

MEDICAL BILLING



Course Curriculum

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1. Medical Billing - Introduction

1.1 Benefits of Healthcare RCM

- Ensures provider payment.
- Reduces patient billing errors.
- Improves cash flow for healthcare providers.

1.2 Why US Medical Billing Work is Done in India

- Cost-effective outsourcing.
- Skilled English-speaking workforce.
- Time zone advantage enables 24/7 operations.

1.3 Concept of Health Insurance in US vs India

- US: Private insurance, Medicare, Medicaid.
- India: Predominantly cash-based, but insurance coverage is growing.
- Role of Payers, Providers, and Patients in US system.

2. RCM Cycle in Medical Billing

2.1 Patient Scheduling and Registration

- Collecting demographics.
- Verifying insurance details.
- Accurate entry into practice management system.

2.2 Insurance Verification and Authorization

- Checking eligibility and benefits.
- Obtaining pre-authorizations.
- Communicating coverage to patients.

2.3 Charge Entry

- Translating services into billable charges.
- Correct use of CPT/ICD codes.
- Managing fee schedules and charge masters.

2.4 Claim Submission

- Electronic vs paper claims.
- Role of clearinghouses.
- Timely filing guidelines.

2.5 Claims Scrubbing

- Identifying errors before submission.
- Use of scrubbing software.
- Reducing claim denials.

2. RCM Cycle in Medical Billing

2.6 Insurance Follow-up

- Monitoring claim status.
- Calling payers to resolve issues.
- Documenting follow-up actions.

2.7 Denial Management

- Types of denials (technical, clinical), Root cause analysis.
- Resubmissions and appeals process.

2.8 Payment Posting and Reconciliation

- Electronic Remittance Advice (ERA).
- Manual payment posting, reconciling payments with accounts.

2.9 Accounts Receivable (AR) Analyst

- Tracking AR aging buckets, Prioritizing high-value claims.
- Providing analysis and recommendations.

2.10 AR Calling

- Communicating with payers and Negotiating settlements.
- Accurate documentation of call outcomes.

2.11 Reporting and Analytics

- Using dashboards and reports.
- Key Performance Indicators (Days in AR, Denial rates).

3. Why RCM ?

3.1 Job Security

- Healthcare is a recession-resilient industry.
- Consistent demand for billing professionals.

3.2 Career Growth

- Career paths from entry-level biller to AR Analyst, Team Lead, and Manager.
- Specialized roles (Denials Management, Coding, AR Calling).

3.3 Variety of Work Settings

- Hospitals, Physician practices
- Billing companies, Insurance companies

3.4 Flexible Work Arrangements

- Work-from-home options, Flexible shifts (UST)

3.5 Entry-Level Opportunities

- Low barriers to entry.
- On-the-job training is available.

4. Medical Billing Terminology

- Co-pay, Deductible, Coinsurance
- EOB (Explanation of Benefits)
- ERA (Electronic Remittance Advice)
- CPT, ICD, HCPCS codes
- Clearinghouse
- Denial vs Rejection
- Importance of precise, consistent communication.

5. Process of Medical Billing and Coding

5.1 Billing Process Overview

- Steps from patient visit to payment collection.
- Ensuring clean claims.

5.2 Coding Process Overview

- Translating clinical documentation into standardized codes.
- Ensuring accuracy for reimbursement.

5.3 Integration of Billing and Coding

- Role separation vs combined responsibilities.
- Impact of coding quality on billing outcomes.

6. Role of Medical Coding

6.1 ICD 9 & 10

- Diagnosis coding standards.
- Differences between ICD-9 and ICD-10.
- Structure, specificity, and guidelines.

6.2 CPT (Current Procedural Terminology)

- Procedure coding system.
- Categories I, II, III.
- How CPT codes drive reimbursement.

6.3 Modifiers

- Purpose of modifiers (clarifying service details).
- Common examples (Modifier 25, 59).
- Avoiding denials through correct modifier use.

7. Challenges in Medical Billing and Coding

- Incomplete/inaccurate documentation.
- Coding errors and
- Coverage variations between payers.
- Changing insurance rules.
- Timely filing deadlines.
- Staff training & Regular audits.
- Use of advanced billing software

8. Patient Billing

- Preparing accurate patient statements.
- Managing co-pays and deductibles.
- Setting up payment plans.
- Communicating clearly with patients.
- Avoiding billing surprises and disputes.

9. Provider Collection vs Claim Aging

9.1 Provider Collection

- Front-desk collections at time of service.
- Managing patient payments efficiently.

9.2 Claim Aging

- Understanding aging buckets (0–30, 31–60, 61–90, 90+ days).
- Importance of monitoring aging reports.
- Strategies to reduce aging through prompt follow-up.

10. Reporting to Provider

- Aging summaries.
- Payment posting summaries.
- Denial analysis reports.
- Cash flow reports.
- How reports help providers make business decisions.
- Best practices for clear and actionable reporting.

Suggested Training Activities

- Role-play exercises for AR calling.
- Hands-on practice with claim scrubbing software.
- ICD-10 and CPT coding exercises.
- Case studies for denial management workflows.
- Report analysis using real or simulated aging data.



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