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HIPAA and Medical Billing Yacara Disla Asa College ALH205-

M01 Professor Tetyana Usenko Fall 2017 HIPAA and Medical Billing

HIPAA (The Health Insurance Portability and Accountability Act of 1996) is a legislation proclaimed on August 3, 1996, its primary goal was to remove the health condition from health insurance considerations to upgrade and refine portability and continuity of the amount of protection given by health insurance and combat misuse, fraud, and abuse in health insurance and healthcare distribution. The legislation was split up into seven

titles:

- Title I - Health care access, portability, and

- renewability.
- Title II - Stop Health care fraud and misuse, administrative simplification, and medical liability reform.
- Title III - Tax-related health

- provisions.
- Title IV - Group health plan requirements application and

- enforcement.

HIPAA ensures the protection scope of laborers after they lose or change their activity, it secures the protection of patients' therapeutic data, builds up principles for electronic therapeutic exchanges, and sets up the disciplines for fake therapeutic revealing practices.

HIPAA institutionalized medicinal codes and set up the Electronic Data

Interchange frame that we utilize to send asserts electronically; this EDI has various writings, each of which compares to a specific type of exchange between a supplier and a payer.

The act states that the motivation of Title II, Administrative Simplification, is to advance the Medicare and Medicaid plans and the effectiveness of the health care system by supporting the development of a health information system via the establishment of standards and requirements for the electronic transmission of certain health information.

Medical Billing Is the operation of procuring payments for services that healthcare providers give to patients. The majority of the US population have some form of health insurance that will pay, to a certain extent, part of the medical bill. The healthcare provider submits the invoice to the insurance institution for payment.

Most medical bills, nowadays, are sent electronically, in which case, the provider sends the needed information in a pre-defined format that the insurance institution requires. When the insurance company receives a claim, it can either deny it, settle it or retain it for further information.

Another important entity in the medical billing business is the medical coder, who audits the patient's records to summarize and codify the services that the doctors supply to patients to make sure that they send accurate codes to insurance institutions and that they properly process the claims. Coding

conveys the entire billing process. In conclusion, HIPAA helps with the privacy of patient information, as Medical Billing follows up on the claims made by the insurers of the services they have already done. Both are important in the health industry.

References HIPAA and Medical Billing (2018, January). Retrieved from http://www.medicalbillingandcoding.org/section-3-review/Medical_Billing (2018, January). Retrieved from https://en.wikipedia.org/wiki/Medical_billing