

CHAPTER 1 Introduction to Professional Billing and Coding Careers

Chapter Spotlight

Chapter 1 presents important information on professional billing and coding careers, including employment demands and trends, job descriptions, professional memberships, and the medical billing and coding certifications that are valuable for career advancement.

Resources

- Text
- Student Workbook
- MyHealthProfessionsLab
- MyHealthProfessionsKit
- MyTest
- Instructor's Manual
- Chapter 1 PowerPoint Lecture

Pretest

True/False Questions

1. Before 1970, it was common for a physician to have a solo practice. **(True)**
2. Managed care allows claims to be paid promptly, within 30 days of filing. **(False)**
(Managed care claims are paid 30 days or longer after filing.)
3. Physicians and nurses comprise 80% of all healthcare providers. **(False)**
(Physicians and nurses comprise only 40% of all healthcare providers. The rest are allied healthcare professionals.)
4. Allied healthcare professionals include physicians and nurses. **(False)** *(Physicians and nurses are distinct from allied healthcare professionals.)*

5. Physicians, nurses, and allied health employees are all members of the healthcare team. **(True)**

Learning Objectives

1. Recognize different types of facilities that would employ allied health personnel.
2. Define job descriptions pertaining to a position.
3. Discuss options available for certification.

Learning Objective Lesson Plans

Lesson #1	
Objective	Lesson Plan
1. Recognize different types of facilities that would employ allied health personnel.	<p>PPT Slides 5–6</p> <ul style="list-style-type: none">• Textbook pages: 4–6• IM <p><i>Classroom Activities:</i></p> <p>1a. Make flash cards for key terms to facilitate memorization.</p> <p>1b. List facilities that utilize billing and coding professionals.</p> <p>INSTRUCTOR NOTES:</p>

	INDEPENDENT PRACTICE/ HOMEWORK ASSIGNMENT: Workbook pages: 1–8
Lesson #2	
Objective	Lesson Plan
2. Define job descriptions pertaining to a position.	<p>PPT Slides 7–22</p> <ul style="list-style-type: none"> • Textbook pages: 6–10 • Table 1.1: pages 9–10 • IRM <p><i>Classroom Activities:</i></p> <p>2a. Ask students to research various healthcare facilities in the area and discuss which allied healthcare positions would be utilized.</p> <p>2b. List and define the medical office specialist’s job titles and responsibilities.</p> <p>INSTRUCTOR NOTES:</p> <p>INDEPENDENT PRACTICE/ HOMEWORK ASSIGNMENT:</p>

	Workbook pages: 1–8
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Learning Objective 1

Recognize different types of facilities that would employ allied health personnel.

Concepts for Lecture

Due to the aging population and the increased need for medical care, the allied health professional is being employed in a variety of medical facilities. These facilities may include hospitals, physicians' offices, nursing homes, and ambulatory care centers, to list a few locations.

Learning Objective 2

Define job descriptions pertaining to a position.

Concepts for Lecture

The allied health profession includes medical personnel who specialize in patient care, and an increasing number are employed in the business division of the medical office. In previous years, prior to managed care, a medical office assistant performed all the jobs required for the operation of an efficient office. Managing a medical office now involves many medical office specialists working together to perform the tasks required in a medical office.

These office specialists include the medical office assistant, the medical biller, the medical coder and the registered health information technician. The medical office assistant may also be known as an administrative medical assistant, secretary, or medical receptionist. These employees usually work in physicians' offices and are considered front office staff. Their primary duty is to handle administrative tasks. The medical biller may also be called a billing specialist, patient account representative, claims processor, electronic claims processor, reimbursement specialist and billing coordinator. These employees are responsible for submitting insurance claims, entering all patient data and charge information, and contacting the insurance carrier on outstanding or incorrectly paid claims. The medical coder may be called medical coder, health information coder, medical coding specialist or health information technician. The duties of these employees may include research and reference checking of medical records and accurately coding the primary/secondary diagnoses and procedures. They abstract and compile data from medical records to achieve optimal reimbursement. The registered health information technician may also be referenced as coder, file clerk, health information clerk, medical records director, medical records technician, or office manager.

A payment poster generally reads the Explanation of Benefits documents issued by insurance carriers and posts payments or contractual adjustments to the appropriate patient account. A medical collector contacts patients and insurance carriers to collect money owed to the medical facility. A refund specialist analyzes patient accounts to discern whether or not a refund is required and, if so, to whom the money should be returned. An insurance verification specialist contact insurance carriers to verify benefit information for patients. This individual may also perform precertification and/or prior authorization of services duties. The admitting clerk or front desk representative has face-to-face contact with patients. The general duties of the admitting clerk include registering and greeting patients, data entry of patient demographic and insurance information, and requesting information and payments. The patient information clerk is responsible for answering questions about and explaining Health Insurance Portability and Accountability Act (HIPAA) privacy regulations, living wills, do-not-resuscitate (DNR) orders, other information to patients and their family members. This position may also require data entry of patient demographics and/or appointment scheduling.

Learning Objective 3

Discuss options available for certification.

Certification and membership in a professional organization is important to the medical office specialist for credibility and networking. The professional organizations provide professional journals and networking and keep the members informed of new procedures and trends. Certification is often required for employment. Several organizations offer certification to the medical office specialist. These agencies include the American Health Information Management Association (AHIMA), American Academy of Professional Coders (AAPC), National Center for Competency Testing (NCCT), and the National Healthcare Association (NHA). General and contact information may be found in the Resources section of this chapter in the student textbook (see pages 13–15).

Medical office assistant certifications include National Certified Medical Office Assistant and Certified Medical Administrative Assistant. Medical billing certifications include Certified Medical Billing Specialist. Medical coding certifications include Certified Coding Associate; Certified Professional Coder; Certified Professional Coder—Hospital; Certified Coding Specialist; and Certified Coding Specialist—Physician. Medical records certification includes Registered Health Information Technician.

