

# iCEV Medical Coding & Billing

Knowledge and Skill Statement	Student Expectation	Breakout	iCEV Citation		Lesson Name	New Location
			Narrative/ Activity	Type of Citation (New Content/New Citation)		
(1) The student demonstrates professional standards/employability skills required by the healthcare industry. The student is expected to:	(B) compose written communication, including emails using correct spelling, grammar, formatting, and	(i) compose written communication including emails using correct spelling	Activity	New Content	Employability Skills in Medical Coding and Billing	Project - Composing a Professional Email
(1) The student demonstrates professional standards/employability skills required by the healthcare industry. The student is expected to:	(B) compose written communication, including emails using correct spelling, grammar, formatting, and	(ii) compose written communication including emails using correct grammar	Narrative	New Content	Employability Skills in Medical Coding and Billing	(Slides 9-11)
(1) The student demonstrates professional standards/employability skills required by the healthcare industry. The student is expected to:	(B) compose written communication, including emails using correct spelling, grammar, formatting, and	(ii) compose written communication including emails using correct grammar	Activity	New Content	Employability Skills in Medical Coding and Billing	Project - Composing a Professional Email
(1) The student demonstrates professional standards/employability skills required by the healthcare industry. The student is expected to:	(B) compose written communication, including emails using correct spelling, grammar, formatting, and	(iii) compose written communication including emails using correct	Activity	New Content	Employability Skills in Medical Coding and Billing	Project - Composing a Professional Email
(1) The student demonstrates professional standards/employability skills required by the healthcare industry. The student is expected to:	(B) compose written communication, including emails using correct spelling, grammar, formatting, and	(iv) compose written communication including emails using confidentiality	Activity	New Content	Employability Skills in Medical Coding and Billing	Project - Composing a Professional Email
(1) The student demonstrates professional standards/employability skills required by the healthcare industry. The student is expected to:	(C) use appropriate medical terminology and abbreviations; and	(i) use appropriate medical terminology	Activity	New Content	Employability Skills in Medical Coding and Billing	Project - Composing a Professional Email
(1) The student demonstrates professional standards/employability skills required by the healthcare industry. The student is expected to:	(C) use appropriate medical terminology and abbreviations; and	(ii) use appropriate medical abbreviations	Activity	New Content	Employability Skills in Medical Coding and Billing	Project - Composing a Professional Email
(5) The student demonstrates proficiency in the use of the ICD-10-CM, CPT, and Healthcare Common Procedure Coding System (HCPCS) coding systems. The student is expected to:	(D) describe the concepts of disease groupings and procedure-code bundling; and	(i) describe the concepts of disease groupings	Narrative	New Content	Coding Systems	Slide 53
(5) The student demonstrates proficiency in the use of the ICD-10-CM, CPT, and Healthcare Common Procedure Coding System (HCPCS) coding systems. The student is expected to:	(D) describe the concepts of disease groupings and procedure-code bundling; and	(i) describe the concepts of disease groupings	Activity	New Content	Coding Systems	Activity-Disease Groupings and Procedure-Code Bundling
(5) The student demonstrates proficiency in the use of the ICD-10-CM, CPT, and Healthcare Common Procedure Coding System (HCPCS) coding systems. The student is expected to:	(D) describe the concepts of disease groupings and procedure-code bundling; and	(ii) describe the concepts of procedure-code bundling	Narrative	New Content	Coding Systems	Slide 18
(5) The student demonstrates proficiency in the use of the ICD-10-CM, CPT, and Healthcare Common Procedure Coding System (HCPCS) coding systems. The student is expected to:	(D) describe the concepts of disease groupings and procedure-code bundling; and	(ii) describe the concepts of procedure-code bundling	Activity	New Content	Coding Systems	Activity-Disease Groupings & Procedure-Code Bundling
(6) The student understands revenue cycle management. The student is expected to:	(F) differentiate between primary and secondary insurance plans to initially process crossover claims;	(i) differentiate between primary and secondary insurance plans to initially	Activity	New Content	Health Insurance Claims	Activity-Insurance Denials and Appeals Scenarios Answer Key
(6) The student understands revenue cycle management. The student is expected to:	(G) interpret remittance advice to determine financial responsibility of insurance company and patient,	(i) interpret remittance advice to determine financial responsibility of insurance	Narrative	New Content	Health Insurance Models	Slides 16-17
(6) The student understands revenue cycle management. The student is expected to:	(G) interpret remittance advice to determine financial responsibility of insurance company and patient,	(i) interpret remittance advice to determine financial responsibility of insurance	Activity	New Content	Health Insurance Models	Activity - Remittance Advice Exit Ticket
(6) The student understands revenue cycle management. The student is expected to:	(G) interpret remittance advice to determine financial responsibility of insurance company and patient,	(ii) interpret remittance advice to determine financial responsibility of [the] patient	Activity	New Content	Health Insurance Models	Activity - Remittance Advice Exit Ticket

# Composing a Professional Email

## Project Overview:

You will be creating a poster on composing professional emails in the medical field. Then you will compose your own professional email that can be sent to a person in the medical industry.

