

Certification Course / CMBP Designation

1. INTRODUCTION TO MEDICAL BILLING

Key Words and Acronyms

Icon Key

Introduction to Medical Billing

 About Medical Billing

 Certification Requirements for a Medical Biller

 Medical Billing vs Medical Coding

 What Does an Employer Look for in a Medical Biller?

 Applying for the Medical Billing Position

 The Medical Billing Meat & Potatoes (Basics)

 The Medical Billing Position Duties

 Gathering Data

 Types of Health Insurance Coverage

 Group Health / Medical Insurance

 Individual Insurance Policy

 Medicare

 Medicaid

 Personal Injury / Medical Payments Coverage (auto)

 Workers Compensation

 Tricare

 Managed Care Plans (HMO, PPO, POS)

 Health Maintenance Organizations (HMO)

 Preferred Provider Organizations (PPO)

 Point of Service Plans (POS)

 Claims Processing

 What is a CMS 1500 Form?

 Breaking Down the CMS 1500 Form

 Filing Claims

 Claim Acknowledgment

 Receiving Payment

 Generating Reports

Chapter 1 Study Guide

Sample Superbill / Encounter Document
Sample Completed CMS 1500 Form

Chapter 1 Examination

2. UNDERSTANDING MEDICAL OFFICE FORMS

Key Words and Acronyms

Icon Key

Understanding Medical Office Forms

Gathering Data Review

The Patient Information / Registration Form

Section 1 – Patient Information

Section 2 – Guarantor Information

Section 3 – Payment & Insurance Information

Section 4 – Authorization for Treatment

Section 5 – Assignment of Benefits

Section 6 – Authorization for Release of Medical Records / Information

The Insurance Verification Form (IVF)

Electronic Eligibility Verification

The Encounter Document / Form

The Day Sheet

Patient Sign in Sheet

Patient Medical History Form

PHI – Acknowledgment of Receipt of Privacy Practices Notice

HIPAA Definition

ABN – Advanced Beneficiary Notice

Financial Payment Policy

Other Medical Forms

Chapter 2 Study Guide

Sample Patient Information / Registration Form 1

Sample Patient Information / Registration Form 2

Sample Patient Information / Registration Form 3

Sample Patient Information / Registration Form 4

Sample Patient Information / Registration Form 5

Sample Patient Information / Registration Form 6

Sample Insurance Verification Form – Chiropractic Office

Sample Electronic Eligibility Verification Screenshot

Sample Encounter Document / Superbill

Sample Sign in Sheet

Sample Medical History Form

Sample PHI Form

Sample ABN – Advance Beneficiary Notice
Sample Financial Payment Policy
Blank CMS 1500 Form
Completed CMS 1500 Form

Chapter 2 Examination

2B. THE INSURANCE VERIFICATION PROCESS

Key Words and Acronyms

Icon Key

How Does Health Insurance Work? (Video)

Verifying Insurance Coverage

Insurance Verification Serves Several Purposes

Verification of Insurance is Important

What Does “Active” Mean?

Who Verifies the Patient’s Insurance?

The Insurance Verification Form

Transferring Information to the Insurance Verification Form

Patient 1: Thomas Davis

Chapter 2B Study Guide

Insurance Verification – Debby Williams

Patient Information Form

Insurance Card

Conversation with Benerep

Complete Debby Williams’ Insurance Verification

Insurance Verification – Roger Simms

Patient Information Form

Insurance Card

Conversation with Benerep

Complete Roger Simms’ Insurance Verification

Insurance Verification – Stacey Simms

Patient Information Form

Insurance Card

Conversation with Benerep

Complete Stacey Simms’ Insurance Verification

Insurance Verification – Jeffrey Phillips

Patient Information Form

Insurance Card

Conversation with Benerep

Complete Jeffrey Phillips' Insurance Verification

Chapter 2B Examination

3. MEDICAL INSURANCE COVERAGE – PROPER PAYMENT POSTING & ACCOUNTING

Key Words

Icon Key

Copays, Coinsurance, Deductibles and Maximums (Video)

Types of Health Insurance

Managed Care Programs

HMO

PPO

POS

High Deductible Plans

HSA – Health Saving Account

HRA – Health Reimbursement Arrangement

Copayment – Definition & Video

Coinsurance – Definition & Video

Deductible – Definition & Video

Maximum – Out of Pocket Limit

Proper Payment Posting

Denials

Non-covered Service

Medical Necessity

Referral or Prior Authorization Required

Out of Network Provider

Minor Errors

Partial Payments

UCR (Usual, Customary and Reasonable)

