

HIM-1122: MEDICAL BILLING PRACTICES FOR HEALTHCARE PROVIDERS

Cuyahoga Community College

Viewing: HIM-1122 : Medical Billing Practices for Healthcare Providers

Board of Trustees:

May 2024

Academic Term:

Fall 2024

Subject Code

HIM - Health Information Management

Course Number:

1122

Title:

Medical Billing Practices for Healthcare Providers

Catalog Description:

Introduction to basic terminology regarding medical insurance, third party payers, reimbursement methodologies, claims processing procedures for posting payments and claims follow up in physician office setting.

Credit Hour(s):

3

Lecture Hour(s):

2

Lab Hour(s):

2

Requisites

Prerequisite and Corequisite

MA-1020 Medical Terminology I and ENG-1010 College Composition I.

Outcomes

Course Outcome(s):

Use communication skills to handle patients inquiries about insurance and billing problems, and making inquiries about claims submitted to insurance companies.

Essential Learning Outcome Mapping:

Oral Communication: Demonstrate effective verbal and nonverbal communication for an intended audience that is clear, organized, and delivered effectively following the standard conventions of that language.

Written Communication: Demonstrate effective written communication for an intended audience that follows genre/disciplinary conventions that reflect clarity, organization, and editing skills.

Not Applicable: No Essential Learning Outcomes mapped. This course does not require application-level assignments that demonstrate mastery in any of the Essential Learning Outcomes.

Objective(s):

1. Explain appeals for incorrect payment or rejection.
 2. Describe the patient billing and collection process.
 3. Describe when to make inquiries about insurance claims and how to handle delinquent payments from insurance carriers.
 4. Discuss common reasons for denied payments.
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Course Outcome(s):

Correctly prepare the CMS-1500 form and/or an electronic claim form to submit to the insurance company for payment.

Essential Learning Outcome Mapping:

Not Applicable: No Essential Learning Outcomes mapped. This course does not require application-level assignments that demonstrate mastery in any of the Essential Learning Outcomes.

Objective(s):

1. Define various types of insurance coverage.
2. Describe the steps in the payment process of a patient's insurance claim form.
3. List effects of insurance claim errors on medical office routines
4. Recognize the importance and use of the Center for Medicare and Medicaid Services (CMS-1500) claim form.
5. Prepare a CMS-1500 form.
6. Compare and contrast electronic claims and paper claims.
7. List the steps involved in submitting electronic claims.

Course Outcome(s):

Utilize various electronic files and software for medical billing claims."

Objective(s):

1. Identify and complete Center for Medicare and Medicaid Services (CMS) electronic filing form for medical claims.
2. Differentiate between multiple payer electronic filing systems.
3. Recognize an electronic encounter form.
4. Effectively process an electronic remittance advice (RA).

Methods of Evaluation:

1. Class participation and discussion
2. Reports (oral and/or written)
3. Homework assignments
4. Projects
5. Quizzes and examinations
6. Processing insurance claims using online software

Course Content Outline:

1. Roles and responsibilities of the insurance billing specialist
 - a. Job responsibilities
 - b. Medical ethics
 - c. Confidential communication
 - d. Professional liability
 - e. Fraud and abuse
2. Basics of health insurance
 - a. Health insurance contracts
 - b. Legal principles and benefits
 - c. Insurance coverage and benefits
 - d. Physician/patient contract
 - e. Types of health insurance programs
 - i. government plans
 - ii. managed care plans
 - iii. commercial carriers
 - iv. industrial insurance
 - v. income continuation benefits
3. Source documents and the insurance claim cycle
 - a. The reimbursement cycle
 - b. Source documents

- i. patient registration form
 - ii. insurance identification form
 - iii. encounter form
 - iv. patient account/ledger
 - v. day sheet/daily log
 - vi. the insurance claim form
 - vii. insurance payment check and explanation of benefits/remittance advice documents
 - viii. patient statement
4. Claim submission
 - a. The medical record
 - b. The documentation process
 - c. General principles of a medical record documentation
 - d. Legalities of a medical record
 - e. Auditing a medical record
 5. The health insurance claim form: electronic completion and submission
 - a. The insurance billing process
 - b. The health insurance claim form
 - i. types of claims
 - ii. claim status
 - c. Completion of insurance claim forms
 - d. Claim form requirements
 - e. Computers in the medical office
 - i. electronic interchange
 - ii. electronic claims processor
 - iii. computer software programs
 6. Insurance programs
 - a. Private insurance
 - b. Managed care
 - c. Medicare
 - d. Medicaid
 - e. TRICARE and Civilian Health and Medical Program of the Department of Veteran Affairs (CHAMPVA) programs
 - f. Workers" compensation
 - g. Other disability programs
 7. Patient billing and collection
 - a. Patient payment responsibility
 - b. Itemized statements
 - c. Credit arrangements
 - d. The collection process
 8. Tracking reimbursement
 - a. Getting paid
 - b. Follow-up after claims submission
 - c. Review and appeal process

Resources

Valarius, Joanne. *Medical Insurance an integrated claims process approach.*. 2023. New York: McGraw, 2023.

Tabers. *Cyclopedic Medical Dictionary*. 28. New York, NY : F.A. Davis, 2023.

"ICD-10-CM Code Book" Chicago, 2022. 2022-09-30 .

Resources Other

Supplemental handouts from the faculty as needed.

Medical Journals

Internet tools and searches as needed.

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