## Directions:

1. Research and collect data on how to compose professional emails. Find several professional emails to look at. These emails should be examples from individuals within the medical coding and billing industry. When researching be sure to look for:
  - How a professional email should be formatted
  - What verbiage should be used in a professional email within the medical coding and billing field
    - appropriate medical terminology and abbreviations
  - What type of grammar, spelling and punctuation is used
  - What type of confidentiality is required when writing a professional email as a medical coder and biller
2. Create a sketch as a first draft of your poster. Be sure to include the following components:
  - Title
  - Creative visuals
  - Labels
  - Four examples of common medical terminology and abbreviations used by medical coders
  - Five key components of professional emails, such as correct spelling, grammar and punctuation
  - How you think a professional email should be formatted
  - What type of confidentiality needs to be thought of before composing a professional email
3. Compose your own professional email that could be sent to a medical coder and biller or someone within the medical field. Be sure to include the following:
  - Correct grammar, spelling, formatting
  - Use confidentiality when composing this email
  - Use correct formatting
  - Use appropriate medical terminology within the email
  - Use at least three appropriate medical abbreviations within the email

## Composing a Professional Email

4. Locate a partner and conduct a peer review of each other's professional emails. Make sure the email meets all the requirements you found during your research about professional emails.
5. Using the peer review feedback, create a final draft of your email.
6. When complete, submit your poster and email according to your instructor's directions.

### Rubric

Description	Possible Points	Your Score
<b>Research &amp; Organization:</b> <ul style="list-style-type: none"> <li>• Proper research was conducted to complete the assignment.</li> <li>• Sources were cited.</li> <li>• Information was presented in a logical, organized manner.</li> </ul>	30	
<b>Concept &amp; Understanding:</b> <ul style="list-style-type: none"> <li>• Title</li> <li>• Creative visuals</li> <li>• Labels</li> <li>• Four examples of common medical terminology and abbreviations used by medical coders</li> <li>• Five key components of professional emails</li> <li>• One example of a professionally written email by you using correct grammar, spelling, formatting and confidentiality</li> </ul>	30	
<b>Creativity/Craftsmanship:</b> <ul style="list-style-type: none"> <li>• End product is unique and reflects the student's individuality.</li> <li>• End product is clearly high quality.</li> </ul>	20	
<b>Production/Effort:</b> <ul style="list-style-type: none"> <li>• Class time provided for the project was used efficiently.</li> <li>• Time and effort are evident in the</li> </ul>	20	

# Composing a Professional Email

execution of the end product.		
<b>Total Points</b>	100	

## Written Communication

- Is any written interaction by two or more people
- Includes emails, reports and notes added to files
  - is as important as oral communication
  - notes must be understandable by others
  - emails must be written clearly to avoid miscommunication
    - accomplished by using correct grammar and spelling
  - avoid slang, text abbreviations and emojis
  - text abbreviations are unprofessional



9

9

## Written Communication

- Requires professionalism which includes:
  - correct formatting
  - correct grammar
  - correct spelling
  - correct punctuation
  - correct confidentiality

Fun Fact: Emails are reportedly the main choice of office communication for as many as 74 percent of workers.



10

10

## Grammar Tips for Written Correspondence

- Include:
  - using proper salutations such as “Dear” or “Hello”
  - utilizing correct sentence punctuation
    - end questions with question marks and statements with periods
  - use proper capitalization
  - maintain proper sentence structure
  - proofread for any errors prior to sending
  - be clear and concise
  - end correspondence with an appropriate closing such as “Sincerely” or “Thank you”



11

11

## Procedure-Code Bundling

- Is the use of a single CPT code to describe two separate procedures performed at the same time
  - for example, an X-ray being performed, then the broken bone being treated



18

18

## Disease Groupings

- Are used in the ICD-10-CM coding process
  - the manual is divided into chapters
  - each chapter is divided into subchapters or blocks
  - the subchapters are divided into categories
    - categories represent one disease or group of diseases
    - categories can be broken up into subcategories focusing more on a specific disease or group of diseases
    - subcategories are divided into the final code



53

53

# Disease Groupings & Procedure-Code Bundling

## Activity Overview:

You will research and write a short summary over ICD-10-CM disease groupings and CPT procedure-code bundling.

