Course Objectives/Course Outline
Spokane Community College

Course Title: **Medical Assistant Coding and Reimbursement**
Prefix and Course Number: **HIM 120**

Course Learning Outcomes:
By the end of this course, a student should be able to:

- Define medical insurance terminology
- Define and differentiate between different types of medical insurance coverage
- Explain and understand legal and ethical issues regarding medical insurance and billing
- Complete medical insurance claim forms
- Perform procedural and HCPCs coding
- Perform diagnostic coding

Course Outline:

I. Define medical insurance terminology
      A. Assignment of Benefits
      B. Claim
      C. Beneficiary
      D. Capitation
      E. Coinsurance
      F. Co-pay
      G. Exclusion
      H. Managed Care Organization (MCO)
      I. Health Maintenance Organization (HMO)
      J. Coordination of Benefits
      K. Deductible
      L. Fiscal Intermediary
II. Define and differentiate between different types of medical insurance coverage
      A. Traditional
      B. Managed Care
      C. Medicare
      D. Medicaid
      E. Workers' Compensation
      F. CHAMPUS
      G. CHAMPVA
      H. Self Insurance
      I. Blue Cross/Blue Shield
III. Legal and ethical issues regarding medical insurance and billing
      A. Guidelines for releasing patient information to insurance companies
      B. Breach of Confidentiality
      C. Fraud
      D. Insurance Abuse
IV. Medical insurance claim forms
      A. HCFA 1500
      B. Uniform Bill 92 (UB92)
      C. HCFA 1450

V. Procedural and HCPCS coding
- A. CPT
- B. Basic rules for procedural coding
- C. HCFA Common Procedure Coding System (HCPCS)
- D. Procedural coding

VI. Diagnostic coding
- A. ICD-9CM
- B. Basic rules for diagnostic coding
- C. V codes
- D. E codes