

MA 168 Course Outline as of Fall 2022**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	2.00	Lecture Scheduled	2.00	17.5	Lecture Scheduled	35.00
Minimum	2.00	Lab Scheduled	0	17.5	Lab Scheduled	0
		Contact DHR	0		Contact DHR	0
		Contact Total	2.00		Contact Total	35.00
		Non-contact DHR	0		Non-contact DHR	0

Total Out of Class Hours: 70.00

Total Student Learning Hours: 105.00

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:

In this course, students will develop basic knowledge and skills for understanding major health insurance plans as related to medical office billing.

Prerequisites/Corequisites:

Course Completion of MA 160, MA 161, MA 162, MA 163, MA 167; AND Concurrent Enrollment in MA 164, MA 165, MA 169, and MA 174

Recommended Preparation:

Eligibility for ENGL 1A or equivalent

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

Description: In this course, students 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 MA 160, MA 161, MA 162, MA 163, MA 167; AND Concurrent Enrollment in MA 164, MA 165, MA 169, and MA 174

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:

AS Degree:	Area	Effective:	Inactive:
CSU GE:	Transfer Area	Effective:	Inactive:

IGETC:	Transfer Area	Effective:	Inactive:
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CSU Transfer:	Effective:	Inactive:
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UC Transfer:	Effective:	Inactive:
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CID:

Certificate/Major Applicable:

Both Certificate and Major Applicable

COURSE CONTENT

Student Learning Outcomes:

At the conclusion of this course, the student should be able to:

1. Describe the major types of health insurance plans and use appropriate medical insurance billing and coding terminology.
2. Analyze the claims process, pre-service authorization, patient and medical office responsibilities and guidelines for major insurance claims.
3. Accurately complete a variety of health insurance claim forms extracting information from medical records and choosing appropriate diagnostic and procedural codes.

Objectives:

In order to achieve these learning outcomes, during the course 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, timelines, 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
 - A. MediCal/Medicaid/Partnership Health Plan
 - B. Medicare/Medi-Medi
 - C. Blue Cross/Blue Shield
 - D. Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), Independent Provider Organizations (IPO)
 - 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
 - D. Analyze other healthcare law and its relationship to healthcare delivery

Assignment:

1. Read 35-50 pages of text per week
2. Complete 10-15 mid-chapter review questions per week
3. Complete 25-30 end of chapter review questions per week
4. Define 15-25 vocabulary words for each chapter per week
5. Complete 1-2 prior authorization insurance claim(s) by identifying procedural and diagnostic codes
6. Complete 4-6 insurance claims throughout semester
7. 3 quizzes
8. Final exam

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.

Prior authorization insurance claim(s), regular insurance claims, and vocabulary words

Writing
15 - 35%

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

Mid and end of chapter review questions

Problem solving
20 - 35%

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
30 - 65%

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. 14th ed. Green, Michelle. 2019