MED 153T.01: Insurance Processing

Carol Hinricher

University of Montana - Missoula

Follow this and additional works at: https://scholarworks.umt.edu/syllabi

Let us know how access to this document benefits you.

Recommended Citation

https://scholarworks.umt.edu/syllabi/4364

This Syllabus is brought to you for free and open access by the Course Syllabi at ScholarWorks at University of Montana. It has been accepted for inclusion in Syllabi by an authorized administrator of ScholarWorks at University of Montana. For more information, please contact scholarworks@mso.umt.edu.
COURSE NUMBER AND TITLE: MED 153, INSURANCE PROCESSING

DATE REVISED: Fall 2004

SEMESTER CREDITS: 3

PREREQUISITES: MED 161 Medical Administrative Procedures

FACULTY: Carol Hinricher
E-Mail: carol.hinricher@umontana.edu
Phone: 243-7817
Office: AD17
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.

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