

**MEDICAL INFORMATION
CODER/BILLER
APPLICATION**

Spring 2010 – Part-time evenings

DEADLINE: November 15, 2009



PBCC at LAKE WORTH
4200 Congress Avenue
Lake Worth, FL 33461-4796

Limited Access Program Office (561) 868-3044

Web Site: <http://www.pbcc.edu/MedicalCode.xml>
Program email: medicalcoderbillier@pbcc.edu

Equal Opportunity Institution

Program Information

About the Program

This 34 credit program is designed to prepare students for employment in Medical Information Coding and/or Billing. This program is a College Credit Certificate and approved by the American Health Information Management Association as a comprehensive coding program. This program prepares students to become specialists in working with health information systems, managing medical records, and coding information for reimbursement and research. Students learn about the requirements for a variety of healthcare settings including hospitals. Program completers will have obtained the knowledge to pass the American Health Information Management Association (AHIMA) Certified Coding Associate (CCA) exam (for more information go to <http://himcareers.ahima.org/>) and/or the American Academy of Professional Coders (AAPC) Certified Professional Coder (CPC) exam (www.aapc.com). All 34 credits earned can be applied to the Health Information Management degree program.

Program Begins: Spring 2010

Program Length: January 6, 2010 – December 20, 2011 (Student schedules will determine exact length)

Program Schedule: Part-time - Evenings

Program Location: Lake Worth campus – Hybrid online (50% on-campus / 50% online)

What are the costs for the program?

Costs are approximate and subject to change. Please refer to the current college catalog for tuition rates per credit. Computer lab courses also require lab fees between \$25 and \$30 per course. Program textbook costs are in the range of \$700 to \$1000 including the cost of reference manuals.

Financial Aid is available for this program and it is recommended that you apply early. You can apply online at <http://www.pbcc.edu/x1258.xml>. Also, there are a limited number of scholarships through the PBCC Foundation. Currently, all Foundation Scholarships require the FAFSA, which may be filed on-line at www.fafsa.ed.gov. Toll-free "help line" 8:00 – midnight 1-800-433-3243.

Requirements for Consideration for Selection

The following are required for eligibility in the selection pool. Meeting criteria for selection does not guarantee admission to the Medical Information Coder/Biller program. Final selection will be based on the applicant pool. If a student is selected and does not enter the program, or is not selected, the student must reapply and is not guaranteed acceptance in any subsequent selection process.

All documentation must be on file at the PBCC Admissions Office, Lake Worth, by November 15, 2009.

APPLICATION

First-time PBCC Students:

- *Apply to the college* -Submit a completed PBCC general credit application at www.FACTS.org (choose Admissions) and pay the appropriate fee by the deadline date. This one-time fee is \$20 for U.S. citizens, \$30 (U.S. currency) for international students and is non-refundable. Be sure to insert your current and active e-mail address where requested; be specific regarding your program of study. Once submitted, a confirmation page with conditions of admission will be sent to the e-mail address provided in the college application. Print the confirmation page and follow the instructions within.
- *Complete pre-requisite courses.*
- *Apply to the program* - Applicants must also submit the program application contained in this packet and submit to the Admissions office.

Non first-time PBCC Students:

- *Complete pre-requisite courses.*
- *Apply to the program* – Applicants must complete the program application in this packet and submit to the Admissions office.

ACADEMIC HIGH SCHOOL DIPLOMA OR GED

Official standard high school transcripts or equivalent (*transcripts are considered official if sent directly to PBCC from the previous institution or hand delivered in a sealed envelope sealed by the issuing institution*) delivered to **PBCC Admissions Office** showing proof of a standard high school graduation, GED, or validated foreign equivalent. All applicants – new, current, and college transfer students must have their official high school or GED transcript on file at PBCC. You may download the transcript request form from our website at www.pbcc.edu/x2288.xml. Students who received a Florida GED can request their scores using the downloaded form at www.pbcc.edu/x2288.xml

