

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

Fall 2022

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 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
October 11 - February 21, 2023; 6:00 pm - 9:30 pm
Three Saturday dates (10/22, 12/10, 1/28) from 9:00 am - 3:00 pm.
- Time:** 130 hrs. Classroom - 16 wks.
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 on-line.

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.

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.

Medical Terminology

Medical Terminology & Anatomy for Coding, Edition 3 is specifically tailored to ICD-10-CM and ICD-10-PCS coding manuals and 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.

- Introduction to medical terminology
- Body structure and directional terminology.
- Musculoskeletal system and connective tissue.
- Digestive system.
- Genitourinary system.
- Circulatory system.
- Respiratory system.
- Nervous system.
- Endocrine system and nutritional and metabolic diseases.

Medical Billing and Coding

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- Regulatory compliance.
 - Identify appropriate documentation required for release of patient information.
 - Audit billing against medical documentation to prevent fraud and abuse.
 - Identify major laws, regulations and administrative agencies relevant to medical billing.
- Claims processing.
 - Apply procedures for transmitting claims to third-party payers.
 - Apply knowledge of the CMS-1500 form to accurately complete the appropriate fields.
- Front end duties.
 - Ensure accurate collection of appropriate patient demographic insurance information.
 - Verify insurance eligibility to determine benefits.
 - Compare and contrast government and private insurance.
 - Process appropriate patient authorization and referral forms.
 - Prior to the visit, determine appropriate balances due.
- Patient Adjudication
 - Analyze aging report.
 - Post payment accurately.
 - Interpret remittance advice to determine financial responsibility of patient and insurance company.