

Medical Coding and Billing I

8388/36 weeks

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Course Description

Suggested Grade Level: 11 or 12

Students will be introduced to healthcare systems, management of an office, and the electronic medical record (EMR) as it pertains to the field of medical coding and billing. Students will be introduced to the field of health informatics as well as medical terminology used to describe human anatomy and physiology.

Task Essentials Table

- Tasks/competencies designated by plus icons (⊕) in the left-hand column(s) are essential
- Tasks/competencies designated by empty-circle icons (○) are optional
- Tasks/competencies designated by minus icons (⊖) are omitted
- Tasks marked with an asterisk (*) are sensitive.

Task No.	8388	Tasks/Competencies
		Understanding the U.S. Healthcare System
39	⊕	Highlight the major developments of healthcare history.
40	⊕	Differentiate among the types of health insurance.
41	⊕	Differentiate among the types of medical care delivery systems.
42	⊕	Describe the roles of healthcare team members and the responsibilities of each member.
43	⊕	Differentiate among the scope and roles of the Virginia Department of Health Professions and the Virginia Department of Health.
44	⊕	Examine the impact of the Internet on the healthcare industry and on the individual consumer.
45	⊕	Describe an indemnity plan.
46	⊕	Define basic terms found in an insurance contract.
47	⊕	Demonstrate the completion of a treatment authorization request form.
48	⊕	Describe how medical limits may affect an insurance carrier's payment on a claim.
49	⊕	Explain what the Consolidated Omnibus Budget Reconciliation Act (COBRA) is and how it affects coverage for preexisting conditions.
		Identifying Legal and Ethical Issues in Healthcare Practices
50	⊕	Describe the purpose of Occupational Safety and Health Administration (OSHA) regulations as they relate to working in a medical office.
51	⊕	Explain confidentiality and its connection to the Health Insurance Portability and Accountability Act (HIPAA).
52	⊕	Describe the procedures for handling pharmaceuticals in the office.
53	⊕	Identify the Principles of Medical Ethics (e.g., case studies, role playing, research papers).

	Understanding Health Informatics	
54	+	Describe the role of technology in the healthcare field.
55	+	Describe techniques for confidential communication of health/medical information within legal/regulatory guidelines.
56	+	Demonstrate the assessment of abstracted information from medical records and other documents, applying knowledge of medical terminology.
	Introducing the Electronic Health Record (EHR)	
57	+	Define electronic health record (EHR).
58	+	Explain the core functions of an electronic health record (EHR).
59	+	Identify different formats and components of an electronic health record (EHR).
60	+	Describe a codified electronic health record (EHR) system.
61	+	Explain how billing codes are used in an electronic health record (EHR) system.
	Understanding Medical Terminology	
62	+	Explain how medical terms are developed.
63	+	Define common medical word roots.
64	+	Define common medical word prefixes.
65	+	Define common medical word suffixes.
66	+	Demonstrate pronunciation of medical terms.
67	+	Apply the components of medical terminology (i.e., prefixes, word roots, suffixes).
	Understanding Medical Abbreviations	
68	+	Explain medical abbreviations related to body systems.
69	+	Identify medical abbreviations related to pathological conditions.
70	+	Identify medical abbreviations related to diagnostic procedures.
71	+	Explain medical abbreviations related to documentation.
72	+	Identify medical abbreviations related to pharmacology.
73	+	Identify abbreviations related to healthcare regulations and regulatory systems.
	Understanding the History of Medical Coding and Billing	
74	+	Research the historical timeline of medical coding and billing.
75	+	Explain the history of medical coding and billing documents.
	Understanding Medical Practice Administration	
76	+	Describe the basic job requirements of a medical coder.
77	+	Describe the job responsibilities of a medical biller.
78	+	Identify common medical practice staff members and their job titles.
	Understanding Medical Practice Accounting	
79	+	Explain the functions of ledger cards and patient statements.
80	+	Explain how to use a daily journal.
81	+	Demonstrate how to post payments to a patient account.
82	+	Demonstrate how to create a payment plan.
83	+	Demonstrate how to make a collection call.
84	+	Demonstrate how to balance petty cash, a petty cash count slip, and petty cash receipts.

Legend: + Essential ○ Non-essential ⊖ Omitted

Curriculum Framework

Understanding the U.S. Healthcare System

Task Number 39

Highlight the major developments in healthcare history.

Definition

Highlights should include

- the Hippocratic Oath
- development of microscopy
- the discovery of microbes as cause of disease
- the history of medicines and pharmacy practice
- the evolution of nursing practices
- aseptic procedures and their influence on medical care
- [Vaccines For Children \(VFC\) program](#)
- Inception of the [U.S. Department of Health and Human Services](#) and the [Center for Preparedness and Response](#)
- passages of the [Patient Protection and Affordable Care Act \(ACA\)](#).