COLLEGE TRANSCRIPTS

Official college transcripts (*transcripts are considered official if sent directly to PBCC from the previous institution or hand delivered in a sealed envelope sealed by the issuing institution*) from **ALL** post-secondary institutions attended must be submitted. **Official transcripts are to be mailed directly from the previous institution to the PBCC Admissions Office.** You may download the transcript request form from our website at <http://www.pbcc.edu/x2288.xml>. If you have attended college, we still require proof of a standard high school diploma, GED or validated foreign equivalent. Commercial evaluation of out of country transcripts is required and must be sent from an approved evaluating institution directly to PBCC. Information for approved evaluators available at <http://www.pbcc.edu/x2288.xml>

COLLEGE PLACEMENT TEST

All applicants must submit placement test scores (taken within two years prior to admission) which meet minimum requirements for entrance into college level English, reading and mathematics courses, or required remedial work (including any and all necessary college preparatory courses). Successful test scores will allow entry to the applicant pool.

After submitting your application

Your criteria for selection can be viewed at www.pbcc.edu/pantherweb.xml under "limited access application status". Status and all communication will be sent to your my.pbcc.edu e-mail account including all acceptance documentation.

Applicants who are selected will be notified approximately two weeks after the deadline date. If an applicant is selected and does not complete the registration process, the applicant must reapply and is not guaranteed acceptance in any subsequent selection process.

Acceptance/Registration

Applicants who are selected will be notified approximately two weeks after the deadline date. If an applicant is selected and does not complete the registration process, the applicant must reapply and is not guaranteed acceptance in any subsequent selection process.

The provisional acceptance notice will include:

1. Registration information
2. Medical exam form. Exam must show physician clearance for good physical and mental health.
3. Criminal Background Check (FDLE): Student must be within state regulations and have civil rights restored.
4. Drug screen form. Results must be negative for program acceptance.
5. Date of Mandatory Orientation
6. All applicants must submit the following state required, current, valid certificates upon completion of the first semester of core courses:
 - CPR for Healthcare providers – American Heart Association
 - 4 hr. HIV Blood borne Pathogens Certificate
 - 1 hr. Domestic Violence Certificate.

These certificates can be obtained through the continuing education department

All students are conditionally accepted and will be required to obtain criminal background checks and drug screenings (at their own expense) prior to January 8, 2010. Further information will be provided when admitted into the Medical Information Coder/Biller Program. Failure to provide such documentation will result in termination of application. After completion of all required paperwork the student will be accepted.

Withdrawal/Program Dismissal

If the student withdraws from the first semester of the Medical Information Coder/Biller Program, the student must reapply to the program through the applicant pool. Students previously dismissed from any PBCC Health Science program and who have exhausted the appeal process are not eligible to apply.

Curriculum

Entire tuition/fees are ***not*** due upon acceptance into the program. Registration fees are paid upon registration for each course.

		Prior to admission		Year 1		Admission required		Year 2	
Term	Credits	Course Number	Course Title	Term	Credits	Course Number	Course Title	Term	Credits
Fall	3	BSC2085	Anatomy/Physiology 1	Spring or Summer	3	HIM1000C	Introduction to Health Information Technology		
Fall	1	BSC2085L	Anatomy/Physiology 1 Lab	Spring or Summer	2	HIM1433C	Pathophysiology for Health Information Management		
Fall	3	CGS1100	Microcomputer Applications	Spring or Summer	2	HIM1442C	Pharmacology for Health Information Management		
Spring	3	BSC2086	Anatomy/Physiology 2	Spring or Summer	3	HIM1282C	Fundamentals of Medical Coding		
Spring	1	BSC2086L	Anatomy/Physiology 2 Lab	Fall	3	HIM2222C	Medical Coding 1 (ICD-9-CM)		
Spring	3	HSC2531	Medical Terminology*	Summer or Fall	3	HIM2270C	Medical Reimbursement and Revenue		
				Spring	3	HIM2253C	Medical Coding 2 (CPT and ICD-9-CM)		
				Professional Practice – Final Semester					
				<i>All courses must be completed with a “C” or better to enter Practicum.</i>					
				Summer or Fall	1	HIM2810L	Advanced Coding Practicum		

*Challenge test is available in the testing center.

