

MODESTO JUNIOR COLLEGE
MEDICAL ASSISTING PROGRAM
Syllabus

Course Number: MDAST 322

Course Title: Medical Assisting Administrative Procedures

Course Description: Medical assisting administrative procedures including patient scheduling and medical record keeping, financial record keeping, insurance claims, banking procedures and payroll. Students receive training in completing the above procedures manually and by computer.

Credit: 3.5 units

Class Hours: Hybrid Course / 4.5 hours lab per week

Instructor: Chelsea Coulson email: coulsonc@yosemite.edu
Office: Glacier Hall 123 phone: (209) 575-6363
Class location: Glacier Hall 207
Office Hours Monday 1:00 pm – 5:00 pm and Wednesday 11:30 am – 12:30 pm *Students are welcome to email or call for an appointment*

Teaching Methods: This course will be taught by lecture, collaborative learning experience, guided discussion, audio-visual materials, simulated lab activities, case studies, and computer activities.

Texts: Niedzwiecki, Pepper, & Weaver (2020). The Medical Assistant (14th ed.). St. Louis, Missouri: Elsevier

Niedzwiecki, Pepper, & Weaver (2020). Student Study Guide and Procedure Checklist Manual for the Medical Assistant (14th ed.). St. Louis, Missouri: Elsevier

**Minimum
Performance
Standards:**

The student will receive one grade from this course. The requirements for satisfactory completion and minimum performance in this course will be evaluated by the instructor based on the student's:

- I. **Tests, quizzes, class assignments, written assignments, and computer assignments.**
- II. **Successful completion of entry-level procedures for the medical assistant.**

The student then has a maximum of three attempts to achieve a satisfactory rating by the instructor for each procedure. **“Achievement of the competencies” means that each student has successfully achieved 100% of the MAERB Core Curriculum psychomotor (skills) and affective (behavior) competencies taught with that course. The student must successfully complete all of the psychomotor (skills) and affective (behavior) competencies in the course.**

Failure to clearly demonstrate any of the Minimum Performance Standards will result in failure of the course.

If the student's performance falls below a “C”, the instructor will require a counseling session with the student and complete a Student Contact Sheet.

If improvement does not take place, the instructor will initiate another meeting with the student and complete a Probation Notice.

If the student's performance remains unsatisfactory, the student will need to repeat the entire course.

Any student required to repeat a medical assisting course will be required to withdraw from the program and reapply to repeat the course the following year.

**Grading
Scale:**

The grading policy requires a grade of “C” or better to progress in the Medical Assisting Program.

A = 100-90%

B = 89-80%

C = 79-70%

D = 69-60%

F = 59 and below

A. COURSE GOAL

As a result of satisfactory completion of this course, the student should be prepared to:

Perform a variety of administrative tasks related to the medical office such as; appointment scheduling, billing procedures, banking procedures and medical records management both in the paper and electronic formats.

B. STUDENT LEARNING GOALS

Mastery of the following learning goals will enable the student to achieve the overall course goal.

Required Learning Goals

Upon satisfactory completion of this course, the student will be able to:

- a. Operate the office phone system, schedule appointment, maintain patient records, and handle the mail.
- b. Interpret the concept of the usual, customary, and reasonable fee by using code manuals and fee schedule.
- c. Demonstrate knowledge of fee determination, extension of credit and collections.
- d. Extract from previous bookkeeping and accounting records the necessary data for the accountant to prepare the required tax records and forms.
- e. Employ computer skills in completion of the computer assignments which cover financial record keeping, insurance claims, banking functions, payroll and medical records.
- f. Demonstrate of proper application and utilization of course concepts regarding office procedures.
- g. Demonstrate knowledge of insurance principles by abstracting information and completing a claim form to the specifications of the carriers involved for reimbursement.

COURSE LEARNING OUTCOMES

Upon satisfactory completion of this course, the student should be prepared to:

1. Demonstrate proper telephone techniques in the medical office.
2. Schedule appointment using both manual and computerized methods.
3. Properly complete various medical forms.
4. Create and manage a patient medical record using manual and computer methods.

CHAPTER 2 Therapeutic Communication

PREPARATION:

Read Chapter 2 in The Medical Assistant Complete Chapter 2 in the Study Guide and Procedure Checklist Manual

CONTENT:

Patient-centered care is focused on creating a relationship with the patient and making the patient feel respected, involved, and knowledgeable about the plan of care. The patient has a role in decision making and ultimately the goal is for better health outcomes for the person.

