



# ADMINISTRATIVE MEDICAL ASSISTING

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- Purpose:** To provide the Health Science student with an opportunity to develop and demonstrate knowledge and skills in an administrative/clerical position in medical assisting.
- Description of Event:** This event will consist of two rounds of competition. Round One will be a written, multiple choice test of knowledge and understanding. The top scoring competitors will advance to Round Two for the performance of selected skill procedure(s) identified in a written scenario. The scenario will require the use of critical thinking skills. The performance will be timed and evaluated according to the event guidelines.
- Dress Code:** Competitors shall wear proper business attire or official HOSA uniform, or attire appropriate to the occupational area, during the orientation and written test. Competitors will wear attire appropriate to the occupational area during the skill procedure(s). School identification or name pins must be removed or covered during competition. Bonus points will be awarded for proper dress.
- Rules and Procedures**
- Competitors in this event must be active members of HOSA in good standing in the category in which they are registered to compete (Secondary or Postsecondary/Collegiate). Competitors should compete in skill events at the highest level of their training.
  - The test shall be developed from the National HOSA test item bank and will consist of fifty (50) multiple choice items. Competitors will be given one hour to complete the test.  
  
Round One: Written Test Plan  

History of Medicine/Medical Assisting .....	10%
Professionalism/Communication.....	5%
Medical Ethics and Law .....	10%
Office Procedures .....	25%
Telephone Communications .....	10%
Bookkeeping .....	20%
Health Insurance .....	20%
  - All competitors shall report to the site of the event orientation at the time designated. The Round One test will immediately follow the orientation. **No proxies will be allowed for the orientation.** No study materials are allowed in the room
  - All official references are used in the development of the written test. The specific reference selected for each procedure is listed in the Facilities, Equipment and Materials section of these guidelines.
    - Buck, Carol. *Step by Step Medical Coding*. Elsevier Science/W.B.Saunders Co., Latest edition.
    - Keir, Lucille, Barbara Wise and Connie Krebs. *Medical Assisting: Administrative and Clinical Competencies*. Delmar Publishing. Latest edition.
  - The test score from Round One will be used to qualify the competitor for the Round Two skill procedures. The skill procedures approved for Round Two for this event are:

Procedure I:	Telephone Techniques
	A. Schedule an Appointment
	B. Take a Message for Prescription Refill
Procedure II:	Transcribe Progress Notes
Procedure III:	Complete Insurance Form
Procedure IV:	Alphabetical Filing
Procedure V:	Patient Information Data Entry
Procedure VI:	Coding

6. The selected procedure(s) for Round Two, in the form of a written scenario, will be presented to the competitor at the start of the skill to be performed. The timing for the skill will begin when the scenario is presented. The scenario will be the same for each competitor and will include a challenging component that will require the competitor to apply critical thinking skills.
7. The scenario is a secret topic. Professional ethics demand that competitors DO NOT discuss or reveal the secret topic until after the event has concluded. Competitors who violate this ethical standard will be disqualified.
8. In case of a tie the highest test score will be used to determine the rank.
9. Competitors must complete all steps of the procedure listed in the guidelines even if the steps must be simulated/verbalized. Steps may NOT be simulated/verbalized when the equipment/materials are available.
10. Competitors will be stopped at the end of the time allowed for a selected procedure(s).
11. The competitor must earn a score of 70% or higher on the combined skill procedure(s) of the event (excluding the test) in order to be recognized as an award winner at the NLC.
12. Competitors must bring all items noted with \*\*\* in the materials section of these guidelines to the event.
13. Competitors must be familiar with and adhere to the **"General Rules and Regulations of the National HOSA Competitive Events Program."**

#### Required Personnel

1. One Event Manager per event
2. One Section Leader per section
3. One judge per procedure selected per section (with expertise in the specific skill area)
4. Proctors for testing
5. One-two Courtesy Corps per section
6. One-two patients as required by the scenario (per section)
7. Holding room attendants(s)
8. Timekeepers (if necessary)