Process/Skill Questions

- What is the Hippocratic Oath? Why was it developed?
- How did the development of microscopy and the discovery of microorganisms influence the medical care of infectious diseases?
- What discoveries or inventions improved surgical procedures and patient survival?
- How have the roles of nurses changed in the last century?
- What is the purpose of the ACA?

HOSA Competitive Events (High School)

- HB- HOSA Bowl
-

Task Number 40

Differentiate among the types of health insurance.

Definition

Differentiation should include

- preferred provider organization (PPO)
- health maintenance organization (HMO)
- Medicare
- Medicaid, managed care organization (MCOs)
- private insurance
- workers' compensation
- State Children's Health Insurance Program (SCHIP)
- ACA
- TRICARE
- Railroad Retirement program benefits
- United States of Veterans Affairs benefits
- Medicare Administrative Contractors (MACs).

Where applicable, differentiation should include elements of health insurance:

- Premiums
- Deductibles
- Co-insurance
- Copayment
- Health savings accounts (HSA)

Process/Skill Questions

- Why are there different types of health insurance?
 - Who determines who is eligible for various types of health insurance? What happens to patients who are not insured?
 - How are Medicare and Medicaid similar? How are they different?
 - How has the development of managed care influenced the cost of medical care?
 - What is the difference between an HMO and a PPO?
 - What is the purpose of workers' compensation?
 - What does the ACA provide related to coverage, cost, and care?
 - What happens to citizens who do not comply with the "minimum essential" health insurance coverage requirement?
 - What is a MAC? How is it different from traditional Medicare?
-

Task Number 41

Differentiate among the types of medical care delivery systems.

Definition

Differentiation should include

- emergency medical services (EMS)
- primary care physician/provider's (PCP)
- hospital emergency rooms (ER)
- urgent care centers
- community health clinics
- free clinics
- home health care
- assisted living facilities, nursing homes, independent living facilities, and retirement centers
- rehabilitation centers
- hospice care
- public health facilities
- ambulatory facilities
- mental health facilities
- physical therapy (PT) and occupational therapy (OT) practices
- Program of All-Inclusive Care for the Elderly (PACE)
- pharmacies
- telemedicine
- telehealth
- palliative care.

Process/Skill Questions

- What is the difference in the type of medical care given by each of the various medical care delivery systems?
 - How does a community benefit from having a variety of healthcare delivery systems?
 - What types of career opportunities are available with these healthcare providers?
 - What are the differences among assisted living facilities, nursing homes, and independent living facilities?
 - What are the differences between telehealth and telemedicine? What are additional codifiers when telehealth services are provided?
-

Task Number 42

Describe the roles and responsibilities of healthcare team members.

Definition

Description should include roles of healthcare workers who are typically part of a healthcare team, such as those listed below, along with the responsibilities of each member:

- Physicians
- Pharmacists
- Physician assistants
- Nurse practitioners
- Registered nurses
- Psychiatrists
- Psychologists
- Physical and occupational therapists
- Social workers
- Registered dietitians and nutritionists
- Certified nurse aides
- Patient care technicians
- Dentists, hygienists, dental assistants
- Optometrists and ophthalmologists
- Opticians and technicians
- Respiratory therapists
- Volunteers
- Speech pathologists
- Chaplains
- Medical assistants

Process/Skill Questions

- Why is it important for healthcare professionals to be able to work positively in a team setting?
- What are the roles of various team members in the different medical care delivery systems?
- What is the chain of command in the various medical care delivery systems?
- What is an interdisciplinary healthcare team?
- What are the characteristics of effective team members?
- What are the best methods for building positive team relationships?
- What is the difference between the different types of healthcare providers (i.e., psychiatrist vs. psychologist, optometrist vs. ophthalmologist, nurse practitioner vs. physician assistant)?

HOSA Competitive Events (High School)

- HCD- Health Career Display
-

Task Number 43

Differentiate among the scope and roles of the Virginia Department of Health Professions and the Virginia Department of Health.

Definition

Differentiation should include a contrast between the scope and functions of the [Virginia Department of Health Professions](#) and those of the [Virginia Department of Health](#).

Process/Skill Questions

- What is the function of the Virginia Department of Health?
- How does the Virginia Department of Health reach those in the community?
- What is the function of the Virginia Department of Health Professions?

- Why is a regulatory agency needed for the healthcare industry?
-

Task Number 44

Examine technological trends in access to healthcare.

