

# PROFESSIONAL MEDICAL BILLING ONLINE

*HSC 1519- 070*

**\*\*\*\*Register at any time\*\*\*\***

## UNDERSTANDING HEALTH INSURANCE: A GUIDE TO PROFESSIONAL BILLING & CODING)

This course is designed to teach you about medical billing and the proper usage of the International Classification Diagnostic Coding System (ICD-9) and the Current Procedural Coding System (CPT).

You will learn the three of levels of the CPT coding system and how they affect claims reimbursement. You will learn about the different chapters and how they pertain to various parts of the human anatomy. We will explore surgical codes and how to identify codes that are pre and post-operative.

Finally we will cover the advantage and importance of using a clearinghouse and the function they play in claims submission. We will look at the various costs associated with using a clearinghouse and which one works best for your specialty. We will also examine submitting claims directly to an insurance company without using a clearinghouse.

### Outcomes:

- You will learn the diagnostic coding system and how proper coding can affect reimbursement.
- You will explore using non-specific and non-specified coding and their meaning.
- You will learn what diagnostic codes cannot be used as a primary diagnosis.

### Assessment:

Assessment is based upon satisfactory completion of all lessons. Upon completion of these lessons, the student will gain a deep knowledge base covering the important aspects of medical billing coding. Completion time is approximately 30 hours.

## PROGRAM OUTLINE

### Lesson 1:

Terminology: Learn the most commonly used words in medical billing

### Lesson 2:

Forms: Learn about various forms necessary for documentation and claims submissions

### Lesson 3:

The CPT Coding System – Learn descriptive terms and identifying codes for reporting medical services and procedures performed by physicians.

### Lesson 4:

The ICD-9-CM Coding System – Learn how to look up diagnostic codes for reimbursement and the meaning of using the fourth and fifth digit for further clarification.

### Lesson 5:

The HCPCS Coding System – Learn how to code for materials, supplies and injections including wheelchairs, hospital beds, diabetic supplies, ostomy and much more.

**Lesson 5:** Using Modifiers – Learn how modifiers play an important role in the claim submission process and their meaning.

### Lesson 6:

Identifying Surgical Procedures - Learn how to distinguish global surgical procedures and what exactly is bundling and unbundling.

### Lesson 7:

Filling out the HCFA Form for Primary and Secondary insurance – Learn step-by-step how to fill out a HCFA 1500 form and what the insurance company needs on the HCFA form.

### Lesson 8:

Understanding The Functions of A Clearinghouse – Learn why clearinghouses are so important and what their function is.

### Lesson 9:

The claims process – Learn how a claim is processed from the time the claim is received in the mail room of the insurance company and the process it goes through before payment is made for reimbursement.

### Lesson 10:

Learn how insurance companies make mistakes – Learn how insurance companies hold up money and make their quota.

### Lesson 11:

Follow up phone calls – Learn how to speak with insurance companies to get claims paid.

### Lesson 12:

Denials and appeals – Learn how to write an appeal letter on unpaid denied claims.

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## **Course Cost:**

\$295- Books are recommended but not required.

## **Salary Range:**

\$8 - \$10 and up

## **Career Opportunities:**

Hospitals, Insurance Companies, Clinics, Dr.'s offices, Independent Insurance and Coding Agencies....

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**If you have any questions please contact:**

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*To ensure participation, students should register five business days prior to the start of class. Refunds will not be given to persons cancelling less than two business days prior to the start of class. If we are forced to cancel a class due to low enrollment, full refunds will be made.*