

**MSR 68.1 Course Outline as of Spring 1991****CATALOG INFORMATION**

Dept and Nbr: MSR 68.1 Title: BASIC MED OFF INS

Full Title: Basic Medical Office Insurance

Last Reviewed: 2/14/2022

Units		Course Hours per Week		Nbr of Weeks	Course Hours Total	
Maximum	1.50	Lecture Scheduled	2.00	8	Lecture Scheduled	16.00
Minimum	1.50	Lab Scheduled	3.00	8	Lab Scheduled	24.00
		Contact DHR	0		Contact DHR	0
		Contact Total	5.00		Contact Total	40.00
		Non-contact DHR	0		Non-contact DHR	0

Total Out of Class Hours: 32.00

Total Student Learning Hours: 72.00

Title 5 Category: AA Degree Applicable

Grading: Grade or P/NP

Repeatability: 33 - 3 Enrollments Total

Also Listed As:

Formerly: MSR 68

**Catalog Description:**

Students develop basic knowledge and skills for processing insurance claims in the physician's office. Emphasis is on accuracy in completing basic medical insurance forms for major health plans, familiarity with basic coding books, filing claims for prompt and full reimbursement, developing manual and computer skills in insurance billing and implementing prior authorization procedures. Interpretation of benefits, and treatment of payments, adjustments and balances are summarized. (Letter grade only for certificate, or CR/NC)

**Prerequisites/Corequisites:**

For certificate, student must have completed MS/R 62A and completed or be enrolled in 62B. Open enrollment with 3 units of medical terminology with grade of "C" or better.

**Recommended Preparation:**

Eligibility for English 100A or equivalent; experience in a medical office, clinic or hospital.

**Limits on Enrollment:****Schedule of Classes Information:**

Description: Preq: For certificate, student must have completed MS/R 62A & completed or be enrolled in MS/R 62B; open enrollment with 3 units of medical terminology with grade of "C".

Recomm: Eligibility for Engl 1A or equiv; experience in a medical office, clinic or hospital. Student will develop basic knowledge & skills for accurate processing of insurance claims for major health plans in the medical office. (Grade only for certificate; or CR/NC)(Repeat Code 33) (Grade or P/NP)

Prerequisites/Corequisites: For certificate, student must have completed MS/R 62A and completed or be enrolled in 62B. Open enrollment with 3 units of medical terminology with grade of "C" or better.

Recommended: Eligibility for English 100A or equivalent; experience in a medical office, clinic or hospital.

Limits on Enrollment:

Transfer Credit: CSU;

Repeatability: 3 Enrollments Total

## **ARTICULATION, MAJOR, and CERTIFICATION INFORMATION:**

<b>AS Degree:</b>	<b>Area</b>			Effective:	Inactive:
<b>CSU GE:</b>	<b>Transfer Area</b>			Effective:	Inactive:
<b>IGETC:</b>	<b>Transfer Area</b>			Effective:	Inactive:
<b>CSU Transfer:</b>	Transferable	Effective:	Spring 1984	Inactive:	Spring 2006
<b>UC Transfer:</b>		Effective:		Inactive:	

**CID:**

**Certificate/Major Applicable:**

Certificate Applicable Course

## **COURSE CONTENT**

**Outcomes and Objectives:**

The students will:

1. Define common insurance medical and diagnostic terms.
2. Describe the major federal, state, and private health insurance plans.
3. Abstract from patient records information for completing insurance plans.
4. List criteria for eligibility, benefits, payments, time lines, billing limitations, deductibles, and forms for each of the nine major plans.
5. Explain the procedures and criteria for prior authorizations for all major plans.
6. Correctly choose appropriate coding books according to plan regulations.
7. Describe the differences between procedural and diagnostic coding books.
8. Code basic levels of service and procedures properly, using the appropriate coding books and specific guidelines for each plan.
9. Accurately complete a series of health insurance claims for each plan, given the patient's chart notes and ledger cards.

10. Use the computer to develop skills in completing health claims forms and choosing procedural and diagnostic codes.
11. Interpret benefits received and apply correctly to patient and office accounting records.
12. Locate errors on medical insurance claim forms.
13. Complete insurance claim tracer forms.
14. List specific coding tips for specific plans.
15. Develop procedures for handling denials, rejections, delinquent filings, and appeals.

### **Topics and Scope:**

1. Introduction to Medical Insurance.
  - A. Types of medical insurance.
  - B. Terminology of medical insurance.
  - C. Introduction to procedural and diagnostic coding.
2. The Health Insurance Claim Form.
  - A. Claims process.
  - B. Pre-service estimates and authorizations.
  - C. Patient responsibilities.
  - D. Medical office responsibilities.
  - E. Preparation of the form: procedures, instructions.
  - F. Requirements of the three major fiscal agents.
  - G. Special problems: abstracting information, timelines, legal implications.
3. Major Types of Health Care Insurance Plans.
  - A. MediCal/Medicaid/CSMP/CCS.
  - B. Medicare/Medi-Medi.
  - C. CHAMPUS/CHAMPVA.
  - D. Blue Cross/ Blue Shield.
  - E. HMO'S, PPO'S, IPO'S.
  - F. Disability: Workers Compensation.
4. Criteria and Guidelines for Major Plans.
  - A. Benefits and eligibility.
  - B. Participating providers' responsibilities.
  - C. Schedules of deductibles and fee payments.
  - D. Covered Services.
  - E. Pre-authorization regulations and procedures.
  - F. Billing limitations and timelines.
  - G. Recent and specific coding requirements.
  - H. Other regulations and hints.

### **Assignment:**

1. Complete writing assignments including:
  - A. Review questions for 8 chapters.
  - B. Exercises related to developing beginning skills in correctly identifying procedural and diagnostic codes obtained from patient records.
  - C. Preparation of typed insurance claims for 7 major plans.
2. Complete written prior authorization claims.
3. Complete a chart listing criteria for major health plans.

4. Abstract information from patient charts for correct completion of insurance claims.
5. Read 50 pages of text per week.
6. Complete a series of computer programs to prepare a variety of health insurance claims forms.

**Methods of Evaluation/Basis of Grade:**

**Writing:** Assessment tools that demonstrate writing skills and/or require students to select, organize and explain ideas in writing.

Written homework, Reading reports	Writing 10 - 25%
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**Problem Solving:** Assessment tools, other than exams, that demonstrate competence in computational or non-computational problem solving skills.

Homework problems, Lab reports	Problem solving 20 - 40%
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**Skill Demonstrations:** All skill-based and physical demonstrations used for assessment purposes including skill performance exams.

Class performances, Field work	Skill Demonstrations 20 - 40%
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**Exams:** All forms of formal testing, other than skill performance exams.

Multiple choice, Matching items, Completion	Exams 10 - 30%
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**Other:** Includes any assessment tools that do not logically fit into the above categories.

COMPUTER ASSIGNMENTS	Other Category 10 - 25%
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**Representative Textbooks and Materials:**

INSURANCE HANDBOOK FOR THE MEDICAL OFFICE by Marilyn Fordney, 3rd ed., W.B. Saunders Co., 1989.