Definition

Examination should include online security issues, as well as

- health insurance
- HSAs
- online medical records
- medical and pharmaceutical information
- National Library of Medicine (NLM)
- medical support groups
- community service projects and other volunteer opportunities
- the influence of technology on the delivery and cost of health care
- access to and communication with healthcare professionals
- Health Information Technology for Economic and Clinical Health Act (HITECH).

Teacher resources

- [Managing Patients Remotely: Billing for Digital and Telehealth Services, American College of Obstetricians and Gynecologists \(ACOG\)](#)

Process/Skill Questions

- How do we know that protected health information is being protected on the Internet?
- What are the advantages and disadvantages to the availability of medical information on the Internet?
- What factors help determine which sites are reputable for accurate and updated medical information?

HOSA Competitive Events (High School)

- MLE- Medical Law and Ethics
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Task Number 45

Describe an indemnity plan.

Definition

Description should include the following:

- Traditional forms of commercial insurance
- Fee for service
- Indemnity plans that require insurance premium payments
- Deductibles
- Percentage plans
- Indemnity plan brands

Process/Skill Questions

- What is an 80/20 plan? A 70/30 plan?
- Why does a deductible have to be met?

- What does the term fee for service mean?
-

Task Number 46

Define basic terms found in an insurance contract.

Definition

Defining should include the following terms:

- Eligibility effective date
- Termination of coverage
- Preauthorization
- Precertification
- Preauthorization form
- Authorized treatment record form
- Basic benefits
- Accident benefits
- Preadmission testing
- Second surgical opinion
- Outpatient facility charges
- Coordination of benefits
- Order of benefits
- Inpatient facility charges
- Advanced Beneficiary Notice (ABN)

Process/Skill Questions

- Why is the preauthorization of medical procedures sometimes necessary?
 - How do accident benefits vary from basic benefits with regard to payment?
 - Who initiates second surgical opinions?
 - What is the difference between outpatient and inpatient facility charges?
-

Task Number 47

Demonstrate the completion of a treatment authorization request form.

Definition

Demonstration should include manually and electronically completing a treatment authorization request form using a scenario-based script.

Process/Skill Questions

- What data must be obtained for the completion of a treatment authorization request form?
 - Where does the treatment authorization request form go once completed?
 - Who initiates the treatment authorization?
-

Task Number 48

Describe how medical limits may affect an insurance carrier's payment on a claim.

Definition

Description should include the following:

- Deductible
- Carryover provision
- Family deductible
- Aggregate deductible
- No aggregate deductible
- HSA
- Coinsurance
- Coinsurance limit
- Out-of-pocket limit
- Preexisting conditions
- Health Insurance Portability and Accountability Act (HIPAA) and preexisting conditions
- ACA

Process/Skill Questions

- How do you process a claim with coinsurance?
 - What are preexisting conditions?
 - Who does the ACA protect?
 - How are copays different than coinsurance or deductibles?
-

Task Number 49

Explain what the Consolidated Omnibus Budget Reconciliation Act (COBRA) is and how it affects coverage for preexisting conditions.

Definition

Explanation should include the following:

- Definition of *COBRA*
- COBRA rates
- Preexisting conditions clause
- Denial of insurance

Process/Skill Questions

- Why are COBRA benefits necessary for families?
- How does one receive health coverage if denied for insurance?
- Who created COBRA?

Identifying Legal and Ethical Issues in Healthcare Practices

Task Number 50

Describe the purpose of Occupational Safety and Health Administration (OSHA) regulations as they relate to working in a medical office.

Definition

Description should include

- definition of *OSHA*
- precautions taken relating to clothing, personal hygiene, housekeeping, record keeping, and training to minimize the risk of disease or injury
- identification of areas that require compliance with OSHA regulations
- procedures for dealing with disposal of biohazardous waste.

HOSA Competitive Events (High School)

- MLE- Medical Law and Ethics
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Task Number 51

Explain confidentiality and its connection to HIPAA.

Definition

Explanation should include

- types of patient information that must be kept confidential (e.g., demographic data, medical records, test results, appointment information, financial information)
- formats of patient information that must be kept confidential (e.g., printed data, handwritten data, electronic data, imaging and other test reports)
- methods for storing information to ensure privacy
- the importance of maintaining patient confidentiality at all times
- the need to inform patients of their right to privacy
- the role of HIPAA in legally mandating patient privacy across the United States
- how to identify covered entities under HIPAA (i.e., physician offices, hospitals, providers, health insurances companies, healthcare clearing house).

Process/Skill Questions

- What types of patient information are considered confidential?
- What initiated the need for HIPAA? How has this legislation influenced the healthcare industry?
- What types of patient information can be released to other healthcare providers and third-party payers?
- What are covered entities under HIPAA? What is not a covered entity?
- What is a non-public facing remote communication product?
- Where can health care providers conduct telehealth?

