



Course Syllabus

HITT 2240 Advanced Medical Billing and Reimbursement

Catalog Description: Study of health insurance and reimbursement in various health care settings. Includes application of coding skills to prepare insurance forms for submission to third party payers.

Prerequisites (or Co-requisites): HITT 1345, HITT 1311, HITT 1341, HITT 2346

Semester Credit Hours: 2
Lecture Hours per Week: 2
Lab Hours per Week: 1
Contact Hours per Semester: 48
State Approval Code: 510707

Course Subject/Catalog Number: HITT 2240
Course Title: Advanced Medical Billing and Reimbursement

Course Rationale: Health Information Technology and Medical Coding graduates are being employed in medical billing agencies and medical billing departments of physicians' offices and hospitals. Accurate processing of health insurance claims has become very rigorous even as health insurance plan options have rapidly expanded. These changes, combined with modifications in state and federal regulations affecting the health insurance industry, are a constant challenge to health care personnel. Those personnel responsible for processing health insurance claims require thorough instruction in all aspects of medical insurance, including plan options, payer requirements, state and federal regulations, abstracting of source documents, accurate completion of claims, and coding of diagnoses and procedures/services.

Instructional Goals and Purposes: The purposes of this course are to review and expand information about major insurance programs and federal health care legislation; to provide a reinforcement of knowledge learned in other courses of national diagnosis and procedure coding systems; and to simplify the process of completing health insurance claim forms.

Learning Objectives:

1. Explore career opportunities and job responsibilities in medical coding and billing.
2. Identify and explain the impact of significant events in the history of health care reimbursement.
3. Explain the role of managed care organizations in health care.
4. Facilitate the development of an insurance claim.
5. Summarize the federal legislation and regulations affecting health care.
6. Accurately code diagnoses according to ICD-9-CM.
7. Accurately assign CPT codes to procedures and services.
8. Accurately assign HCPCS level II codes and modifiers.

9. List and define each CMS payment system.
10. Interpret provider documentation to code for medical necessity.
11. List, define and apply CMS and general insurance billing guidelines.
12. Complete insurance claim forms for commercial insurance, BlueCross/Blue Shield, Medicare, Medicaid, Tricare, and Workers' Compensation.

Specific Course Objectives (Includes SCANS information):

After studying the material presented in the texts, lecture, laboratory, computer tutorials, and other resources, the student should be able to complete all behavioral/learning objectives listed below with a minimum competency of 70%.

1. Explore career opportunities and job responsibilities in medical coding and billing.
 - Define key terms.
 - Identify career opportunities available in health insurance.
 - Describe the education and training requirements of a health insurance specialist.
 - Differentiate among the three professional organizations that support health insurance specialists.
 - Identify professional credentials offered by each organization.
 - Create a professional cover letter and resume.
 - Access networking sites for healthcare professionals.

SCANS Basic Skills: Ai, Aii, Aiv, Av, Bi, Bii, Bv, Ci, Cii, Civ, Cv
SCANS Workplace Competencies: Ai, Aiv, Bi, Bv, Bvi, Ci, Cii, Ciii, Civ, Di, Ei, Eii, Eiii
2. Identify and explain the impact of significant events in the history of health care reimbursement.
 - Define key terms.
 - State the difference between medical care and health care.
 - Differentiate among automobile, disability, and liability insurance.
 - Interpret health insurance coverage statistics.

SCANS Basic Skills: Ai, Aii, Aiii, Aiv, Bii, Biii, Biv, Bv, Ci, Cii, Civ, Cv
SCANS Workplace Competencies: Ai, Bvi, Ci, Cii, Ciii, Civ, Di, Dii, Ei, Eii, Eiii
3. Explain the role of managed care in health care.
 - Define key terms.
 - Compare managed care with traditional health insurance.
 - Describe the history of managed care in the United States.
 - Apply the concept of managed care capitation.
 - Explain the role of a gatekeeper in managed care.
 - Describe six managed care models.
 - Differentiate between the two organizations that accredit managed care organizations.
 - Implement administrative procedures so that the physician's practice appropriately responds to managed care organization program activities.

SCANS Basic Skills: Ai, Aii, Aiv, Bii, Biii, Biv, Bv, Ci, Cii, Civ, Cv
SCANS Workplace Competencies: Ai, Bvi, Ci, Cii, Ciii, Civ, Di, Dii, Ei, Eii, Eiii
4. Facilitate the development of an insurance claim.
 - Define key terms
 - Facilitate the registration and insurance claims process for a new or established patient.

- Describe the life cycle of an insurance claim.
- Determine insurance coverage when a patient has more than one policy or a child is covered by both parents.
- Differentiate between manual and electronic claims processing procedures.
- Detail the processing of a claim by an insurance company.
- Interpret information on a remittance advice.
- Maintain a medical practice's insurance claim files.
- Identify problems that result in delinquent claims, and resolve those problems.

