

MEDICAL BILLING AND CODING
COURSE CODE: 5584
STUDENT PROFILE

STUDENT'S NAME:		TEACHER'S NAME:			
School Year/Semester:		Grade:			
Begin Date:		Date Completed:			

Directions: Document student's progress using the applicable rating scales below: Enter date of completion under the appropriate column.

0 - Has not received instruction in this area / **no experience or knowledge of this task (N/A)**
1 - Can apply and perform **independently (80-100)**
2 - Can perform the task completely with **limited supervision (70-79)**
3 - Requires additional instruction and or **close supervision (60-69)**

FOUNDATION STANDARD 1: ACADEMIC FOUNDATION		0	1	2	3
a	Review human anatomy, physiology, common diseases and disorders for each body system.				
b	Apply knowledge of anatomy and physiology during the process of billing and coding.				

FOUNDATION STANDARD 2: COMMUNICATIONS		0	1	2	3
a	Demonstrate proficiency in the application of medical terminology.				
b	Apply knowledge of medical terminology during the process of billing and coding.				
c	Communicate effectively with patients and insurance companies in person and on the phone.				

FOUNDATION STANDARD 3: MEDICAL INSURANCE		0	1	2	3
a	Distinguish between the most common types of health insurances (PPO, HMO, managed care, Medicare, Medicaid, Worker's Compensation, Tri-Care).				
b	Determine when a referral is needed.				
c	Differentiate between preauthorization, precertification, and predetermination.				
d	Apply procedures for submitting claims to third party payers.				
e	Demonstrate knowledge of accurately completing the CMS – 1500 form.				
f	Describe the Coordination of Benefits (COB) (primary, secondary, and tertiary insurance plans).				

FOUNDATION STANDARD 4: CLAIMS PROCESSING		0	1	2	3
a	Accurate collection of patient demographic and insurance information. 1. Demonstrate proficiency in using the EMR/HER. 2. Verify insurance eligibility to determine benefits to support accurate coding and timely reimbursement.				

b	Differentiate between the most common types of health insurances (PPO, HMO, managed care, Medicare, Medicaid, Worker's Compensation, Tri-Care). 1. Apply procedures for submitting claims to third party payers. 2. Exhibit knowledge of accurately completing the CMS – 1500 form.				
FOUNDATION STANDARD 5: MEDICAL BILLING					
a	Demonstrate proficiency in the use of CPT, HCPCS, and ICD-10. 1. Interpret data from patient medical records to assign and verify codes. 2. Explain the steps used to locate various codes. 3. Recognize symbols and modifiers used in coding systems. 4. Apply conventions and regulatory guidelines used in coding procedures.				
FOUNDATION STANDARD 6: MEDICAL BILLING AND COLLECTION PROCESS		0	1	2	3
a	Payment Adjudication 1. Discern financial responsibility of patient and insurance company (deductibles, copay, co-insurance, birthday rule, etc.) 2. Interpret remittance advice (RA) and explanation of benefits (EOB). 3. Determine patient balances and payments using the EMR/HER. 4. Interpret denial codes: determine reasons for insurance denial and determine resolutions. 5. Demonstrate basic accounting functions as it relates to the billing and collection process (revenue cycle).				
FOUNDATION STANDARD 7: LEGAL AND ETHICAL RESPONSIBILITIES		0	1	2	3
a	Regulatory Compliance 1. Recognize fraud and abuse regulations (Stark Law, Anti-Kickback Law, and Federal False Claim Act). 2. Identify compliance regulations related to the collection process (Fair Debt Collection Practices Act, Truth and Lending). 3. Detail HIPAA, HITECH Act, disclosure and privacy laws. 4. Describe the role of the Office of Inspector General 5. e. Acknowledge violations of compliance and associated consequences.				
FOUNDATION STANDARD 8: TEAMWORK		0	1	2	3
a	Describe common places of employment for medical billing and coding (hospitals, physician's offices, dental practices, surgery centers, nursing homes, mental health facilities, and insurance companies, etc.)				
b	Demonstrate professional and ethical behavior.				

c	Recognize common personal and professional traits needed to protect patient's health information (communication skills, honesty, trustworthiness, integrity).				
d	Review the process to obtain employment (resume writing, interviewing skills, etc.)				
e	Explore entrepreneurship.				