#### Facilities, Equipment and Materials (Per Section)

- |                |     |   |                          |
|----------------|-----|---|--------------------------|
| <b>General</b> | 1.  | Clinical and/or laboratory stations for selected procedures                 |                          |
|                | 2.  | Holding rooms or areas for competitors                                      |                          |
|                | 3.  | Written scenario (one copy per competitor and judge)                        |                          |
|                | 4.  | Calculators, note pads, pencils for judges                                  |                          |
|                | 5.  | Competitor Participation Certificates for everyone who completes Round One. |                          |
|                | 6.  | Event evaluations.  |                          |
|                | 7.  | Stopwatch   |                          |
|                | *** | 8.  | Watch with a second hand |
|                | *** | 9.  | Pens and pencils         |

**Round One: Written Test** (Reference: All resources)

1. One test copy per competitor
2. Scantron forms

**Round Two:**

**Procedure I Telephone Techniques** (Reference: Keir)

1. Telephone set-ups
2. Telephone message pads
3. Written scenario/information for identification of office
4. Appointment book (pages) with previously scheduled appointments
5. Written scenario/information for judge (caller) with appointment needs and personal information and prescription refill needs
6. Note pads
7. Patient chart

**Procedure II Transcribe Progress Notes** (Reference: Keir)

1. PC with Microsoft Word (Computer should be turned on with a blank screen).
2. Printer
3. Printer paper
4. Transcriber with foot control
5. Tape, belt or disk (for transcriber)
6. Medical dictionary
7. Disk for saving data

**Procedure III Complete Insurance Form** (Reference: Keir)

1. PC with Adobe Acrobat reader
2. Electronic copy of the CMS 1500 form in PDF format. (available at <http://www.hosa.org/natorg/sectb/index.html>)
3. Written scenario/information for filling out form (1 per competitor). Information will include a completed and signed HOSA Medical Office Charge Form which contains CPT and ICD information and account information. (*Note: The written scenario and charge form contains all the information the competitor needs to complete the insurance form.*)
4. Patient Chart that includes a prepared copy of insurance card.
5. Note pads

**Procedure IV Alphabetical Filing** (Reference: Keir)

1. 15 top-cut file folders in random order with patient names
2. File or file box with 15 files in correct alphabetical order
3. Expandable file pocket – letter size
4. One OUTguide card per competitor
5. Note pads

**Procedure V Patient Information Data Entry** (Reference: Keir)

1. PC with Adobe Acrobat reader
2. Electronic copy of Patient Information Data form in PDF format (available at <http://www.hosa.org/natorg/sectb/index.html>)
3. Printer with paper
4. Copy of the patient's insurance card(s)
5. Written scenario/information for judge who is acting as the patient

**Procedure VI Coding** (Keir or Buck)

1. ICD-9-CM Manual (1 per competitor)
2. CPT Manual (1 per competitor)
3. Answer sheets (1 per competitor)
4. Medical dictionary

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# ADMINISTRATIVE MEDICAL ASSISTING

## Accepted Appointment and Transcription Abbreviations

1. NP New Patient
2. CPE Complete Physical Exam
3. FU Follow-up Examination
4. NS No show
5. RS Reschedule
6. C&C Called and canceled
7. Ref Referral
8. Re✓ Re-check
9. Cons Consultation
10. ECG Electrocardiogram
11. Sig Sigmoidoscopy
12. Surg Surgery
13. Lab Laboratory studies
14. BP✓ Blood pressure check

## Sample Transcription Progress Notes

Dr. Mallory O'Brien, M.D. made her rounds at Colony Eagle Retirement Center late yesterday afternoon. This morning she handed you a tape of dictation from her visit there. Though a physician's notes made at a nursing home must be in handwriting on the nursing home chart, our physician prefers to keep an additional keyed copy in the office.

On the tape, there is a progress note for Mr. Cole Porter, ID# 4587888. Set all margins to 1" and transcribe the dictation.

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Patient, Date and Physician Information

This is a 69-year-old black male c/o epigastric distress and nausea for several weeks. He complains it is worse when lying down. Antacids no longer provide any relief.

ALLERGIES: NKA

CURRENT MEDICATION: Maalox 30cc prn

HEART: Normal sinus rhythm, no murmurs.