LEARNING OBJECTIVES:

1. Describe the importance of a first impression.
2. Discuss examples of cultural, social and ethnic, diversity, and explain how to demonstrate respect for individual diversity, including gender, race, religion, age, economic status, and appearance.
3. Identify types of nonverbal communication.
4. Discuss the communication cycle, provide tips for composing written communication, and describe the behaviors seen in passive, aggressive, passive-aggressive, manipulative, and assertive communicators.
5. Describe therapeutic communication and active listening and discuss open and closed questions or statements.
6. Identify barriers to communication, describe techniques for overcoming communication barriers, and discuss how Erickson's psychosocial development stages and Kubler-Ross's stages of grief and dying relate to communication and behavior.
7. Describe personal boundaries with professional verbal communication.
8. Discuss how Maslow's hierarchy of needs relates to communication and behavior.
9. Discuss defense mechanisms and differentiate between adaptive and maladaptive coping mechanisms.

COMPETENCIES:

Cognitive Knowledge:

- V.C.1. Identify types of verbal and nonverbal communication
- V.C.2. Identify communication barriers
- V.C.3. Identify techniques for overcoming communication barriers
- V.C.4. Identify the steps in the sender-receiver process
- V.C.5. Identify challenges in communication with different age groups
- V.C.9. Identify the principles of self-boundaries
- V.C.11. Identify coping mechanisms
- V.C.13. Identify the basic concepts of the following theories
 - a. Maslow
 - b. Erickson
- V.C.14. Identify issues associated with diversity as it relates to patient care

Psychomotor Skills:

- V.P.1. Respond to nonverbal communication

Affective Behavior:

- A.3. Demonstrate empathy for patients' concerns
- A.4. Demonstrate active listening
- A.5. Respect diversity

PROCEDURES:

- 2.1** Use Feedback Techniques and Demonstrate Respect for Individual Diversity: Gender and Appearance
- 2.2** Use Feedback Techniques and Demonstrate Respect for Individual Diversity: Race
- 2.3** Use Feedback Techniques and Demonstrate Respect for Individual Diversity: Religion and Appearance
- 2.4** Use Feedback Techniques and Demonstrate Respect for Individual Diversity: Age, Economic Status, and Appearance

CHAPTER 4 Healthcare Laws

PREPARATION:

**Read Chapter 4 in The Medical Assistant
Complete Chapter 4 in the Study Guide and Procedure Checklist Manual**

CONTENT:

During a busy day in an ambulatory care facility, the medical assistant performs many administrative and clinical tasks. It is important for the medical assistant to perform these tasks following facility's policies and procedures. Remember that these policies and procedures are created so that the staff complies with state and federal laws.

LEARNING OBJECTIVES:

1. Explain the standards of the Health Insurance Portability and Accountability Act (HIPAA) and discuss HIPAA-related terminology (including covered entities, protected health information, business associates, permission, de-identify, and limited data set).
2. Describe the Health Information Technology for Economic and Clinical Health (HITECH) Act.
3. Describe the important features of the Genetic Information Nondiscrimination Act (GINA), the Food, Drug, and Cosmetic Act, and the Controlled Substances Act.
4. Discuss the communication cycle, provide tips for composing written communication, and describe the behaviors seen in passive, aggressive, passive-aggressive, manipulative, and assertive communicators.
5. Discuss Good Samaritan Laws.
6. Define the Patient Self-Determination Act, Uniform Determination of Death Act (UDDA), Uniform Anatomical Gift Act (UAGA), and the National Organ Transplant Act (NOTA).
7. Describe compliance with public health statutes related to communicable diseases and to wounds of violence, abuse, neglect, and exploitation.
8. Describe compliance with reporting vaccination issues.
9. Discuss how compliance programs work, examine common compliance concerns in healthcare, follow protocol in reporting an illegal activity, and correctly complete an incident report.

COMPETENCIES:

Cognitive Knowledge:

- VIII.C.4. Identify fraud and abuse as they relate to third-party reimbursement
- X.C.3. Identify components of the Health Information Portability & Accountability Act (HIPAA)
- X.C.7. Define:
 - d. Good Samaritan Act(s)
 - e. Uniform Anatomical Gift Act
 - h. Patient Self-Determination Act (PSDA)
 - i. risk management
- X.C.9. Identify legal and illegal applicant interview questions
- X.C.10. Identify:
 - a. Health Information Technology for Economic and Clinical Health (HITECH) Act
 - b. Genetic Information Nondiscrimination Act of 2008 (GINA)
 - c. Americans with Disabilities Act Amendments Act (ADAAA)
- X.C.11. Identify the process in compliance reporting:
 - a. unsafe activities
 - b. errors in patient care
 - c. conflicts of interest
 - d. incident reports
- X.C.12. Identify compliance with public health statutes:
 - a. communicable disease
 - b. abuse, neglect, and exploitation
 - c. wounds of violence

