

COURSE OUTLINE

Revision: Marla Lockhart Date: March 6, 2002

DEPARTMENT:	Business (BUS)
CURRICULUM:	Medical Office Clerk Certificate
COURSE TITLE:	Medical Coding and Insurance Processing
COURSE NUMBER:	AHE 130
TYPE OF COURSE:	Vocational Preparatory
COURSE LENGTH:	1 Quarter
CREDIT HOURS:	4
LECTURE HOURS:	33
LAB HOURS:	22
CLASS SIZE:	25
PREREQUISITES:	BUS 170, AHE 168 or Instructor Permission. This class is taken concurrently with Software Applications for Healthcare (AHE 124)
COURSE DESCRIPTION:	This course introduces diagnosis and procedural coding. Students will study basic ICD-0 (International Classification of Diseases) and the CPT (Current Procedural Terminology) coding systems. These coding systems are recognized by the insurance industry, the physician, and the medical office as the standard for billing and reimbursement. Insurance processing topics covered will include documentation, information flow, insurance forms, and medical office policies. Must be taken concurrently with Software Applications for Healthcare (AHE 124).

STUDENT LEARNING OUTCOMES ADDRESSED:

1. Communication -Reading, writing and listening to actively learn and communicate. Speak and write effectively for personal, academic and career purposes.
2. Computation -Use mathematical skills to calculate systemized codes and classifications. Use arithmetic and basic mathematical operations to calculate processing of medical claims.
3. Human Relations -Use social interactive skills to work in groups effectively.

4. Critical Thinking and Problem Solving -Think critically in evaluating information, solving problems and making decisions. Determine codes, classifications and payments using critical thinking.
5. Technology -Use technology to learn ICD-and CPT coding
6. Personal Responsibility -Pride in one's work, motivation to continue learning. Be motivated and able to continue learning and adapt to change. Value one's own skills, abilities and ideas.
7. Information Literacy -Access and evaluate information from a variety of sources and contexts. Use information to achieve personal, academic and career goals. Use textbook and online help to access necessary information.

GENERAL COURSE OBJECTIVES:

At the end of the course the student will:

1. Demonstrate knowledge of ICD-9 (International Classification of Diseases)
2. Demonstrate knowledge of CPT (Current Procedural Terminology) coding systems
3. Apply both ICD-9 and CPT codes to electronic patient statements and insurance billings.
4. Maintain, post, and adjust patient ledger balances.
5. Calculate patient statements to identify insurance amount and individual amount due.
6. Apply mathematical skills to medical insurance situations
7. Demonstrate accuracy in medical claims processing
8. Identify and use appropriate resources for problem solving
9. Receive, interpret and follow both written and verbal instructions
10. Interpret business data
11. Demonstrate knowledge of laws and regulations

TOPICAL OUTLINE:

APPROX. HOURS

I.	Various coding systems, history and evolution, purpose	3
II.	Managed Care and Medical Insurance	3
III.	Insurance Processing – procedures and information flow	3
IV.	Physician coding guidelines	3
V.	Diagnostic Coding – ICD-9	10
VI.	Procedural Coding: CPT 4	10
VII.	Universal Health Insurance Claim Form (HCFA)	5
VIII.	Claims Processing	10
IX.	Coding Linkage and Compliance	4
X.	Health Care Payers	4
	TOTAL	55

REVISED BY: Judy Gray | Kim Alexander
DATE: March 6, 2002