HOSA Competitive Events (High School)

- MLE- Medical Law and Ethics
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Task Number 52

Identify the principles of medical ethics (e.g., case studies, role playing, and research papers).

Definition

Identification, according to the American Medical Association (AMA), the principles of medical ethics should include a discussion of

- integrity
- individual responsibility to society and community
- respect for human dignity
- lifelong study
- professional autonomy or self-rule.

Process/Skill Questions

- When do ethical values conflict?
- What procedures are in place to help resolve ethical concerns?

HOSA Competitive Events (High School)

- MLE- Medical Law and Ethics
-

Task Number 53

Conduct research on medical cases, legal or ethical issues, medications, new medical procedures, or malpractice information.

Definition

Conducting research should include using

- medical libraries and online information
- legal codes
- office policy manuals
- documentation of pertinent information.

Understanding Health Informatics

Task Number 54

Describe the role of technology in the healthcare field.

Definition

Description should include technology related to each body system, as well as

- directions on how to use the electronic medical record (EMR)
- a list of the components of the EMR
- directions on how to use computers and other technological advances in the diagnosis and treatment of disorders
- instruction on recognizing the difference between cloning and templating.

Process/Skill Questions

- What can be the patient's experience when undergoing a magnetic resonance imaging (MRI) or computed tomography (CT) scan?
 - What are the benefits of an EMR? Are there any disadvantages?
 - What are some recent medical advances? How might these advances be helpful in diagnosing or treating pathologies?
-

Task Number 55

Describe techniques for confidential communication of health/medical information within legal/regulatory guidelines.

Definition

Description should include

- ways in which HIPAA relates to the healthcare system
- methods by which HIPAA compliance is implemented, reviewed, and regulated
- examples of reportable public health information (e.g., sexually transmitted diseases, flu cases, births, deaths)
- list of basic legal and ethical issues related to the healthcare profession
- list of commonly-used forms and guidelines (e.g., consent forms, Patient Bill of Rights).

Process/Skill Questions

- Why is confidentiality so important in the field of health care? How can one assist in the maintenance of patient confidentiality?
- How can the Patient Bill of Rights be described?
- What might be the consequences of violating HIPAA regulations?
- Why is it important that certain health information, even though it may be private, be communicated to public health organizations?
- What action should be taken if a patient's medical records were subpoenaed in a court case?
- How is a breach of information handled?

HOSA Competitive Events (High School)

- MLE- Medical Law and Ethics
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Task Number 56

Demonstrate the assessment of abstracted information from medical records and other documents, applying knowledge of medical terminology.

Definition

Demonstration should include

- assessing information for appropriateness, accuracy, and completeness
- assessing information for conformance with legal, ethical, and regulatory guidelines.

Process/Skill Questions

- Why is it essential to have knowledge of medical terminology when abstracting information from medical records?
- What healthcare careers are involved with abstracting information from medical records?
- How might abstracting information from medical records affect reimbursements?
- Where can legal, ethical, and regulatory guidelines related to abstracting information from medical records be found?

Introducing the Electronic Health Record (EHR)

Task Number 57

Define electronic health record (EHR).

Definition

Definition should include

- data retrieval
- storage and processing
- quality assurance methodologies
- statistical reporting.

Process/Skill Questions

- What are the implications of HIPAA and HITECH on the EHR?
 - Why is it important to understand the definition of EHR?
-

Task Number 58

Explain the core functions of an EHR.

Definition

Explanation should include

- health information and data
- results management
- orders management
- decision support
- electronic communication and connectivity
- patient support
- administrative processes
- reporting and populating health management.

Process/Skill Questions

- How does a patient portal support communication with clinicians?
 - What is the importance of electronic orders and patients' results?
 - What are advantages and disadvantages of EHR and paper records?
-

Task Number 59

Identify different formats and components of an EHR.

Definition

Identification of formats should include

- age-specific
- specialty.

Identification of components should include

- vital signs
- past medical history
- clinical summary
- labs
- medication
- reconciliation
- patient alerts
- appointment reminders
- links to medically recommended websites (i.e., patient educational resources).

Process/Skill Questions

- How could these components be organized in different formats depending on age, specialty, or other factors?
 - What are the benefits to healthcare providers and patients of having a patient portal?
-

Task Number 60

Describe a codified EHR system.

Definition

Description should include how the system recognizes symptoms to facilitate diagnosis and initiate intervention protocols.

Process/Skill Questions

- What is the importance of a codified EHR system?
 - How does a codified EHR system benefit the patient and healthcare provider?
-

Task Number 61

Explain how billing codes are used in an EHR system.

