Medical Billing

LEARNING OBJECTIVES

Developed by industry experts, the Career Step Medical Billing program includes training on various healthcare payers, the payment process, the changes brought about by the Affordable Care Act, bundled payments, and hands-on experience with common billing forms (including the 837, UB-04, and CMS-1500).

Program Orientation (1 Hour)

- Identify the elements, expectations, and requirements of the program.
- Navigate the program using the pages, menus, and buttons provided.
- Use the program tools, including the study planner, gradebook, and completion report and be able to contact Career Step via phone, email, forums, chat rooms, and social media.
- Identify and use program-specific resources.

Computer Fundamentals (7 Hours)

- Identify basic computer hardware and interpret system requirements.
- Navigate a Windows operating system environment as well as install and operate basic software utilities.
- Navigate between websites in multiple tabs or windows, send and receive email, and access search engines to find information and troubleshoot basic computer problems.
- Recognize basic technologies related to an office environment.

Medical Word Building (15 Hours)

- Identify common medical prefixes, roots, and suffixes.
- Identify and properly combine word parts to create medical terms.

Healthcare Structure and Organization (25 Hours)

- Identify the involvement of everyone in the healthcare system, including consumers, providers, government and regulatory agencies, third-party payers, vendors, and trade associations.
- Identify and describe patient rights and responsibilities.
- Identify the responsibilities of healthcare-related government agencies.
- Identify third-party payers and appropriately use the associated terminology in a healthcare documentation context.

Documentation and Confidentiality (20 Hours)

- Identify basic types of medical records, including work types, components, formatting, and documentation standards.
- Define HIPAA compliance and other related regulations as well as the role of healthcare documentation workers in preserving patient confidentiality and managing risk.

Mastering Medical Language (23 Hours)

- Pluralize common medical words.
- Define common medical slang, jargon, and foreign terms.
- Distinguish between common similar medical words and word parts.
- Recognize common medical abbreviations and their meanings.

Medical Coding Basics (20 Hours)

- Describe the roles and responsibilities of medical coders and medical billers.
- State the basics of the ICD-10-CM diagnostic classification system, including its history, current purposes, and future implications on healthcare finance in the United States.
- State the basics of the ICD-10-PCS, CPT®, and HCPCS procedural classification systems, including their history, current purposes, and future implications on healthcare finance in the United States.
- Recognize ICD-10-CM diagnosis codes, and use code reference books to verify their appropriate use.
- Recognize ICD-10-PCS, CPT, and HCPCS procedure codes and use code reference books to verify their appropriate use.

Exploring Healthcare Reimbursement (30 Hours)

- Calculate and bill for reimbursement for medical services.
- Identify various sources and types of insurance coverage and the differences between them.

- Follow the process for creation, submission, and collection of a claim for medical services as well as appeal denied claims.
- Identify the processes for auditing claims, both internal and external, and be able to state the difference between proactive and reactive audits.
- Identify Medicare Severity Diagnostic Related Groups (MS-DRG), what factors influence their assignment, and how the facilities payment is calculated based on the MS-DRG.

Patient Billing and Collection (18 Hours)

- Describe the payment process and manage payments, including explanations to patients about insurance basics, fee schedules, billing, and adjustments.
- Identify effective and appropriate communication techniques when dealing with patients, physicians, coworkers, and third-party payers.
- Describe the basic functions and uses of medical office software, including patient records, payments, entering diagnosis and procedural codes, and reviewing superbills.

Claim Form Completion (20 Hour)

- Understand and accurately fill out CMS-1500 claim forms.
- Understand and accurately fill out UB-04 claim forms.

Final Exam Preparation (1 Hour)

- Identify the steps needed to be eligible and prepared for the final exam and understand how it is accessed.
- Identify the format, restrictions, and policies of final exams, including scoring, retakes, allowed resources, and time limits.