

FLORIDA STATE COLLEGE AT JACKSONVILLE
COLLEGE CREDIT COURSE OUTLINE

COURSE NUMBER:	HIM 1260
COURSE TITLE:	Health Insurance Billing
PREREQUISITE(S):	HSC 1531
COREQUISITE(S):	None
CREDIT HOURS:	2
CONTACT HOURS/WEEK:	2
CONTACT HOUR BREAKDOWN:	
Lecture/Discussion:	2
Laboratory:	
Other _____:	
FACULTY WORKLOAD POINTS:	2
STANDARDIZED CLASS SIZE ALLOCATION:	24
CATALOG COURSE DESCRIPTION:	
<p>This course presents the concepts and procedures for both manual and electronic health insurance claims processing. Major health insurance programs are covered and an overview of major diagnosis and procedure coding systems is provided. Hands-on software practice is provided.</p>	
SUGGESTED TEXT(S):	Rowell, JoAnn and Green, Michelle. <u>Understanding Health Insurance: A Guide to Professional Billing</u> . Albany, NY: Delmar, 2001.
IMPLEMENTATION DATE:	Fall Term, 2002
REVIEW DATE:	Fall Term, 2002 (20031) Fall Term, 2008 (20091) - Outline Review Process 2007

COURSE TOPICS	CONTACT HOURS <u>PER TOPIC</u>
<ul style="list-style-type: none"> I. Overview of Health Insurance <ul style="list-style-type: none"> A. Brief Introduction and Overview of the Course B. Health Insurance Specialist <ul style="list-style-type: none"> 1. Roles and Responsibilities 2. Employment Opportunities 3. Basic Skill Requirements <ul style="list-style-type: none"> a. Medical Terminology b. Basic Anatomy & Physiology c. Diagnosis and Procedure Coding Conventions and Rules d. Critical Reading e. Excellent Communication Skills f. Data Entry Ability g. Internet Access h. Strong Sense of Ethics i. Attention to Detail 4. Health Insurance Specialist Responsibilities 5. Professional Certification C. Introduction to Health Insurance <ul style="list-style-type: none"> 1. What is Health Insurance? 2. Disability and Liability Insurance 3. Major Developments in Health Insurance 4. Health Insurance Coverage Statistics 5. Third Party Reimbursement Methods <ul style="list-style-type: none"> a. Capitation b. Fee-for-Service Reimbursement c. Managed Fee-for-Service d. Episode of Care D. Managed Health Care <ul style="list-style-type: none"> 1. History of Managed Health Care 2. Managed Care Organizations 3. Six Managed Care Models <ul style="list-style-type: none"> a. EPO: Exclusive Provider Organization b. IDS: Integrated Delivery System c. HMO: Health Maintenance Organization d. POS: Point-of-Serviced Plan e. PPO: Preferred Provider Organization f. Triple Option Plan 4. Accreditation of Managed Care Organizations 5. Government Managed Care Ventures 6. Effects of Managed Care on Administrative Procedures in a Physician's Practice E. Life Cycle of an Insurance Claim <ul style="list-style-type: none"> 1. Development of the Claim 2. New Patient Interviews and Check-In Procedure 	6

CONTACT HOURS
PER TOPIC

COURSE TOPICS (continued)

3. Established Patient Return Visit
4. Post Clinical Check-out Procedures
5. Insurance Company Processing of a Claim
6. Maintaining Insurance Claim Files
 - a. EOB Reconciliation
 - b. Federal Privacy Act
- F. Legal and Regulatory Considerations
 1. Introduction to Legal and Regulatory Considerations
 2. Confidentiality of Patient Information
 3. Claims Information Telephone Inquiries
 4. Facsimile Transmissions
 5. Confidentiality and the Internet
 6. Retention of Patient Information and Health Insurance Records
 7. Federal False Claims Act
 8. HIPAA: Health Insurance Portability and Accountability Act of 1996
 - a. Portability and Continuity of Health Insurance Coverage
 - b. Fraud and Abuse
 - 1) Compliance Program Guidance for Physician Practices
 - 2) CCI: Correct Coding Initiative
 - c. Medical Savings Accounts
 - d. Access to Long-Term Care Services and Coverage
 - e. Administrative Simplification
 - f. Electronic Health Data Submission Standards
 - g. Privacy Statements

II. Overview of Coding Systems

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- A. ICD-9-CM Coding
 1. ICD-9-CM
 - a. Mandatory Reporting of ICD-9-CM Codes
 - b. ICD-9-CM Annual Updates
 2. HCFA ICD-9-CM Coding Guidelines
 3. Primary and Principal Diagnosis Coding
 4. Principal Versus Secondary Procedures
 5. Coding Qualifying Diagnoses
 6. Disease Index Organization
 7. Basic Steps for Using the Index
 8. Organization of the Tabular List
 9. Basic Steps for Using the Tabular List
 10. Working with Index to Disease Tables
 11. Coding Special Disorders