Definition

Explanation should include the following:

- Adaptive software emphasizing practice specifications
- Conversion of "superbills" to claims
- Electronic submission and verification of claims
- Comprehensive accounting/billing reports
- Electronic tracking of payments and a transparent payment process
- Claims rejection analysis in real time, displaying clear error codes
- Integration of co-payments into scheduling features
- Billing codes pulled directly from EHR documentation
- Multi-user, secure, and user-friendly interface capabilities

- Server monitoring, backups, and data recovery

Process/Skill Questions

- How do billing codes in an EHR influence reimbursement?
- For what other applications can billing codes in an EHR be used (e.g., tracking mortality and morbidity rates)?

Understanding Medical Terminology

Task Number 62

Explain how medical terms are developed.

Definition

Explanation should include

- the division of medical terms into components (i.e., word roots or combining forms, prefixes, and suffixes)
- the use of connectors or combining vowels
- the process of pluralizing.

Process/Skill Questions

- How is the role of medical terminology in everyday life described?
- What is a *root*?
- What is a *prefix*?
- What is a *suffix*?
- How does knowledge of medical roots, prefixes, and suffixes help determine the meanings of unfamiliar words?
- Why is it always prudent to check the meaning of an unfamiliar word in a medical dictionary?
- What are the rules for pluralizing?

HOSA Competitive Events (High School)

- MT- Medical Terminology
-

Task Number 63

Define common medical word roots.

Definition

Definitions should include the common use each root.

Process/Skill Questions

- Why is knowledge of word roots important?
- What distinguishes a word root from a prefix or a suffix?
- How can the word root in a medical term be determined?
- To what does the root usually refer in a medical term?

HOSA Competitive Events (High School)

- MT- Medical Terminology
-

Task Number 64

Define common medical word prefixes.

Definition

Definitions should include the common use each prefix.

Process/Skill Questions

- Why is knowledge of prefixes important?
- What distinguishes a prefix from a word root or a suffix?
- How can the prefix in a medical term be determined?
- To what does the prefix usually refer in a medical term?

HOSA Competitive Events (High School)

- MT- Medical Terminology
-

Task Number 65

Define common medical word suffixes.

Definition

Definitions should include the common use each suffix.

Process/Skill Questions

- Why is knowledge of suffixes important?
- What distinguishes a suffix from a word root or a prefix?
- How can the suffix in a medical term be determined?
- To what does the suffix usually refer in a medical term?

HOSA Competitive Events (High School)

- MT- Medical Terminology
-

Task Number 66

Demonstrate pronunciation of medical terms.

Definition

Demonstration should include

- use of a medical dictionary to interpret pronunciation marks
- speaking the terms clearly and with proper inflection.

Process/Skill Questions

- Why is correct pronunciation of all words important? Why is it especially important to pronounce medical terms correctly?
 - What aids to pronunciation exist?
 - How are pronunciation aids accessed?
-

Task Number 67

Apply the components of medical terminology (i.e., prefixes, word roots, suffixes).

Definition

Application should include

- spelling components correctly
- using medical terms in sentences, both oral and written
- distinguishing among potentially confusing terms that look or sound alike.

Process/Skill Questions

- Why is correct spelling of medical terms essential?
- What are effective methods for improving spelling abilities, particularly with regard to medical terminology?
- What are different ways of locating a term in a medical dictionary or in other sources?
- What is the significance of all-capital letters in the pronunciation of medical terms?

HOSA Competitive Events (High School)

- MT- Medical Terminology

Understanding Medical Abbreviations

Task Number 68

Explain medical abbreviations related to body systems.

Definition

Explanation should include

- identification and safe use of common abbreviations related to body systems
- reasons abbreviations related to body systems are used
- errors commonly made when using abbreviations related to body systems.

Process/Skill Questions

- How are abbreviations related to body systems found?
- Why is caution important when using abbreviations related to body systems?
- What are common errors made when using abbreviations related to body systems?
- How can the same abbreviation be used for different terms?

HOSA Competitive Events (High School)

- MT- Medical Terminology
-

Task Number 69

Identify medical abbreviations related to pathological conditions.

Definition

Identification should include

- abbreviations often related to pathological conditions
- reasons abbreviations related to pathological conditions are used
- use of an approved list of abbreviations related to pathological conditions

- errors commonly made when using abbreviations related to pathological conditions.

Process/Skill Questions

- How are abbreviations related to pathological conditions found?
 - Why is caution important when using abbreviations related to pathological conditions?
 - What common errors are made when using abbreviations related to pathological conditions?
-

Task Number 70

Identify medical abbreviations related to diagnostic procedures.

Definition

Identification should include

- abbreviations often related to diagnostic procedures
- reasons abbreviations related to diagnostic procedures are used
- use of an approved list of abbreviations related to diagnostic procedures
- errors often made when using abbreviations related to diagnostic procedures.

