ELIM OUTREACH TRAINING CENTER

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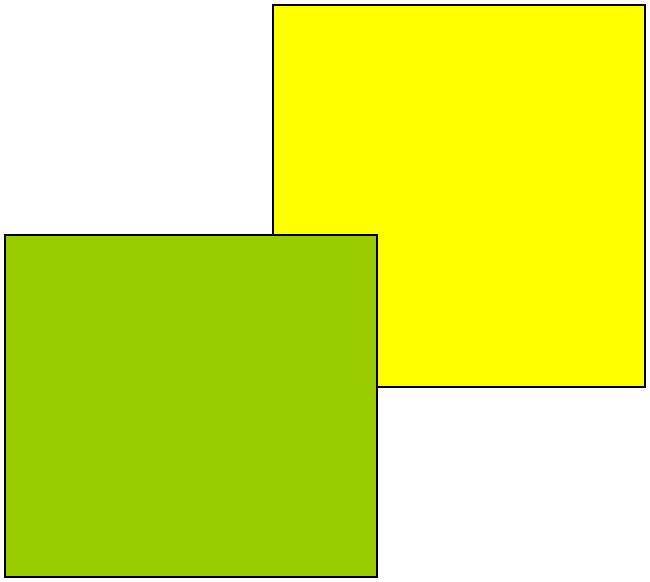

MEDICAL BILLING & CODING PROGRAM

ELIM OUTREACH TRAINING CENTER, INC. DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORGIN, AGE, GENDER, DISABILITY, ANCESTRY, MATIRAL STATUS, POLITICAL ASSOCIATION, CURRENT PHYSICAL CONDITION, MILITARY STATUS, IN DIDACTIC PROGRAMS AND ACTIVITIES THAT IT OPERATES.

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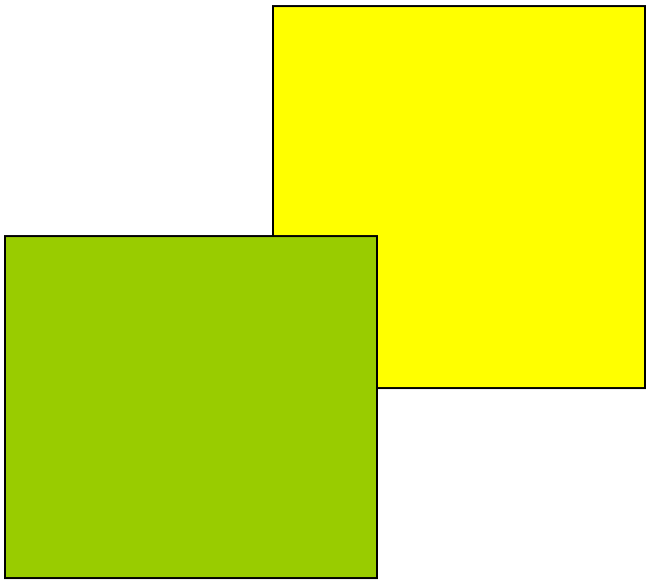
Revised 11/2026

STUDENT CATALOG/HANDBOOK



MEDICAL BILLING AND CODING

At the time of publication, all material enclosed herein is current, true, and correct and represents policies of ELIM Outreach Training Center, Inc. All curricula offered are for those who desire to enter into an Allied Health career or those who desire a career change .

ELIM Outreach Training Center is not accredited by an accrediting body recognized by the U.S. Department of Education.

ELIM Outreach Training Center is approved to operate by the Private Business and Vocational Schools Division of the Illinois Board of Higher Education.

MEDICAL BILLING AND CODING ADMISSION REQUIREMENTS

Prerequisites

1. **High School diploma or GED**
2. **Reading and math level not less than 9th grade**
3. **Fine motor coordination (good manual dexterity and hand/eye coordination)**
4. **Must communicate effectively, both verbally and nonverbally**
5. **The student must display flexibility, accept and integrate constructive criticism in the classroom and clinical setting.**

Medical Billing Coder must complete:

1. **Up to 130 clock hours and up to 14 weeks**
2. **Successfully complete the course with an 80% average**
3. **Classroom and laboratory participation**

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Medical Billing and Coding……Syllabus

Course Description:

This course is designed to introduce the student to the basics of medical insurance using ICD-9-CM and CPT code books, various coding systems, government programs, and general insurance procedures such as: HIPAA Privacy Rule, and how to fill out the Workers' compensation claim forms. The student will also learn the different software used in the medical office environment. Also, the student will learn medical terminology that relates to the disease process.