CONTACT HOURS
PER TOPIC

COURSE TOPICS (continued)

12. Considerations to Ensure Accurate ICD-9-CM Coding
13. ICD-10-CM Diagnostic Coding for the Future

B. CPT Coding

1. CPT Coding System
2. CPT Format
3. CPT Symbols and Conventions
4. Tabular Conventions
5. Index Conventions
6. CPT Index
7. Basic Steps for Coding Procedures and Services
8. Surgery Overview
9. Coding Special Surgery Cases
10. Medicine Section Overview
11. Radiology Section Overview
12. Pathology/Laboratory Section Overview
13. Evaluation and Management (E&M) Section Overview
14. Assigning Evaluation and Management (E&M) Codes
15. Evaluation and Management (E&M) Categories
16. CPT Modifiers
17. CPT-5 Project

C. HCPCS Coding System

1. Organization of HCPCS Coding System
 - a. Level I: CPT codes
 - b. Level II: National Codes
 - c. Level III: LMC: Local Medicare Carrier
2. HCPCS National (Level II) Codes
3. Determining Carrier Responsibility
4. Assigning HCPCS National (Level II) Codes
5. HCPCS Modifiers
6. Assigning HCPCS National (Level II) Modifiers

D. HCFA Reimbursement Issues

1. The Medicare Fee Schedule
2. HCFA Regulations that Impact Reimbursement
3. Medicare Reimbursement

III. Manual and Electronic Completion of Claims Forms

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A. Essential HCFA-1500 Claim Form Instructions

1. General Billing Guidelines
2. Optical Scanning Guidelines
3. National Provider ID Number
4. Reporting the Billing Entity
5. Processing Secondary Claims
6. Common Errors that Delay Processing
7. Final Steps in Processing Paper Claims
8. Maintaining Insurance Claim Files

COURSE TOPICS (continued)	<u>CONTACT HOURS PER TOPIC</u>
for the Practice	
B. Filing Commercial Claims	
1. Insurance Program Comparison Chart	
2. Step-by-Step Instructions for Primary Commercial Claims	
3. Patient and Policy Identification	
4. Diagnostic and Treatment Data	
5. Instructions for Block 24	
6. Provider/Billing Entity Identification	
7. Commercial Secondary Coverage	
IV. Major Health Insurance Plans	10
A. Blue Cross and Blue Shield Plans	
1. Brief History	
2. BCBS Association	
3. BCBS Distinctive Features	
4. Participating Providers	
5. Nonparticipating Providers (nonPAR)	
6. Traditional Fee-for-Service Coverage	
7. National Accounts	
8. Bluecard Programs	
9. BCBS & Managed Care	
10. Medicare Supplemental Plans	
11. Billing Information Summary	
12. Step-by-Step Instructions: Primary BCBS Claims	
13. Two BCBS Full Benefit Policies	
14. BCBS Secondary Claims	
15. Case Study Practice	
B. Medicare	
1. Medicare Eligibility	
2. Medicare Enrollment	
3. Part A Coverage	
4. Part B Coverage	
5. Participating Providers	
6. Nonparticipating Provider Restrictions (nonPAR)	
7. Private Contracting	
8. Advance Beneficiary Notices	
9. Medicare Fee Schedule (MFS)	
10. Medicare as a Secondary Payer	
11. Medicare Plans	
12. Billing Notes	
13. Step-by-Step Claim Form Instructions	
14. Primary Medicare with a Medigap Policy	
15. Medicare-Medicaid Crossover Claims	
16. When Medicare is the Secondary Payer	

CONTACT HOURS
PER TOPIC

COURSE TOPICS (continued)

17. Case Study Practice
- C. Medicaid
 1. Legislative Background of Medicaid
 2. Federal Eligibility Requirements
 3. Medicaid Services
 4. Relationship Between Medicaid and Medicare
 5. Medicaid's Future
 6. Medicaid as a Secondary Payer
 7. Participating Providers
 8. Medicaid and Managed Care
 9. Billing Information Notes
 10. Step-by-Step Claim Form Instructions
 11. Secondary Medicaid Claims
 12. Mother/Baby Claims
 13. Case Study Practice
- D. TRICARE
 1. History of CHAMPUS and Development of TRICARE
 2. TRICARE Administration
 3. TRICARE Options
 4. Beneficiary Counseling and Assistance Coordinator
 5. TRICARE Preauthorization
 6. Covered Services - TRICARE Standard
 7. Program for Persons with Disabilities
 8. Non-Covered Services - TRICARE
 9. Medical Review
 10. CHAMPVA
 11. TRICARE as a Secondary Payer
 12. TRICARE Limiting Charges
 13. TRICARE Supplemental Plans
 14. TRICARE Billing Information
 15. TRICARE Primary Claim Instructions
 16. Primary TRICARE with a Supplemental Policy
 17. TRICARE as Secondary Payer Claim Instructions
 18. Case Study Practice
- E. Workers' Compensation
 1. Federal Compensation Programs
 2. State-Sponsored Coverage
 3. Eligibility
 4. Classification of On-the-Job Injuries
 5. OSHA Act of 1970
 6. Special Handling of Workers' Compensation Cases
 7. Workers' Compensation and Managed Care
 8. First Report of Injury
 9. Progress Reports
 10. Billing Information Notes

