

AR CALLER SYLLABUS

Module 1: Introduction to US Healthcare & RCM

- Overview of US Healthcare System
 - Revenue Cycle Management (RCM) Cycle
 - Responsibilities of AR in RCM Cycle
 - CMS 1500 Form
 - Terminologies
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Module 2: Medical Billing Fundamentals

- Terminologies (Continue.)
 - Global Period, In-Network and Out-Of-Network
 - EOB (Explanation of Benefits)
 - Type of Insurances
 - Medicare and Medicaid Insurance Detail understanding
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Module 3: Accounts Receivable Process

- Medicare Managed Care Plan – HMO, PPO, EPO, POS
 - ICD-10-CM Guidelines, CPT Coding Basics, HCPCS Level II Codes
 - Evaluation & Management Coding
 - Modifiers and Their Usage
 - Denial Management and Common Denial Codes
 - Place Of Service (POS), NDC codes
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Module 4: AR Calling Essentials

- Refund Request, Offset, Recoupment
 - Role & Responsibilities of an AR Caller
 - Rejection Vs Denials
 - Understanding top 20 denials
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Module 5: Denial & Rejection Management

- Notes writing - Documenting
 - Calling Process Flow – Preparing, Calling
 - Call Scripts and Communication Etiquette
 - Calling for Claim Denials – Live Practice Scripts
 - Soft Skills: Listening, Speaking Clearly, Empathy
 - Appeal Process
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Module 6: Tools and Technology

- Mock Call Sessions (Role-Play)
 - Practice Management Software
 - Excel for AR Tracking
 - Introduction to HIPAA Compliance
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Module 7: Mock Calling & Live Practice

- Handling Challenging Scenarios
 - Soft Skill Enhancement
 - Call Recording Reviews
 - Supervisor Feedback & Coaching
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Module 8: Interview & Job Preparation

- Resume Building for AR Calling
- Common AR Caller Interview Questions
- Group Discussions
- HR Round Preparation
- Final Mock Interviews with Feedback