

## Course Syllabus

**Course Title: Medical Billing & Reimbursement**

**Course Number:** MEDC 5460

**Course Description:** Emphasizes medical office coding for payment and reimbursement by patient or third party payers for ambulatory care settings. Practice the principles of insurance and reimbursement processing. Implement the assigning and reporting of codes for diagnoses, procedures, and services. Review and discuss claims for inpatient, outpatient, emergency department and physician office encounters.

**Hours:** 48

**Course Prerequisite(s):** None

**Student Learning Outcomes:**

1. Identify the responsibilities of the Insurance Billing Specialist
2. Gain a general knowledge of insurance and reimbursement processing
3. Understand the process of assigning and reporting of codes for diagnosis, procedures, and services
4. Review and discuss claims processing for inpatient, outpatient, emergency department and physician office encounters.
5. Assign codes using appropriate rules, principles, guidelines and conventions
6. Prepare claims for group, government and private insurance carriers
7. Code procedures and bill for services using both electronic and manual methods
8. Compare and contrast insurance plans
9. Define common terms used to file third party reimbursement forms

**Textbook(s):** (Contact bookstore for current edition and cost)  
*Insurance Handbook for the Medical Office*, by Marilyn Fordney

**Withdrawal Policy:** See the current *Career Skills Training* catalog for the tuition refund policy.

**Collin College Academic Policies:** See the current *Collin Student Handbook*.

**Americans with Disabilities Act:** Collin College will adhere to all applicable federal, state and local laws, regulations and guidelines with respect to providing reasonable accommodations as required to afford equal opportunity. It is the student's responsibility to contact the ACCESS office, SCC-G200 or 972.881.5898 (V/TTD: 972.881.5950) to arrange for appropriate accommodations. See the current *Collin Student Handbook* for additional information.

**Meeting Location:** Courtyard Center

**Attendance Policy:** Students must be in attendance for at least 90% in order to pass competencies.

**Lesson Plan:**

- Session 1: Chapter 1: Role of an insurance billing specialist  
Chapter 2: Compliance, Privacy, Fraud, and Abuse in Insurance billing
- Session 2: Chapter 3: Basics of health insurance  
Chapter 4: Medical documentation and the Electronic Health Record
- Session 3: Chapter 5: Diagnostic coding  
Chapter 6: Procedural coding
- Session 4: Chapter 7: The Paper claim: CMS-1500
- Session 5: Chapter 8: The Electronic Claim  
Chapter 9: Receiving payment and insurance problem-solving
- Session 6: Chapter 10: Office and insurance collection strategies
- Session 7: Chapter 11: The Blue Plans, Private Insurance, and Managed Care plans
- Session 8: Chapter 12: Medicare  
Chapter 13: Medicaid and other state programs
- Session 9: Chapter 14: TRICARE and Veterans' Health Care  
Chapter 15: Workers' Compensation
- Session 10: Chapter 16: Disability income insurance and disability benefit programs
- Session 11: Chapter 17: Hospital billing
- Session 12: Chapter 18: Seeking a job and attaining professional advancement  
Review – Quiz, Evaluation of Course and Instructor

Sessions listed are a guideline to indicate all topics that will be covered during your course. Do not plan your personal calendar based on these sessions. Your instructor will give you a calendar for your class that will indicate specific topics, labs, and days.

**Method of Evaluation:** Students must achieve a minimum of 75% final average and must be in attendance 90% of the class time in order to pass competencies.