COURSE TOPICS (continued)	<u>CONTACT HOURS PER TOPIC</u>
11. Workers' Compensation Claim Instructions - Patient and Policy Identification	
12. Diagnostic and Treatment Data	
13. Provider/Billing Entity Identification	
14. Case Study Practice	
 V. Introduction to Medical Office Software	 4
A. General Systems Features	
1. Data Entry	
2. Patient Retrieval/Eligibility	
3. Office Notes	
4. Displaying Patient Data	
B. Entry and the Billing Cycle	
1. New Patient and Procedure Entry	
2. Billing: Insurance, Patient	
3. Printing and Submitting Electronic Claims	
C. Data Maintenance and Reporting	
1. Multiple Physicians	
2. File Structure	
3. Audit Trail	
D. Production of Sample Reports	
1. Data Analysis	
2. Office Management	
3. Financial Reports	
4. Managed Care Reports	
5. Quality Care Reports	
6. Collection Reports	

PROGRAM TITLE: Health Information Management

COURSE TITLE: Health Insurance Billing

AS HIM CIP NUMBER: 0317.050600

LIST PERFORMANCE STANDARD ADDRESSED:

Note: 1998 is the most recent HIM Curriculum Framework.

At that time billing had not reached its current level of importance. We anticipate it being included

ATD Medical Coder/Biller CIP NUMBER: 0317.050603

LIST PERFORMANCE STANDARD ADDRESSED:

21.0 DEMONSTRATE UNDERSTANDING OF MEDICAL BILLING--The student will be able to:

- 21.01 Complete HCFA 1500 or comparable claim form.
- 21.02 Compare and contrast various reimbursement entities.
- 21.03 Identify sources of payment, including patient and third parties.
- 21.04 Use medical billing software.
- 21.05 Perform electronic claims billing and submission.
- 21.06 Interpret explanation of benefits (EOBs) and explanation of Medicare benefits (EOMBs).
- 21.07 Analyze claims rejection, correct and resubmit for payment.



**Florida State College
At Jacksonville**

Course Learning Outcomes & Assessment

NOTE: Use either the Tab key or mouse click to move from field to field. The box will expand to accommodate your entry.

Section 1	
COURSE PREFIX AND NUMBER: HIM 1260	SEMESTER CREDIT HOURS: 2
COURSE TITLE: Health Insurance Billing	

Section 2			
TYPE OF COURSE: (Click on the box to check all that apply)			
<input type="checkbox"/> AA Elective	<input checked="" type="checkbox"/> AS Required Professional Course	<input type="checkbox"/> College Prep	
<input type="checkbox"/> AS Professional Elective	<input checked="" type="checkbox"/> AAS Required Professional Course	<input checked="" type="checkbox"/> Technical Certificate	
<input type="checkbox"/> Other _____	<input type="checkbox"/> PSAV	<input type="checkbox"/> Apprenticeship	
<input type="checkbox"/> General Education: (For General Education courses, you must also complete Section 3 and Section 7)			

Section 3 (If applicable)			
INDICATE BELOW THE DISCIPLINE AREA FOR GENERAL EDUCATION COURSES:			
<input type="checkbox"/> Communications	<input type="checkbox"/> Social & Behavioral Sciences	<input type="checkbox"/> Mathematics	
<input type="checkbox"/> Natural Sciences	<input type="checkbox"/> Humanities		

Section 4					
INTELLECTUAL COMPETENCIES:					
<input checked="" type="checkbox"/> Reading	<input checked="" type="checkbox"/> Speaking	<input type="checkbox"/> Critical Analysis	<input checked="" type="checkbox"/> Quantitative Skills	<input type="checkbox"/> Scientific Method of Inquiry	
<input checked="" type="checkbox"/> Writing	<input checked="" type="checkbox"/> Listening	<input checked="" type="checkbox"/> Information Literacy	<input checked="" type="checkbox"/> Ethical Judgment	<input checked="" type="checkbox"/> Working Collaboratively	

Section 5		
LEARNING OUTCOMES		METHOD OF ASSESSMENT
<ul style="list-style-type: none">•	Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems in healthcare delivery.	Written tests, practical exams, clinical performance
<ul style="list-style-type: none">•	Support accurate billing through claims management and bill reconciliation processes	Written tests, practical exams, clinical performance
<ul style="list-style-type: none">•	Use established guidelines to comply with reimbursement and reporting requirements.	Written tests, practical exams, clinical performance, written reports
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Section 6	
Name of Person Completing This Form: <u>E. S. Thomas</u>	Date: <u>11/11/20007</u>