

ELIM OUTREACH TRAINING CENTER

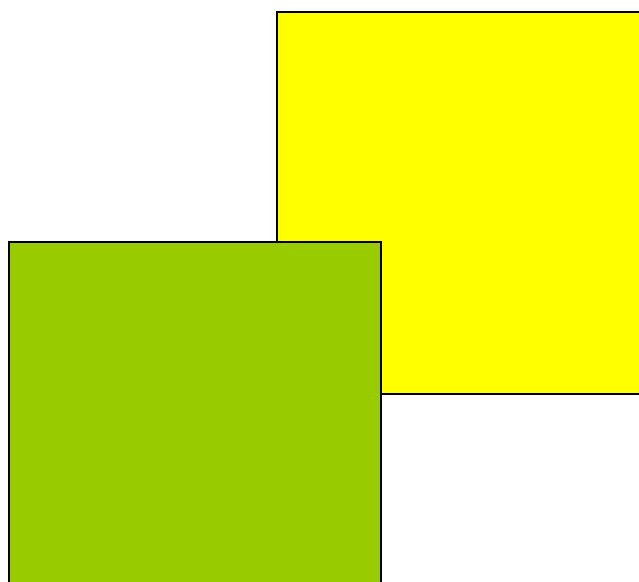
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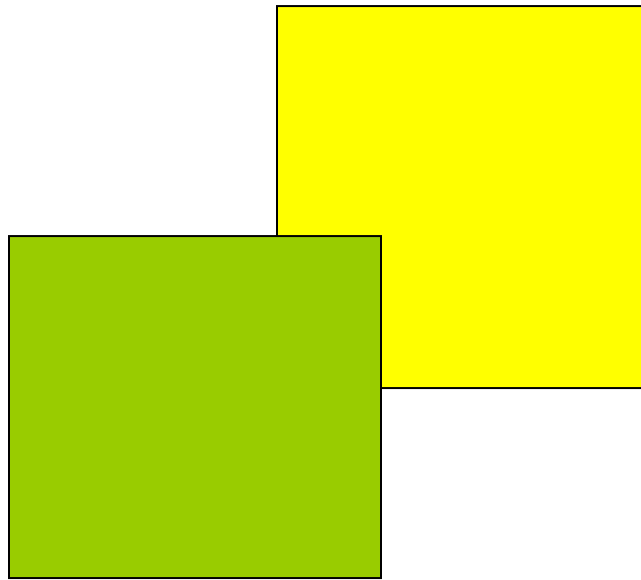
MEDICAL BILLING & CODING PROGRAM

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Revised 7/2015

STUDENT CATALOG/HANDBOOK



MEDICAL BILLING AND CODING

At the time of publication, all material enclosed herein is current, true, and correct and represents policies of ELIM Outreach Training Center, Inc. All curricula offered are for those who desire to enter into an Allied Health career or those who desire a career change .

ELIM Outreach Training Center is not accredited by an accrediting body recognized by the U.S. Department of Education.

ELIM Outreach Training Center is approved to operate by the Private Business and Vocational Schools Division of the Illinois Board of Higher Education.

MEDICAL BILLING AND CODING ADMISSION REQUIREMENTS

Prerequisites

1. High School diploma or GED
2. Reading and math level not less than 9th grade
3. Fine motor coordination (good manual dexterity and hand/eye coordination)
4. Must communicate effectively, both verbally and nonverbally
5. The student must display flexibility, accept and integrate constructive criticism in the classroom and clinical setting.

Medical Billing Coder must complete:

1. 130 clock hours
2. Successfully complete the course with an 80% average
3. Classroom and laboratory participation

Medical Billing and Coding Syllabus

Course Description:

This course is designed to introduce the student to the basics of medical insurance using ICD-9-CM and CPT code books, various coding systems, government programs, and general insurance procedures such as, HIPPA Privacy Rule and Worker's compensation claim forms. The student will also learn different software used in the medical office environment.

