**High Plains Technology Center**

**Health Careers**

**Learning Activity Packet (LAP) for Basic Medical Assistant**

**Related unit of instruction:**

Medical Insurance & Coding

**Approximate Completion time:**

12 hours

**Rationale for the Lap:**

This LAP is designed to give students the information necessary to understand medical insurance from preparation and coding as used in a medical clinical office. Students demonstrate an understanding of the legal issues of insurance claims, procedural & diagnostic coding, delinquent claims, problem solving, managed care systems, proper form preparation and several major types of medical forms.

**Criteria for successful completion:**

By the end of this LAP the student will

1. Read and turn in work sheet for Chapter 18 in Kinn’s

*The Medical Assistant* book

1. Pass the test for this chapter

**Learning Objective:**

1. Define, spell and pronounce the terms listed in the vocabulary.
2. Identify three purposes of the most current diagnostic coding system.
3. Describe how to use the most current diagnostic coding system.
4. Understand and apply the basic coding rules in the use of the ICD-9-CM.
5. Explain where diagnostic information can be found and demonstrate how to abstract the diagnostic statement from the medical record.
6. Demonstrate the use of the Alphabetic Index in the selection of main and modifying terms and the appropriate code (or codes) or code ranges.
7. Understand the importance of the Tabular Index, which contains the most specific coding information.
8. Comprehend and use instructional terms and symbols as defined in the ICD-9-CM.
9. Explain the use of V and E codes.
10. Perform diagnostic coding.

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**Criteria for successful completion:**

By the end of this LAP the student will

1. Read and turn in work sheet for Chapter 19 in Kinn’s

*The Medical Assistant* book

1. Pass the test for this chapter

**Learning Objective:**

1. Define, spell and pronounce the terms listed in the vocabulary.
2. Describe the steps for abstracting procedural data from clinical documentation.
3. Identify four purposes of the CPT.
4. List the main sections of the CPT and describe their content.
5. Describe the coding conventions, guidelines and layout of the CPT manual and their importance.
6. Describe how to use the most current procedural coding system.
7. Demonstrate an understanding of the process and procedures of code selection.
8. Demonstrate an understanding of the selection of main and modifying terms.
9. Find codes in the Alphabetic Index of the CPT manual.
10. Analyze and select codes using the CPT main text.
11. Explain the importance of correctly assigning evaluation and management codes.
12. Discuss the importance of modifiers.
13. Define upcoding and explain why it must be avoided.
14. Describe how to use the most current HCPCS coding.

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**Related unit of instruction:**

Medical Insurance & Coding

**Approximate Completion time:**

9 hours

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**Criteria for successful completion:**

By the end of this LAP the student will

1. Read and turn in work sheet for Chapter 20 in Kinn’s

*The Medical Assistant* book

1. Pass the test for this chapter

**Learning Objective:**

1. Define, spell and pronounce the terms listed in the vocabulary.
2. Discuss the purpose of health insurance.
3. Identify types of insurance plans.
4. Explain the numerous classifications of insurance benefits.
5. Explain how insurance benefits are determined.
6. Identify models of managed care.
7. List and discuss other major third-party payers.
8. Describe procedures for implementing both managed care and insurance plans.
9. Explain the procedure for verifying insurance benefits.
10. Discuss the different types of fee schedules.
11. Discuss workers’ compensation as it applies to patients.
12. Explain how to obtain managed care referrals and precertification.
13. Discuss utilization review principles.
14. Explain how to perform eligibility and verification of benefits procedures.
15. Explain how to perform a preauthorization procedure.
16. Discuss the referral process for patients in a managed care program.
17. Demonstrate how insurance benefits are determined by calculating deductible and co-insurance payments.

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**Approximate Completion time:**

9 hours

**Rationale for the Lap:**

This LAP is designed to give students the information necessary to understand medical insurance from preparation and coding as used in a medical clinical office. Students demonstrate an understanding of the legal issues of insurance claims, procedural & diagnostic coding, delinquent claims, problem solving, managed care systems, proper form preparation and several major types of medical forms.

**Criteria for successful completion:**

By the end of this LAP the student will

1. Read and turn in work sheet for Chapter 21 in Kinn’s

*The Medical Assistant* book

1. Pass the test for this chapter

**Learning Objective:**

1. Define, spell and pronounce the terms listed in the vocabulary.
2. Discuss the differences between paper claims and electronic claims.
3. Complete insurance claim forms.
4. Explain how to complete the 33 blocks of the CMS-1500 claim form.
5. Explain how to gather information for completing insurance claim forms.
6. Describe how to complete a CMS-1500 form appropriately for various federal, state and commercial third-party payers.
7. Differentiate between “clean” and “dirty” claims
8. Discuss methods of preventing the rejection of claims.
9. Describe ways of checking the status of claims.

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**Criteria for successful completion:**

By the end of this LAP the student will

1. Read and turn in work sheet for Chapter 22 in Kinn’s

*The Medical Assistant* book

1. Pass the test for this chapter

**Learning Objective:**

1. Define, spell and pronounce the terms listed in the vocabulary.
2. List three values that are considered in determining professional fees.
3. Differentiate among the terms usual, customary and reasonable.
4. Discuss the value of fee estimates for patient treatment.
5. Explain basic bookkeeping computations.
6. Differentiate between bookkeeping and accounting.
7. Compare the manual and computerized bookkeeping systems used in ambulatory healthcare.
8. Explain both billing and payment options.
9. Identify procedures for preparing patient accounts.
10. Discuss the types of adjustments that may be made to a patient’s account.
11. Describe the impact of both the Fair Debt Collection Practices Act and the Federal Truth in Lending Act as they apply to collections.
12. Discuss procedures for collecting outstanding accounts.