Psychomotor Skills:

- X.P.2. Apply HIPAA rules in regard to:
 - a. privacy
 - b. release of information
- X.P.4. Complete compliance reporting based on public health statutes
- X.P.5. Report an illegal activity following the protocol established by the healthcare setting
- X.P.6. Complete an incident report related to an error in patient care

PROCEDURES:

- 4.1** Protecting a Patient's Privacy
- 4.2** Completing a Release of Record Form for a Release of Information
- 4.3** Perform Disease Reporting
- 4.4** Report Illegal Activity
- 4.5** Complete Incident Report

CHAPTER 6 Technology

PREPARATION:

**Read Chapter 6 in The Medical Assistant
Complete Chapter 6 in the Study Guide and Procedure Checklist Manual**

CONTENT:

The computer can be an effective tool in the medical office. It performs repetitive tasks, reduces errors, speeds up production, recalls information on command, saves time, reduces paperwork, and allows for more creative and productive use of worker's time.

LEARNING OBJECTIVES:

1. Describe types of personal computers used in ambulatory care facilities.
2. Discuss the differences between input and output hardware, list examples of each type of hardware, describe computer storage devices, and list examples of each category of computer storage device. Also discuss cloud storage.
3. Describe how to maintain computer hardware and explain infection control procedures with computer hardware.
4. Identify principles of ergonomics that apply to a computer workstation.
5. Identify questions to ask when purchasing hardware.
6. Differentiate between system software and application software and provide examples of each.
7. Differentiate between practice management software, electronic health records, and electronic medical records. Also discuss hybrid health records.
8. Discuss HIPAA's Security Rule safeguards and list examples of each type of safeguard.
9. Discuss technology advances in healthcare.
10. Describe how to identify reliable health websites.

COMPETENCIES:

Cognitive Knowledge:

- V.C.7. Identify different types of electronic technology used in professional communication
- V.C.15. Identify the medical assistant's role in telehealth
- VI.C.5. Identify the importance of data back-up
- VI.C.6. Identify the components of an Electronic Medical Record, Electronic Health Record, and Practice Management System

PROCEDURES:

- 6.2** Identify a Reliable Patient Education Website

CHAPTER 7 Written Communication

PREPARATION:

**Read Chapter 7 in The Medical Assistant
Complete Chapter 7 in the Study Guide and Procedure Checklist Manual**

CONTENT:

Written communication from an ambulatory care facility is a reflection on the provider and the facility. Medical assistants commonly compose emails and letters to patients and vendors. A poorly worded message or incorrect punctuation in a letter or an email gives the reader a negative impression of the sender and thus the clinic.

LEARNING OBJECTIVES:

1. Recognize elements of fundamental writing skills. Also, explain the guidelines for using capitalization, numbers, and punctuation in business communication.
2. List and describe each component of a professional business letter.
3. Summarize the formats for business letters.
4. Describe the purpose of templates in professional communication.
5. Discuss memorandums and describe the etiquette for professional emails.
6. Describe how to complete a HIPAA compliant fax cover sheet.
7. Describe how to address envelopes and fold business documents for mailing.
8. Describe commonly used postal services in the ambulatory care facility.
9. Explain the medical assistant's role with incoming mail.

COMPETENCIES:

Psychomotor Skills:

- V.P.6. Using technology, compose clear and correct correspondence

PROCEDURES:

- 7.1 Compose a Professional Business Letter Using the Full Block Letter Format
- 7.2 Compose a Professional Business Letter Using the Modified Block Letter Format
- 7.3 Compose a Professional Business Letter Using the Semi-Block Letter Format
- 7.4 Compose a Memorandum
- 7.5 Compose a Professional Email
- 7.6 Complete a Fax Cover Sheet

CHAPTER 8 Telephone Techniques

PREPARATION:

**Read Chapter 8 in The Medical Assistant
Complete Chapter 8 in the Study Guide and Procedure Checklist Manual**

CONTENT:

This chapter is designed to help you to recognize how telephone management affects the caller's regard for the office staff and the physician. The tone or climate of the office and its responsiveness to patients are transmitted over the phone. In addition to focusing on attitude development, information relating to the operation of equipment and the placing of calls will also be stressed.