LUNGS: Clear

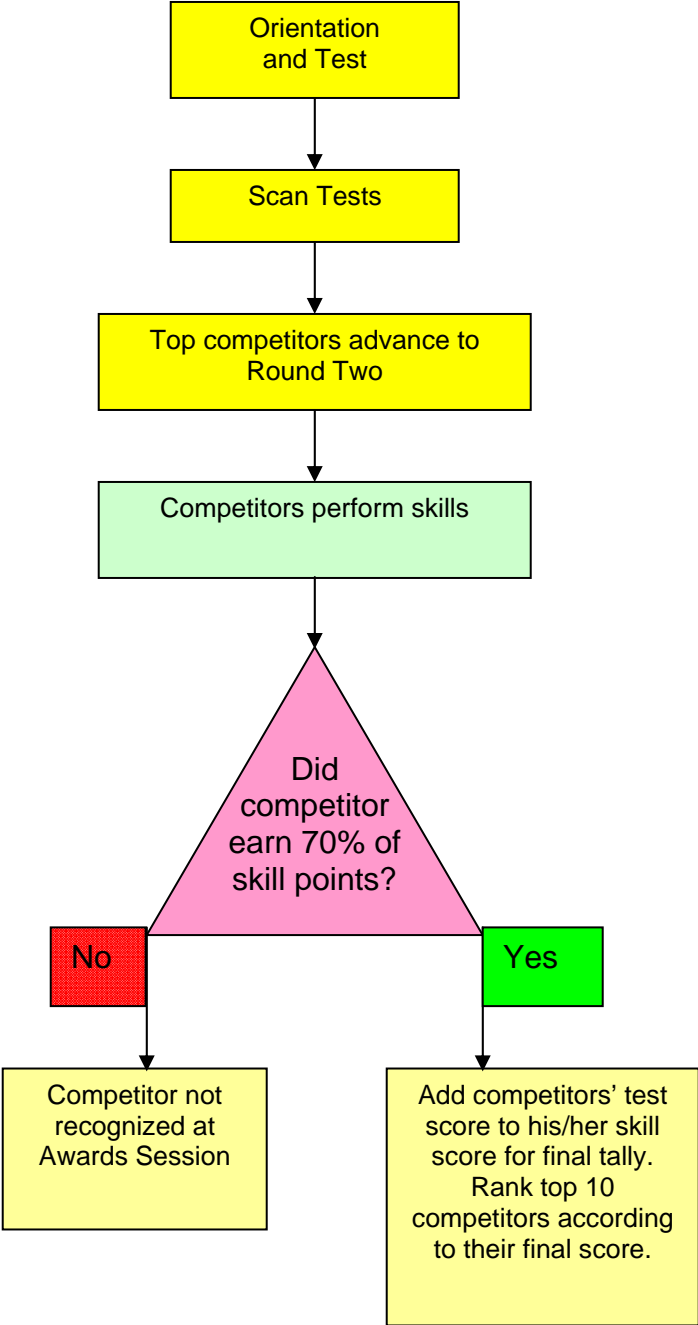
ABDOMEN: Liver, spleen and kidneys could not be felt.

ASSESSMENT

1. Possible peptic ulcer disease
2. Gastroesophageal reflux

PLAN: Patient started on Pepcid 40 mg qhs. Schedule routine lab work and upper GI series.

**Event Flow Chart**



# ADMINISTRATIVE MEDICAL ASSISTING

Competitor #: \_\_\_\_\_

Judge's Signature: \_\_\_\_\_

Procedure I-A	Telephone Techniques Schedule an Appointment (Time: 5 minutes)	Possible	Allocated
1.	Answered the phone promptly (by the third ring) in a polite and pleasant manner	2	
2.	Identified office and self by name, and "how may I help you?"	3	
3.	Voice was clear and distinct – spoke at a moderate rate, expressing consideration for the needs of the caller	3	
4.	Listened to and recorded the complete name and phone number of the caller, the reason for the call, and the date and time of the call	3	
5.	Determined if new or regular patient	1	
6.	Determined day, a.m. or p.m. for appointment based on patient's symptoms, preference, type of appointment and availability	4	
7.	Referred to appointment book and gave caller two choices of available opening on selected day	2	
8.	Used black ink to record appointment correctly, recorded patient's full name and phone number and briefly noted (using abbreviations) the nature of the visit	4	
9.	Repeated appointment date and time to caller	1	
10.	Used correct grammar and appropriate courtesy	4	
11.	Held phone correctly 2-3" in front of mouth	1	
12.	Closed call appropriately and allowed the caller to be the first to hang up	2	
<b>TOTAL POINTS – PROCEDURE I-A</b>		<b>30</b>	