Process/Skill Questions

- How are abbreviations related to diagnostic procedures found?
 - Why is caution important when using abbreviations related to diagnostic procedures?
 - What are common errors made when using abbreviations related to diagnostic procedures?
 - Why do abbreviations vary depend on the clinic?
-

Task Number 71

Explain medical abbreviations related to documentation.

Definition

Explanation should include

- identification of common abbreviations related to documentation
- reasons abbreviations related to documentation are used
- use of an approved list of abbreviations related to documentation
- errors commonly made when using abbreviations related to documentation.

Process/Skill Questions

- How are abbreviations related to documentation found?
 - Why is caution important when using abbreviations related to documentation?
 - What common errors are made when using abbreviations related to documentation?
 - Why is the patient chart regarded as a legal document? What implications does this have?
-

Task Number 72

Identify medical abbreviations related to pharmacology.

Definition

Identification should include

- abbreviations commonly related to pharmacology
- reasons abbreviations related to pharmacology are used
- use of an approved list of abbreviations related to pharmacology
- errors commonly made when using abbreviations related to pharmacology.

Process/Skill Questions

- How are abbreviations related to pharmacology found?
 - Why is caution important when using abbreviations related to pharmacology?
 - What common errors are made when using abbreviations related to pharmacology?
-

Task Number 73

Identify abbreviations related to healthcare regulations and regulatory systems.

Identification should include

- abbreviations commonly used
- reasons abbreviations are used
- use of an approved list of abbreviations.

Process/Skill Questions

- How can abbreviations related to healthcare regulations and regulatory systems be found?
- Why is caution important when using abbreviations related to healthcare regulations and regulatory systems?
- What common errors are made when using abbreviations related to healthcare regulations and regulatory systems?

Understanding the History of Medical Coding and Billing

Task Number 74

Research the historical timeline of medical coding and billing.

Definition

Research should include

- describing the events leading to the development of today's procedures for medical coding and billing
- explaining the evolution of the international classification of disease (ICD) system
- identifying significant documents and the medical modalities that led to the development of the coding system.

Process/Skill Questions

- What medical era marked the beginning of medical coding and billing practices?
- What diseases, plagues, and treatments helped form the evolution of medical coding?
- What document had the most influence on the development of the medical coding and billing system?

Task Number 75

Explain the history of medical coding and billing documents.

Definition

Explanation should include

- London Bills of Mortality in 1629
- International List of Causes of Death
- 1949 Sixth Decennial Revision Conference and World Health Organization in Paris
- 1949 Manual of International Statistical Classification of Diseases, Injuries, and Causes of Death
- International Classification of Diseases (ICD)-1 1900
- ICD-7 until 1968
- ICD-9 1976
- ICD-9-CM
- ICD-10-CM
- Diagnostic and Statistical Manual of Mental Disorders (DSM).

Process/Skill Questions

- What diseases are detailed in London Bills of Mortality in 1629?
- What influence did the collection of the causes of disease and death have on the development of medical coding and billing?
- How long has the ICD system been in existence?

HOSA Competitive Events (High School)

- HB- HOSA Bowl
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Task Number 76

Describe the basic job requirements of a medical coder.

Definition

Description should include knowledge of or proficiency in/with

- basic anatomy and physiology
- medical terminology
- ICD-10-CM
- Healthcare Common Procedure Coding System (HCPCS)
- Current Procedural Terminology (CPT) codes
- oral and written communication
- critical reading and comprehension
- technology.

Process/Skill Questions

- Why is basic knowledge of anatomy and physiology needed in the medical and coding field?
- What computer skills are needed in the medical coding and billing field?
- How will reading and comprehension skills help with the use of the ICD-10-CM and CPT codes?

HOSA Competitive Events (High School)

- HCD- Health Career Display
-

Task Number 77

Describe the job responsibilities of a medical biller.

Definition

Description should include:

- billing insurance carriers for services performed
- billing patients for costs not covered by insurance
- performing basic accounting functions, including tracking incoming and outgoing cash flow
- handling collections on overdue accounts.

Process/Skill Questions

- Why do medical billers need basic accounting skills?
- Why do medical billers need to be familiar with insurance carriers?

HOSA Competitive Events (High School)

- HCD- Health Career Display
-

Task Number 78

Identify common medical practice staff members and their job titles.

Definition

Identification should include the following:

- Medical office assistant
- Medical biller
- Medical coder
- Registered health information technician (RHIT)
- Payment poster
- Medical collector
- Front desk receptionist
- Privacy compliance officer

Process/Skill Questions

- What role might the privacy compliance officer play in regard to HIPAA violations?
- Which staff member would work with collection agencies?
- Which staff member can work the front office and back office?

