

# **Medical Billing & Consulting Solutions Certification in** **Medical Billing Curriculum**

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*Founded in 2007 BCS certifies students utilizing Medical Association of Billers program and workbook. Founded in 1995, the Medical Association of Billers is the premier training and credentialing association for medical billing and coding. The MAB curriculum has been approved and licensed by the Commission for Post-Secondary Education and MAB is an approved vendor for Federal agencies.*

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- **Section 1: Medical Terminology & Billing process (First week)**
  - The Medical Terminology section of this course is designed to familiarize students with medical words, phrases and understand prefix, root and suffix. Students will learn definitions and pronunciation of the different words and phrases.
  - The billing process is the patient experience and the staff duties from the time the patient enters the doctor's office and through the claim process. The importance of a provider's financial policy, sample super bills, patient intake sheet, verification of benefits and co-pay collection.
- **Section 2: Medical Plans & Medicare (Second week)**
  - The medical plan section will review definition of insurance carriers, participation with an insurance company, contracting and non-contracting and the terminology.
  - The Medicare section of this course will review the Medicare guideline, who is eligible for Medicare, deductible versus co-pay, review UB-04 claim forms, non-participating and participating examples.
- **Section 3: Insurance Terminology & Insurance Claim forms (Third week)**
  - Insurance terminology definitions and abbreviations.
  - The insurance claim form section will go over how to fill out a claim, what is a clean claim versus a dirty claim and proper placement of ICD9 and CPT codes on a claim.
- **Section 4: Claim Payment process & ICD9 and ICD10 coding (Fourth week)**
  - Claim payment process section will walk us through a lifecycle of an insurance claim.
  - ICD 9 coding section is the introduction to ICD coding, history of ICD9 coding, purpose; review the volumes, conversions and the coding process. We will discuss ICD10 coding and the changes that will occur October, 2014.
- **Section 5: Evaluation and Management & CPT coding (Fifth week)**
  - Evaluation and Management section is designed to teach us the documentation guidelines that is needed on the clinical side to bill appropriately, E&M is used for evaluating the patient for a suspected known or potential problem.

# **Medical Billing & Consulting Solutions Certification in Medical Billing Curriculum Cont'd..**

- CPT coding section is the introduction to CPT coding, history, CPT vocabulary, sections of CPT manual, symbols, guidelines and Index.
- **Section 6: Modifiers, Establishing Medical Necessity on a claim & HIPPA (Sixth week)**
  - Learn what is a modifier and why we use them
  - How to link codes on a claim form to tell the story to the insurance company
  - HIPPA-what is it and why
- **Section 7: Fraud and Abuse, Writing letters of Appeal and Accounts Receivables (Seventh week)**
  - Definition of fraud and abuse in the medical field, Stark regulations and penalties.
  - Why appeal a claim? We will review the reasons why insurance claims deny a claim and what you can do to receive payment.
  - Insurance Account Receivable management section will teach students how to work the aging and discuss why payments received is critical to ensuring proper reimbursement.

## **Eighth week- Anatomy of an EOB**

- High level review of what we learned throughout the course and the 100 question exam to obtain your certification.