Washtenaw Community College Comprehensive Report

MED 116 Insurance Billing and Coding Basics for the Medical Assistant
Effective Term: Winter 2020

Course Cover

Division: Health Sciences
Department: Allied Health
Discipline: Medical Office Worker
Course Number: 116
Org Number: 15900
Full Course Title: Insurance Billing and Coding Basics for the Medical Assistant
Transcript Title: Ins Billing and Coding - MA
Is Consultation with other department(s) required: No
Publish in the Following:
Reason for Submission: Course Change
Change Information:
     Consultation with all departments affected by this course is required.
Rationale: Conditionally approved; seeking full approval.
Proposed Start Semester: Winter 2020
Course Description: In this introductory course, students identify insurance coverage appropriately and accurately, complete insurance forms and become familiar with billing procedures. Students will be introduced to a variety of medical insurers including Medicare, Medicaid, Blue Cross/Blue Shield, Tricare, and CHAMPVA. Students will learn to navigate the current procedural terminology (CPT) and International Classification of Disease (ICD)-10 Code Books to accurately obtain the correct codes to be used to complete a clean 1500-claim form to bill appropriate insurance companies. The title of this course was previously Medical Insurance Billing and Coding Basics for MA.

Course Credit Hours

Variable hours: No
Credits: 2
Lecture Hours: Instructor: 30 **Student:** 30
Lab: Instructor: 0 **Student:** 0
Clinical: Instructor: 0 **Student:** 0

Total Contact Hours: Instructor: 30 **Student:** 30
Repeatable for Credit: NO
Grading Methods: Letter Grades
Audit
Are lectures, labs, or clinicals offered as separate sections?: NO (same sections)

College-Level Reading and Writing

Reduced Reading/Writing Scores

College-Level Math

Requisites

Prerequisite
Academic Reading Level 5; Academic Writing Level 3
and

Prerequisite
Admission to Medical Assisting program

General Education

Request Course Transfer
Proposed For:

Student Learning Outcomes

1. Complete a 1500 Insurance claim form accurately.
    Assessment 1
    Assessment Tool: Exam/Skill Check sheet
    Assessment Date: Fall 2022
    Assessment Cycle: Every Three Years
    Course section(s)/other population: All
    Number students to be assessed: All
    How the assessment will be scored: Answer key/rubric
    Standard of success to be used for this assessment: 85% of students will score 75% or better on written exam and 85% or better on skill tests
    Who will score and analyze the data: Departmental faculty

2. Perform Procedural Coding accurately.
    Assessment 1
    Assessment Tool: Exam/Skill Check Sheet
    Assessment Date: Fall 2022
    Assessment Cycle: Every Three Years
    Course section(s)/other population: All
    Number students to be assessed: All
    How the assessment will be scored: Answer key/rubric
    Standard of success to be used for this assessment: 85% of students will score 75% or better on written exam and 85% or better on skill tests
    Who will score and analyze the data: Departmental faculty

3. Complete ICD-10 Coding accurately.
    Assessment 1
    Assessment Tool: Exam/Skill Check sheet
    Assessment Date: Fall 2022
    Assessment Cycle: Every Three Years
    Course section(s)/other population: All
    Number students to be assessed: All
    How the assessment will be scored: Answer key/rubric
    Standard of success to be used for this assessment: 85% of students will score 75% or better on written exam and 85% or better on skill tests
    Who will score and analyze the data: Departmental faculty

Course Objectives
1. Trace the history of health insurance in the United States.
2. Identify and describe three ways to obtain health insurance.
3. Explain regulations that control the amount of health insurance reimbursement for an individual claim.
4. Compare and contrast traditional fee-for-service health insurance plans with managed care insurance plans.
5. Identify and define various types of managed care plans.
6. Describe eligibility and benefits for the Medicare plan.

7. Explain the general provisions of the Medicaid plan and the state children's insurance program.
8. Describe government programs available to dependents of the armed services and veterans.
9. Explain when workers' compensation covers medical care and compare it with other insurance plans.
10. Describe how to collect information from patients for insurance billing.
11. Describe the process for verifying eligibility and covered services.
12. Interpret information on an insurance card.
13. Verify insurance eligibility.
14. Correlate preauthorization and precertification requirements to the utilization review process. Obtain preauthorization or precertification.
15. Describe the referral process for managed care.
16. Identify information contained on an insurance form.
17. Recognize potential errors in a completed insurance form. Complete and review insurance claim form.
18. Describe the process for submission and payment of a health insurance claim following insurance guidelines.
19. Categorize common errors that result in denied insurance claims.
20. Demonstrate effective communication skills with managed care and/or insurance providers and patients.
21. Describe the history and rationale for using coding systems in medical care.
22. Describe the levels of Healthcare Common Procedure Coding System (HCPCS) codes.
23. Describe the type of codes included in each section of the Current Procedural Terminology (CPT) manual (Level I HCPCS codes).
24. Describe how to locate an accurate CPT code. Perform CPT coding.
25. Identify when HCPCS Level II codes should be used.
26. Describe how to locate an accurate HCPCS Level II code.
27. Perform Procedural coding.
28. Describe the format and use of International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes.
29. Describe how to select an accurate code with the correct level of detail using ICD-9-CM codes.
30. Describe the format and use of ICD-10-CM codes.
31. Describe how to select an accurate code with the correct level of detail using ICD-10-CM codes.
32. Perform diagnostic coding.
33. Explain how procedure and diagnosis coding are used by third-party payers to validate medical necessity.

New Resources for Course

Course Textbooks/Resources
Textbooks
Manuals
Periodicals
Software

Equipment/Facilities

Reviewer	Action	Date
Faculty Preparer:		
Rhonda Johns	*Faculty Preparer*	*Sep 09, 2019*
Department Chair/Area Director:		
Kristina Sprague	*Recommend Approval*	*Sep 09, 2019*
Dean:		
Valerie Greaves	*Recommend Approval*	*Sep 09, 2019*

Curriculum Committee Chair:

Lisa Veasey   *Recommend Approval*   *Oct 04, 2019*

Assessment Committee Chair:

Shawn Deron   *Recommend Approval*   *Oct 10, 2019*

Vice President for Instruction:

Kimberly Hurns   *Approve*   *Oct 14, 2019*