MA 168 Course Outline as of Spring 2006

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	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 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 accurately processing major health plans'insurance claims for a medical office.

Prerequisites/Corequisites:

Recommended Preparation:
Eligibility for ENGL 100 or ESL 100

Limits on Enrollment:

Schedule of Classes Information:
Description: The student will develop basic knowledge and skills for accurate processing of major health plans' insurance claims for a medical office. (Grade Only)
Prerequisites/Corequisites:
Recommended: Eligibility for ENGL 100 or ESL 100
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:

CSU Transfer:	Effective:	Inactive:
UC Transfer:	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. Abstract 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 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 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:

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 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

III. Major Types of Health Care Insurance Plans such as
A. MediCal/Medicaid/CSMP (Children's Medical Security Plan) /CCS (California Children's Services)
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
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. Read 30-50 pages of text per week.
2. Complete writing assignments including:
   A. Review questions for assigned 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 major plans.
3. Complete written prior authorization claims.
4. Problem Solving:
   A. Complete a chart listing criteria for major health plans.
   B. Abstract information from patient charts for correct completion of insurance claims.
   C. Complete a series of computer-based programs to prepare a variety of health insurance claims forms.
5. Quizzes (3-6) and 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.

Written homework	Writing 20 - 35%

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

Homework problems, Lab reports	Problem solving 40 - 70%

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.

Multiple choice, Matching items, Completion	Exams 10 - 30%

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

None	Other Category 0 - 0%

Representative Textbooks and Materials:
INSURANCE HANDBOOK FOR THE MEDICAL OFFICE by Marilyn Fordney, W.B. Saunders Co., 2003.