The duration of the program is 14 weeks, 130 clock hours

Class structure: Lecture, Demonstrations, Lab and Computer

COURSE OBJECTIVES:

Upon completion of this course, the graduates will be able to:

1. Explain various types of medical insurance
2. Recognize and correctly use related terms, marks, abbreviations and symbols
3. Examine, define and employ medical terminology
4. Understand and implement medical claims billing forms, workers' compensation, Blue Cross/Blue Shield, private payers, managed care and government medical programs
5. Use medical coding publications
6. Discuss legal and ethical terms, HIPAA Privacy Rule, confidentiality, and fraud related to insurance
7. Discuss various types of RAs/EOBs
8. Introduction to collection procedures
9. Utilize medical billing, spreadsheet and word processing software programs
10. Possess the proficiency to successfully pass the optional National Exam

MEDICAL BILLING & CODING TUITION

COURSE DESCRIPTION:

This course is designed to introduce the student to the basic of medical insurance using HICPIC, ICD-9, CP coding books, various coding systems, government programs, and general insurance procedures. Students will learn how to bill Blue Cross/Blue Shield, Worker's Compensation, Medicare/Medicaid and other claim forms. Also, medical terminology that relates to medical billing and HIPAA will be introduced along with software used in the medical office environment.

COST:

TUITION/REGISTRATION	\$1330.00	
BOOKS	\$ 350.00	
FEES	\$ 80.00	
TOTAL		\$1760.00

OTHERS:

UNIFORM	\$25.00	
SHOES	\$25.00	
NATIONAL EXAM	\$130.00	
CPR	\$60.00	
TOTAL		\$240.00

TOTAL COST: \$2000.00

Under the law you have the right, among others, to pay full amount due and to obtain under certain conditions a partial refund of financial charges if applicable. (ELIM does not charge finance charges. A late fee of 10% will be added to all late payments)

Method of Payment: Money Order or Cashier's Check. **SORRY, WE DO NOT ACCEPT CASH OR PERSONAL CHECKS.**

Please see your contract regarding registration fee and amount due on the first day of class (book(s) will be issued with first payment).

*Supplies may be purchased from ELIM or you may purchase uniforms and other supplies at: Wal-Mart, Work N Gear, and Life Uniform. Please consult the yellow book for a location near you.

MEDICAL BILLING AND CODING COURSE MATERIAL

TEXTBOOKS INFORMATION:

Main Textbook

1. **From Patient to Payment** *Insurance Procedures for the Medical Office, Fifth Edition*
By: Cynthia Newby, CPC
Copyright © 2008 by the McGraw-Hill Companies, Inc

This book presents a realistic, focused summary of medical insurance and billing. Each section is prepared to give students a hands-on, factual approach to understanding and working with claims, during the medical billing process.

Books Needed:

- A. **Current Procedural Terminology (CPT) Standard Edition, Fourth Edition**
By: AMA American Medical Association
Copyright © 2007 American Medical Association

This book covers listings of descriptive terms and identifying codes for reporting medical services and procedures performed by the physician.

- B. **Current Physicians' Professional ICD-9-CM for Physician**
International Classification of Diseases 9th Revision
By: The Medical Management Institute
Copyright © 2007 Contexo Media

This book lists both the disease and procedure classification and makes use of certain abbreviations and punctuation clearly understood for efficient and effective coding.

Please see additional list attached. The additional books are not included in the current book price; however they may be used as reference.

MEDICAL BILLING AND CODING COURSE OUTLINE

UNIT 1:

From Patient to Payment: Becoming a Medical Insurance Specialist

- A. Introduction to Medical Insurance
- B. Common Types of Medical Insurance
- C. The Medical Office Billing Work
- D. The Responsibility of a Medical Insurance Specialist
- E. The Effects of Health Care Claim Errors

Objectives:

At the end of this unit the student will be able to:

1. Differentiate between indemnity plans and managed care plans
2. List the numerous types of insurance coverage
3. Explain the medical office billing work flow
4. State several primary responsibilities of a medical insurance specialist
5. Compare medical ethics and etiquette

UNIT 2:

