

COURSE OUTLINE:



INSURANCE AND BILLING, AND
CODING ESSENTIALS



Course Outline

Course Intro

Introduction

Chapter 1 - The Insurance Billing Specialist

Role of the Medical Insurance Billing Specialist

Job Responsibilities:

Medical Ethics

Ethical Principals

Medical Etiquette

Education

Acquiring Training

Attributes

Skills

Personal Image and Behavior

Characteristics

Qualifying Criteria

Insurance Billing Specialist as a Career

Popular Titles

Job Outlook

Getting Certified

CEU Importance

Career Advantages

Claims Assistant Professional

Multi-Skilled Health Practitioner

Employer Liability

Employer/Employee Liability

Chapter 01 Review

Chapter 2 - Medical Records Documentation

The Medical Record

Medical Record Facts

Types of Records

The Documenters

Legal Considerations

Importance of Documentation

Amendment

Documenting in the Medical Record

Making a Handwritten Correction

Making an Electronic Correction

Ownership

Releasing Medical Record Information

Protecting the Medical Record

Organization of the Medical Record

Contents



TM
MedCerts

Source Oriented Record
Problem Oriented Medical Record - POMR
SOAP Approach
E/M Documentation
History
Examination
Medical Decision Making
Documentation Terms
Definitions of Patient Status
Diagnosis Terms and Abbreviations
Directional Terms
Common Surgical Terms
Auditing the Documentation
Internal Audit/Review
Prospective Review
Retrospective Review
Software Edit Checks
External Audit
Acquiring Audit Information
External Audit Point System
Lawsuit Prevention Guidelines
Compliance Program
Faxing Medical Information
Faxing Documents
Sensitive Information
Cover Sheets
Securing the Destination
Termination of Patient Care
Reasons for Termination
The Termination Process
Abandonment Charges
Maintenance and Retention
Record Maintenance
Classification of Records
Retention of Records
Discard, Protect, and Store
Chapter 02 Review

Chapter 3 - Health Insurance Basics

Health Insurance Contracts
History
Insurance Contracts
Insurance Policy Terms
Implied vs. Expressed
The Purpose of Health Insurance
Choices of Coverage
Patient Cost Responsibility
Types of Health Insurance Policies
Group Policies



Individual Policies
Government Policies
Prepaid Health Plan
The Insurance Policy
Hospitalization
Surgical
Basic Medical
Major Medical
The Insurance Application
Insurance Policy Renewal
Understanding Policy Coverage
Participating Physicians
Non-Participating Physicians
Pre-approval
In Network
Out of Network
Authorizations
Referrals
Coordination of Benefits
The Birthday Rule
Types of Insurance Coverage
Medicare
Medicaid
BCBS
TRICARE
CHAMPVA
Commercial
Managed Care Patients
HMO Managed Care
PPO
EPO
POS
Workers Comp
Employment and Disability Patients
Work Comp Patients
Chapter 03 Review

Chapter 4 - Medicare

Eligibility and Benefits
Policies and Regulations
Fiscal Intermediaries
Enrollment Process
Eligibility Requirements
Types of Medicare Benefits
Part A
Benefit Period
Hospice
Respite Care
Part B



Preventative Care
Part C
Part D
Compliments to Medicare
Is Medicare Primary or Secondary?
Medi/Medi
Medigap
Claim Submission
Provider ID Numbers
Patient's Signature
NCCI
HCPCS
Time Limit
Paper and Electronic Claims
Substitute Coverage
Remittance Advice
Medicare Summary Notice
Reimbursement
Fee Schedule
Participating Physicians
Non-Participating Physicians
Patient Cost
Limiting Charge
Prior Authorizations
Non-Covered Services
ABNs
NEMB
Medicare Global Package
RBRVS
Utilization, Quality Control and Compliance
OBRA
TEFRA
DEFRA
COBRA
QIO
Federal False Claims Amendment Act
CLIA
Compliance Issues
Chapter 4 Review

Chapter 5 - Medicaid

Eligibility and Benefits
History
About Medicaid
Medically Needy
Categorically Needy
Accepting Medicaid
Verifying Eligibility
Retroactive Eligibility



