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### MED 153T.01: Insurance Processing

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**THE UNIVERSITY OF MONTANA--MISSOULA  
COLLEGE OF TECHNOLOGY  
BUSINESS TECHNOLOGY DEPARTMENT**

**COURSE SYLLABUS**

**COURSE NUMBER AND TITLE:** MED 153T, INSURANCE PROCESSING

**DATE REVISED:** Fall 2006

**SEMESTER CREDITS:** 3

**PREREQUISITES:** MED 161T Medical Administrative Procedures or concurrent enrollment

**FACULTY:** Carol Hinricher

**E-Mail:** [carol.hinricher@umontana.edu](mailto:carol.hinricher@umontana.edu)

**Phone:** 243-7817

**Office:** AD17

**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 Medical Information Technology and Medical Assisting curricula.

**COURSE DESCRIPTION:** An introduction to insurance claim processing for the major medical insurance programs. Students will be provided with a basic knowledge of CPT and ICD-9 procedural and diagnostic coding. 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. Apply basic coding guidelines to assign and sequence procedural and diagnostic codes.
4. Abstract from the patient record the information necessary to complete an accurate insurance claim form.
5. Complete universal claim forms appropriately to minimize rejections for the major insurance programs - Medicare, Medicaid, Tricare, Blue Cross/Blue Shield and Workers' Compensation.
6. Submit and manage insurance claim forms.
7. Maintain claim management techniques to trace delinquent claims and problem solve denied or unpaid claims.
8. 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, procedural and diagnostic coding, 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: Tuesday, December 12 8:00-10:00**

**REQUIRED TEXT:** *Understanding Health Insurance: A Guide to Professional Billing.* 8<sup>th</sup> Edition. Rowell and Green. Thomson/Delmar Learning. 2005.

**ACADEMIC CONDUCT:**

All students must practice academic honesty. Academic misconduct is subject to an academic penalty by the course instructor and/or a disciplinary sanction by the University.

All students need to be familiar with the Student Conduct Code. The code is available for review online at <http://www.umt.edu/SA/VP/SA/index.cfm/page/1321>.

**ACCOMMODATION:**

Eligible students with disabilities will receive appropriate accommodations in this course when requested in a timely way. Please be prepared to provide a letter from you DSS Coordinator.

UM Coordinator: Daniel J. Burke  
243-4424

**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. Diagnostic Coding
  - A. ICD-9 CM coding basics
  - B. Using tables
  - C. E-codes
  - D. V-codes
- V. Procedural Coding
  - A. CPT Coding Hierarchy
  - B. Basic coding for evaluation and management services
  - C. Coding surgical procedures
  - D. Coding laboratory procedure
  - E. Medicine Section
  - F. HCPCS Coding
- VI. CMS-1500 Claim Instructions
  - A. General Billing Guidelines
  - B. Optical Scanning guidelines
  - C. Common Errors that Delay Processing
- VII. Medical Claims
  - A. Blue Cross/Blue Shield
  - B. Medicare
  - C. Medicaid
  - D. Tricare
  - E. Workers' Compensation
  - F. Indian Health