A. COURSE DESCRIPTION

Credits: 2
Lecture Hours/Week: 2
Lab Hours/Week: *
OJT Hours/Week: *
Prerequisites: None
Corequisites: None
MnTC Goals: None

This course explains each phase of the medical claim cycle. Insurance payers, basic coding and billing rules, and standard requirements for billing using the CMS-1500 form will be provided. Emphasis is placed on the importance of accurate completion of CMS-1500 forms (electronic or paper) for successful reimbursement. The course will also cover HIPAA and OIG regulations. The focus of this course is to prepare the student to become familiar with each phase of the medical claim cycle within a medical environment. (Prerequisite: MEDS1210 or concurrent) (2 credits: 2 lecture/0 lab)

B. COURSE EFFECTIVE DATES: 11/17/1998 - Present

C. OUTLINE OF MAJOR CONTENT AREAS

1. Claims filing and processing
2. Managed care
3. Commercial insurance

D. LEARNING OUTCOMES (General)

1. Demonstrate an understanding of the different body systems
2. Define specific medical terms and abbreviations
3. Define specific medical terms and abbreviations
4. Define how a medical claim cycle works
5. Demonstrate the ability to complete the CMS-1500 claim form
6. Identify the basic principles of diagnosis coding
7. Identify a variety of insurance plans
8. Define hospital billing rules
9. Demonstrate the ability to interpret an EOB (explanation of benefits) form
10. Develop critical thinking skills needed to process medical insurance claims
11. Demonstrate an understanding of HIPAA regulations
12. Identify the role of the OIG (Office of Inspector General)

E. Minnesota Transfer Curriculum Goal Area(s) and Competencies

None

F. LEARNER OUTCOMES ASSESSMENT

As noted on course syllabus
G. SPECIAL INFORMATION

The name of this course was previously Medical Insurance