Spend Down
Benefits
Medicaid Managed Care
Other State Programs
MQMB
SLMB
CHIP
EPSDT
Claims and Reimbursement
Share Cost
Disallowed Services
Prior Approval
Time Limit
Combined Coverage
Reciprocity
Remittance Advice
Appeals
MFCU
Chapter 5 Review

Chapter 6 - BCBS, Managed Care, and Private Insurance

Outlining the Insurances
Private/Commercial
BCBS
Managed Care
Benefits of Managed Care
In Network
Out of Network
Network Facilities
Scheduling
Components of the Managed Care Plans
PCP
HMO
EPO
FMC
IPA
PPO
PPG
POS
Carve Outs
Preauthorization
Professional Medical Review
QIO or PRO
QISMC
Utilization Review
Churning
Turfig
Financial Management
Fee for Service



Fee Schedule
Capitated Services
Deductibles
Copayments
Managed Care Pay Styles
Time Limits
Remittance Statement
Withholdings
Chapter 6 Review

Chapter 7 - TRICARE and CHAMPVA

TRICARE Programs
History
Programs Available
NAS
Catchment Area
Fiscal Year
TRICARE Eligibility and Benefits
Eligibility Requirements
DEERS
Identification Cards
Benefits
Authorized Providers
Participating Providers
Non Participating Provider
Primary Care Manager
Claims and Reimbursement
Preauthorization
Filing Claims
Time Limit
Dual Coverage
Quality Assurance
Claims Appeals
CHAMPVA Programs
CHAMPVA
Eligibility
Enrollment and Providers
CHAMPVA Identification Cards
CHAMPVA Benefits
Chapter 7 Review

Chapter 8 - Worker's Compensation

History
Purpose
Work Comp Statutes
Work Comp Reform
Self Insured
Private Insurance
Eligibility



Interstate Laws
Benefits
Industrial Accident
Occupational Illness
Non-Disability Claim
Temporary Disability
Permanent Disability
Preparing for Return
Reporting Requirements
Accepting Worker's Comp
Medical Records
Employers Report
Medical Service Order
Physician's First Report
Progress Reports
Final Reports
Legal Circumstances
Sub Rosa Films
Fraud and Abuse
Medical Evaluator
Depositions
Medical Testimony
Third Party Subrogation
OSHA
Regulations
SDS
Filing a Complaint
Inspection
Recording and Reporting
Claims and Reimbursement
Who is Responsible?
Fee Schedules
Claim Numbers
Billing Tips
Out-of-State Claims
Slow Pay
Chapter 8 Review

Chapter 9 - Disability Income Insurance

Understanding Disability Insurance
Disability Income Insurance
History
Individual Policies
Group Policies
Types of Disability
Clauses
Exclusions
Benefits of Disability Insurance
Short or Long Term



Waiting Period
Benefit Period
Payments
Residual Benefits
Supplemental Benefits
Additional Benefits
Disability Claims
Disability Programs
Federal and State Programs
State Disability
Definition of Disability
Dual Coverage
Chapter 9 Review

Chapter 10 - Introduction to HIPAA and HITECH

About HIPAA and HITECH
What is HIPAA?
Purpose of HIPAA
Title I – Insurance Reform
Title II – Administrative Simplification
What is HITECH?
HIPAA and HITECH Terms
Who and How does it affect the Medical Profession?
Requirements of the Provider
Requirements of the Medical Staff
HIPAA Related Organizations
Rules Under HIPAA
Health Insurance Portability
Standards for Electronic Transactions
Standard Code Sets
Unique Identifiers
Privacy Rule
What Does PHI Include?
Required Activities of the Privacy Rule
Security Rule
Safeguards
Administrative Safeguards
Physical Safeguards
Technical Safeguards
Risk Analysis
Relationship with State Law
Chapter 10 Review

Chapter 11 - HIPAA and HITECH in Detail

Privileges and Exceptions
Privileged Information
Non-privileged Information
Exception of Right to Privacy
Patients Rights



