



Medical Billing / Coding

Certification Exams vs. Certificate Programs

Certification Exam: Certifications are earned from or through a Professional society and, in general, must be renewed periodically, or may be valid for a specific period of time. As a part of a complete renewal of an individual's certification, it is common for the individual to show evidence of continued learning — often termed continuing education or earning continuing education units (CEUs).

Certificate Program: In a certificate program the learning event(s) and the assessment(s) are both developed and administered by the certificate issuer, and there is an essential link between them. That is, the learning event(s) are designed to help participants achieve learning outcomes and the assessment is designed to evaluate the learners' attainment of those intended learning outcomes. In contrast to a certification, certificates do not have ongoing maintenance or renewal requirements.

The Difference: Most medical billing certificate programs rely on a one-time fee that isn't related to a true certification exam but rather, to an assessment of their educational program. Don't be misled by claims to make you a certified medical biller without having you sit for one of the professional association sponsored exams (see list below).

American Academy of Professional Coders (AAPC) Certified Professional Coder (CPC®)

CPC Exam Cost: \$300 (must be a member of AAPC)

Medical Coding Certification Requirements

1. We recommend having an associate's degree.
2. Pay **examination fee** at the time of application submission.
3. Maintain current **membership with the AAPC**.
 - a. New members must submit membership payment with examination application.
 - b. Renewing members must have a current membership at the time of submission and when exam results are released.
4. Effective January 2010 all exams will be reported with exact scores and will report the top three areas of weakness

The CPC® examination consists of questions regarding the correct application of CPT®, HCPCS Level II procedure and supply codes and ICD-9-CM diagnosis codes used for billing professional medical services to insurance companies.

A CPC® must have at least two years medical coding experience (member's with an apprentice designation are not required to have two years medical coding experience.) Membership is required to be renewed annually and 36 Continuing Education Units (CEU's) must be submitted every two years for verification and authentication of expertise.

American Medical Billing Association (AMBA) Certified Medical Reimbursement Specialist (CMRS)

CMRS Exam Cost: \$325 (must be a member of AMBA)

The CMRS designation is awarded by the Certifying Board of the American Medical Billing Association (CBAMBA). Although **there is no state or Federal requirement of a medical billing professional to become certified to practice medical billing**, it is our goal to provide a professional certification exam that upholds a high ethical standard of knowledge that recognizes the competency of a certificant.

Certified Medical Reimbursement Specialists (CMRS) are skilled in facilitating the claims paying process from the time a service is rendered by a health care provider until the balance is paid. The CMRS is knowledgeable in ICD9, CPT4 and HCPCS Coding, Medical Terminology, Insurance claims and billing, appeals and denials, fraud and abuse, HIPAA, OIG Compliance, information and web technology, reimbursement, and much more.

American Health Information Management Association's (AHIMA) Certified Coding Specialist (CCS)

CCS Exam Cost: Non-Member \$399 (Member \$299)

CCS exam candidates must have earned a high school diploma from a United States high school or have an equivalent educational background.

Although not required, it is **strongly recommended that candidates have at least three years of on-the-job experience** in:

- Hospital-based inpatient coding for multiple case types (for example, circulatory, pregnancy, neoplasms, genitourinary, musculoskeletal, respiratory, and endocrine, nutritional and metabolic diseases, and immunity disorders), hospital-based Ambulatory/Outpatient Care coding for multiple case types (for example, eye, musculoskeletal, integumentary, ENT, injury and poisoning, cardiac catheter, interventional radiology, and pain management) **AND** completed coursework in anatomy and physiology, pathophysiology, and pharmacology, or demonstrated proficiency in these areas