LEARNING OBJECTIVES:

1. Identify and explain the features of a multiple-line telephone system, and also explain how each can be used effectively in a healthcare facility. Also, discuss the use of cell phones.
2. Do the following related to effective use of the telephone:
 - Discuss the telephone equipment needed by a healthcare facility.
 - Summarize active listening skills.
 - Demonstrate effective and professional telephone techniques.
 - Consider the importance of tone of voice and enunciation.
3. Explain the importance of thinking ahead when managing telephone calls; also, describe the correct way to answer the telephone in the office
4. Discuss the screening of incoming calls and list several questions to ask when handling an emergency call.
5. Place callers on hold and correctly transfer a phone call.
6. Do the following related to taking message:
 - Document telephone messages accurately.
 - List the seven elements of a correctly handled telephone message.
 - Report relevant information concisely and accurately.
7. Discuss various types of common incoming calls and how to deal with each.

8. Discuss various types of special incoming calls and how to deal with each.
9. Discuss how the medical assistant should handle various types of difficult calls.
10. Discuss typical outgoing calls, including why knowledge of time zones and long-distance calling is necessary.
11. Discuss the use of a telephone directory and describe how answering services and automatic call routing systems are used in a healthcare facility.
12. Discuss the legal and ethical issues related to telephone techniques.

COMPETENCIES:

Cognitive Knowledge:

- VIII.C.2. Identify managed care requirements for patient referral

Psychomotor Skills:

- V.P.4. Demonstrate professional telephone techniques
- V.P.5. Document telephone messages accurately

PROCEDURES:

- 8.1 Demonstrate Professional Telephone Techniques
- 8.2 Document Telephone Messages and Report Relevant Information Concisely and Accurately

CHAPTER 9 Scheduling Appointments and Patient Processing

PREPARATION:

**Read Chapter 9 in The Medical Assistant
Complete Chapter 9 in the Study Guide and Procedure Checklist Manual**

CONTENT:

In this chapter you will become acquainted with the task of organizing and coordinating appointments. You may first perceive this task as somewhat simplistic and insignificant. On the contrary, the responsibilities of scheduling appointments are indeed challenging and require intelligence and good organizational skills. It is here in scheduling appointments that the physician's entire medical practice is orchestrated.

LEARNING OBJECTIVES:

1. Describe guidelines to establishing an appointment schedule and creating an appointment matrix.
2. Discuss the advantages of computerized appointment scheduling.
3. Discuss appointment book scheduling and explain how self-scheduling can reduce the number of calls to the healthcare facility.
4. Discuss the legality of the appointment scheduling system.
5. Discuss pros and cons of various types of appointment management systems.
6. Discuss telephone scheduling and identify critical information required for scheduling appointments for new patients.
7. Discuss scheduling appointments for established patients.
8. Discuss how the medical assistant should handle scheduling other types of appointments.
9. Do the following related to special circumstances in scheduling:
 - Discuss several methods of dealing with patients who consistently arrive late.
 - Recognize office policies and protocols for rescheduling appointments.
 - Discuss how to deal with emergencies, provider referrals, and patients without appointments.

10. Discuss how to handle failed appointments and no-shows, as well as methods to increase appointment show rates.
11. Discuss how to handle cancellations and delays.
12. Describe how to prepare for patients' arrivals, including patient check-in procedures.
13. Do the following related to patient reception and processing:
 - Show consideration for patients' time.
 - Properly treat patients with special needs.
 - Escort and instruct the patient.
 - Describe where health records should be placed.
14. Describe how the medical assistant should deal with challenging situations, such as talkative patients, children, angry patients, and patients' relatives and friends.

COMPETENCIES:

Cognitive Knowledge:

- V.C.7. Identify different types of electronic technology used in professional communication
- VI.C.1. Identify different types of appointment scheduling methods
- VI.C.2. Identify critical information required for scheduling patient procedures
- X.C.1. Identify scope of practice and standards of care for medical assistants

Psychomotor Skills:

- V.P.3. Coach patients regarding:
 - a. office policies
- VI.P.1. Manage appointment schedule using established priorities
- VI.P.2. Schedule a patient procedure
- VI.P.3. Input patient data using an electronic system
- VII.P.2. Input accurate billing information in an electronic system

PROCEDURES:

- 9.1** Establish the Appointment Matrix
- 9.2** Schedule a New Patient
- 9.3** Coach Patients Regarding Office Policies
- 9.4** Schedule an Established Patient
- 9.5** Schedule a Patient Procedure

PREPARATION:

**Read Chapter 10 in The Medical Assistant
Complete Chapter 10 in the Study Guide and Procedure Checklist Manual**

CONTENT:

The two types of patient records are the paper health record and the EHR. With the advances in computer technology, the paper health record has been shown to be much less efficient than EHR. Having learned the concepts related to organizing the patient record, you are ready to integrate the organization of medical records collectively. The chapter introduces filing management systems and mechanics related to maintaining equipment, taking inventory and managing personnel records. The legal implications of the medical record, filing, retrieval and storage must be continuously emphasized.