Pre-requisites must be completed with a “C” or better prior to program start date.

Students completing their final pre-requisite courses in the same semester of the deadline for application can be conditionally accepted pending a grade of “C” or better is applied before the program start date.

Our courses are provided in a hybrid online format. This means that students attend about half the course time in class and the other half is provided in an online course format. Special course fees will apply.

NOTE: Students who plan to enroll in the Health Information Management (HIM) A.S. program may choose to add general education courses to their schedule to be considered full-time for financial aid purposes. The HIM pre-requisites include the above first years course and the following:

Credits	Course Number	Course Title
3	ENC1101	College Composition
3	STA2023	Statistics
3	PSY2021	Introduction to Psychology
3	SPC1016	Fundamentals of Speech Communication
3	MAN2021	Principles of Management
3	Area II	Humanities Course

Applicant Point System for Selection

After all eligibility requirements for placement into the selection pool have been satisfied, the following point system will be utilized for selection into the program.

In the event of a tie, the selection will be based on:

- (1) Point system
- (3) Completion of a Health Occupation Program

I. HEALTHCARE WORK EXPERIENCE

All work experience must be within the past 3 years and for 6 months consecutively to earn points. Proof of work experience must be provided in the form of a letter from your employer on company letterhead. The letter must provide a contact name and phone number for verification, the dates of employment and daily duties. The letter must be submitted to the Limited Access Program office by the deadline date in order to receive points.

Healthcare work experience of more than 2 years **2**

II. EDUCATION

Completion of a PBCC Health Science program **2**

OR

Obtained associate degree or higher level degree in any area of study..... **1**

III. RESIDENCY STATUS

Florida Resident..... **1**

IV. CUMULATIVE GPA

Points given equal to the cumulative GPA (undergraduate credit only: 2.5 minimum up to 4.0). **2.5-4**

MAXIMUM POINTS POSSIBLE 9

IF AN APPLICANT IS SELECTED AND DOES NOT COMPLETE THE REGISTRATION PROCESS, THE APPLICANT MUST REAPPLY AND IS NOT GUARANTEED ACCEPTANCE IN ANY SUBSEQUENT SELECTION PROCESS.

Please Type or Print Clearly

PBCC STUDENT ID _____

2. NAME _____
LAST FIRST MIDDLE/MAIDEN SUFFIX

Please list all previous names under which documents may be sent _____

3. LOCAL ADDRESS _____
NUMBER AND STREET ADDRESS CITY

COUNTY (or PROVINCE) STATE ZIP CODE

4. HOME TELEPHONE () _____ **5. WORK TELEPHONE ()** _____

OTHER - CELL () _____

6. EMAIL ADDRESS _____ @ _____ **7. DATE OF BIRTH** _____ - _____ - _____
Month Day Year

8. TRANSCRIPTS—Official transcripts must be sent directly to PBCC from issuing school/agency. All applicants, including college transfers, must submit high school or GED transcripts directly to PBCC. College transfer students must submit official transcripts from all colleges in which applicant has enrolled

9. COLLEGE/UNIVERSITY

List all postsecondary colleges or universities you have enrolled.
 Omission of any constitutes falsification of records and voids application.

NAME OF INSTITUTION	CITY/STATE	DATES	DEGREE	CREDITS

To list more colleges/universities, attach a separate page.

10. Are you currently enrolled at PBCC? Yes No

11. Are you currently enrolled at another college/university? Yes No

12. FLORIDA RESIDENT? Yes No

13. Do you currently work in a health related field? Yes No

If yes, how long? _____

Employer _____ Employer's Telephone _____

Position Title _____ Duties _____

Letter must be submitted – see page 5 - Work Experience including job duties and extent of experience.

