



# School of Nursing and Health Professions Syllabus



**Term:**

**Credits: 3**

**Office Hours:**

**Course Code: MDA 214 Course:**

**Office Location:**

**Medical Office Procedures II**

**Email:**

**Days & Times:**

**Phone:**

**Prerequisites:**

**Location:**

**Instructor:**

## **COURSE DESCRIPTION:**

This course continues to emphasize the administrative role of a medical assistant in the form of explaining the professional fees and credit arrangements to an overview of management responsibilities., performing both procedural and diagnostic coding and coding insurance forms

## **COURSE OBJECTIVES:**

At the termination of this course, the student will be able to:

1. Develop a Basic Understanding of Health/Accident Insurance
  - Cite advantages of group policies vs, individual polices.
  - Name the major types of health insurance benefits.
  - State the difference between indemnity and service benefits plans.
  - Identify purposes of numerical diagnostic and procedural coding.
  - List reasons for claims rejections.
  - Explain how to record patient care for worker's compensation.
  - Describe types of managed care organizations.
  - List information essential for DRG.
  - Complete health insurance claim forms for specific patients.
  - Complete statements for patients with deductibles and coinsurance
  
2. Identify and Explain Professional Fees and Credit Arrangements
  - Discuss factors considered in determining.
  - State how the physician's fee profile is determined.
  - Discuss professional courtesy and "fee-forgiving."
  - Explain third party liability.
  - List charges to avoid.
  - Identify items of credit information.
  - Discuss reasons for estimate slips.

- Prepare a Truth-in-Lending Form.

### 3. Identify the Purpose of Coding for Professional Services

- Identify the Organization of ICD-10 CM Manual
- Demonstrate the ability to code diagnosis
- Identify the history of procedure coding
- d. Identify the Organization of the CPT Manual
- Demonstrate the ability to assign CPT procedure codes
- Identify the Coding for Evaluation and Management Services
- Identify the Coding for Special Situations
- Identify the Health Care Common Procedure Coding System

### 4. Apply the Billing and Collection Procedures responsibilities

- Discuss methods of paying for services.
- List items in developing a credit policy.
- State reasons for itemized statements.
- Discuss the advantages of the superbill and computerized billing.
- Describe cycle billing and its advantages.
- Discuss rules in making telephone collection calls.
- State procedures in tracing skips, bankruptcy, collecting delinquent accounts, assigning accounts to collection agencies.
- Prepare a ledger account for a patient.
- Given a list of patients and receipts, post entries to the daily journal.
- Prepare monthly statements.
- Complete a superbill for a patient.
- Complete a telephone collection call.

### 5. Perform Banking Procedures

- State requirements of negotiable instruments.
- Discuss advantages of using checks.
- Explain steps in writing checks.
- List the precautions in accepting checks.
- Name kinds and purposes of endorsements.
- Cite reasons for depositing checks promptly.
- g., Discuss procedures to be followed with returned checks.
- State the steps in reconciling a bank statement.
- With a specific list of expenses, correctly write checks for payment of such.
- Prepare a bank deposit.
- Using items in section "i" reconcile a bank statement.

### 6. Understand the Medical Assistant's Role in Financial Management

- Identify sources of reference for employer taxes and deposit requirements.
- Discuss necessary records to be kept on each employee in order to comply with government regulations.
- List steps in moving a practice and closing a practice.
- Describe the contents of a policy manual.
- List items of information contained in a patient information booklet.
- Prepare an outline of a policy manual and a patient information booklet.

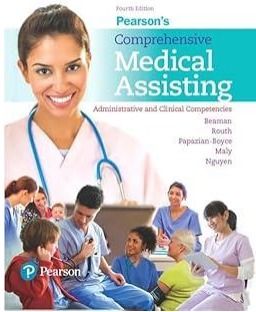
**TEXTBOOK REQUIRED:**

**Beaman Routh, Papazian-Boyce, Maly Nguyen. Comprehensive**

**Medical assisting, Administrative and Clinical Competencies. Pearson, Fourth Edition.**

**ISBN-13: 978-0-13-442020-2**

**ISBN-10: 0-13-442010-9**



**EVALUATION METHODS:**

**Tests (3) 30%    Final Exam 20%**

**Assignments (14) 20%    Competencies 30%**

**WEEKLY OUTLINE:**

<b>Week</b>	<b>Topic</b>	<b>Learning Outcomes (L.O)</b>
<b>1</b>	<b>Course Orientation, Schedule &amp; Requirements Written Communications</b>	<b>SLO 1</b>
<b>2</b>	<b>Computers in health facilities</b>	<b>SLO 2</b>
<b>3</b>	<b>Health/Accident Insurance Types of plans Major Types of Health Insurance Benefits Insurance Payers Medicare, Medicaid,</b>	<b>SLO 3</b>
<b>4</b>	<b>Worker's Compensation Fee Schedules. Relative Value Scales</b>	<b>SLO 4</b>
<b>5</b>	<b>Claim Forms: Parts/Completion Completing CMS-1500 Claim Form</b>	<b>EXAM 1</b>

6	<b>Diagnostic Coding Organization of ICD-10 CM Manual</b>	SLO 5
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7	<b>Diagnostic Coding How to code diagnosis (cont.)</b>	SLO 6
8	<b>Procedure Coding Overview and history of procedure coding Organization of the CPT Manual</b>	EXAM 2
9	<b>Procedure Coding Coding for Evaluation and Management Services Coding for Special Situations The Health Care Common Procedure Coding System</b>	SLO 7
10	<b>Patient Billing and Collection Overview of Patient Accounting Collection of Patient Payments</b>	SLO 8
11	<b>Patient Billing and Collection Collecting Insurance Payments Billing Patients Collecting Patient Balances</b>	SLO 9
12	<b>Banking and Practice Financing Paying Bills Bank Statements Payroll</b>	EXAM 3
13	<b>Banking and Practice Financing Paying Bills Bank Statements Payroll</b>	SLO 10
14	<b>Medical Office Management</b>	SLO 11
15	<b>FINAL EXAM</b>	<b>FINAL EXAM</b>

**HCCC POLICIES, STATEMENTS, AND SERVICES:**

<https://www.hccc.edu/administration/academic-affairs/syllabus-addendum.html>