

Texarkana College
Community & Business Education Center - Allied Health Program
Medical Billing & Coding Course

SUMMER 2021

This combined 130 hour billing and coding course offers the skills needed to solve insurance billing problems, how to manually file claims (using the CPT and ICD-10 manual), complete common insurance forms, trace delinquent claims, appeal denied claims, A&P and insurance billing process, medical office insurance processing and use generic forms to streamline billing procedures. The course covers the following areas: Medical Terminology, CPT (Introduction, Guidelines, Evaluation and Management), specialty fields (such as surgery, radiology and laboratory), ICD-10 (Introduction and Guidelines) and basic claims processes for medical insurance and third party reimbursements. Students will learn how to find the service and codes using manuals, (CPT, ICD-10 and HCPCS).

After obtaining the practical work experience (6months to 2 years), students who complete this course could be qualified to sit for the American Academy of Professional Coders (AAPC) - Certified Professional Coder Exam (CPC) or Certified Outpatient Coder Exam (COC); the American Health Information Association (AHIMA) Certified Coding Associate (CCA) exam; and/or other National Certification Exams

All student registrations submitted online or in person will be “incomplete” until a copy of the student’s high school diploma or GED equivalent from the United States of America is submitted to the Allied Health Coordinator. If the student has an “out of country” diploma they must provide a translation report verifying it is equivalent to one issued in the USA.

Date: Tuesday & Thursday; June 8, 2021 - Sept. 23, 2021; 6:00 pm - 9:30 pm and Saturday 6/19, 8/7, 9/11 from 9:00 am - 3:00 pm. | 130 hrs. Classroom | 16 wks.

Time: 6:00 p.m. - 9:30 p.m.

Registration: \$2,765 (includes textbooks, study guide for certification exam, and online practice exams).

Location: Health Sciences Building, Room 147

Refund Policy: Students will receive 100% refund upon request 24 hours prior to the first class meeting.

Criminal Background Requirement: For students who may have a criminal background, please be advised that the background could keep you from being licensed by the State of Texas. If you have a question about your background and licensure, please check with the National Healthcareers Association certification board by calling 1-800-499-9092 to discuss your topic of study to determine if you are qualified to obtain a certificate in that field. You also have the right to request a criminal history evaluation letter from the applicable licensing agency.

Virtual Access: Students agree and acknowledge that they will go online one evening per week to maintain a safe environment and prevent the spread of disease by reducing contact with others. This may even be a permanent platform, when and if the situation arises. Students also agree to have adequate access to an internet provider with an appropriate device to continue course work online

I acknowledge and understand the course requirements and will comply with as stated above.

Student Name

Date

TC does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Human Resources Director, 2500 N. Robison Rd., Texarkana, TX. 75501, (903) 823-3355, human.resources@texarkanacollege.edu

Texarkana College no discrimina en base de raza, color, origen nacional, sexo, discapacidad o edad en sus programas o actividades. Las consultas relacionadas con las políticas de no discriminación de Texarkana College deben dirigirse a: Director(a) de Recursos Humanos, 2500 N. Robison Rd., Texarkana, TX. 75599, (903) 823-3017, human.resources@texarkanacollege.edu

The Medical Billing and Coding Professional

Medical Billing and Coding Professional

Medical billing and coding professionals keep records, calculate patient charges and review files. Duties include: reviewing records; calculating charges for a patient's procedure and service and preparing itemized statements and submitting claims to third party payers. Medical Coders are responsible for the collection of physician charges and patient data to ensure that claims are submitted to insurance carriers accurately and in the most efficient and expeditious manner.

Additionally, Medical Coders determine codes for physician procedures and diagnosis - using ICD-10 and CPT-4 coding protocols - for third party billing purposes.

Medical Billing and Coding is one of the fastest growing careers in the health care industry today!

The need for professionals that understand how to code health care services and procedures for third party insurance reimbursement is growing substantially. Physician practices, hospitals, pharmacies, long-term care facilities, chiropractic practices, physical therapy practices and other health care providers all depend on medical billing and coding for insurance carrier reimbursement.

Educational Requirements*

People interested in becoming Medical Coders or pursuing national certification should have a high school diploma or GED equivalent. Also, certain National Medical Coding Certification exams are very complex and may require 6 months to 2 years of suggested practical coding experience prior to taking the exam or being recognized as a certified medical coding professional.

