Medical Billing and Coding 5584

Course Description: A student in this course will have a desire to be involved with the medical field but ***may not*** necessarily want to have "hands – on" patient care. Students in this course will further their knowledge of foundational standards in medical law and ethics, professionalism, medical terminology, and anatomy and physiology. Topics of study will also include an introduction to coding systems: ICD-10, CPT, and HCPCS. In addition, the healthcare revenue cycle for reimbursement and payment of medical claims will be explored***. Upon successful completion of this course, students may sit for a national certification exam in medical billing and insurance coding.***

Course Credit: CP or Honors (see the SCDE Uniform Grading Policy) 1 unit (120 hours) or 2 Units (240 hours)

Pre-requisites: Students in this course must be a completer in any pathway in the Health Science Cluster. This course is best suited for those students who have included Medical Terminology (secondary or collegiate) or Health Science 3 in their completer pathway.

Grade Level required to take the course: Senior Only

Completer Pathway: *Example:* ***Health Science 1(minimum 1 unit), Health Science 2 (minimum 1 unit),*** *Medical Terminology (1 unit) and Medical Billing and Coding (1 or 2 units) = a four- unit Health Science completer.*

Industry aligned credential: Certified Medical Billing and Coding Specialist. Certified Electronic Health Records Specialist.

FOUNDATION STANDARDS

Standard 1: Academic Foundations

a. Review human anatomy, physiology, common diseases and disorders for each body system
b. Apply knowledge of anatomy and physiology during the process of billing and coding

Standard 2: Communication

a. Demonstrate proficiency in the application of medical terminology
b. Apply knowledge of medical terminology during the process of billing and coding
c. Communicate effectively with patients and insurance companies in person and on the phone

Standard 3: Medical Insurance

a. Distinguish between the most common types of health insurances (PPO, HMO, managed care, Medicare, Medicaid, Worker's Compensation, Tri-Care)
b. Determine when a referral is needed
c. Differentiate between preauthorization, precertification, and predetermination
d. Apply procedures for submitting claims to third party payers
e. Demonstrate knowledge of accurately completing the CMS – 1500 form
f. Describe the Coordination of Benefits (COB) (primary, secondary, and tertiary insurance plans)

Standard 4: Claims Processing

a. Accurate collection of patient demographic and insurance information
    1. Demonstrate proficiency in using the EMR/EHR
    2. Verify insurance eligibility to determine benefits to support accurate coding and timely reimbursement
b. Differentiate between the most common types of health insurances (PPO, HMO, managed care, Medicare, Medicaid, Worker's Compensation, Tri-Care)
    1. Apply procedures for submitting claims to third party payers
    2. Exhibit knowledge of accurately completing the CMS – 1500 form

Standard 5: Medical Coding

a. Demonstrate proficiency in the use of CPT, HCPCS, and ICD-10.
    1. Interpret data from patient medical records to assign and verify codes
    2. Explain the steps used to locate various codes
    3. Recognize symbols and modifiers used in coding systems
    4. Apply conventions and regulatory guidelines used in coding procedures

Standard 6: Medical Billing and Collection Process

a. Payment adjudication
    1. Discern financial responsibility of patient and insurance company (deductibles, co-pay, co-insurance, birthday rule, etc.)
    2. Interpret remittance advice (RA) and explanation of benefits (EOB)
    3. Determine patient balances and payments using the EMR/EHR
    4. Interpret denial codes: determine reasons for insurance denial and determine resolutions
    5. Demonstrate basic accounting functions as it relates to the billing and collection process (revenue cycle)

Standard 8: Legal and Ethical Responsibilities

a. Regulatory compliance
    1. Recognize fraud and abuse regulations (Stark Law, Anti-Kickback Law, and Federal False Claim Act)
    2. Identify compliance regulations related to the collection process (Fair Debt Collection Practices Act, Truth and Lending)
    3. Detail HIPAA, HITECH Act, disclosure and privacy laws
    4. Describe the role of the Office of Inspector General
    5. Acknowledge violations of compliance and associated consequences

Standard 8: Employability Skills

a. Describe common places of employment for medical billing and coding (hospitals, physician's offices, dental practices, surgery centers, nursing homes, mental health facilities, and insurance companies, etc.)
b. Demonstrate professional and ethical behavior
c. Recognize common personal and professional traits needed to protect patient's health information (communication skills, honesty, trustworthiness, integrity)
d. Review the process to obtain employment (resume writing, interviewing skills, etc.)
e. Explore entrepreneurship

GLOSSARY:

ICD-10 (International Classification of Diseases) is a system used by physicians and healthcare professionals to code diagnoses that occur in American hospitals.

CPT (Current Procedural Terminology) codes are numbers assigned to every task and service a medical practitioner may provide to a patient including medical, surgical and diagnostic services. They are then used by insurers to determine the amount of reimbursement that a practitioner will receive by an insurer when he or she performs that service. Use of these codes ensure uniformity.

HCPCS (Healthcare Common Procedure Coding System) standardized coding system that is used for medical providers to submit healthcare claims in a consistent and orderly manner.

RESOURCES:

a. **Nancy Mallini |Education Consultant**

    Kaduceus "Hands-On" Career Training

nmallini@kaduceusinc.com

(832) 428-4466

(877) Kaduceus (523-8238) Toll Free

(281) 447-4205 Fax | www.kaduceusinc.com

b. National Healthcareer Association (NHA)

https://www.nhanow.com

Email: Tammy.stine@nhanow.com

Contact: Tammy Stine

Phone: 913-225-5869

c. American Medical Certification Association (AMCA)

Medical Coder & Biller Certification (MCBC)(NCCA Accredited) | AMCA (amcaexams.com)

d. National Center for Competency Testing (NCCT)

National Center for Competency Testing (ncctinc.com)

e. Centers for Medicare & Medicaid Services (CMS)

Home - Centers for Medicare & Medicaid Services | CMS

f. HealthCenter21 – AES- Supplemental online textbook cross-walked with NHA
Health Science Curriculum for the 21st Century | HealthCenter21 (aeseducation.com)