and email all required and completed documents to
   patricia.elliott@mcckc.edu

*Students can expect to hear if they have been accepted into the program no later than April 1*

**Student Selection Process:**

1. Completed program application packet received by **March 1**
2. Documented evidence of a grade of “C” or better in all prerequisite courses
3. Documented evidence of a cumulative GPA of 2.5 or greater

*Students interested in completing the program on a part-time basis will need to follow the steps listed above and if accepted into the program will work directly with the program coordinator to outline the appropriate course sequence required for the degree plan.*

Metropolitan Community College does not discriminate on the basis of race, color, national origin, sex, age or disability in admission or access to or treatment of employment in its programs and activities. MCC provides a range of services to allow persons with disabilities to participate in the educational programs and activities. If you desire support services for the application process or coursework, contact Disability Support Services (DDS) Coordinator at 816-604-4293.
Coding Certificate Program Plan

Health Information Management Offered at MCC-Penn Valley-Health Science Institute
Coding Certificate .......35.5 Credits

<p>| PROGRAM PREREQUISITES (courses that need to be completed prior to acceptance into the program) |</p>
<table>
<thead>
<tr>
<th>HOURS</th>
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<tbody>
<tr>
<td>BIOL 109 Human Anatomy and Physiology</td>
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<tr>
<td>COLL 100 *First Year Seminar</td>
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<tr>
<td>HIM 100 Medical Terminology</td>
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<tr>
<td><strong>Credit Hours</strong></td>
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| FALL SEMESTER I |
| BIOL 137 Introduction to Pathophysiology | 4.0 |
| HIM 110 Pharmacology | 2.0 |
| HIM 202 Clinical Classification Systems-Diagnostic | 4.0 |
| HIM 207 Clinical Classification Systems-PCS | 4.0 |
| HIM 214 Healthcare Reimbursement Methodologies | 3.0 |
| **Credit Hours** | **13** |

| SPRING SEMESTER II |
| BIOL 109 Human Anatomy and Physiology | 6.0 |
| HIM 218 Ambulatory Care Coding-CPT | 3.0 |
| HIM 221 Coding Professional Practice | 2.5 |
| CSIS 115 Introduction to Microcomputer Applications | 3.0 |
| **Credit Hours** | **12.5** |
| **Total Credit Hours** | **35.5** |

* COLL 100 is only required if student has less than 12 college credits already earned
Certified Coding Program Application

Date: _________________________    MCC Student ID Number: _______________________________

(MS/MR)

Last                            First                              Middle
Name(s) that appear on previous educational records if different from above

Last                            First                              Middle

Mailing Address:

Number           Street            Apt. #

City                           State                        Zip Code

Phone: (Home) _____________________ (Cell) ______________________ (Work) __________________

Email Address: ____________________________________________________

NOTE: All correspondence from the program will be sent to this email address

Emergency Contact:

Please Print                Name                                  Relationship              Phone  Email

EDUCATION:

<table>
<thead>
<tr>
<th>High School Name</th>
<th>City/State</th>
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GED (if applicable)

<table>
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WORK EXPERIENCE: (Last 6 years)

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Signature _________________________    Date _________________________

Included with application form is essay and copy of unofficial transcripts