Medical Billing and Coding Program

This combined billing and coding course offers the skills needed to solve insurance billing problems, how to manually file claims (using the CPT and ICD-10 CM, ICD-10 PCS and the ICD-9 manual), complete common insurance forms, trace delinquent claims, appeal denied claims and use generic forms to streamline billing procedures. The course covers the following areas:

- Distinguish among Medicare Parts A, B, C, and D
- Interpret rules of the Health Insurance Portability and Accountability Act (HIPAA)
- Describe the format of ICD-10-CM
- Define assignment of codes for unconfirmed diagnosis and outpatient surgery
- Describe Z code reporting
- Apply the *Official Guidelines for Coding and Reporting*
- Demonstrate the ability to report diagnosis with I-10 codes for Chapters 1-10
- Identify the uses of CPT manual and the placement of CPT codes on the CMS-1500 insurance form.
- Review Category II and III CPT codes.
- List the major features of Level II National Codes, HCPCS.
- Understand the Table of Drugs.
- Recognize modifiers.
- Analyze the types of E/M codes.
- Identify CMS Documentation Guidelines.
- Code special services, procedures, and reports.
- Report medical services using Medicine section codes.
- Explain the differences between inpatient and outpatient coding.
- Define principal diagnosis and procedure.
- Understand "external cause guidelines".
- Understand the career role & responsibilities of an Insurance Billing Specialist.
- Understand and identify the elements of the claims process.
- Identify types of health care payers.
- Seeking a job and attaining professional advancement.

MEDICAL TERMINOLOGY & ANATOMY FOR CODING, Edition 3

Objectives & Overview

Medical Terminology & Anatomy for Coding, Edition 3 is specifically tailored to ICD-10-CM and ICD-10-PCS coding manuals supply you with an excellent foundation for learning the medical terminology related to coding. This resource is unlike any other medical terminology textbook. By interspersing ICD-10 and CPT coding guidelines and notes, electronic medical records, and integrated exercises, it combines anatomy & physiology coverage with the latest medical terminology coders – and coding students – need.

1. Introduction to medical terminology
2. Body structure and directional terminology.
3. Musculoskeletal system and connective tissue.
4. Skin and subcutaneous tissue.
5. Digestive system.
6. Genitourinary system.
7. Obstetric, perinatal and congenital conditions.
8. Blood, blood-forming organs, and immune mechanisms
9. Circulatory system
10. Respiratory system
11. Nervous system.
12. Mental and Behavioral disorders.
13. Eye and Adnexa
14. Ear and mastoid process
15. Endocrine system and nutritional and metabolic diseases.

Other features:

- ❖ Textbook Enhancements to aid the students' learning process: A Body Part key provides a complete list of body parts and how they should be coded in ICD-10.
- ❖ Pathology terms organized by ICD-10 disease and disorder categories let you learn terms in the same order they are presented in the coding manual.
- ❖ Guideline Alert and Special Notes boxes highlight relevant ICD-10 information.
- ❖ Pharmacology in each body system and a Pharmacology Basics appendix help you recognize drugs and medications in medical reports.
- ❖ Procedural terms supply a more complete picture of the number and kind of procedures you will encounter on medical reports.
- ❖ Normal Lab Values appendix familiarizes you with normal and abnormal lab values so you know when to search a medical record for possible additional diagnoses.
- ❖ Root operation tables illustrate the root operations in PCS and their associated suffixes.
- ❖ Pathology and procedure terminology tables list the word parts for each term, along with the definition so you become familiar with prefixes, suffixes, and combining forms.
- ❖ Exercises interspersed throughout the text encourage you to practice and learn as you move through the material.
- ❖ Be Careful! Boxes warn you about similar and potentially confusing word parts and medical terms.
- ❖ Electronic medical record format illustrates the appearance of electronic records now being used in many healthcare settings.
- ❖ CPT coding information indicates where physician coding differs from ICD-10 coding.
- ❖ New chapter that incorporates pregnancy, perinatal, and congenital conditions to more closely match the ICD-10 manual.

- ❖ Oncology Basics appendix provides the terminology and physiology of neoplasms that you need to understand.
- ❖ Generic and brand drug names table keeps you in the know.
- ❖ The online course (MTO) now includes adaptive learning, gradable case studies, and audio reviews to provide a complete learning experience for distance learners.
- ❖ Updated ICD-10 guidelines and notes provide up-to-the-minute coding information.
- ❖ Updated terminology reflects current technology and ICD-10 manual terms.