LEARNING OBJECTIVES:

1. Discuss the two types of patient records.
2. State several reasons that accurate health records are important.
3. Differentiate between objective and subjective information in creating a patient's health record.
4. Explain who owns the medical record.
5. Distinguish between an electronic health record (EHR) and an electronic medical record (EMR).
6. Do the following related to healthcare legislation and EHRs:
 - Define meaningful use and relate it to the healthcare industry.
 - List the three main components of meaningful use legislation.
7. Discuss the importance of nonverbal communication with patients when an EHR system is used.
8. Discuss backup systems for the EHR, in addition to the transfer, destruction, and retention of health records as related to the EHR.
9. Discuss retention and destruction of medical records as related to paper records.
10. Describe how and when to release health record information; discuss health information exchanges (HIEs).

11. Identify and discuss the two methods of organizing a patient's paper medical record.
12. Discuss how to document information in an EHR and a paper health record, and how to make corrections/alterations to health records.
13. Discuss dictation and transcription.
14. Identify the filing equipment and filing supplies needed to create, store, and maintain paper health records.
15. Describe indexing rules, and how to create and organize a patient's health record.
16. Discuss pros and cons of various filing methods, as well as how to file patient health records.
17. Discuss organization of files, as well as health-related correspondence.

COMPETENCIES:

Psychomotor Skills:

- VI.P.3. Input patient data using an electronic system
- X.P.2. Apply HIPAA rules in regard to:
 - a. privacy

PROCEDURES:

- 10.1** Register a New Patient in the Practice Management Software
- 10.2** Upload Documents to the Electronic Health Record
- 10.3** Protect the Integrity of the Medical Record
- 10.4** Create and Organize a Patient's Paper Health Record
- 10.5** File Patient Health Records

CHAPTER 11 Daily Operations and Safety

PREPARATION:

**Read Chapter 11 in The Medical Assistant
Complete Chapter 11 in the Study Guide and Procedure Checklist Manual**

CONTENT:

In the healthcare facility, employees must arrive before patients to prepare for the patients. The preparation can differ based on the size of the facility and the practice's policies on preparation. Also, one of the most important responsibilities of the medical assistant is to manage the equipment and supplies in the medical office.

LEARNING OBJECTIVES:

1. Explain tasks for the medical assistant to handle when opening and closing the healthcare facility.
2. List the steps involved in completing an inventory and perform an equipment inventory with documentation.
3. Explain the purpose of routine maintenance of administrative and clinical equipment and perform routine maintenance of equipment.
4. Discuss warranties, service calls, and purchasing equipment.
5. Discuss inventory management, inventory management control systems, and ordering supplies.
6. Identify the principles of body mechanics and perform a supply inventory with documentation while using proper body mechanics.
7. Evaluate the work environment to identify unsafe working conditions.
8. Identify critical elements of an emergency response plan to use in the event of a natural disaster or other emergency and participate in a mock exposure event.
9. Demonstrate the proper use of a fire extinguisher.
10. Recognize the physical and emotional effects on persons involved in an emergency situation.

COMPETENCIES:

Cognitive Knowledge:

- VI.C.3. Recognize the purpose for routine maintenance of equipment
- VI.C.4. Identify steps involved in completing an inventory
- XII.C.3. Identify fire safety issues in an ambulatory healthcare environment
- XII.C.4. Identify emergency practices for evacuation of a healthcare setting

Psychomotor Skills:

- VI.P.4. Perform an inventory of supplies
- XII.P.2. Demonstrate proper use of:
 - b. fire extinguishers
- XII.P.3. Use proper body mechanics
- XII.P.4. Evaluate an environment to identify unsafe conditions

PROCEDURES:

- 11.1** Perform an Equipment Inventory with Documentation
- 11.3** Perform a Supply Inventory with Documentation While Using Proper Body Mechanics
- 11.4** Evaluate the Work Environment
- 11.6** Use a Fire Extinguisher

PREPARATION:

**Read Chapter 12 in The Medical Assistant
Complete Chapter 12 in the Study Guide and Procedure Checklist Manual**

CONTENT:

The objective of this chapter is the understanding of how insurance plans handle reimbursement of benefits this is challenging for a patient as well as the medical assistant. Health insurance plans typically cover health services and procedures that are deemed medically necessary.