The duration of the program is 14 weeks, 130 clock hours

Class structure: **Lecture, Demonstrations, Lab and Computer**

COURSE OBJECTIVES:

Upon completion of this course, the graduates will be able to:

1. **Explain various types of medical insurance**
2. **Recognize and correctly use related terms, marks, abbreviations, and symbols**
3. **Examine, define, and employ medical terminology**
4. **Understand and implement medical claims billing forms, workers' compensation, Blue Cross/ Shield, private payers, managed care, and government medical programs.**
5. **Use medical coding publications.**
6. **Discuss legal and ethical terms, HIPAA Privacy Rule, confidentiality, and fraud related to insurance.**
7. **Discuss various types of RA's/EOBs**
8. **Introduction to collection procedures.**
9. **Utilize medical billing, spreadsheet, and word processing software programs**
10. **Possess the readiness in proficiency to successfully pass the National Exam.**

MEDICAL BILLING & CODING PROGRAM.....TUITION

COURSE DESCRIPTION:

This course is designed to introduce the student to the basics of Medical insurance using HICPIC, ICD-9 and CPT coding books, various coding systems, government programs, and general insurance procedures. Students will learn billing procedures for companies such as: Blue Cross/Blue Shield. Worker's Compensation, Medicare/Medicaid, and other claim forms. Also, medical terminology that relates to medical billing and HIPAA will be introduced along with software used in the medical office environment.

The MBC training program is up to 130 clock hours and up to 14 weeks.

Upon the completion of the program the student will receive a Certificate of Completion.

***TUITION /REGISTRATION:**	**$ 1630.00**
BOOKS/HANDOUTS	$ 375.00
Lab Fees	$ 70.00
	Total: 2075.00

1. Uniform	$ 35.00
2. Shoes	$ 35.00
3. CPR	$ 60.00
4. National Exam	$ 140.00
5. Criminal Background	$ 40.00
	Total: $310.00
	Total: $2385.00

Price subject to change without notice: (*any such changes will not affect currently enrolled students unless they agree to such changes in writing)

Under the law you have the right, among others, to pay the full amount due and to obtain under certain conditions a partial refund of financial charges if applicable. ELIM does not charge finance charges. However, a late fee (10%) will be added to all late payments.

Methods of payment: Cash, Money order, or cashier's check. Sorry, we do not accept personal checks, debit, or credit cards.

Please see your contract regarding payments and amount due on the first day of class or orientation. Books will be issued with the first payment. Also, a criminal background check must be done before class, and a physical exam must be started before clinical.

Supplies may be bought from ELIM, or you may find uniforms and other supplies at: Wal-Mart. Please consult the yellow pages or the internet for a location near you.

MEDICAL BILLING AND CODING
COURSE MATERIAL

TEXTBOOKS INFORMATION;

Main Textbook

1. **From Patient to Payment** *Insurance Procedures for the Medical Office, Fifth Edition*
   By: Cynthia Newby, CPC
   Copyright © 2008 by the McGraw-Hill Companies, Inc

This book presents a realistic, focused summary of medical insurance and billing. Each section is prepared to give students a hands-on, factual approach to understanding and working with claims, during the medical billing process.

Books Needed:

A. **Current Procedural Terminology (CPT)** *Standard Edition, Fourth Edition*
   By: AMA American Medical Association
   Copyright © 2007 American Medical Association

This book covers listings of descriptive terms and identifying codes for reporting medical services and procedures performed by the physician.