HIPAA and the Legal Medical Record

- A. Medical Record
- B. Documentation Standards
- C. Protected Health Information and Medical Records
- D. Record Retention
- E. Avoiding Fraud

Objectives:

At the end of this unit the student will be able to:

1. State the importance of medical records documentation in the billing and payment process.
2. List the facts that are included in patient's health information (PHI)
3. Discuss the purpose of HIPAA
4. State what PHI can be released without patient's approval
5. Give facts that are included in PHI
6. Explain how to guard against possible fraudulent circumstances

UNIT 3 :

Diagnostic Coding

- A. Introduction to Diagnostic Coding
- B. Coding Basics for Physician Practices
- C. Using the ICD-9-CM
- D. Five Steps to Diagnostic Coding
- E. Professional Focus: Preview of ICD-10 CM

Objectives:

At the end of this unit the student will be able to:

1. State how diagnostic coding influences the payment process.
2. List the primary diagnosis and coexisting conditions
3. Describe the ICD format, and identify sections used by medical insurance specialists
4. Identify the purpose and correct use of V and E codes
5. Give the five-step process to analyze diagnoses and locate the correct ICD 9-CM code

UNIT 4

Procedural Coding

- A. Introduction to Procedure Codes in the CPT
- B. Coding Evaluation and Management Services
- C. Professional Focus; Certification as a Medical Coder
- D. Coding Surgical Procedures
- E. Coding Laboratory procedures and Coding Immunizations
- F. HCPCS Codes
- G. Five Steps for locating correct codes

Objectives:

At the end of this unit the student will be able to:

1. Explain the reason and plan of the Current Procedural Terminology
2. List the three features that influence the selection of Evaluation and management code
3. State the difference between referral and consultation services.
4. Document surgical packages and laboratory panels that are coded as single procedures.
5. List the two types of codes in the HCPCS and when they are used
6. Locate correct procedures codes using CPT

UNIT 5

Payment Methods: Managed Care and Indemnity Plans

- A. Types of Health Plans
- B. *Professional Focus: Working as a Medical Specialist*
- C. Consumer -Driven Health Plans
- D. Setting Fees
- E. Payment Methods
- F. Patients' Charges
- G. When Patients' charges must be paid

Objectives:

At the end of this unit the student will be able to:

1. Explain the key types of health plans and how the different structures affect the patient's payment due for medical services.
2. List three methods in which payments are set
3. Compare the calculation of payments for participating and nonparticipating providers and explain how balance-billing rules influence the charges that can be collected from patients.

UNIT 6

Health Care Claim Preparation

- A. Preparing Claims Using Medical Billing Programs
- B. Health Care Claims
- C. Completing the CMS-1500 Claim
- D. *Professional Focus: Billing Services*
- E. Completing the HIPAA Claim

Objectives:

At the end of this unit the student will be able to:

1. State the procedures for using medical billing programs to prepare claims
2. Discuss the content of the patient information section of the CMS-1500 claim
3. Discuss the subject of the physician or supplier information of CMS-1500 claim
4. In a few words describe the information contained in the five major sections of HIPAA claims
5. Compare billing provider, pay-to provider, rendering provider, and referring provider

UNIT 7

Claims Transmission, RA/EOB Follow-Up, and Collections

- A. Health Plan Claim Transmission
- B. Health Plan Claim Processing by Payers
- C. *Professional Focus: Career Opportunities with Health Plans*
- D. Processing the RA/EOB
- E. Appeals
- F. Patient Billing and Collections

Objectives:

At the end of this unit the student will be able to:

1. Give the three major methods of electronic claim transmission.
2. Explain the claim determination process used by health plans
3. State five steps to process RAs/EOBs from health plans
4. Give general motives for and appeals of reduced and denied payments
5. Discuss the coordination of benefits process used to determine the patient's primary and additional insurance.