HOSA Competitive Events (High School)

- HCD- Health Career Display

Understanding Medical Practice Accounting

Task Number 79

Explain the functions of ledger cards and patient statements.

Definition

Explanation should include the following:

- Record of patient account information (e.g., responsible party, address, telephone, name, account number, special notes, transaction dates, description of services, payments, adjustments, balance)
- Patient receipt
- Balance billing
- Dunning notice
- Insurance tracer

Process/Skill Questions

- In what order should information be documented on a ledger card?
 - What is another name for a ledger card?
 - How do adjustments affect a remaining balance?
-

Task Number 80

Explain how to use a daily journal.

Definition

Explanation should include the following:

- Day sheet
- Deposit slip
- Accounting control summary
- Cumulative trial balance
- Patient aging report

Process/Skill Questions

- What is included in a daily journal?
 - What is the purpose of a daily journal?
 - Where is petty cash in a daily journal documented?
-

Task Number 81

Demonstrate how to post payments to a patient account.

Definition

Demonstration should include the following:

- Balance billing
- Dunning notice
- Follow-ups
- Insurance payments
- Insurance tracer
- Adherence to Truth-in-Lending Act
- Collections
- Payment plans
- Bankruptcy
- Skiptrace
- Payment schedule form

Process/Skill Questions

- What is a “skip” patient?
 - Under the Truth in Lending Act, what items must be included in a payment plan?
 - What are the proper “ethics” regarding a collection call?
-

Task Number 82

Demonstrate how to create a payment plan.

Definition

Demonstration should include the following:

- Amount of the debt
- Amount of the down payment
- Estimated date of the final payment
- Amount of each installment
- Payment due dates
- Adherence to Truth-in-Lending Act, if applicable
- Adherence to Regulation Z of Truth- in-Lending Act
- Statute of limitations

Process/Skill Questions

- What is Regulation Z?
 - What are the guidelines in Virginia for payment plans?
 - What is the statute of limitations for payments in most states?
-

Task Number 83

Demonstrate how to make a collection call.

Definition

Demonstration should include the following:

- Identify the debtor
- Identify yourself
- Ask for the full amount of payment due
- Identify the problem
- Identify a solution
- Close the deal
- Document the agreement
- Be polite
- Call at appropriate times of the day
- Do not ask third parties
- Pause and listen

Process/Skill Questions

- Why is it important to be aware of what time of day a collection call is made?
 - Why is it important to offer solutions when collecting debt?
-

Task Number 84

Process petty cash, a petty cash count slip, and petty cash receipts.

Definition

Processing should include

- completing a count at the beginning of the day
- locating the morning petty cash slip
- counting and documenting the number of denominations available
- signing the slip once the money has been counted
- completing a petty cash receipt when removing money
- counting petty cash vouchers as cash
- reconciling petty cash each day.

Process/Skill Questions

- What is the purpose of a petty cash receipt?
- Who should manage the petty cash fund?
- What are approved expenditures for a petty cash fund?

SOL Correlation by Task

Highlight the major developments in healthcare history.	English: 11.5, 12.5 VUS 14 Govt 7, 8, 9, 15
Differentiate among the types of health insurance.	English: 11.5, 12.5 Govt 7, 8, 9, 15
Differentiate among the types of medical care delivery systems.	English: 11.5, 12.5 Govt 7, 8, 9, 15
Describe the roles and responsibilities of healthcare team members.	English: 11.5, 12.5
Differentiate among the scope and roles of the Virginia Department of Health Professions and the Virginia Department of Health.	English: 11.5, 12.5 Govt 7, 8, 9, 15
Examine technological trends in access to healthcare.	English: 11.5, 12.5 VUS 14 Govt 7, 8, 9, 15
Describe an indemnity plan.	English: 11.5, 12.5
Define basic terms found in an insurance contract.	English: 11.3, 11.5, 12.3, 12.5
Demonstrate the completion of a treatment authorization request form.	English: 11.5, 12.5
Describe how medical limits may affect an insurance carrier's payment on a claim.	English: 11.5, 12.5
Explain what the Consolidated Omnibus Budget Reconciliation Act (COBRA) is and how it affects coverage for preexisting conditions.	English: 11.5, 12.5 Govt 7, 8, 9, 15
Describe the purpose of Occupational Safety and Health Administration (OSHA)	English: 11.5, 12.5