SCANS Basic Skills: Ai, Aii, Aiii, Aiv, Av, Bi, Bii, Biii, Biv, Bv, Ci, Cii, Ciii, Civ, Cv

SCANS Workplace Competencies: Ai, Aii, Aiii, Aiv, Bi, Biv, Bv, Bvi, Ci, Cii, Ciii, Civ, Di, Dii, Ei, Eii, Eiii

5. Summarize federal legislation and regulations that affect health care.
- Define key terms.
 - Provide examples of a statute, regulation and case law, and explain the use of the *Federal Register*.
 - Explain the concept of medical necessity.
 - List and explain HIPAA's provisions.

SCANS Basic Skills: Ai, Aii, Aiv, Bii, Biii, Biv, Bv, Ci, Cii, Civ, Cv

SCANS Workplace Competencies: Ai, Bvi, Ci, Cii, Ciii, Civ, Di, Dii, Ei, Eii, Eiii

6. Accurately code diagnoses according to ICD-9-CM.
- Define key terms.
 - Explain the purpose of reporting diagnosis codes on insurance claims.
 - List and apply EMS outpatient guidelines in coding diagnoses.
 - Identify and properly use ICD-9-CM's coding conventions.
 - Accurately code diagnoses using Encoder Pro CD-ROM.

SCANS Basic Skills: Ai, Aii, Bii, Biii, Biv, Bv, Ci, Cii, Civ, Cv

SCANS Workplace Competencies: Ai, Aiii, Ci, Cii, Ciii, Civ, Di, Dii, Ei, Eii, Eiii

7. Accurately assign CPT codes to procedures and services.
- Define key terms.
 - Explain the format used in CPT.
 - Select appropriate modifiers to add to CPT codes.
 - Assign CPT codes to procedures and services using Encoder Pro CD-ROM.

SCANS Basic Skills: Ai, Aii, Bii, Biii, Biv, Bv, Ci, Cii, Civ, Cv

SCANS Workplace Competencies: Ai, Aiii, Ci, Cii, Ciii, Civ, Di, Dii, Ei, Eii, Eiii

8. Accurately assign HCPCS level II codes and modifiers.
- Define key terms.
 - Describe the HCPCS levels.
 - Assign HCPCS level II codes and modifiers
 - Identify claims to be submitted to regional MAC, Medicare administrative contractors, or both according to HCPCS level II code number.
 - List situations in which both HCPCS level I and II codes are assigned.

SCANS Basic Skills: Ai, Aii, Bii, Biii, Biv, Bv, Ci, Cii, Civ, Cv

SCANS Workplace Competencies: Ai, Aiii, Ci, Cii, Ciii, Civ, Di, Dii, Ei, Eii, Eiii

9. List and define each CMS payment system.
- Define key terms.
 - Explain the historical development of CMS reimbursement systems.

- Apply special rules for the Medicare physician fee schedule payment system.
- Interpret a chargemaster.
- Explain hospital revenue cycle management.
- Complete a UB-o4 claim.

SCANS Basic Skills: Ai, Aii, Aiii, Bii, Biii, Biv, Bv, Ci, Cii, Civ, Cv

SCANS Workplace Competencies: Ai, Aii, Aiii, Aiv, Ci, Cii, Ciii, Civ, Di Dii, Ei, Eii, Eiii

10. Interpret provider documentation to code for medical necessity.

- Define key terms.
- Select and code diagnoses and procedures from case studies and sample records.
- Research local coverage determinations.

SCANS Basic Skills: Ai, Aii, Bii, Biii, Biv, Bv, Ci, Cii, Civ, Cv

SCANS Workplace Competencies: Ai, Aiii, Ci, Cii, Ciii, Civ, Di, Dii, Ei, Eii, Eiii

11. List, define and apply CMS and general insurance billing guidelines.

- Define key terms.
- Apply optical scanning guidelines when completing claims.
- Enter patient and policy holder names, provider names, mailing addresses, and telephone numbers according to claims completion guidelines.
- Describe how funds are recovered from responsible payers.
- Explain the use of the national provider identifier (NPI).
- Differentiate between assignment of benefits and accept assignment.
- Report ICD-9-CM, HCPCS level II, and CPT codes according to claims completion guidelines.
- Explain the use of the national standard employer identifier.
- Explain when the signature of a physician or supplier is required on a claim.
- Enter the billing entity according to claims completion guidelines.
- Explain how secondary claims are processed.
- List and describe common errors that delay claims processing.
- State the final steps required in claims processing.
- Establish insurance claim files for a physician's practice.

SCANS Basic Skills: Ai, Aii, Aiii, Bii, Biii, Biv, Bv, Ci, Cii, Civ, Cv

SCANS Workplace Competencies: Ai, Aii, Aiii, Ci, Cii, Ciii, Civ, Di, Dii, Ei, Eii, Eiii

12. Complete insurance claim forms for commercial insurance, BlueCross/Blue Shield (BC/BS), Medicare, Medicaid, Tricare, and Workers' Compensation.