*\*\*If a competitor jeopardizes the patient's or his/her own safety or fails to perform a critical step and does not take immediate action to correct the error, the total points for the procedure or specific subpart(s) of the procedure will be deducted by the judge(s).*

# ADMINISTRATIVE MEDICAL ASSISTING

Competitor #: \_\_\_\_\_

Judge's Signature: \_\_\_\_\_

Procedure I-B	Telephone Techniques Take a Message for Prescription Refill (Time: 5 minutes)	Possible	Allocated
1.	Answered the phone promptly (by the third ring) in a polite and pleasant manner	2	
2.	Identified office and self by name, and "how may I help you?"	3	
3.	Voice was clear and distinct – spoke at a moderate rate, expressing consideration for the needs of the caller	3	
4.	Listened to and recorded the complete name and phone number of the caller, the reason for the call, and the date and time of the call on a message pad	3	
5.	Recorded correct spelling of medication and prescription number, name of pharmacy and phone number	6	
6.	Repeated the message to the caller to verify the contents	1	
7.	Used correct grammar and appropriate courtesy	4	
8.	Held phone correctly 2-3" in front of mouth	1	
9.	Closed call appropriately and allowed the caller to be the first to hang up	2	
10.	Signed initials after the message, pulled the patient's chart and recorded/attached the message	2	
11.	Used legible handwriting	3	
<b>TOTAL POINTS – PROCEDURE I-B</b>		<b>30</b>	

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# ADMINISTRATIVE MEDICAL ASSISTING

Competitor #: \_\_\_\_\_

Judge's Signature: \_\_\_\_\_

Procedure II	Transcribe Progress Notes (Time: 15 minutes)	Possible	Allocated
1.	Checked for paper in printer	2	
2.	Turned on transcriber and verified that headset with earphones and the foot control are attached to the unit	2	
3.	Inserted dictation disk and reversed to beginning, then pressed the play tab or the pedal to listen for the beginning of the dictation	2	
4.	Adjusted volume, tone and speed controls for clearest communication reception	1	
5.	Opened word processing screen and set computer margins and tabulator stops as needed	2	
6.	Accurately entered content of progress notes, alternately pressing and releasing the foot pedal to listen and transcribe the recorded message	10	
7.	Accurately entered header with patient's name, ID#, Dr., and date	4	
8.	Spelled words correctly. Used medical dictionary and/or spell-checked if necessary to assure accurate spelling of all words	5	
9.	Printed progress notes and proofread for accuracy, making any needed corrections. Reprinted final copy	4	
10.	Saved document on disk and closed file	2	
11.	Turned off transcription machine and placed necessary items in proper storage place	1	
12.	Format of final document neat and orderly	2	
<b>TOTAL POINTS – PROCEDURE II</b>		<b>37</b>	

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# ADMINISTRATIVE MEDICAL ASSISTING

Competitor #: \_\_\_\_\_

Judge's Signature: \_\_\_\_\_

Procedure III	Complete Insurance Form (Time: 15 minutes)	Possible	Allocated
1.	Turned on computer (if necessary) and checked printer for paper	2	
2.	Opened electronic copy of CMS 1500 in PDF format	2	
3.	Checked chart for photocopy of patient's insurance card and charge form for assignment and release of benefits	2	
COMPLETED THE FOLLOWING ENTRIES:			
4.	1. Type of insurance	1	
5.	1a. Insured's ID number	1	
6.	2. Patient's name	1	
7.	3. Patient's birth date/sex (used 6 digits for birthdate)	2	
8.	4. and 7. Insured's name, address and telephone	2	
9.	6. Patient's relationship to insured.	1	
10.	5. Patient's full address/phone number	2	
11.	8. Patient status	1	
12.	9. Other insured's name, policy number, date of birth, sex, name and insurance company (leave blank if none)	1	
13.	10a, 10b and 10c. Employment or accident related condition	1	
14.	12. Type in "signature on file" and date	2	
15.	14. Illness information (date of first symptoms)	1	
16.	21. Diagnosis code(s)	2	
17.	24. Treatment information with CPT codes	3	
18.	25. Federal tax ID number	1	
19.	26. Patient account number	1	
20.	27. Accept assignment	1	
21.	28 - 30. Charges with total, amount paid and balance due	3	
22.	33. Physician billing information	1	
23.	Printed completed form	1	
<b>TOTAL POINTS – PROCEDURE III</b>		<b>35</b>	