UNIT 8

Blue Cross and Blue Shield

- A. Introduction to Blue Cross and Blue Shield
- B. Federal Employee Health Benefits Plan
- C. Key Features of Blue Cross and Blue Shield
- D. Physician Participation and Reimbursement
- E. Filing Claims for Special Cases and National Groups
- F. Blue Card Worldwide
- G. Membership Card Information

Objectives:

At the end of this unit the student will be able to:

- A. Discuss the history and structure of the Blue Cross and Blue Shield Association
- B. State four important issues of Blue Cross and Blue Shield members plan
- C. Give the responsibility of physicians who do and do not participate in Blue Cross and Blue Shield member plans
- D. Explain the Blue Card Program
- E. Give two reasons to complete claim forms within established time limits

UNIT 9

Medicare

- 1. Medicare Overview
- 2. Medicare Charges
- 3. Filing Medicare Claims
- 4. *Professional Focus; Medicare's National correct Coding Initiative*
- 5. Who Pays First?

Objectives:

At the end of this unit the student will be able to:

- 1. State two parts of Medicare Coverage
- 2. Discuss the fees that Medicare participating and nonparticipation physicians are allowed to charge
- 3. State the difference between an excluded service and a medically unnecessary service
- 4. Give four situations in which Medicare is the secondary payer

UNIT 10

Medicaid

- A. Introduction to Medicaid
- B. Medical Coverage
- C. *Professional Focus: Medicaid Fraud and Abuse*
- D. Medicaid Eligibility
- E. Filing Medical Claims

Objectives:

At the end of this unit the student will be able to:

- 1. Name two ways Medicare programs vary from state to state
- 2. List the primary kinds of Medicaid benefits determined by federal law, and give examples.
- 3. Describe two broad classifications of people who are eligible for Medicaid assistance.
- 4. Give four areas a medical insurance specialist should pay special attention to when filing Medicaid claims

UNIT 11

TRICARE and CHAMPVA

- A. TRICARE
- B. *Professional Focus: TRICARE and the HIPAA Privacy Rule CHAMPVA*
- C. Beneficiary Identification
- D. Billing Beneficiaries
- E. Primary or Secondary Payer?

Objectives:

At the end of this unit the student will be able to:

1. Tell who is eligible for TRICARE and CHAMPVA and how to verify eligibility
2. Discuss the program offered to TRICARE beneficiaries.
3. Describe the use of a non-availability statement in the TRICARE program
4. Explain where to file claims first when TRICARE and CHAMPVA beneficiaries are also Covered by other insurance program

UNIT 12

Workers' Compensation

- A. When Employees Are Hurt at Work
- B. Federal Programs, Forms, and Procedures
- C. *Professional Focus: Workers' Compensation Terminology*
- D. State Program, Forms, and Procedures
- E. Keeping Separate Records

Objectives:

At the end of this unit the student will be able to:

1. State what workers' compensation insurance covers and which federal and state agencies administer the programs
2. Give five types of compensation that employees may receive for work-related illnesses and injuries.
3. State five questions to ask the state compensation board about workers' compensation regulations
4. State why medical information that relate to a workers' compensation case should be separated from the patient's chart for disease and disorders that are not work related

UNIT 13

Disability

- A. Replacing Lost Income
- B. Filing for Disability Benefits
- C. *Professional Focus: Consulting and Educational Career Opportunities*

Objectives:

At the end of this unit the student shall be able to:

1. State the purpose of disability compensation
2. List the six major federal disability programs, and explain who is eligible for program benefits
3. State the difference between government and private disability plans
4. Give the eight types of data the physician should add in a medical report for the claims department of a disability compensation program

UNIT 14

Dental Insurance

- A. Introduction to Dental Terms
- B. Dental Insurance
- C. *Professional focus: Dental Injury claims and Workers' Compensation*
- D. Processing Dental Claims

Objectives:

At the end of this unit the student will be able to:

1. Locate and describe the parts of the mouth and teeth
2. Identify key words, condition, and treatments related to dentistry
3. Give six kinds of benefits offered by dental insurance plans
4. Explain the claim form and coding methods commonly used to submit dental insurance claims

UNIT 15

Hospital Insurance

- A. Health Care facilities: Inpatient versus Outpatient
- B. Hospital Claims Processing
- C. Inpatient (Hospital) Coding
- D. Payers and Payment Methods
- E. Claims and Follow-UP

