MA-2110: REIMBURSEMENT FOR PHYSICIAN SERVICES

Cuyahoga Community College

Viewing: MA-2110 : Reimbursement for Physician Services

Board of Trustees:
2017-03-30

Academic Term:
Fall 2020

Subject Code
MA - Medical Assisting

Course Number:
2110

Title:
Reimbursement for Physician Services

Catalog Description:
Basic overview of insurance forms, terms, and coding methodologies used in the physician office. Introduction to reimbursement methodologies and claims processing procedures for the medical office. Review basics of CPT, ICD 9, and HCPCS. Includes electronically filing a CMS1500 form and completing "clean claims", and how to follow up on rejected claim forms. Also provides a brief introduction of ICD 10.

Credit Hour(s):
2

Lecture Hour(s):
2

Requisites

Prerequisite and Corequisite
MATH-1100 Mathematical Explorations and departmental approval.

Outcomes

Course Outcome(s):
Analyze billing information, types of insurances, insurance cards, and the role of the patient-centered medical home (PCMH).

Essential Learning Outcome Mapping:
Critical/Creative Thinking: Analyze, evaluate, and synthesize information in order to consider problems/ideas and transform them in innovative or imaginative ways.

Objective(s):
1. Interpret information on an insurance card and patient's billing record.
2. Verify eligibility for services.
3. Describe types of insurances.
4. Obtain accurate patient billing information.
5. Define a patient-centered medical home (PCMH).

Course Outcome(s):
Analyze the current diagnostic, procedural and HCPCS level II coding systems.

Essential Learning Outcome Mapping:
Critical/Creative Thinking: Analyze, evaluate, and synthesize information in order to consider problems/ideas and transform them in innovative or imaginative ways.

Objective(s):
1. Use medical necessity when applying diagnostic, procedural and HCPCS coding.

2. Perform diagnostic, procedural and HCPCS coding
3. Choose tactful communication skills with medical providers to ensure accurate code selection.
4. Discuss the effects of upcoding and downcoding.

Course Outcome(s):

Explain bookkeeping skills needed in a medical office.

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.

Objective(s):

1. Explain charges that are completed in a medical office.
2. Describe banking procedures as related to the ambulatory care setting.
3. Analyze precautions for accepting different types of payments.
4. Perform accounts receivable procedures to patient accounts.

Course Outcome(s):

Analyze claims and referrals.

Essential Learning Outcome Mapping:

Critical/Creative Thinking: Analyze, evaluate, and synthesize information in order to consider problems/ideas and transform them in innovative or imaginative ways.

Objective(s):

1. Compose an insurance claim form.
2. Interpret managed care requirements for patient referral.
3. Describe processes for: a. verification of eligibility for services b. precertification c. preauthorization.
4. Obtain precertification or preauthorization including documentation.

Course Outcome(s):

Complete claim processing, payment, and collections.

Essential Learning Outcome Mapping:

Critical/Creative Thinking: Analyze, evaluate, and synthesize information in order to consider problems/ideas and transform them in innovative or imaginative ways.

Objective(s):

1. Analyze claim processing, payment, and collections.
2. Perform accounts receivable procedures to patient accounts including posting adjustments.
3. Compose a bank deposit.
4. Communicate and interact in a professional manner with patients, medical providers and third party representatives regarding services rendered.
5. Differentiate between fraud and abuse.
6. Define types of bookkeeping terms.
7. Discuss types of adjustments made to a patient account.

Methods of Evaluation:

1. Class participation and discussion.
2. Reports (oral and/or written).
3. Homework assignments.
4. Projects.
5. Quizzes and examinations.
6. Other methods deemed appropriate by the department

Course Content Outline:

1. 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
2. Terminology
   a. Beneficiary
   b. Coinsurance
   c. Deductible
   d. Copayment
   e. Preexisting conditions
   f. Exclusions
   g. Coordination of benefits
   h. Preauthorization
   i. Claim
   j. Assignment of benefits
3. Payers and payment methods
   a. Medicare
   b. Medicaid
   c. Diagnostic Related Groups (DRGs)
   d. Ambulatory Patient Classifications (APCs)
4. Patient -Centered Medical Home (PCMH)
   a. Roles and Responsibilities
5. 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
6. 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
7. The health insurance claim form: completion and submission
   a. The insurance billing process
   b. The health insurance claim form
      i. HCFA-1500
      ii. Claim status
   c. Completion of insurance claim forms
   d. Claim form requirements
8. Denied claims
   a. Reasons for denial
   b. Appeals process
9. Coding defined
10. Types of coding systems
   a. Current Procedural Terminology (CPT)
   b. International Classification of Diseases - 10th Revision- Clinically Modified (ICD-10-CM)

c. Diagnostic and Statistical Manual of Mental Disorders (DSM - V)
d. Healthcare Common Procedure Coding System (HCPCS)

11. Legal and ethical issues
    a. Breach of confidentiality
    b. Health Insurance Portability and Accountability Act (HIPAA)
    c. Fraudulent activities

Resources

American Medical Association. (2015) *Current Procedural Terminology (CPT),*Chicago: American Medical Association.

Newby, Cynthia; Carr, Nikita. (2014) *Insurance in the Medical Office: From Patient to Payment,*Columbus: Glencoe/McGraw-Hill.

American Association of Pastoral Counselors. *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).* 2016.

American Association of Pastoral Counselors (AAPC). *2016 Healthcare Common Procedure Coding System (HCPCS) Level II.* 2016.

Adams, Alexandra P; Proctor, Deborah B. *Kinn's The Medical Assistant: An Applied Learning Approach.* Twelfth. St. Louis: Elsevier, 2014.

Instructional Services

OAN Number:
CTAN Approved: Career Technical Assurance Guide CTMAT006

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