Physician 1st Billing and Credentialing Services

 Medical Billing Curriculum/Course Outline

Chapter 1: Terminology

* 1.1 Medical Terminology

Medical Terminology Review

* Roots, Prefixes, and Suffixes
* Roots
* Prefixes
* Suffixes
* 1.2 Insurance Terminology

Chapter 2: Patient Registration

* Front Office
* Office Training
* Information Exchange
* The Medical Record
* Office Policies and HIPAA
* Professionalism

Chapter 3: Verification

* The Patient Charts
* Insurance Verification
* Prior Authorization

Chapter 4: Government Payers

**Medicare**

* History
* Eligibility
* Medicare Plans
* Medigap
* Medicare as a Secondary Payer
* Medicare Secondary Payer Questionnaire
* Medicare Reimbursement
* Participating and Non-Participating Provider
* Medicare Rules and Regulations
* Fraud and Abuse

Chapter 5: Other Government and Non-Government Payers

* **Blue Cross Blue Shield, Medicaid, Tricare, Commercial, and Worker Compensation Insurance**
* History
* Eligibility
* Physician Participation
* Covered Services
* Office Procedures

Chapter 6: Medical Billing

**Claim Forms**

* CMS- 1500 Form
* CMS – UB04

#### **MEDICARE CLAIMS**

* Proper billing and coding
* Guidelines
* Participating versus Non-Participating
* Parts of Medicare
* Correct Coding Initiative (CCI) Edits
* Medicare appeals process
* Quality Payment Program

**Commercial and Non-Government Medial Billing**

* Proper billing and coding
* Guidelines
* In-network and Out- of network

Chapter 7: Medical Coding

* CPT Coding
* CPT Manuals
* CPT Manual Format
* CPT Modifiers
* CPT Unlisted Codes
* HCPCS Level 1 Coding
* HCPCS Level 2 Coding
* Local Coverage Determination (LCD)
* National Coverage Determination (NCD)

Chapter 8: Coding Overview of ICD10-CM Coding

* ICD-10-CM Coding
* History of ICD-10 CM Coding
* ICD-10 Updates
* Steps to Proper Medical Coding
* Volume 1 Tabular list of Diseases
* Volume 2 Index and Tabular Listings

Chapter 9: Charge Entry

* Auditing
* Fraud and Abuse
* Compliance

Chapter 10: Payment Entry

* Reading and evaluating a Remittance Advice (RA) notice
* Payment Posting
* Denials and Rejections
* Secondary Insurances

Chapter 11: Problem Solving

* Understanding Reimbursement Problems
* Appeals
* Talking with the Insurance Company

Chapter 12: Revenue Cycle

#### **REVENUE CYCLE MANAGEMENT**

* Establishing medical necessity
* Claim resolution
* Writing appeal letters

Chapter 13: Collections

* Collections
* Payment at the time of Service
* Outstanding Balance
* Contractual Adjustments
* Collection Agencies
* Federal and State Collection Laws

Chapter 14: Resume and Interviews

* The Resume
* Resume Basics
* Contact Information
* Objective
* Summary of Qualifications
* Education
* Skills
* Experience
* The Cover Letter
* The Interview
* The Thank You Letter

Appendix I Case Studies

Appendix II Continuing Education Units

Appendix III Forms

\* For more information, contact Felecia Littleton Butts at 678-500-5034 or flittleton@physician1billingservice.com