SPRINGFIELD TECHNICAL COMMUNITY COLLEGE

ACADEMIC AFFAIRS

Course Number: MAST 220 Department: Medical Assisting

Course Title: Administrative Skills for the Medical Assistant

Semester: Fall Year: 2002

Objectives/Competencies

Course Objective	Competencies
Unit I: Introduction to Insurance	Upon completion of this unit, the student will:
1. Managed care policies and procedures.	
	1. Analyze the different types of managed care plans in local
2. Managed care terms: Precertification; Preauthorization;	area.
Utilization review; Primary care provider; Eligibility	2. Review a managed care manual and develop an office
	policy and procedure for the acceptance of managed care
3. Managed care referral guidelines: Referring physician;	patients.
Specialist being referred to; Patients' personal data;	3. Obtain precertification and preauthorization for a
Authorization numbers; Expiration date; Location of	simulated managed care patient, fill out mock forms.
service	4. Complete HCFA 1500 forms for a government plan and
	commercial carrier.
4. Precertification guidelines: Type of procedure and	5. Complete claim forms using a medical insurance billing
diagnosis; Patients' personal data; Referring physician	software.
	6. Outline the procedure for obtaining a managed care
5. Major insurance plans: Blue Cross/Blue Shield; Medicare;	referral for a patient.
Medicaid	7. Outline the procedure for obtaining precertification
	approval for a patient.

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Course Objective	Competencies
6. Apply third party guidelines	8. Reconcile payment rejectins with a sample explanation of benefits form.
7. Complete insurance claim form: Insurance processing methods, electronic and manual; claim for completion guidelines; assignment of benefits box; coordination of benefits; birthday rule	9. Outline the steps for follow-up on claims. 10.Cite the process for an appeal of an unpaid claim.
8. Insurance claims processing guidelines: HCFA 1500 form; electronic submission of forms; required fields; primary and secondary carriers; co-payments and deductibles; appropriate and legal diagnostic and procedure codes; signatures and PIN	
9. Follow-up guidelines for claims: tracking; status of unpaid claims; resubmit; appeals; explanation of benefits (EOB).	
Unit II: Introduction to Diagnostic and Procedural Coding	
1. Reasons for coding: tracking; classification; research; utilization	1. Prepare a bank deposita. Bank deposit methodsb. Check acceptance requirements
2. CPT coding book: purpose; converting written descriptions of procedures into a numerical description; codes required for processing; organization of book, six numerical sections divided into subheadings and categories	 c. Check endorsements 2. Reconcile a bank statement 3. Post entries on a daysheet a. Transaction types including charges, payments, adjustment, refunds, collection payments, NSF

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Course Objective	Competencies
3. HCPCS coding book levels: Level I and Level II	b. Ledger cards
	4. Accounts receivable procedures
4. Coding issues: extracting correct information from record;	5. Bookkeeping systems
incorrect coding; fraudulent coding	a. Pegboard
	b. Single entry
5. ICD-9-CM coding book: Purpose; convert diagnosis into a	c. Double entry
numerical description; required for filing insurance claims;	d. Computerized
volume 1 – tabular; Volume 2 – alphabetical; Primary 3	6. Accounts payable procedures
digit code; fourth and fifth digits needed to code to	7. Control procedures
specificity.	a. Packing/shipping slips
	b. Invoices
6. Coding guidelines	c. Back orders
	d. Substitutions
	e. Receipts
	8. Perform billing and collection procedures
	a. Payment options
	b. Billing options
	c. Statement preparation
	d. Collection techniques
	e. Legal terms
	9. Establish and maintain a petty cash fund
	10.Post adjustments
	11.Process credit balances, refunds, non-sufficient fund
	checks
	12.Prepare a check
	13.Prepare a sample bank deposit
	14. Highlight check for acceptable data

Course Objective	Competencies
	15.Endorse a sample check
	16.Reconcile a simulated bank statement
	17. Assemble a daysheet and ledger card