
SECTION HEADING

HIMC 1150: Introduction to Medical Coding, Billing and Insurance

Description

Introduction to Medical Coding, Billing and Insurance provides a basic introduction to ICD-10-CM, ICD-10-PCS and CPT/HCPCS coding and coding compliance, a study of the various health insurance plans, reimbursement methodologies, and compliance strategies. Students will adhere to current regulations and established guidelines in code assignment. Students who master the material will gain sufficient understanding of coding for entry-level medical insurance specialist positions.

Credits

3

Topics to be Covered

1. Medical Coding: Diagnosis, Procedure and CPT/HCPCS
2. Revenue Cycle Process
3. Study of numerous health insurance plans, reimbursement methodologies, and compliance strategies
4. HIPAA/HITECH
5. Third Party Reimbursement

Learning Outcomes

1. Identify three ways that medical insurance specialists help ensure the financial success of physician practices.
2. Explain the ten steps in the revenue cycle and the importance of accurate documentation when working with medical records.
3. Compare the intent of HIPAA, HITECH, and ACA laws and apply HIPAA rules regarding privacy and release of information.
4. Assign correct diagnosis and procedure codes.
5. Apply the six steps for selecting CPT procedure codes to patient scenarios including selecting CPT Evaluation and Management codes.
6. Describe the major features of group health plans regarding eligibility, portability, and required
7. coverage.
8. Prepare accurate Medicare primary claims while differentiating among Medicare Part A, Part B, Part C, and Part D.
9. Assess the income and asset guidelines used by most states to determine eligibility of Medicaid.
10. Classify the responsibilities for each position that is typically part of billing and collections.

Credit Details

Lecture: 3

Lab: 0

OJT: 0