B. **Current Physicians' Professional ICD-9-CM for Physician**
   International Classification of Diseases 9th Revision
   By: The Medical Management Institute
   Copyright © 2007 Contexo Media

This book lists both the disease and procedure classification and makes use of certain abbreviations and punctuation clearly understood for efficient and effective coding.

Please see additional list attached. The additional books are not included in the current book price; however they may be used as reference.

MEDICAL BILLING AND CODING
COURSE OUTLINE

UNIT 1:

From Patient to Payment: Becoming a Medical Insurance Specialist

- **A. Introduction to Medical Insurance**
- **B. Common Types of Medical Insurance**
- **C. The Medical Office Billing Work**
- **D. The Responsibility of a Medical Insurance Specialist**
- **E. The Effects of Health Care Claim Errors**

Objectives:

At the end of this unit the student will be able to:

1. **Differentiate between indemnity plans and managed care plans**
2. **List the numerous types of insurance coverage**
3. **Explain the medical office billing work flow**
4. **State several primary responsibilities of a medical insurance specialist**
5. **Compare medical ethics and etiquette**

UNIT 2:

HIPAA and the Legal Medical Record

- **A. Medical Record**
- **B. Documentation Standards**
- **C. Protected Health Information and Medical Records**
- **D. Record Retention**
- **E. Avoiding Fraud**

Objectives:

At the end of this unit the student will be able to:

1. **State the importance of medical records documentation in the billing and payment process.**
2. **List the facts that are included in patient's health information (PHI)**
3. **Discuss the purpose of HIPAA**
4. **State what PHI can be released without patient's approval**
5. **Give facts that are included in PHI**
6. **Explain how to guard against possible fraudulent circumstances**

UNIT 3 :

Diagnostic Coding

- **A. Introduction to Diagnostic Coding**
- **B. Coding Basics for Physician Practices**
- **C. Using the ICD-9-CM**
- **D. Five Steps to Diagnostic Coding**
- **E. Professional Focus: Preview of ICD-10 CM**

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Objectives:
At the end of this unit the student will be able to:

1. **State how diagnostic coding influences the payment process.**
2. **List the primary diagnosis and coexisting conditions**
3. **Describe the ICD format, and identify sections used by medical insurance specialists**
4. **Identify the purpose and correct use of V and E codes**
5. **Give the five-step process to analyze diagnoses and locate the correct ICD 9-CM code**

UNIT 4

Procedural Coding

- **A. Introduction to Procedure Codes in the CPT**
- **B. Coding Evaluation and Management Services**
- **C. Professional Focus; Certification as a Medical Coder**
- **D. Coding Surgical Procedures**
- **E. Coding Laboratory procedures and Coding Immunizations**
- **F. HCPCS Codes**
- **G. Five Steps for locating correct codes**

Objectives:

At the end of this unit the student will be able to:

1. **Explain the reason and plan of the Current Procedural Terminology**
2. **List the three features that influence the selection of Evaluation and management code**
3. **State the difference between referral and consultation services.**
4. **Document surgical packages and laboratory panels that are coded as single procedures.**
5. **List the two types of codes in the HCPCS and when they are used**
6. **Locate correct procedures codes using CPT**

UNIT 5

Payment Methods: Managed Care and Indemnity Plans

- **A. Types of Health Plans**
- **B. *Professional Focus: Working as a Medical Specialist***
- **C. Consumer -Driven Health Plans**
- **D. Setting Fees**
- **E. Payment Methods**
- **F. Patients' Charges**
- **G. When Patients' charges must be paid**

Objectives:
At the end of this unit the student will be able to:

1. **Explain the key types of health plans and how the different structures affect the patient's payment due for medical services.**
2. **List three methods in which payments are set**
3. **Compare the calculation of payments for participating and nonparticipating providers and explain how balance-billing rules influence the charges that can be collected from patients.**

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UNIT 6

Health Care Claim Preparation

- **A. Preparing Claims Using Medical Billing Programs**
- **B. Health Care Claims**
- **C. Completing the CMS-1500 Claim**
- **D. *Professional Focus: Billing Services***
- **E. Completing the HIPAA Claim**

Objectives:

At the end of this unit the student will be able to:

1. **State the procedures for using medical billing programs to prepare claims**
2. **Discuss the content of the patient information section of the CMS-1500 claim**
3. **Discuss the subject of the physician or supplier information of CMS-1500 claim**
4. **In a few words describe the information contained in the five major sections of HIPAA claims**
5. **Compare billing provider, pay-to provider, rendering provider, and referring provider**

UNIT 7

Claims Transmission, RA/EOB Follow-Up, and Collections

- **A. Health Plan Claim Transmission**
- **B Health Plan Claim Processing by Payers**
- **C. *Professional Focus: Career Opportunities with Health Plans***
- **D. Processing the RA/EOB**
- **E. Appeals**
- **F. Patient Billing and Collections**

Objectives:

At the end of this unit the student will be able to:

1. **Give the three major methods of electronic claim transmission.**
2. **Explain the claim determination process used by health plans**
3. **State five steps to process RAs/EOBs from health plans**
4. **Give general motives for and appeals of reduced and denied payments**
5. **Discuss the coordination of benefits process used to determine the patient's primary and additional insurance.**

UNIT 8

Blue Cross and Blue Shield

- **A. Introduction to Blue Cross and Blue Shield**
- **B. Federal Employee Health Benefits Plan**
- **C. Key Features of Blue Cross and Blue Shield**
- **D. Physician Participation and Reimbursement**
- **E. Filing Claims for Special Cases and National Groups**
- **F. Blue Card Worldwide**
- **G. Membership Card Information**

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Objectives:
At the end of this unit the student will be able to:

- **A. Discuss the history and structure of the Blue Cross and Blue Shield Association**
- **B. State four important issues of Blue Cross and Blue Shield members plan**
- **C. Give the responsibility of physicians who do and do not participate in Blue Cross and Blue Shield member plans**
- **D. Explain the Blue Card Program**
- **E. Give two reasons to complete claim forms within established time limits**

UNIT 9

Medicare

1. **Medicare Overview**
2. **Medicare Charges**
3. **Filing Medicare Claims**
4. ***Professional* Focus; Medicare's National correct Coding Initiative**
5. **Who Pays First?**

Objectives:
At the end of this unit the student will be able to:

1. **State two parts of Medicare Coverage**
2. **Discuss the fees that Medicare participating and nonparticipation physicians are allowed to charge**
3. **State the difference between an excluded service and a medically unnecessary service**
4. **Give four situations in which Medicare is the secondary payer**

UNIT 10

Medicaid

- **A. Introduction to Medicaid**
- **B. Medical Coverage**
- **C. *Professional Focus: Medicaid Fraud and Abuse***
- **D. Medicaid Eligibility**
- **E. Filing Medical Claims**

Objectives:
At the end of this unit the student will be able to:

1. **Name two ways Medicare programs vary from state to state**
2. **List the primary kinds of Medicaid benefits determined by federal law, and give examples.**
3. **Describe two broad classifications of people who are eligible for Medicaid assistance.**
4. **Give four areas a medical insurance specialist should pay special attention to when filing Medicaid claims**

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UNIT 11

TRICARE and CHAMPVA

A. TRICARE
B. *Professional Focus: TRICARE and the HIPAA Privacy Rule CHAMPVA*
C. Beneficiary Identification
D. Billing Beneficiaries
E. Primary or Secondary Payer?

Objectives:
At the end of this unit the student will be able to:

1. **Tell who is eligible for TRICARE and CHAMPVA and how to verify eligibility**
2. **Discuss the program offered to TRICARE beneficiaries.**
3. **Describe the use of a non-availability statement in the TRICARE program**
4. **Explain where to file claims first when TRICARE and CHAMPVA beneficiaries are also Covered by other insurance program**

UNIT 12

Workers' Compensation

A. When Employees Are Hurt at Work
B. Federal Programs, Forms, and Procedures
C. *Professional Focus: Workers' Compensation Terminology*
D. State Program, Forms, and Procedures
E. Keeping Separate Records

Objectives:
At the end of this unit the student will be able to:

1. **State what workers' compensation insurance covers and which federal and state agencies administer the programs**
2. **Give five types of compensation that employees may receive for work-related illnesses and injuries.**
3. **State five questions to ask the state compensation board about workers' compensation regulations**
4. **State why medical information that relate to a workers' compensation case should be separated from the patient's chart for disease and disorders that are not work related**

UNIT 13

Disability

A. Replacing Lost Income
B. Filing for Disability Benefits
C. *Professional Focus: Consulting and Educational Career Opportunities*

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Objectives:
At the end of this unit the student shall be able to:

1. **State the purpose of disability compensation**
2. **List the six major federal disability programs, and explain who is eligible for program benefits**
3. **State the difference between government and private disability plans**
4. **Give the eight types of data the physician should add in a medical report for the claims department of a disability compensation program**

UNIT 14

Dental Insurance

- **A. Introduction to Dental Terms**
- **B. Dental Insurance**
- **C. *Professional focus: Dental Injury claims and Workers' Compensation***
- **D. Processing Dental Claims**

Objectives:
At the end of this unit the student will be able to:

1. **Locate and describe the parts of the mouth and teeth**
2. **Identify key words, condition, and treatments related to dentistry**
3. **Give six kinds of benefits offered by dental insurance plans**
4. **Explain the claim form and coding methods commonly used to submit dental insurance claims**

UNIT 15

Hospital Insurance

- **A. Health Care facilities: Inpatient versus Outpatient**
- **B. Hospital Claims Processing**
- **C. Inpatient (Hospital) Coding**
- **D. Payers and Payment Methods**
- **E. Claims and Follow-UP**

Objectives:
At the end of this unit the student will be able to:

1. **State the difference between inpatient and outpatient hospital services**
2. **The steps relating to hospital claims processing**
3. **Describe two differences in coding diagnoses for hospital inpatient cases and physician offices services**
4. **Describe the procedure code used in hospital coding**

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UNIT 16

Medisoft Claim Simulations

A. Introduction to Medisoft
B. Guided claim Simulations
C. Claim Simulations

Objectives:
At the end of this unit the student will be able to:

1. **Describe the program's database structure**
2. **List the structure and how claims are created**
3. **Complete an electronic class**

MEDICAL BILLING AND CODING
UNIT HOURS

UNITS	TITLE	HOURS
1.	**From Patient to Payment** *Becoming a Medical Insurance Specialist*	5
2.	**HIPAA and the Legal Medical Record**	5
3.	**Diagnostic Coding**	10
4.	**Procedural Coding**	10
5.	**Payment Methods:** *Managed Care and Indemnity Plans*	10
6.	**Health Care Claims Preparation**	10
7.	**Claim Transmission, RA/ EOB Follow-up, and Collection**	8
8.	**Blue Cross and Blue Shield**	10
9.	**Medicare**	10
10	**Medicaid**	10
11.	**TRICARE and CHAMPVA**	8
12.	**Worker's Compensation**	8
13.	**Disability**	8
14.	**Dental Insurance**	6
15.	**Hospital Insurance**	6
16.	**Health Care Claim Simulations**	6
*	**Total Hours**	130

***There are no prerequisites for each unit; however the student's competency is evaluated through weekly exams.**

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MEDICAL BILLING & CODING
CLASS SCHEDULE FOR 2026-2027 SCHOOL YEAR

COURSE	START DATE	END DATE
MEDICAL BILLING & CODING Monday & Wednesday **PM** 6:00PM – 8:30PM Instructor: Ms. Brooks Up to 14 weeks Up to 130 clock hours	**Aug 10, 2026** **Nov 30, 2026** **April 13, 2027**	**Nov 18, 2026** **March 31, 2027** **August 4, 2027**

School will be closed for summer break from June 15, 2027,until July 5, 2027.
Please note: If emergencies occur for any reason(s), the class schedule may be extended as needed.

I understand that dates and times are subject to change with notice. Please see the 2026-27 Academic Calendar for dates when the school will be closed.

_____ **Start Date** _____ **Registration Date** _____

Student Signature

_____ _____

Staff Signature **Date**