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**HOSA MEDICAL OFFICE CHARGE FORM**  
**6021 MORRIS RD, SUITE 100, FLOWER MOUND, TX 75028 ★ 972 874-0062**

<b>Patient's Last Name</b>	<b>First</b>	<b>Initial</b>	<b>Birthdate</b>	<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Today's Date</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>	<b>Relationship to Insured</b>	
<b>Name, Address and Phone of Insured</b>						<b>Type of Insurance</b>
<b>Patient Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student				<b>Patient Account #</b>		<b>Insurance ID #</b>
<b>Other Insured: Last Name</b>			<b>First Name</b>	<b>Initial</b>	<b>Is Patient's Condition Related to:</b>	
<b>Other Insured Address:</b>			<b>Phone #:</b>		Employment <input type="checkbox"/> Yes <input type="checkbox"/> No Auto Accident <input type="checkbox"/> Yes <input type="checkbox"/> No Other Accident <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Birthdate:</b>			<b>Sex:</b>		Date of First Symptoms of Current Illness, Injury or Pregnancy:	
<b>Insurance Company:</b>			<b>ID #</b>			
<b>Assignment and Release:</b> I hereby authorize my insurance benefits to be paid directly to the undersigned physician. I am financially responsible for non-covered services. I also authorize the physician to release any information required.						
Signed (Patient, parent if minor)				Date		
<b>Treatment Information (circle all that apply)</b>						
<b>Description</b>	<b>CPT/MD</b>	<b>Fee</b>	<b>Description</b>	<b>CPT/MD</b>	<b>Fee</b>	<b>Description</b>
OFFICE VISITS – NEW PATIENT			INJECTIONS			PROCEDURES
Mod Complex	99203		Vitamin B12	J3420		EKG
Mod/High Comp	99204		ACTH	J0140		Resp Func Tsts
High Complexity	99205		Depo Estradiol	J1000		Ear Lavage
OFFICE VISITS – ESTABLISHED PATIENT			Depo Testosterone	J1070		Sigmoidoscopy
Minimal	99211		Imferon	J1760		I & D
Self limited comp	99212		Tetanus Toxoid	J3180		Electrocautery
Low/Mod complex	99213		Flu Vaccine	90724		Thromb Hemor
Moderate complex	99214		Pneumococcal Vac	90732		Inj. Tendon
High complexity	99215		TB Tine Test	86585		MISCELLANEOUS
LABORATORY			Aminophyllin	J0280		Drugs, Supplies
Urinalysis	81000		Terbutaline Sulf	J3105		Special Reports
Hemoglobin	85018		Demerol HCL	J0990		After hour serv.
Culture, Strep	87081		Compazine	J0780		Serv 10p-8a
Pap smear	88150		Inj therapeutic	90782		Serv Sun Holiday
Hemoccult stool	82270		Estrone Supp	J1410		Counseling
Glucose	82948					
<b>Diagnosis (circle all that apply)</b>						
Allergic rhinitis	477.9	Chronic Fatigue Synd	300.5	Hemorrhoids	455.6	Peripheral Vasc Dis
Anemia	280.9	COPD	496	Hiatal Hernia	553.3	Pharyngitis
Angina pectoris	413	CVA	431	Hiatal Hernia, reflux	530.1	Pneumonia, bacterial
Anxiety	300.00	Cystitis	595.9	HVD	402.10	Pneumonia, viral
Aortic stenosis	424.1	Deg Disc dis, Cx	722.4	Hyperlipidemia	272.4	Prostatitis
ASCVD	429.2	Deg Disc dis, Lumbar	722.52	Hypothyroidism	244.9	Rectal bleeding
ASHD	414.9	Depression	296.2	Impacted cerumen	380.4	Renal failure, chronic
Asthma	493.9	Dermatitis	692.9	Influenza, viral	487.1	Rheumatoid arthritis
Atrial fibrillation	427.31	Diabetes mellitus, adlt	250.0	Irritable bowel synd	564.1	Sinusitis
BPH	600	Diarrhea	558.9	Laryngitis	464.0	TIA
Bronchitis, acute	466.1	Diverticulitis	562.11	Menopausal synd	627.2	Tachycardia
Bronchitis, chronc	491.9	Esophagitis	530.1	Moniliasis	112	Tonsillitis
Bursitis	726	Fibrocystic Breast Dis	610.11	Myocardial infarction	410.9	Ulcer, gastric
CVD	437.9	Gastroenteritis	558.9	Neuritis	729.2	URI
CHF	428.0	Headache, vascular	784.0	Osteoarthritis	715.9	UTI
Cholecystitis	575.1	Headache, migraine	346.9	Otitis media	382.9	Vertigo
<b>Diagnosis (If not circled above)</b>					<b>Fed Tax ID #</b>	
<b>Doctor's Name (printed), Signature/Date</b>					<b>Today's Fee</b>	
					<b>Amount Received</b>	
					<b>Balance Due</b>	