Privacy Rights
Patients Bill of Rights
Right to Notice of Privacy Practices
Notice of Privacy Practice
Right to Access PHI
Right to Request Restrictions
Right to Request Confidential Communications
Right to Request Amendment
Right to Receive an Account of Disclosures
Other Considerations
Training
Authorizations
Defective Authorizations
Minor's Health Records
Family and Friends
Incidental Use and Disclosure
Safeguard Requirements
Minimum Necessary Standards
Have a Complaint?
Criteria for a Complaint
Safeguards to Privacy
Civil Penalties for Non-Compliance
Criminal Penalties for Non-Compliance
HIPAA Privacy Reminder
Fraud
Suspected Fraud
Abuse
Fraud and Abuse Laws
Federal False Claims Act
Criminal False Claims Act
Civil Monetary Penalties Law
Qui Tam "Whistleblower"
Anti Kickback Statute
Stark Laws
Safe Harbors
Medicare Integrity Program
Correct Coding Initiative
Internal Monitoring and Auditing
Compliance
7 Basic Components of a Compliance Plan
Implementing the Compliance Plan
Other Risk Management
Chapter 11 Review

Chapter 12 - The Basics of Diagnostic Coding

Diagnosis Coding
What is Diagnosis Coding?
Purpose and Development
International Classification of Diseases (ICD)



Why use ICD Codes?
Terms with Coding
Professional Coding Terms
Organization and Format of ICD-9-CM
ICD-9 Volumes
Structure of the ICD-9 Code
Volume 1
Volume 2
Volume 3
Supplemental Classifications
Symbols and Abbreviations
Abbreviations
Punctuation
ICD Symbols
Italicized Typeface
Instructional Notations
Includes
Excludes
Notes
“SEE”
Code First
Use Additional Code
“And”
“With”
Additional Diagnosing Guidelines
V Codes
E Codes
Locating and Using E Codes
Table of Drugs and Chemicals
Coding Adverse Effect
Coding Poisoning
Signs and Symptoms
Neoplasms
Primary vs. Secondary Neoplasms
Coding for Neoplasms
Neoplasm Table
Hypertension
Coding for Hypertension
Diabetes Mellitus
Pregnancy
Coding for Pregnancy
Burns
Body Percentage
Coding Burns
Injuries
Late Effects
Coding Late Effects
Assigning a Diagnosis Code
Nine Basic Steps



Coding Example
Coding Rules
Coding Tips
Chapter 12 Review

Chapter 13 - The Basics of ICD-10 Coding

Overview and General Coding Conventions
Overview of ICD-10
Benefits
Who is Affected by the Change in Coding?
Differences and Similarities with ICD-9 and ICD-10
New Terms used in ICD-10
Organization of ICD-10 Coding
Organization of ICD-10
ICD-10-CM Code Structure
Tabular List
Alphabetic Index
7th Character Extension
Placeholder Characters
Locating a Code
Abbreviations and Punctuation
Abbreviations
Punctuation
Etiology/Manifestation
Instructional Notes
"See" and "See Also"
Eponyms
Includes Notes
Inclusion Terms
Excludes Notes
"And"
"With" and "Without"
Code First
Use Additional Code
Code Also Note
Default Codes
Syndromes
General Coding Guidelines
Assigning a Code
Level of Detail
Code Ranges
Signs and Symptoms
Single Condition, Multiple Codes
Acute and Chronic
Combination Codes
Late Effects (Sequela)
Laterality
Other Coding Guidelines
Chapter Specific Coding Guidelines



BMI Documentation
Burns and Corrosions
Classifying by Depth and Degree
Current Burns
Body Percentage
Coding and Sequencing of Burns
ICD-10-PCS
ICD-10-PCS Coding Structure
Coding Tips
Chapter 13 Review

Chapter 14 - The Basics of Procedure Coding

Introduction to Procedure Coding
What is Procedure Coding?
The CPT Manual
CPT Categories
Format of CPT Codes
Modifying Terms
Symbols
Special Reports
Unlisted Procedures
Separate Procedures
Guidelines
Notes
Appendices
Components of Evaluation and Management
Evaluation and Management
Consultations
Hospital
Nursing Facilities
Home Services
Preventative Care
Considering Factors
E/M Key Components
History
History of Present Illness
Review of Systems
History - PFSH
Physical Examination
Exam Levels
Medical Decision Making
Contributing Factors
Selecting an E&M Service
Example E/M Codes
Classification of Sections
Procedure Format
Example of Procedure Format
Anesthesia
Calculating Anesthesia Services



