

**NAAHP** Medical Billing Certification Exam Topics and Reference Material

<p><b>HIPPA COMPLIANCE AND PRIVACY IN INSURANCE BILLING</b>          Health Insurance Portability and Accountability Act          Health Insurance reform          Confidential Information          Patients' Rights</p>	
<p><b>HEALTH INSURANCE</b>          Health Benefit Exchanges          Legal Principals of Insurance          Insurance Contracts          Physicians-Patients Contracts and Financial Obligation          Implied or Expressed Contracts          The Insurance policy          Coordination of Benefits          General Policy Limitations          Case Management Requirements          Group Contract          High-Deductible Health Plans          Individual Contract          Prepaid Health Plan          Types of Health Insurance Coverage</p>	
<p><b>MEDIACL DOCUMENTATION AND THE ELECTRONIC HEALTH RECORD</b>          The documentation Process          Health Record          Documenters          Reasons for Legible Documentation          General Principles of Health Record          Documentation          Medical Necessity          Legalities of Health record Billing Patterns          Documentation Guidelines for Medical Services          Contents of a Medical Report          Diagnosis Terminology and Abbreviations          Review and Audit of Health Records          Retention of Records          Termination of a Case          Prevention of Legal Problems</p>	
<p><b>DIAGNOSIS CODING</b>          The Diagnostic Coding System          Sequencing of Diagnostic Codes          Reasons for the Development and use of Diagnostic Codes          Physician's Fee Profile          History of Coding Diseases          Computer-Assisted Coding</p>	

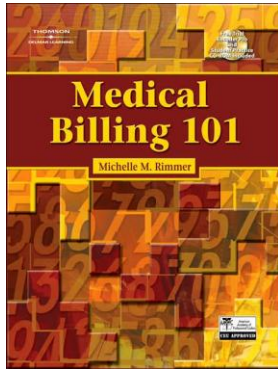
<p>International Classification of Diseases  Diagnostic Code Book Conventions  General Coding Guidelines  Rules for Coding  ICD-10-CM Diagnosis and Procedure Codes  ICD-10-CM Versus ICD-9-CM  Format and Structure  ICD-10-CM Code Book Conventions</p>	
<p><b>PROCEDURAL CODING</b>  Current Procedural Terminology  Methods of Payment  Fee Schedule  Usual, Customary, and Reasonable  Format and Content of the CPT Code Book  Category 1, 11, and 111 Codes  Coding Guidelines for Code Edits  Correct Use of Common CPT Modifiers</p>	
<p><b>THE PAPER CLAIM CMS-1500</b>  Types of Submitted Claims  Claims Status  Abstracting from Medical records  Life or Health Insurance Applications  Health insurance Claim form (CMS-1500)  Basic Guidelines for Submitting a claim  Completion of Insurance Claim Forms  Common Reasons Why Claim Forms Are Delayed or Rejected</p>	
<p><b>ELECTRONIC DATA INTERCHANGE: TRANSACTIONS AND SECURITY</b>  Electronic Data Interchange  Electronic Claims  Advantages of Electronic Claim Submission  Clearinghouses</p>	
<p><b>RECEIVING PAYMENTS AND INSURANCE PROBLEM SOLVING</b>  Follow-Up After Claim Submission  Claim Policy Provisions  Payment Time Limits  Explanation of Benefits  Claim Management Techniques  Insurance Claims Register  Tickler File  Aging Reports  Claim Inquiries  Problem Paper and Electronic Claims  Types of Problems  Rebilling  Review and Appeal Process</p>	

<p>Filing an Appeal  State Insurance Commissioner  Commission Objectives  Types of Problems handled by State Insurance Commissioner</p>	
<p><b>OFFICE AND INSURANCE COLLECTION STRATEGIES</b>  The Collection Process  Telephone Collection Procedures  Collection Letters  Insurance Collection  Collection Agencies</p>	
<p><b>THE BLUE PLANS, PRIVATE INSURANCE, AND MANAGED CARE PLANS</b>  Private Insurance  Blue Cross and Blue Shield Plans  Managed Care  Prepaid Group Practice Health Plans  Benefits  Managed Care Systems  Health Maintenance Organizations  Exclusive Provider Organizations  Independent Practice Associations  Preferred Provider Organizations  Physicians Provider Groups  Point-of-Service Plans  Triple-Option Health Plans  Provider-Sponsored Organization</p>	
<p><b>MEDICARE</b>  Policies and Regulations  Eligibility Requirements  Health Insurance Card  Enrollment Status  Benefits and Nonbenefits  Medicare/Medicaid  Medicare/Medigap  Medicare Secondary Payer  Medicare Managed Care Plans  Health Maintenance Organizations  Carrier Dealing Prepayment Organization  Federal False Claims Amendment Act  Payment Fundamentals  Provider  Prior Authorization  Waiver of Liability Provision  Elective Surgery Estimate  Prepayment Screens  Medicare Reimbursement</p>	

Reasonable Fee Resource-Based Relative Value Scale Healthcare Common Procedure Coding System (HCPCS) Claim Submission Time Limit After Claim Submission Remittance Advice Medicare Summary Notice Beneficiary Representative/Representative Payee Posting Payments	
<b>MEDICAID</b> Medicaid Programs Maternal and child Health Program Low-Income Medicare Recipients Medicaid Eligibility Verifying Eligibility Categorically Needy Medically Needy Maternal and Child Health Program Eligibility Spousal Impoverishment Protection Law New Freedom Initiative Accepting Medicaid Patients Medicaid Benefits Covered Services Disallowed Services Medicaid Managed Care Claim Procedures Copayment Prior Approval Time Limit Reciprocity Claim Form After Claim Submission Remittance Advice Appeals	
<b>TRICARE AND CHAMPVA</b> TRICARE Programs Eligibility Nonavailability Statement TRICARE Standard Enrollment Identification Card Benefits Fiscal Year Authorized Providers of Health care Preauthorization	

Payment Preauthorization Payments	
<b>WORKERS' COMPENSATION</b> Workers' Compensation Statutes Workers' Compensation Reform Workers' Compensation Laws and Insurance Purposes of Workers' Compensation Laws Self-Insurance Managed Care Eligibility Industrial Accident Occupational Illness Coverage Federal Laws State laws State Disability and Workers' Compensation Benefits Types of claims Nondisability Claim Temporary Disability Claim Permanent Disability Claim	
<b>HOSPITAL BILLING</b> Patient Service Representative Qualifications Primary Functions Admissions Procedures Appropriateness Evaluation Protocols Admitting Procedures for Major Insurance Programs Preadmission Testing Present on Admission Utilization Review Hospital Billing Claim Form Uniform Bill Inpatient and Outpatient Paper or Electronic Claim Form	

**Medical Billing 101 / Edition 1 by Michelle M. Rimmer**



**Insurance Handbook for the Medical Office, 12th Edition**

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