Answers to Chapter Review Questions

True/False

1. True
2. True
3. False
4. True
5. True
6. True
7. True
8. False
9. True
10. True

Multiple Choice

1. b
2. d
3. c
4. b
5. d
6. a
7. d
8. a
9. a
10. d

Completion

1. solo/private, small, large
2. Billing specialist, patient account representative
3. patience, tact
4. billing, coding
5. receptionist, secretary
6. explanation of benefits
7. prior
8. resume
9. two
10. AHIMA (American Health Information Management Association)

Answers to Student Workbook Questions

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Critical Thinking Questions

1. a. Professional membership helps you to stay current in your field. It offers professional development and conferences and shows your level of competence in your field. Professional membership also offers employment opportunities.
2. a. (Answers will vary.)
b. (Answers will vary.)
c. (Answers will vary.)
3. (Answers will vary.)
4. a. (Answers will vary.)
b. (Answers will vary.)
c. (Answers will vary.)
5. a. (Answers will vary.)
b. (Answers will vary.)
6. (Answers will vary.)

Practice Exercises

1. a. Usually consists of a physician, nurse, receptionist, medical biller, and office manager. The physician will own the practice.
b. Usually consists of a few physicians, typically with the same specialty; a medical receptionist; a medical office assistant (MOA); a medical assistant; and, possibly, a medical records clerk. This type of practice often will contract with an outside billing company to handle claims.
c. Physicians within a specialized practice. This can be a “one-stop shop” for the most part. Usually, the billing is handled in-house, and the practice may have several employees.
d. Most are corporate owned and can include more than one hospital in a metropolitan area.
e. An off-site hospital billing department. This can have many specialized departments per insurance carrier within the business. It also employs several medical professionals.
f. A separately owned business that contracts with physicians to do the physician’s billing. This type of business has several employees.
2. a. The MOA usually works in a doctor’s office as part of the front-office staff. The MOA performs administrative duties, including ensuring smooth office functioning, organizing, scheduling, confirming appointments, maintaining and

processing charts, answering the telephone, processing the mail, and greeting patients.

- b. The medical biller submits insurance claims, enters patient and charge data, and deals with any insurance company's outstanding, denied, or incorrectly paid claims.
 - c. The medical coder researches and references medical records for accurate coding, abstracts and compiles data from the medical record for reimbursement, and sends out patient billing statements.
 - d. The registered health information technician (RHIT) compiles, processes, and maintains the medical records, reviewing for accuracy and compliance.
 - e. The payment poster reads explanations of benefits (EOBs) and posts payments or contractual adjustments to the appropriate account.
 - f. The medical collector collects money owed to the medical facility. The medical collector abstracts charts to send necessary patient information to the insurance carriers for payment and also sends out patient billing statements.
 - g. The refund specialist checks to see whether a refund is warranted and to whom (patient, insurance company) the refund is owed.
 - h. The insurance verification representative verifies patient benefit information with insurance carriers. He or she may be responsible for obtaining precertification and prior authorization for certain services and procedures and for determining the patient's financial responsibility prior to service.
 - i. The admitting clerk greets and registers patients, answers patient questions, has patients complete necessary forms, enters patient information, and collects payments.
 - j. The patient information clerk answers patient questions and explains HIPAA regulations, living wills, DNR orders, etc., to the patient and family. The patient information clerk enters patient data and makes certain appointments for patients.
 - k. The privacy compliance officer is responsible for answering questions and explaining HIPAA privacy regulations, DNRs, and living wills for family members.
3. a. Must be a high school graduate or equivalent and graduate from an approved MOA program. Can take the exam with 1 year of documented experience as an MOA. Must pass the exam.
- b. Must be a graduate of a healthcare training program or have at least 1 year of full-time job experience. Must pass exam through the NHA.
- c. Must complete formal training; submit proof of experience from a supervisor or provider; or pass instructor evaluation of billing performance. Must pass the exam.
- d. There is no requirement for a billing professional to be certified, but this shows proficiency in billing. Awarded by the American Billing Association.

- e. This certification is for individuals who have little job experience, but who still want to be certified in coding. Must pass the exam through AHIMA.
- f. Must have 2 years of experience and pass the exam through AAPC. Those without the required 2 years of experience can sit for the CPC-A.
- g. This certification is for those individuals who do not attain at least 2 years of hospital coding experience. Those with 2 years of experience may sit for the CPC-H-A. Must pass the exam through AAPC.
- h. Must master subject matter and be highly proficient to obtain certification. Must pass the exam through AHIMA.
- i. Must have expertise in physician-based coding. Must pass the exam awarded through AHIMA.
- j. This certification shows that this type of health care professional is able to verify the quality, accuracy, compliance, and completeness of a medical record. The individual must also have knowledge of proper entry into a medical record. Must pass the exam through AHIMA.

Matching Questions

- 1. c
- 2. a
- 3. d
- 4. e
- 5. b

Multiple Choice

- 1. d
- 2. d
- 3. b
- 4. d
- 5. d

Short Answer

- 1. They had to add additional staff to process claims, and they had to ensure claims were submitted in a timely fashion.
- 2. At the time of the visit.
- 3. 1) Medical secretary
2) Medical receptionist
- 4. 1) Billing specialist
2) Patient account representative

- 3) Claims processor
- 4) Electronic claims processor
- 5) Reimbursement specialist
- 6) Billing coordinator
- 5. 1) Health information coder
- 2) Medical coding specialist
- 3) Coding specialist
- 4) Health information technician

True/False

- 1. False
- 2. False
- 3. False
- 4. True
- 5. True