ADMM1150 - Medical Billing/Insurance

Credits:	4 (3/1/0)
Description:	This course provides information related to medical billing and health insurance. Topics covered include billing and statement preparation in the medical office, introduction to medical coding, types of health insurance coverage, insurance claim processes and related ethical and legal issues.
Prerequisites:	
Corequisites:	• ADMM1104 Medical Language Applications I OR HLTH1116 Medical Terminology
Pre/Corequisites*:	
Competencies:	1. Demonstrate professional work habits of a medical billing specialist. 2. Explain provider billing procedures. 3. Explain claims process steps for the insurance carrier. 4. Explain health insurance terminology. 5. Abstract information from patient insurance cards. 6. Determine correct CPT and HCPCS Level II codes for claims. 7. Determine correct ICD codes for claims. 8. Interpret explanation of benefit (EOB), Medicare Summary Notice (MSN) and Remittance Advice (RA) forms. 9. Explain managed care systems. 10. Explain Medicare coverage rules and regulations. 11. Prepare CMS-1500 claim forms for Medicare. 12. Prepare CMS-1500 claim forms for Medicaid. 13. Explain Blue Cross/Blue Shield and group insurance coverage. 14. Prepare CMS-1500 claim forms for Blue Cross/Blue Shield and group insurance plans. 15. Explain workers' compensation coverage. 16. Prepare CMS-1500 claim forms for workers' compensation. 17. Explain TRICARE coverage. 18. Prepare CMS-1500 claim forms for TRICARE. 19. Explain disability insurance coverage. 20. Prepare disability claim forms. 21. Explain liability insurance coverage. 22. Prepare claims forms for third-party liability insurance. 23. Explain hospital billing procedures and liability guidelines. 24. Analyze UB-92 components. 25. Utilize current technology to produce medical billing documents. 26. Explain Medicaid coverage rules and regulations.
MnTC goal areas:	None

*_Can be taking as a Prerequisite or Corequisite._