## Directions:

1. Using all available resources research ICD-10-CM disease groupings and CPT procedure-code bundling. Be sure to include the following:
  - What is disease groupings and procedure-code bundling?
  - How is disease groupings and procedure-code bundling used in the CPT and ICD-10-CM manuals?
  - How is disease groupings and procedure-code bundling useful to medical coding and billing professionals.
2. After researching, compile your information into a two paragraph summary. One paragraph should be over disease groupings and the other over procedure-code bundling.
3. Once completed, turn in your activity according to your instructor's directions.



# Insurance Denials & Appeals Scenarios

## Answer Key

### Activity Overview:

You will read the provided scenarios and determine how an insurance denial can be appealed, then respond to reflection questions.

### Directions:

1. Read the scenarios and use the information learned in the presentation to determine and provide feedback for how the insurance denial or rejection can be corrected or appealed.
2. Use the provided space for each scenario to write your correction or appeal idea.
3. Answer the reflection questions over primary insurance plans, secondary insurance plans and crossover claims.
4. Once completed, turn in your activity according to your instructor's directions.

### Scenarios:

1. Margaret just received hip replacement surgery. Her surgeon sent her to an in-patient facility for the first two weeks post-surgery but was recommended an in-home therapist to meet her needs best. Her insurance claim for therapy was denied. How should the patient attempt to receive coverage?

**Margaret should have her surgeon or lead therapist from the in-patient facility write a recommendation as to why the in-home treatment would be better for her health.**

2. Ben has had serious acne issues for the last six months which have gotten worse each day. These acne problems have led to a recommendation to receive treatment from a dermatologist. The primary care physician recommended him to two dermatologists to see. The first dermatologist is in-network but is not available to new patients for over two months. The second dermatologist is out-of-network but only has a two-week wait for new patient appointments. The primary care physician has requested for Ben to see the second recommendation due to scarring and made an appointment for him. How should Ben and his family appeal the denied claim?

**Ben and his family should have the primary care physician write a letter stating the reasoning behind his recommendation and the severity of Ben's skin issues.**

3. Dr. Wilson submitted an insurance claim for a patient who had a chest x-ray. He accidentally submitted the incorrect birth date of the patient and middle name. How

should this claim be corrected to be approved?

**A change can be made to the form and be resubmitted. A different form is only needed if the date of service is incorrect.**

4. Dr. Peterson is a specialist who typically performs many medical tests during the day. Her office received a call from a patient about a bill for testing she did not receive. Dr. Peterson switched the test codes of two patients for the claim. How should Dr. Peterson fix this for her patients?

**Dr. Peterson should be able to make the change directly to the claim and explain what happened.**

5. Allie recently fell and tore her meniscus. Her family has requested immediate surgery, but the insurance company requires an attempt at physical therapy before surgery. The physician decides to follow the family's wishes and surgery is scheduled. The claim is denied. How should the family and physician appeal this claim?

**The physician can prove his reasoning for requesting surgery before physical therapy.**

### **Reflection Questions:**

1. Define primary insurance.

**Primary insurance plans are the insurance companies responsible for paying the claim first up to the coverage limits (Answers may vary but should be closely related to this answer).**

2. Define secondary insurance.

**Secondary insurance plans review the remaining balance and typically pay the leftover amount (Answers may vary but should be closely related to this answer).**

3. Define how crossover claims are initially processed.

**Crossover claims are claims for a patient eligible for more than one insurance plan. Primary insurance pays for a portion of the claim and secondary insurance is billed for any remaining deductibles or coinsurance. Primary insurance companies are responsible for paying first up to the coverage limits. Secondary insurance plans review the remaining balance and typically pay the leftover amount. Crossover claims coordination of benefits is vital to ensure coverage options are met (Answers may vary but should be closely related to this answer).**

4. What are the differences between primary and secondary insurance plans?

**Students' answers may vary.**

5. How must crossover claims be processed to ensure the medical bills are not

covered over 100 percent?  
**Students' answers may vary.**



## Remittance Advice

- Is information on an individuals claim that is then sent with the payment
  - can be electronic or print
- Details the following information:
  - amount billed
  - amount disallowed
  - copayments
  - coinsurance
  - deductible amounts
  - reimbursed payments



16

16

## Remittance Advice

- Helps to determine the financial responsibility of the insurance company and patient
  - gives details on what will be paid by the insurance company or the patient
  - can help a patient know the exact amount they will need to pay versus what the insurance will pay



17

17

# Remittance Advice Exit Ticket

**Activity Overview:**

You will interpret a remittance advice example to determine the financial responsibility of the insurance company and patient.

**Directions:**

1. Research and find a remittance advice example.
2. Write a short summary with information about the financial responsibility of the insurance company and patient from the remittance advice example you found.
3. Turn in the completed activity according to your instructor's directions.