



CLASS NUMBER AND NAME: MDN306 CLAIMS REIMBURSEMENT

TOTAL HOURS/UNITS: 24 HOURS 2 UNITS

PREREQUISITES: Completion of MDN305-Medical Insurance Plans, MDN301A-Medical Insurance Coding I, MDN301B-Medical Insurance Coding II, completion or concurrent enrollment in MDN301C-Medical Insurance Coding III.

TEXTS AND MATERIALS:

- Understanding Health Insurance A Guide to Billing & Reimbursement, 13th Edition; Green, Michelle & Rowell, JoAnn. Cengage Learning, 2017
Textbook: (ISBN 9781305647428)
- 2017 Current Procedural Terminology Codebook, Standard Edition, American Medical Association
(ISBN 9781622022083)
- 2017 Health Care Common Procedural Coding System, Level II manual (ISBN 9781622542048)
- 2017 ICD-10-CM The Complete Official Codebook, American Medical Association (ISBN 9781622024049)

Study guides and exercises (provided by instructor)

CLASS DESCRIPTION: This course expands on the knowledge gained in Insurance Plans, CPT and ICD-10 coding. The student is introduced to the responsibilities of an insurance specialist, the life cycle of the CMS-1500 (or universal) claim form, and billing guidelines for paper and electronic claims. The student is also given an in-depth review of the follow-up necessary for delinquent or denied claims and to ensure accurate reimbursement from health plans.

CLASS OBJECTIVES:	<p>To recognize the responsibilities of a billing and insurance specialist.</p> <p>To gain understanding of privacy and payment laws.</p> <p>To demonstrate how to complete the CMS-1500 claim for manual and electronic submission.</p> <p>To gain a thorough understanding of primary and secondary insurance policy claim guidelines.</p> <p>To interpret EOB's (Explanation of Benefits) for payment accuracy and adjustment to the patient ledger.</p> <p>To identify primary causes of denied claims and common billing errors.</p> <p>To understand the appeal process and develop the ability to write a letter of appeal to the insurance carrier.</p>
CLASS FORMAT OVERVIEW:	The class is conducted in lecture, question and answer discussion method. Visual aids and handouts will be used to help describe various forms and procedures used in the billing environment.
METHODS OF INSTRUCTION:	As lecture and student participation are used as the principal means of instruction, it will be expected that all students will be present every day to take part in class.
CLASS ATTENDANCE:	It is expected that each student will be in class when class begins. Should the student come in later than five minutes after class begins, he or she should be certain that the instructor has noted his or her presence in class. It will then be up to the instructor to decide if the student had arrived in time to be counted as present—the instructor's decision will be final.
REQUIREMENTS	The student must complete the workbook pages (pass/fail). Tests must be passes with a grade of 60% or better in order to pass the course.
TESTING:	<p>Tests are given after each chapter as well as periodic quizzes to review learned work. A final is given at the end of the course using information learned during the module.</p> <p>There are no retakes of any tests in Medical</p>
LATE TESTING:	A 10 PERCENT PENALTY WILL BE ISSUED FOR ALL LATE TESTS. If you are not present the day of the test and have not made arrangements with the instructor to take the test early, you will automatically be given the 10 percent penalty. (Late tests start with a "B").

GRADING POLICIES:

Each student is graded on the cumulative point system as follows:

The final grade is based on :

Quizzes.....35%
In Class Packets.....25%
Final.....40%

Points are given for tests and quizzes, which are given after each chapter, after each learned coding procedure. This is the type of class in which learning occurs through doing. There is a comprehensive final exam.

Students out of uniform will be subject to the uniform contract grading policy.

ANTICIPATED LEARNING
OUTCOMES:

Upon completing this course, the student will be able to:

1. To complete a universal claim form for manual or electronic submission to commercial and government insurance programs.
2. To create a claim from a patient chart note and file.
3. Calculate adjustments utilizing an EOB and match to the appropriate claim form.
4. Understand payment differences between contracted and non-contracted providers
5. Know how to follow up on a denied or lost claim.
6. Understand the appeal process and write an appeal letter.
7. Follow ethical practices for collection

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1	Intro Chapter 1 - Lecture Read Ch. 1 (pg. 1-19) Read Ch. 2 (pg. 23-41) In Class Assignment Chapter 1 Q & A	Review Ch 1 Q&A Chapter 2 – Lecture In Class Assignment Chapter 2 Q & A Read Ch. 9 (pg. 317 – 353) TB Ch Review questions Chapter 1, pg 20 (#1-15) Chapter 2, pg 42 (#1-20) HW: 2 Hours	Chapter 9 – Lecture In Class Assignment Chapter 9 Q & A Vocabulary	Ch 9 Q & A Vocabulary and Quiz Review TB Ch Review questions Chapter 9, pg 20 (#1-8) Read Chapter 4 pgs: 63 – 102 HW: 2 Hours
2	Quiz #1	Chapter 4 – Lecture In Class Assignment Discuss Appeals Process Assignment – Rough Draft Chapter 4 Q & A Read Ch. 5 (pg. 107 – 150) HW: 2 Hours	Review Chp 4 Q & A Chapter 5 – Lecture In Class Assignment Chapter 5 Q & A	Review Chapter 5 Q & A Discussion: Par vs Non-Par Appeals Denials HW: 2 Hours Rough Draft Appeal due Monday
3	Review Rough Draft Appeal Quiz Review	Quiz #2 Chapter 10-Coding for Medical Necessity Read Ch. 10 (pg. 377-405) HW: 2 Hours	Chapter 10 – Lecture In Class Assignment Chapter 10 Q & A Text Book – in Class 10.1, 10.2, 10.4	Review Chapter 10 Q & A Correcting Coding Submission Errors – pg 411 HW: 2 Hours TB: Comprehensive Coding Practice (pg. 407, #1-9)
4	Quiz Review	Quiz # 3 Chapter 10 Chapter 11-Commercial Claims Read Ch. 11 (pg. 413-437) HW: 2 Hours	Chapter 11 - Commercial Claims Lecture In Class Assignment Chap 11 Q & A	Review Chap 11 Q & A Discuss: Claims Project HW: 2 Hours TB Ch Review questions Chapter 11, pg 438 (#1-10)
5	In class Assignment Continue with Claims Discuss: Medicare and Medicaid Claims	EOB Discussion HW: 1 Hour EOB assignment	EOB Assignment Review Discussion: Medicare Remittance Advice and Summary Notice and Medicaid’s Remittance Advice	Finish up on Claims and Appeals project HW: 3 hours
6	Claims and Appeals projects DUE	FINAL REVIEW	FINAL	All Claims cases and appeals letter due

This is an approximate schedule and is subject to change at the instructor’s discretion. The student is responsible for any missed information and handouts due to absences.

Homework includes familiarizing yourself to the Calendar and Syllabus, textbook reading assignments, and study guide homework plus word part list, flashcards, and practice tests all when appropriate to augment learning. Time spent in preparation for or reflection on course lecture will approximate two hours outside of class for each lecture credit hour utilized by the instructor in delivery of the material and ¼ hour outside of class for each hour of structured lab time.