Allowed Amount

Contractual Adjustment

Claim Adjustment Reason Codes

Chapter 3 Study Guide

Glossary of Health Insurance and Medical Terms

Sample Prior Authorization Form

Sample UCR Payment Scenarios

Calculation Exercises

Calculation Answers

Chapter 3 Examination

4. MEDICAL BILLING CODES & MODIFIERS – AN INTRODUCTION TO PROCEDURE & DIAGNOSIS CODING

Key Words and Acronyms

Icon Key

Understanding Codes & Modifiers

 About Codes

 HCPCS Codes

 CPT Codes (HCPCS Level 1)

 CPT Sections and Code Ranges

 CPT Modifiers

 ICD Codes

 Difference between ICD-9 and ICD-10

 ICD-10 Codes and Medical Necessity

 Where Does the Medical Biller Get the Procedure & Diagnosis Codes?

 Medical Biller – Last in the Chain to Catch Mistakes & Control Proper Usage

 CMS 1500 Coding Paints a Picture

 Exercise – Complete Box 21 and 24 (CMS 1500)

 Encounter Document – Mary Walters

 Encounter Document – Ryan Smith

 Modifier 25

Summary

Chapter 4 Study Guide

 Commonly Used Modifiers

 Encounter Document – John Goodall

Chapter 4 Examination

5. CMS 1500 FORM BREAKDOWN

Key Words and Acronyms

Icon Key

CMS 1500 Form

 History of the CMS 1500 Form

Breaking Down the CMS 1500 Form

 CMS 1500 Top Portion – Patient & Insured Information

 Boxes 1-13: Patient & Insured Information

 Primary, Secondary & Tertiary Insurances

 Dependent/Nondependent Rule

 The Birthday Rule

 Coordination of Benefits (COB)

 CMS 1500 Bottom Portion – Provider, Procedure, Diagnosis & Charge Information

Boxes 14-33: Physician or Supplier Information

Chapter 5 Study Guide

- Blank CMS 1500 Form
- Completed CMS 1500 Form – Thomas Davis
- Patient Information Form – Thomas Davis
- Insurance Card – Thomas Davis
- Encounter Document – Thomas Davis
- Practice (Location) Information
- Coordination of Benefits Form
- Place of Service Codes (POS)
- Qualifiers
- CMS 1500 Form Completion Exercise
- Patient Information Form – Debby Williams
- Insurance Card – Debby Williams
- Encounter Document – Debby Williams
- CMS 1500 Form Fillable PDF
- Completed CMS 1500 Form – Debby Williams

Chapter 5 Examination

6. LIFE CYCLE OF A MEDICAL INSURANCE CLAIM

- Key Words and Acronyms
- Icon Key
- The Life Cycle of a Medical Insurance Claim
 - Claims Adjudication
 - Revenue Cycle Management
 - Diagram of the Full Revenue Cycle
 - The Stages of the Medical Insurance Claim Life Cycle
 - Stage 1: Collection of Claim Data
 - Stage 2: Claim Information Data Entry
 - Stage 3: Claim Submission
 - Stage 4: Claim Acknowledgment
 - Stage 5: Claim Correction & Resubmission
 - Stage 6: Receipt of Adjudication
 - Stage 7: Posting Insurance Payments
 - Stage 8: Claim Resubmission
 - Stage 9: Claims Appeal
 - Stage 10: Claims Adjustments
 - Stage 11: Patient Billing

Chapter 6 Study Guide

- Claim Acknowledgment Report
- Appeals Process for Medical Billing
- Example Claims Rejection Report
- The Medical Billing Process

Chapter 6 Examination

7. WORKING WITH PRACTICE MANAGEMENT/MEDICAL BILLING SOFTWARE

- Key Words and Acronyms

- Icon Key

- PMS/Medical Billing Software

 - Basic Data Components of PMS

 - Practice (Location) Data

 - Provider Data

 - Patient Data

 - Encounter Data

 - Report Data

 - Medical Billing Software vs. PMS

 - Other Data Components of PMS

 - Procedure Code Data

 - Diagnosis Code Data

 - Insurance Company Data

 - Payment Types

 - Adjustment Types

 - Electronic Media Claims (EMC)

 - State Agreements

 - PMS Selection Considerations

 - You Get What You Pay For

 - Server Based vs Cloud or ASP Based

 - Multi Database vs Single Database

 - Per Claim Posting vs Line Item Posting

 - Automated Payment Posting (APP)

 - Eligibility Insurance Verification (EIV)

 - Customer Support

Chapter 7 Study Guide

- Sample State Agreement – Blue Cross Blue Shield

Chapter 7 Examination

8. LIVE MEDICAL BILLING SOFTWARE TRAINING IN DAQBILLING

The student is instructed to use mock data for clinic, provider and patients in order to produce CMS 1500 Forms and various practice reports. The student will be logging into a live, fully functional PMS/Medical Billing Software Program, performing the day to day operations of a medical biller.