LEARNING OBJECTIVES:

1. Discuss the purpose of health insurance and discuss the concept of cost-sharing.
2. List and discuss various government health insurance plans.
3. Summarize private health insurance plans.
4. Review traditional (fee-for-service) health insurance plans.
5. Differentiate among the different types of managed care models.
6. Outline managed care requirements for patient referral, obtain a referral with documentation, and discuss utilization management.
7. Describe the process for preauthorization and how to obtain preauthorization, including documentation.
8. Discuss participating provider contracts, including contracted fee schedules.
9. Interpret information on a health insurance identification (ID) card.
10. Explain the importance of verifying eligibility and be able to verify eligibility for services, including documentation.
11. Describe other types of insurance, including disability, life, long-term care, and liability.
12. Discuss the Affordable Care Act's effect on patient healthcare access.

COMPETENCIES:

Cognitive Knowledge:

- V.C.14. Identify issues associated with diversity as it relates to patient care
- VIII.C.1. Identify:
 - a. types of third-party plans
 - b. the steps for filing a third-party claim
- VIII.C.2. Identify managed care requirements for patient referral

PROCEDURES:

None

PREPARATION:

**Read Chapter 13 in The Medical Assistant
Complete Chapter 13 in the Study Guide and Procedure Checklist Manual**

CONTENT:

The objective of this chapter is the understanding of assigning and reporting codes that are clearly supported by concise documentation in the patient chart. The ICD-10-CM allows providers to be much more specific in diagnostic coding than was possible with previous revisions.

LEARNING OBJECTIVES:

1. Describe the historical use of the International Classification of Disease (ICD) in the United States and describe how diagnostic coding is related to medical necessity.
2. Identify the structure and format of the International Classification of Diseases, 10th Revision, Clinical Modifications (ICD-10- CM)
3. Describe how to use the Alphabetic Index to select main terms, essential modifiers, and the appropriate code (or codes) and code ranges.
4. Do the following related to the Tabular list:
 - Explain how to use the Tabular List to select main terms, essential modifiers, and the appropriate code (or codes) and code ranges.
 - Summarize coding conventions as defined in the ICD-10-CM coding manual.
5. Review the Official Coding Guidelines to assign the most accurate ICD-10-CM diagnostic codes.
6. Explain how to abstract the diagnostic statement from a patient's health record.
7. Describe how to use the most current diagnostic codes and perform diagnostic coding.
8. Identify how encoder software can help the coder assign the most accurate diagnostic codes.
9. Explain the importance of coding guidelines for accuracy, and discuss special rules and considerations that apply to the code selection process.

10. Review medical coding ethical standards.

COMPETENCIES:

Cognitive Knowledge:

- V.C.14. Identify issues associated with diversity as it relates to patient care
- IX.C.3. Define medical necessity

Psychomotor Skills:

- IX.P.2. Perform diagnostic coding

PROCEDURES:

- 13.1** Perform Coding Using the Current ICD-10-CM Manual or Encoder

CHAPTER 14 Procedural Coding Essentials

Preparation:

**Read Chapter 14 in The Medical Assistant
Complete Chapter 14 in the Study Guide and Procedure Checklist Manual**

CONTENT:

In this chapter the medical assistant facilitates accurate medical record keeping and the efficient processing of claims by using the CPT coding and HCPCS code, which identifies appropriate procedures and services common to the physician's office.

LEARNING OBJECTIVES:

1. List and describe the organization of the Current Procedural Terminology (CPT) manual.
2. Distinguish between the Alphabetic Index and the Tabular List in the CPT code set. Also list the six different sections of the Tabular List.
3. Discuss special reports and explain the importance of modifiers in assigning CPT codes.
4. Review various conventions in the CPT code set.
5. Identify the required medical documentation for accurate procedural coding.
6. Describe the steps that should be taken in order to be efficient with CPT procedural coding. Also discuss how to use the alphabetic index and the tabular list.
7. Identify CPT coding guidelines for evaluation and management (E/M) procedures. In addition, perform procedural coding of an office visit and an immunization.
8. Identify common CPT coding guidelines for anesthesia procedures.
9. Identify common CPT coding guidelines for surgical procedures.
10. Discuss coding factors for the integumentary system and muscular system, and for maternity care and delivery.
11. Identify common CPT coding guidelines for Radiology, Pathology and Laboratory, and Medicine sections.