NAME _____
 LAST FIRST MIDDLE/MAIDEN SUFFIX

14. COURSE COMPLETIONS - Courses must be completed with a grade of "C" or higher by the program start date. All science courses must be completed within 10 years of the program start date.

	Completed/Enrolled**	Institution	Term	Grade	Sem. Hr.	Credit
BSC2085 Anatomy/Phys I (Lecture)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____
BSC2085L Anatomy/Phys I Lab	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____
BSC2086 Anatomy/Phys II (Lecture)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____
BSC2086L Anatomy/Phys II Lab	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____
CGS1100 Microcomputer Applications	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____
HSC2531 Medical Terminology	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____

**Students currently enrolled in courses may be conditionally accepted pending final grades. All final grades must be applied before the program start date and the student must have a grade of "C" or higher.

15. CUMULATIVE GRADE POINT AVERAGE (GPA)

Grade point average at the time of application will be used for applicant pool selection. _____

I understand that falsification or omission of any information may result in my dismissal or rejection from the College. I have read and understand all the instructions pertaining to the Medical Information Coder/Biller program as explained in the Medical Information Coder/Biller program application packet.

 SIGNATURE OF APPLICANT DATE

1. Have you ever had a license revoked, suspended, or otherwise acted against, including denial of licensure by the licensing authority of another state, territory or country?
Yes _____ No _____ If "YES", explain _____
2. Have you ever been notified to appear before any licensing authority for a hearing on a complaint of any nature, including, but not limited to, a charge or violation for unprofessional or unethical conduct?
Yes _____ No _____ If "YES", explain _____
3. Have you ever been disciplined, terminated or dismissed, from an educational institution or program?
Yes _____ No _____ If "YES", explain _____
4. Have you ever been convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly relates to the practice of health care? (A plea of nolo contendere shall create a rebuttable presumption of guilt to the underlying criminal charges).
Yes _____ No _____ If "YES", explain _____
5. Have you ever been convicted or found guilty of a crime, regardless of adjudication? (A plea of nolo contendere shall create a rebuttable presumption of guilt to the underlying criminal charges).
Yes _____ No _____ If "YES", explain _____
6. Within the last five years, have you been hospitalized for any physical or mental illness, condition, or injury?
Yes _____ No _____ If "YES", explain _____
7. Have you ever declined to follow the recommendation or request of a physician, counselor, employer, or supervisor that you enter therapy or treatment for any mental or physical illness or condition?
Yes _____ No _____ If "YES", explain _____
8. Have you ever been criminally or civilly charged with any intentional or negligent action related to your use or misuse of drugs, alcohol, or illegal chemical substances?
Yes _____ No _____ If "YES", explain _____
9. Do you have any mental or physical illness or condition which affects your ability to safely perform any procedure or task within the scope of the practice of an EMT?
Yes _____ No _____ If "YES", explain _____
10. Have you ever been required by another licensing jurisdiction to enter into an impaired practitioner program?
Yes _____ No _____ If "YES", explain _____
11. Have you ever been accepted to or attended any other Allied Health Program?
Yes _____ No _____ If "YES", explain _____ additionally, you must provide a letter of "Good Standing" from that program director.

I understand that a false statement in this affidavit will subject me to penalties pursuant to sec. 837.06 Florida Statutes. If any of the above statements are found to be false, the applicant may not be eligible for admission or if already in the program may be dismissed. Any required information left blank will render the application incomplete. An incomplete application will not be considered in the admission process.

The Department of Health Medical Quality Assurance Program requires licensure for some professions in the state of Florida. If you have answered yes to any questions on this page it may make you ineligible for licensure where applicable. To determine your eligibility for licensure it is your responsibility to contact your specific Board at the Department of Health, MQA Program 4052 Bald Cypress Way, Bin #C85, Tallahassee, FL 32399-3252 <http://www.doh.state.fl.us/mqa/index.html>. Additionally, you should seek pre-qualification review with any national certifying agency.

By signing below you authorize access to any and all disciplinary and legal issues by PBCC staff.

Student Signature

Date

Witness Signature

Date