regulations as they relate to working in a medical office.	VUS 8, 14 Govt 7, 8, 9, 15
Explain confidentiality and its connection to HIPAA.	English: 11.5, 12.5 Govt 7, 8, 9, 15
Identify the principles of medical ethics (e.g., case studies, role playing, and research papers).	English: 11.5, 12.5
Conduct research on medical cases, legal or ethical issues, medications, new medical procedures, or malpractice information.	English: 11.5, 11.8, 12.5, 12.8
Describe the role of technology in the healthcare field.	English: 11.5, 12.5 VUS 14 Govt 15
Describe techniques for confidential communication of health/medical information within legal/regulatory guidelines.	English: 11.5, 12.5 Govt 7, 8, 9, 15
Demonstrate the assessment of abstracted information from medical records and other documents, applying knowledge of medical terminology.	English: 11.5, 12.5
Define electronic health record (EHR).	English: 11.3, 11.5, 12.3, 12.5
Explain the core functions of an EHR.	English: 11.5, 12.5
Identify different formats and components of an EHR.	English: 11.5, 12.5
Describe a codified EHR system.	English: 11.5, 12.5
Explain how billing codes are used in an EHR system.	English: 11.5, 12.5
Explain how medical terms are developed.	English: 11.5, 12.5
Define common medical word roots.	English: 11.3, 11.5, 12.3, 12.5
Define common medical word prefixes.	English: 11.3, 11.5, 12.3, 12.5
Define common medical word suffixes.	English: 11.3, 11.5, 12.3, 12.5
Demonstrate pronunciation of medical terms.	English: 11.5, 12.5
Apply the components of medical terminology (i.e., prefixes, word roots, suffixes).	English: 11.5, 12.5
Explain medical abbreviations related to body systems.	English: 11.5, 12.5
Identify medical abbreviations related to pathological conditions.	English: 11.5, 12.5
Identify medical abbreviations related to diagnostic procedures.	English: 11.5, 12.5
Explain medical abbreviations related to documentation.	English: 11.5, 12.5
Identify medical abbreviations related to pharmacology.	English: 11.5, 12.5
Identify abbreviations related to healthcare regulations and regulatory systems.	English: 11.5, 12.5
Research the historical timeline of medical coding and billing.	English: 11.5, 11.8, 12.5, 12.8 VUS 8, 13, 14
Explain the history of medical coding and billing documents.	English: 11.5, 12.5 VUS 8, 13, 14
Describe the basic job requirements of a medical coder.	English: 11.5, 12.5

Describe the job responsibilities of a medical biller.	English: 11.5, 12.5
Identify common medical practice staff members and their job titles.	English: 11.5, 12.5
Explain the functions of ledger cards and patient statements.	English: 11.5, 12.5
Explain how to use a daily journal.	English: 11.5, 12.5
Demonstrate how to post payments to a patient account.	English: 11.5, 12.5
Demonstrate how to create a payment plan.	English: 11.5, 12.5 VUS 14 Govt 7, 8, 9, 15
Demonstrate how to make a collection call.	English: 11.5, 12.5
Process petty cash, a petty cash count slip, and petty cash receipts.	English: 11.5, 12.5

Instructional Resources

[American Health Information Management \(AHIMA\)](#)
[American Association of Professional Coders \(AAPC\)](#)
[Medical Coding](#)
[Medical Billing](#)
[Medical Association of Billers \(MAB\)](#)
[Medical Billing Certifications](#)

Appendix: Credentials, Course Sequences, and Career Cluster Information

Industry Credentials: Only apply to 36-week courses

- AAPC Medical Coding Examinations
- Billing Coding Specialist Certification (BCSC) Examination
- Certified Coding and Billing Specialist (CBCS) Examination
- Certified Medical Administrative Assistant (CMAA) Examination
- College and Work Readiness Assessment (CWRA+)
- Electronic Health Record Certification (EHRC) Examination
- Medical Administration Assistant Certification (MAAC) Examination
- Medical Coding and Billing Specialist (MCBS) Examination
- National Career Readiness Certificate Assessment
- National Certified Insurance and Coding Specialist (NCICS) Examination
- Nationally Registered Certified Administrative Health Assistant (NRCAHA) Examination
- Nationally Registered Certified Coding Specialist (NRCCS) Examination
- Workplace Readiness Skills for the Commonwealth Examination

Concentration sequences: *A combination of this course and those below, equivalent to two 36-week courses, is a concentration sequence. Students wishing to complete a specialization may take additional courses based on their career pathways. A program completer is a student who has met the requirements for a CTE concentration sequence and all other requirements for high school graduation or an approved alternative education program.*

- Health Informatics (8338/36 weeks)
- Medical Coding and Billing II (8389/36 weeks)

Career Cluster: Health Science	
Pathway	Occupations
Health Informatics	Admitting Clerk Financial Manager Medical Assistant Medical Biller, Patient Financial Services Medical Information Technologist Medical, Health Services Manager
Support Services	Administrative Assistant Front Office Assistant