12. Do the following related to the HCPCS code set and manual:

- Identify procedures and services that requires HCPCS codes.
- Describe how to use the most current HCPCS level II coding system.

13. Summarize common HCPCS coding guidelines.

COMPETENCIES:

Cognitive Knowledge:

- VIII.C.5. Define the following:
- a. bundling and unbundling of codes
- IX.C.1. Identify the current procedural and diagnostic coding system, including Healthcare Common Procedure Coding Systems II (HCPCS Level II)
- IX.C.2. Identify the effects of:
- a. upcoding
 - b. downcoding

Psychomotor Skills:

- IX.P.1. Perform procedural coding

PROCEDURES:

- 14.1** Perform Procedural Coding: Surgery
- 14.2** Perform Procedural Coding: Office Visit and Immunization
- 14.3** Working with Providers to Ensure Accurate Code Selection

PREPARATION:

**Read Chapter 15 in The Medical Assistant
Complete Chapter 15 in the Study Guide and Procedure Checklist Manual**

CONTENT:

Insurance processing in the medical office is undergoing major transitions. The use of computerized systems of insurance processing in the medical office is increasing. Concepts and general objectives related to insurance processing should be stressed, but it should be emphasized that the insurance business continually undergoes change and the health care system as a whole is in the process of restructuring.

LEARNING OBJECTIVES:

1. Describe the medical billing process, identify the types of information contained in the patient's billing record, and interpret information on insurance card.
2. Discuss managed care policies and procedures, including precertification/preauthorization and referrals, and show sensitivity when communicating with patients regarding third-party requirements.
3. Identify steps for filing a third-party claim.
4. Explain how to submit health insurance claims, including electronic claims, to various third-party payers.
5. Review the guidelines for completing the CMS-1500 Health Insurance Claim Form and complete an insurance claim form.
6. Differentiate between fraud and abuse.
7. Discuss methods of preventing the rejection of claims.
8. Display tactful behavior when speaking with medical providers about third-party requirements.
9. Describe ways to checking a claim's status.
10. Review and read an Explanation of Benefits.
11. Discuss reasons for denied claims.

12. Define “medical necessity” as it applies to diagnostic and procedural coding; also, apply medical necessity guidelines.
13. Explain a patient’s financial obligations for services rendered; also, inform a patient of these obligations, and show sensitivity when speaking with patients about third-party requirements.

COMPETENCIES:

Cognitive Knowledge:

- VIII.C.1. Identify:
 - a. types of third-party plans.
 - b. the steps for filing a third-party claim
- VIII.C.2. Identify managed care requirements for patient referral
- VIII.C.3. Identify processes for:
 - a. verification of eligibility for services
 - b. precertification/preauthorization
 - c. tracking unpaid claims
 - d. claim denials and appeals
- VIII.C.4. Identify fraud and abuse as they relate to third-party reimbursement
- VIII.C.5. Define the following:
 - b. advanced beneficiary notice (ABN)
 - c. allowed amount
 - d. deductible
 - e. co-insurance
 - f. co-pay
- VIII.C.6. Identify the purpose and components of the Explanation of Benefits (EOB) and Remittance Advise (RA) Statements
- IX.C.3. Define medical necessity

Psychomotor Skills:

- V.P.3. Coach patients regarding:
 - a. office policies
- VI.P.2. Input accurate billing information in an electronic system
- VII.P.3. Inform a patient of financial obligations for services rendered
- VIII.P.1. Interpret information on an insurance card
- VIII.P.2. Verify eligibility for services

- VIII.P.3. Obtain precertification or preauthorization with documentation
- VIII.P.4. Complete an insurance claim form
- VIII.P.5. Assist a patient in understanding an Explanation of Benefits (EOB)
- IX.P.3. Utilize medical necessity guidelines

Affective Behavior

- A.7. Demonstrate tactfulness

PROCEDURES:

- 15.1** Interpret Information on an Insurance Card
- 15.2** Show Sensitivity When Communicating with Patients Regarding Third-Party Requirements
- 15.3** Perform Precertification with Documentation
- 15.4** Complete an Insurance Claim Form
- 15.5** Utilize Medical Necessity Guidelines: Respond to a “Medical Necessity Denied” Claim
- 15.6** Inform a Patient of Financial Obligations for Services Rendered
- 15.7** Assist a Patient in Understanding an Explanation of Benefits (EOB)

CHAPTER 16 Patient Accounts and Practice Management

PREPARATION:

**Read Chapter 16 in The Medical Assistant
Complete Chapter 16 in the Study Guide and Procedure Checklist Manual**

CONTENT:

Every patient encounter is a financial transaction for a healthcare facility. Transactions generated by the patient encounter include a variety of charges, payments, and adjustments that need to be accounted for on a daily basis. Financial management is essential if the owner of a healthcare practice is to pay his or her business operating expenses.

