

**MA 168 Course Outline as of Fall 2014****CATALOG INFORMATION**

Dept and Nbr: MA 168 Title: MEDICAL INSUR BILLING  
 Full Title: Basic Medical Office Insurance Billing  
 Last Reviewed: 2/14/2022

| Units   |      | Course Hours per Week |      | Nbr of Weeks | Course Hours Total |       |
|---------|------|-----------------------|------|--------------|--------------------|-------|
| Maximum | 1.50 | Lecture Scheduled     | 1.50 | 17.5         | Lecture Scheduled  | 26.25 |
| Minimum | 1.50 | Lab Scheduled         | 0    | 8            | Lab Scheduled      | 0     |
|         |      | Contact DHR           | 0    |              | Contact DHR        | 0     |
|         |      | Contact Total         | 1.50 |              | Contact Total      | 26.25 |
|         |      | Non-contact DHR       | 0    |              | Non-contact DHR    | 0     |

Total Out of Class Hours: 52.50

Total Student Learning Hours: 78.75

Title 5 Category: AA Degree Applicable

Grading: Grade Only

Repeatability: 00 - Two Repeats if Grade was D, F, NC, or NP

Also Listed As:

Formerly: MA 68.1

**Catalog Description:**

The student will develop basic knowledge and skills for understanding major health insurance plans as related to medical office billing.

**Prerequisites/Corequisites:**

Course Completion of ANAT 58 OR Course Completion of ANAT 140 and HLC 140 and CS 60.11A and HLC 160

**Recommended Preparation:**

Eligibility for ENGL 1A or equivalent

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

Description: The student will develop basic knowledge and skills for understanding major health insurance plans as related to medical office billing. (Grade Only)

Prerequisites/Corequisites: Course Completion of ANAT 58 OR Course Completion of ANAT 140 and HLC 140 and CS 60.11A and HLC 160

Recommended: Eligibility for ENGL 1A or equivalent

Limits on Enrollment:

Transfer Credit:

Repeatability: Two Repeats if Grade was D, F, NC, or NP

## **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> | Effective: | Inactive: |
|----------------------|------------|-----------|

|                     |            |           |
|---------------------|------------|-----------|
| <b>UC Transfer:</b> | Effective: | Inactive: |
|---------------------|------------|-----------|

**CID:**

**Certificate/Major Applicable:**

Both Certificate and Major Applicable

## **COURSE CONTENT**

### **Outcomes and Objectives:**

Upon completion of this course, the students will be able to:

1. Define common insurance medical and diagnostic terms.
2. Describe the major federal, state, and private health insurance plans.
3. Extract from patient records information for completing insurance plans.
4. List criteria for eligibility, benefits, payments, time lines, billing limitations, deductibles, and forms for major plans.
5. Explain the procedures and criteria for prior authorizations for major plans.
6. Correctly choose appropriate coding books according to plan/billing 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 various plans, given patient's chart notes.
10. Interpret benefits received and apply correctly to patient and office accounting records.
11. Fill out a prior authorization form.
12. Interpret Explanation of Benefits/Remittance Advice.
13. Identify fraud and abuse regulations.
14. Understand medical necessity as it relates to insurance claims.
15. Understanding changing healthcare regulations as they occur.

### **Topics and Scope:**

- I. Introduction to Medical Insurance
  - A. Types of medical insurance
  - B. Terminology of medical insurance
  - C. Introduction to procedural and diagnostic coding
- II. The Health Insurance Claim Form
  - A. Claims process
  - B. Pre service 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
- III. Major Types of Health Care Insurance Plans such as
  - A. MediCal/Medicaid/CSMP/ Partnership Health Plan
  - B. Medicare/Medi-Medi
  - C. Blue Cross/ Blue Shield
  - D. HMO'S, PPO'S, IPO'S (Health Maintenance Organizations, Preferred Provider Organizations, Independent Provider Organizations)
  - E. Disability: Workers Compensation
- IV. Criteria and Guidelines for Major Plans
  - A. Benefits and eligibility
  - B. Participating providers' responsibilities
  - C. Schedules of deductibles and fee payments for major plans ( i.e. Medicare and Military)
  - D. Covered services
  - E. Pre-authorization regulations and procedures
  - F. Billing limitations and timelines
  - G. Procedural and diagnostic coding requirements
- V. Changes in Healthcare
  - A. Affordable Care Act (ACA)
  - B. Healthcare delivery changes
  - C. Implementation and navigation of the ACA

**Assignment:**

1. Read 30-50 pages of text per week.
2. Review 10-20 questions for each assigned chapter.
3. Complete 8-10 exercises related to developing beginning skills in correctly identifying procedural and diagnostic codes obtained from patient records.
4. Prepare 4-6 typed insurance claims for representation of major insurance plans.
5. Complete 1-2 written prior authorization forms.
6. Identify diagnostic and procedural information from 2-4 patient charts for completion of insurance claims.
7. Quizzes (3-6) and final exam.
8. Paper 2-3 pages, on changes in healthcare.

**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.

Coding exercises, typed insurance claims, paper, written prior authorization forms

Writing  
20 - 35%

**Problem Solving:** Assessment tools, other than exams, that demonstrate competence in computational or non-computational problem solving skills.

Homework problems: chapter questions, identification of procedural and diagnostic codes

Problem solving  
10 - 30%

**Skill Demonstrations:** All skill-based and physical demonstrations used for assessment purposes including skill performance exams.

None

Skill Demonstrations  
0 - 0%

**Exams:** All forms of formal testing, other than skill performance exams.

Quizzes and final exam

Exams  
40 - 70%

**Other:** Includes any assessment tools that do not logically fit into the above categories.

None

Other Category  
0 - 0%

**Representative Textbooks and Materials:**

Understanding Health Insurance: A Guide to Billing and Reimbursement, Green, M., and Rowell, J., 2011, 10th Ed. , Dellmar and Cengage  
Instructor prepared materials