## ADMINISTRATIVE MEDICAL ASSISTING

Competitor #: \_\_\_\_\_

Judge's Signature: \_\_\_\_\_

<b>Procedure IV</b>	<b>Alphabetical Filing</b> (Time: 8 minutes)	<b>Possible</b>	<b>Allocated</b>
1.	Obtained expandable file with: <ul style="list-style-type: none"> <li>• 15 folders in correct alphabetical order</li> <li>• One (1) OUTguide</li> <li>• Instructions for pulling one file</li> <li>• 15 folders to be filed</li> <li>• 10 filing items (such as lab reports or letters)</li> </ul>	-	
2.	Found the name of the patient file to be pulled in the expandable file. Double checked the spelling of the name for accuracy.	2	
3.	Completed the OUTguide with the date and competitor's name.	2	
4.	Pulled the appropriate file and placed the OUTguide in the proper place.	2	
5.	Arranged 15 folders in correct alphabetical order and filed each correctly in expandable file.	15	
6.	Placed the 10 filing items in the correct charts by removing the chart, opening it, and placing the item in the chart with the top of the item toward the top of the inside of the chart.	10	
<b>TOTAL POINTS – PROCEDURE IV</b>		<b>31</b>	

## ADMINISTRATIVE MEDICAL ASSISTING

Competitor #: \_\_\_\_\_

Judge's Signature: \_\_\_\_\_

Procedure V	Patient Information Data Entry (Time: 10 minutes)	Possible	Allocated
1.	Turned on computer (if necessary). Checked printer for paper	2	
2.	Opened electronic file for new patient data entry	2	
3.	a. Greeted patient	1	
	b. Invited patient to private area to ask questions	1	
	c. Explained purpose and requested a copy of the patient's insurance card	1	
	d. Asked appropriate questions while completing the data form <u>on the computer</u>	1	
4.	Entered data correctly, making any needed corrections	10	
5.	Printed appropriate record	2	
6.	Copied the front and back of the insurance card (If a copier is not available, verbalized this step)	2	
7.	Verified final hard copy with patient and obtained the patients/subscriber's signature (If changes were needed, made the appropriate changes and then obtained the patient's signature.)	4	
8.	Thanked patient, asked patient to wait to see physician	2	
<b>TOTAL POINTS – PROCEDURE VI</b>		<b>28</b>	

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# ADMINISTRATIVE MEDICAL ASSISTING

## Coding Skill and Example

Competitor #: \_\_\_\_\_ Judges Signature \_\_\_\_\_

### Procedure VI: Coding

(Time: 20 minutes)

Directions: In the following coding exercises assign the correct diagnostic and procedure codes to the following problems. You will use ICD-9-CM and CPT codebooks. The skill will be judged for accuracy and completeness. Two (2) points will be awarded for each correct answer.

*The following are examples of coding exercises. In the actual event, you will be asked to fill in a total of five (5) ICD-9-CM and five (5) CPT codes.*

#### ICD-9-CM

Common migraine with blurred vision.

Principal Diagnosis \_\_\_\_\_

Secondary Diagnosis \_\_\_\_\_

#### CPT

The nurse gives a Blue Shield patient an injection of 25U fast acting insulin. The patient did not see the physician. Code the visit and the injection based on the above information regarding the insurance company.

Principal Code \_\_\_\_\_

Secondary Code \_\_\_\_\_