LEARNING OBJECTIVES:

1. Define bookkeeping and all the different transactions recorded in patient accounts.
2. Perform accounts receivable procedures for patient accounts, including posting charges, payments, and adjustments. Also, discuss payment at the time of service and give an example of displaying sensitivity when requesting payment for services rendered.
3. Describe the impact on the Truth in Lending Act on collections policies for patient accounts.
4. Discuss monthly patient account statements and list the necessary data elements on each monthly statement.
5. Do the following related to collection procedures:
 - Describe successful collection techniques for patient accounts.
 - Discuss strategies for collecting outstanding balances through personal finance interviews.
 - Describe types of adjustments made to patient accounts, including nonsufficient checks (NSF) and collection agency transactions.
 - Post payments and adjustments to a patient's account.

6. Do the following related to banking in today's business world:
 - Explain the purpose of the Federal Reserve Bank and the types of banks it manages.
 - Identify common types of bank accounts.
 - Discuss the importance of signature cards.
 - Explain how online banking has made standard banking processes more efficient.
7. Do the following related to checks:
 - Compare different types of negotiable instruments.
 - Identify precautions in accepting checks from patients.
 - Explain how checks are processed from one account to another.
 - Review the procedure followed when the healthcare facility receives an NSF check.
8. Identify precautions in accepting cash.
9. Discuss the use of debit and credit cards, including advantages and precautions.
10. Do the following related to banking procedures in the ambulatory care setting.

COMPETENCIES:

Cognitive Knowledge:

- VII.C.1. Define the following bookkeeping terms:
 - a. charges
 - b. payments
 - c. accounts receivable
 - d. accounts payable
 - e. adjustments
 - f. end of day reconciliation
- VII.C.3. Identify precautions for accepting the following types of payments:
 - a. cash
 - b. check
 - c. credit card
 - d. debit card
- VII.C.4. Describe types of adjustments made to patient accounts including:
 - a. non-sufficient funds (NSF) check

- b. collection agency transaction
- c. credit balance
- d. third party

Psychomotor Skills:

- VII.P.1. Perform accounts receivable procedures to patient accounts including posting:
 - a. charges
 - b. payments
 - c. adjustments
- VII.P.3. Inform a patient of financial obligations for services rendered

PROCEDURES:

- 16.1** Post Charges and Payments to Patient Accounts
- 16.3** Post Payments and Adjustments to Patient Account

PREPARATION:

**Read Chapter 17 in The Medical Assistant
Complete Chapter 17 in the Study Guide and Procedure Checklist Manual**

CONTENT:

Financial transactions in the professional office nearly always involve banking services and the use of checks. Therefore, a medical assistant must understand the responsibilities involved in accepting payments, endorsing and depositing checks, writing checks, and regularly reconciling bank statements.

LEARNING OBJECTIVES

1. Define, the qualities and responsibilities of a successful office manager in a healthcare facility.
2. Explain how to conduct a staff meeting with an agenda.
3. Identify several ways in which employees are motivated.
4. Do the following related to creating a team environment:
 - Discuss strategies to create a team environment in the healthcare facility.
 - List communication barriers and how to overcome them.
5. Do the following related to finding the right employee for the job:
 - Identify the need to find the right employee for an opening in the medical office.
 - Review a general job description for medical assistants.
 - Explain how to search through resumes and applications for potential candidates.
 - List and discuss legal and illegal interview questions.
 - Explain how to select the most qualified candidates.
 - Identify follow-up activities the office manager should perform after an interview.
6. Review new employee orientation, including paperwork, training, and development.

7. Discuss strategies for determining fair salaries and raises, addressing a problem employee, and terminating an employee.
8. Identify the information that should be included in a personnel policy manual.
9. Describe how office policies and procedures are different from personnel policies.
10. Explain the office manager's role in regulatory compliance.

COMPETENCIES:

Cognitive Knowledge:

- X.C.6. Identify criminal and civil law as they apply to the practicing medical assistant
- X.C.9. Identify legal and illegal applicant interview questions

PROCEDURES:

None

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