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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 153, INSURANCE PROCESSING

DATE REVISED: Fall 2004

SEMESTER CREDITS: 3

PREREQUISITES: MED 161 Medical Administrative Procedures

FACULTY: Carol Hinricher

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Office Hours: T TH 1:00 – 2:00

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 Office Technology 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 Medicare, Medicaid, CHAMPUS, Blue Cross/Blue Shield and Workers' Compensation.
6. Submit and manage insurance claim forms electronically
7. Maintain claim management techniques to trace delinquent claims and problem solve rejected 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. Class attendance is an integral part of this course. It is the expectation that in-class production or homework assigned outside of class will be turned in by class time on 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, CHAMPUS, Workers' Compensation, and Medicaid. Makeup for tests are not offered unless instructor is notified and guidelines are identified for the individual situation.

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 14 8:00 to 10:00**

ATTENDANCE POLICY:

Students are expected to come prepared for class each day and to participate in the assigned activity.

REQUIRED TEXT: *Understanding Health Insurance: A Guide to Professional Billing, 6th Edition.* Rowell and Green. Delmar Publishing.

COURSE OUTLINE:

- I. Introduction to Medical Insurance
 - A. Types of Insurance
 - B. Insurance Terminology
 - C. Legal issues affecting claims processing
- II. Insurance Claim
 - A. Life cycle
 - B. Standard HCFA form
- III. Procedural Coding
 - A. CPT Coding Hierarchy
 - B. Basic Guidelines
- IV. Diagnostic Coding
 - A. ICD-9 CM coding basics
 - B. Using tables
 - C. E-codes
 - D. V-codes
- V. Medical Claims
 - A. Blue Cross/Blue Shield
 - B. Medicare
 - C. Medicaid
 - D. CHAMPUS
 - E. Workers Comp
 - F. Indian Health
 - G. HMO/Managed Care