



HCI 124: Survey of Medical Coding and Billing

This course introduces the student to medical insurance coding using the International Classification of Diseases and Current Procedural Terminology codes for physician services and outpatient procedures. Students develop knowledge and skill in working with the physician to receive maximum reimbursement; demonstrating sensitivity in communicating with providers and patients; and applying managed-care policies, third-party guidelines, and billing and collection practices. Prerequisites: HLT 101 or HLT 106, and BIO 115 or BIO 234. This course runs for seven weeks and includes one lecture hour and three laboratory hours per week. Instructional Support Fee applies.

Course Student Learning Outcomes

Cognitive:

1. Describe how to use the most current procedural coding system
2. Define upcoding and why it should be avoided.
3. Describe how to use the most current diagnostic coding classification system.
4. Describe how to use the most current HCPCS coding.
5. Explain both billing and payment options.
6. Identify procedures for preparing patient accounts.
7. Describe the impact of both the Fair Debt Collection Act and the Federal Truth in Lending Act of 1968 as they apply to collections.
8. Discuss types of adjustments that may be made to a patient account.
9. Discuss principles of Electronic Medical Record (EMR).

1

1. Describe the implications of HIPAA for the medical assistant in various medical settings.

Psychomotor:

1. Perform procedural coding.
2. Perform diagnostic coding.
3. Apply both managed care policies and procedures.
4. Apply third party guidelines.
5. Complete insurance claims form.
6. Obtain precertification including documentation.
7. Obtain preauthorization, including documentation.
8. Verify eligibility for managed care services.
9. Utilize computerized office billing systems.

1

1. Completing a Medicare CMS-1500 (08-05) Claim Form.

1

1. Computing the Medicare Fee Schedule.

1



1

1. Current Procedure Terminology Coding.

1

1. International Classification of Diseases, 9th Revision, Clinical Modification Coding.

1

1. Explaining Fees in the First Telephone Interview.

1

1. Identify Accounts Receivable Using Medical Office Stimulation Software (MOSS).

1

1. Preparing Itemized Patient Accounts for Billing Using Medical Office Simulation Software (MOSS).

1

1. Post/Record Adjustments Using Medical Office Simulation Software (MOSS).

Affective:

1. Work with physician to achieve the maximum reimbursement.
2. Demonstrate sensitivity and professionalism in handling accounts receivable activities with clients.
3. Demonstrate assertive communication with managed care and/or insurance providers.
4. Demonstrate sensitivity with both providers and patients.

5. Communicate in language the patient can understand regarding managed care and insurance plans.

Credits: 1

Program: Health Information Management