

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

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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. 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.