Qualifying Circumstances
Physical Status Modifiers
Surgery
Surgery Section Procedures
Surgical Package
Medicare Global Package
Follow Up
Alpha Reference Codes
Supplies
Radiology
Pathology
Surgical Pathology
Medicine
HCPCS
HCPCS Sections
HCPCS Symbols
Modifiers
Why Use Modifiers?
E/M Modifiers
Anesthesia Modifiers
Procedure Modifiers
Global Surgical Modifiers
Physician Modifiers
Laboratory Modifiers
HCPCS/National Modifiers
Other HCPCS Modifiers
Coding the Procedure
Rules to Follow
Alphabetical Index Format
Using the Alpha Index
Referencing the Code
Bundled and Unbundled Codes
Downcoding
Upcoding
Errors and Omissions Insurance
Coding Edits
Guidelines for Code Edits
Software Edits
Example of a Code Edit
Comprehensive and Component Edits
Component Code Edits
Mutually Exclusive Code Denials
Chapter 14 Review

Chapter 15 - Professional Fees, Billing, and Coding

Patient Education of Fees
Responsibility of the Bill
Patient Cost Responsibility
Discussing Fees in Advance



Giving Estimates
Professional Fees
Medical Necessity
Fee for Service
Fee Schedule
Insurance Fee Schedule
UCR Fees
RVS
RBRVS
Insurance Allowances
Capitated Services
Account Transactions
Payment at Time of Service
Handling Returned Checks
Non Sufficient Funds
Adjustments
Refunds
Billing Methods
Sending the Bill
Guidelines in Billing
Extending Credit
Internal Billing
External Billing
Hardship Cases
Professional Courtesy
Copayment Waiver
No Charge
Reduced Fees
Bonding
Collection Practices
Collection Letters
Telephone Collection
Face to Face Collection
Claims Against Estates
Bankruptcy
Small Claims Court
Outside Collection Agency
Chapter 15 Review

Chapter 16 - CMS 1500 Health Insurance Claim Form

About the Claim Form
History of the Claim Form
Payer Requirements
Verification of Eligibility
Paper Claims
Electronic Claims
Electronic Claim Processing
Dividing the Claim
Signatures



Numeric Identifiers
Place of Service Codes
OCR Guidelines
Completion of the Claim Form
Rules for Completion
CMS 1500 Universal Claim Form
Explanation of Fields 1-33 on CMS 1500 Form
Claim Status
Clean Claims
Rejected Claim
Denied Claim
Dirty Claims
Dingy Claims
Incomplete Claims
Invalid Claims
Pending Claim
Deleted Claim
Completing the Process
Audit Trails
Checking on Claim Status
Claims Follow Up
Chapter 07 Review

Chapter 17 - Claim Reimbursement and Problems

Payment Time Limits
Explanation of Benefits
EOB
Components of an EOB
Understanding the EOB
EOB Processing
Types of Problem Claims
Delinquent, Pending, or Suspended Claim
Appeals
Reason for Appeals
Rejected Claim
Reasons for Rejected Claims
Solution 1
Denied Claims
Reasons for Denied Claims
Solution 2
Downcoding of a Claim
Solution 3
Insurance Paid the Patient
Two Party Payment
Overpayments
Reasons for Overpayments
Solution 4
Rebilling
Claim Follow Up



TM
MedCerts

Importance of Claim Follow Up
Using Aging Reports
Insurance Payment History
Claim Inquiry
Reason for Inquiries
State Insurance Commission
Problems to Submit
Inquiries
Chapter 17 Review

Chapter 18 - Electronic Data Interchange

Electronic Claims
EDI
Electronic Claim
Clearinghouses
Duties of Clearinghouses
Advantages of Clearinghouses
837P
The Crosswalk
CMS1500 and 837P Comparison
The Security Rule
Transaction and Code Sets
HIPAA TCS
HIPAA Standard Transactions
Medical Code Sets
Standard Unique Identifiers
Building the Claim
Practice Management System
Use of the Data
Finding the Data
Entering the Data
Encoder
Signature Requirements
Claim Processing
Basic Transmission
Interactive Transmission
Methods of Claim Submission
Clean Claim Submission
Editing
Claim Rejection
Types of Transmission Reports
ERA
EFT
Backing Up the Data
Chapter 18 Review

Conclusion

Course Recap