The Chapter 8 examination is a culmination of Reports and Encounter Documents generated during the process of following the instructions in the Chapter 8 material.

Icon Key

Practical Experience Using Your Medical Billing Practice Management Software Program

- Tips & Tricks

- Accessing DAQbilling

- DAQbilling Basics

 - User Guide

 - Getting Started

- Logging into DAQbilling

- Entering Data

 - Practice (Location) Data

 - Billing (Location) Data

 - Aging (Location) Data

 - HCFA (Location) Data

 - Provider Data

 - Adding an Insurance Company

 - Entering a New Patient – Thomas Davis – Patient No. 1

 - Entering a New Patient – Debby Williams – Patient No. 2

 - Entering a New Patient – Roger Simms – Patient No. 3

 - Entering a New Patient – Stacey Simms – Patient No. 4

 - Entering a New Patient – Jeffrey Phillips – Patient No. 5

- Adding Patient Encounters

 - Patient Encounter – Thomas Davis

 - Patient Encounter – Debby Williams

 - Patient Encounter – Roger Simms

 - Patient Encounter – Stacey Simms

 - Patient Encounter – Jeffrey Phillips

- Closing Out Your Deposit

Chapter 8 Examination

- (1) Print Deposit Reconciliation Report

- Reviewing Your Encounters

Chapter 8 Examination

- (2) Printing CMS 1500 Forms

- Receiving & Posting Insurance Payment – Thomas Davis

Receiving & Posting Insurance Payment – Debby Williams
Receiving & Posting Insurance Payment – Roger Simms
Receiving & Posting Insurance Payment – Stacey Simms
Receiving & Posting Insurance Payment – Jeffrey Phillips

Chapter 8 Examination

(3) Print Today's Deposit Reconciliation Report

Chapter 8 Examination

(4) Report Generation
Report 1: Patient Listing by Name
Report 2: Insurance Listing by Name
Report 3: A/R Log Report (Account Receivables)

Chapter 8 Examination Submission

Practice Management / Medical Billing Software Virtual Application Package

Chapter 8 Study Guide with Data Entry Documents

Practice (Location) Information
Patient Registration Forms
Patient Insurance Cards
Patient Insurance Verification Forms
Patient Encounter Documents
Insurance Company EOB's (Explanation of Benefits)

9. UNDERSTANDING HIPAA

Key Words and Acronyms

Icon Key

HIPAA 101: The Basics of HIPAA Administrative Simplification – Video

Introduction to HIPAA

Limb 1: Health Insurance Portability

Limb 2: Accountability

Limb 3: Administrative Simplification

Transaction and Code Set Standards

Unique Identifier Standards

HIPAA Security Standards, Privacy Standards and Compliance

Hardware, Software and Transmission Security

Disaster Backup and Recovery Plan Policies and Procedures

Incident Response

Training of Workforce

Records and Information Access

Audit Methods

Administrative Safeguards

Security Management Process

Assigned Security Responsibility

- Workforce Security
- Information Access Management
- Security Awareness and Training
- Security Incident Procedures
- Evaluation
- Business Association Contracts and Other Arrangements

Physical Safeguards

- Facility Access Controls
- Work Station Use
- Work Station Security
- Device and Medical Controls

Technical Safeguards

- Access Control
- Audit Controls
- Integrity
- Person or Entity Authentication
- Transmission Security

Privacy and Confidentiality

- Consumer Control over Health Information
- Boundaries on Medical Record Use and Release
- The Security of PHI
- Accountability for Medical Records Use and Release
- Public Responsibility

HIPAA Enforcement Rule and Compliance

- Penalties for Noncompliance

HIPAA and the HITECH Act

Understanding HIPAA Study Guide

- HIPAA Reach Illustration

- OIG Compliance Program for Third Party Medical Billers

Understanding HIPAA Examination

Upon completion of Chapter 9, the graduate's certificate and student transcript is processed for mailing.