



TEXARKANA COLLEGE Community & Business Education

Medical Billing & Coding Course Allied Health Program

The Medical 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. This 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 code 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 (COG); the American Health Information Association (AHIMA) Certified Coding Associate (CCA) exam; and/or other National Certification Exams.

Dates & Times: To Be Determined

Contact Hours: 16 weeks/130 classroom contact hours.

Evenings: Tuesdays and Wednesdays: 6:00pm – 9:30pm

Saturdays: TBD: 9:00am – 3:00pm

Location: Health Sciences Bldg., Room 147

Student Tuition: **\$2,765** (Textbooks included. Certification Exam is a separate fee of \$165) *This course is a short-term, non-credit program and therefore is not eligible for FAFSA. However, we do offer a four-month online payment plan with the first payment of \$691.25 plus a \$30 non-refundable, one-time enrollment fee submitted at time of registration (credit/debit card required). Ask about financial assistance options that may be available for this course.*

Enroll/Register: Please call 903-823-3382 or visit our office in the Nelson Administration Building on campus. Online registration is not available for enrollment in this course.

DEADLINE TO REGISTER OR DROP: Friday, prior to start date, by 3:00PM.

Please note that if this class reaches capacity prior to the deadline, enrollment will be closed.

Refund Policy: Students who wish to drop this course may receive a 100% refund upon request (excludes \$30 payment plan processing fee), on or before the drop date listed above.

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 Health Careers 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.

Questions regarding this course, testing, clinical externship, etc.: Please contact our Allied Health Coordinator, Holli Easley at 903-823-3270 or email at: holli.easley@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 supplies you with an excellent foundation for learning 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

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- 10 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:

- Regulatory Compliance.
 - Identify appropriate documentation required for the 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 the financial responsibility of patient and insurance company.