Objectives:

At the end of this unit the student will be able to:

1. State the difference between inpatient and outpatient hospital services
2. The steps relating to hospital claims processing
3. Describe two differences in coding diagnoses for hospital inpatient cases and physician offices services
4. Describe the procedure code used in hospital coding

UNIT 16

Medisoft Claim Simulations

- A. Introduction to Medisoft**
- B. Guided claim Simulations**
- C. Claim Simulations**

Objectives:

At the end of this unit the student will be able to:

- 1. Describe the program's database structure**
- 2. List the structure and how claims are created**
- 3. Complete an electronic class**

MEDICAL BILLING AND CODING UNIT HOURS		
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UNITS**TITLE****HOURS**

1.	From Patient to Payment <i>Becoming a Medical Insurance Specialist</i>	5
2.	HIPAA and the Legal Medical Record	5
3.	Diagnostic Coding	10
4.	Procedural Coding	10
5.	Payment Methods: <i>Managed Care and Indemnity Plans</i>	10
6.	Health Care Claims Preparation	10
7.	Claim Transmission, RA/ EOB Follow-up, and Collection	8
8.	Blue Cross and Blue Shield	10
9.	Medicare	10
10.	Medicaid	10
11.	TRICARE and CHAMPVA	8
12.	Worker's Compensation	8
13.	Disability	8
14.	Dental Insurance	6
15.	Hospital Insurance	6
16.	Health Care Claim Simulations	6
*	Total Hours	130

*There are no prerequisites for each unit; however the student's competency is evaluated through weekly exams.

Medical Billing and Coding Course Schedule

Week	Date	Lesson	Text Assignment	Content Covered
1	Monday	Orientation Lecture		ELIM's policy and procedures Book Voucher handout Patient to Payment ; HIPAA & THR LEGAL MEDICAL *Video: Privacy
	Monday	Lecture	Chapter 1	HIPAA & THE LEGAL MEDICAL Diagnostic Coding ICD-9
2	Wednesday	Lecture	Chapter 2	Diagnostic Coding
	Monday	Quiz Lecture	Chapters 1 & 2 Chapter 3	ICD-9 CPT & HCPCS Managed Care Indemnity Plan
3	Wednesday	Lecture	Chapter 4	Health Care Claim Preparation
	Monday	Quiz Lecture	Chapters 3 & 4 Chapter 5	Managed Care & Health Care Claims Claims Transmission, RA/EOB
4	Wednesday	Lecture	Chapter 6	Managed Care & Health Care Claims Claims Transmission, RA/EOB
	Monday	Quiz Lecture	Chapter s 5 & 6 Chapter 7	Blue Cross & Blue Shield
5	Wednesday	Lecture	Chapter 8	Claims Transmission & BCBS Midterm Review
	Monday	Quiz	Chapters 7 & 8 Midterm Review	
6	Wednesday	Midterm	Chapters 1-8	1 / 2 day
	Monday	Lecture	Chapter 9	Worker's Compensation Medical Terminology

7	Wednesday	Lecture	Chapter 10	TRICARE & WORKES COMPENSATION Medical Terminology
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	Monday	Quiz Lecture	Chapters 9 & 10 Lecture 11	
8	Wednesday	Lecture	Chapter 12	
	Monday	Quiz	Chapters 11 & 12	Introduction to Medical Terminology
9	Wednesday	Work Study	Medical Terminology	
	Monday	Work Study	Medical Terminology	
10	Wednesday	Lecture	Chapter 13	
	Monday	Lecture	Chapter 15	

11	Wednesday	Quiz	Chapters 13,15	
	Monday	Computer		Lab

12	Wednesday	Computer		Lab NCCT Testing Information & Application Externship Information.
	Monday	Final Exam Review	All Chapters	Teachers Evaluation Exit Interview
				Possible Make-Up Day

13	Wednesday			Review
	Monday			Final Exam

14	Wed			Final Evaluation
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Please see Handbook on policies and procedures
Handbook subject to change without notice