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MED 152T.01: Insurance Processing for Coding Specialists

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COURSE NUMBER AND TITLE: MED 152T
INSURANCE PROCESSING FOR CODING SPECIALISTS

DATE REVISED: Fall 2005

SEMESTER CREDITS: 2

PREREQUISITES: MED 161T Medical Administrative Procedures or concurrent enrollment

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Office Hours: by appointment

RELATIONSHIP TO PROGRAM(S):
This course provides students with a comprehensive foundation for processing and managing insurance claims for a full-range of health plans. It is one of the capstone courses in the Health Information Coding Specialty program.

COURSE DESCRIPTION: An introduction to insurance claim processing for the major medical insurance programs. Emphasis will be on completing universal insurance forms to maximize reimbursement as well as troubleshoot denied or underpaid claims.

STUDENT PERFORMANCE OUTCOMES:

Occupational Performance Objectives

1. Utilize ethical values when dealing with confidentiality or personal information contained within a health record.
2. Demonstrate a working knowledge of basic insurance concepts and terminology.
3. Abstract from the patient record the information necessary to complete an accurate insurance claim form.
4. Complete universal claim forms appropriately to minimize rejections for the major insurance programs - Medicare, Medicaid, Tricare, Blue Cross/Blue Shield and Workers’ Compensation.
5. Submit and manage insurance claim forms.
6. Maintain claim management techniques to trace delinquent claims and problem solve denied or unpaid claims.
7. Maximize reimbursement to which the medical facility is legally entitled.
STUDENT PERFORMANCE ASSESSMENT METHODS AND GRADING PROCEDURES:

Production and Testing
1. Production activities will occur on a weekly basis. It is the expectation that in-class production or homework assigned will be submitted by the due date. Assignments are accepted one week beyond the identified due date, however, a 10% penalty will be assessed on any late assignment.

2. Tests will be scheduled following each unit - general terminology, Medicare, Tricare, Workers' Compensation, and Medicaid.

Grading Scale:
- 94 - 100  A
- 88 - 93  B
- 80 - 87  C
- 74 - 79  D

Final grade will be determined by total points received on class assignments and tests in relationship to total points available.

Final Schedule: Friday, December 16  8-10 a.m.


COURSE OUTLINE:

I. Introduction to Health Insurance
   A. Common types of Insurance
   B. Insurance Terminology
   C. Legal issues affecting claims processing
   D. HIPAA

II. Managed Health Care
   A. History of managed care
   B. Effects on a practice

III. Insurance Claim
   A. Development of the Claim
   B. Insurance Company Processing of the Claim
   C. Managing Claim Payment or Denial

IV. CMS-1500 Claim Instructions
   A. General Billing Guidelines
   B. Optical Scanning guidelines
   C. Common Errors that Delay Processing

V. Medical Claims
   A. Blue Cross/Blue Shield
   B. Medicare
   C. Medicaid
   D. Tricare
   E. Workers’ Compensation
   F. Indian Health