MA 168 Course Outline as of Fall 2020

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	17.5	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 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: 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 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:

ARTICULATION, MAJOR, and CERTIFICATION INFORMATION:

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

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:

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. Complete 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, changes in healthcare paper, written prior authorization forms

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

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

None

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

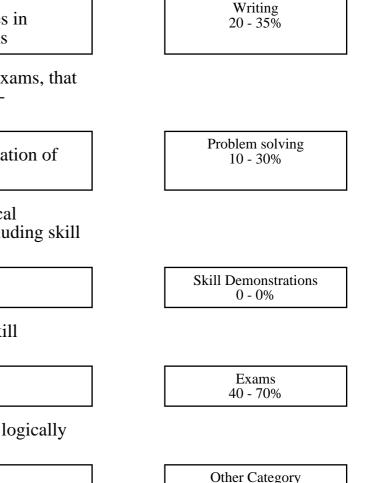
Quizzes and final exam

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

None

Representative Textbooks and Materials:

Understanding Health Insurance: A Guide to Billing and Reimbursement. 14th ed. Green, Michelle. 2019



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