- Define key terms.
- Differentiate between primary and secondary commercial claims.
- Complete commercial primary fee-for-service claims.
- Complete commercial secondary fee-for-service claims.
- Explain the history of Blue Cross and Blue Shield.
- Apply Blue Cross/Blue Shield billing notes when completing CMS-1500 claims.
- Complete BC/BS billing notes when completing CMS-1500 claims.
- Complete BC/BS primary and secondary claims.
- Describe the Medicare enrollment process.
- Differentiate among Medicare Part A, Part B, Part C, and Part D coverage.
- Define other Medicare health plans, employer and union health plans, Medigap, and private contracting.

- Calculate Medicare reimbursement amounts for participating and nonparticipating providers.
- Determine when a Medicare surgical disclosure notice and an advance beneficiary notice are required.
- Explain the Medicare mandatory claims submission process.
- Differentiate between Medicare as primary payer and Medicare as secondary payer.
- Interpret a Medicare Summary Notice.
- Apply Medicare billing notes when completing CMS-1500 claims.
- Complete Medicare primary, Medigap, Medicare/Medicaid crossover, secondary, and roster billing claims.
- Explain Medicaid eligibility guidelines.
- List Medicaid covered services required by the federal government.
- Describe how payments for Medicaid services are processed.
- Apply Medicaid billing notes when completing CMS-1500 claims
- Complete Medicaid primary, secondary, and mother/baby claims.
- Explain the historical background of TRICARE.
- Describe how TRICARE is administered.
- Define CHAMPVA.
- List and explain the TRICARE options, programs and demonstration projects, and supplemental plans.
- Apply TRICARE billing notes when completing CMS-1500 claims.
- Complete TRICARE claims properly.
- Describe federal and state workers' compensation programs.
- List eligibility requirements for workers' compensation coverage.
- Classify workers' compensation cases.
- Describe special handling practices for workers' compensation coverage.
- Submit first report of injury and progress reports
- State examples of workers' compensation fraud and abuse.
- Apply workers' compensation billing notes when completing CMS -1500 claims.
- Complete workers' compensation claims properly.

SCANS Basic Skills: Ai, Aii, Aiii, Bii, Biii, Biv, Bv, Ci, Cii, Civ, Cv

SCANS Workplace Competencies: Ai, Aii, Aiii, Ci, Cii, Ciii, Civ, Di, Dii, Ei, Eii, Eiii

Methods of Evaluation: The above objectives will be evaluated by the following methods:

Written Exercises

Students will be required to complete and submit the following types of exercises for a grade:

- Review questions at the end of each *Understanding Health Insurance* textbook chapter.
- Assigned *Understanding Health Insurance* Workbook Exercises and Projects for each chapter.
- Coding exercises in Chapters 6, 7, 8, 10 in the *Understanding Health Insurance* textbook.
- CMS-1500 claims from Chapters 11- 17.

Discussion Questions

During the semester, several topics will be presented for discussion on the WebCT Discussion Board. The three discussion questions can be found in the activities section of Modules. When posting answers on the Discussion Board, everyone in the course can read what is posted.

Students should use correct spelling, grammar and punctuation. The message content should be appropriate and to the point being discussed. There will be a deadline date on the Calendar for posted submissions.

Examinations

There will be at least 3 written and/or computer-delivered examinations including recognition and recall as well as analysis and discrimination. There will also be a comprehensive Final Examination at the end of the semester.

Absences

For an Internet class, a student that does not meet a required deadline will be considered absent. Absences will also be based on discussion participation and timely Chapter Review Question and Exercise completion. Failure to participate in assigned discussions will be considered an absence. The instructor will be able to monitor student progress through the course by WebCT. Students are expected to log onto WebCT at least **2** times a week. Students will be allowed only 3 absences during the semester. Thereafter, students will lose points during the averaging of the final grade. Withdrawing from a course is the student's responsibility. Students who fail to officially withdraw by notifying the Records and Admission office will receive the grade of "F" in the class. Refer to the College Calendar for the official Last Day to Withdraw.

Course Grade: Final grade in the course will be an average of total
Computation

4 Major Exams	45%
Textbook & Workbook Exercises	25%
Discussion Board Participation And Attendance	10%
Final Exam	20%

Letter Grades for the course will be assigned as follows:

A:	90-100
B:	80-89.9
C:	70-79.9
D:	60-69.9
F:	Below 60

Texts, Materials, and Supplies:

Understanding Health Insurance, A Guide to Billing and Reimbursement, 9 ed., Bundled with *Understanding Health Insurance – Workbook*, and Access Code to *Understanding Health Insurance* – Web Tutor Advantage on WebCT.

Software

Ingenix Encoder Pro CD- ROM in Textbook
Study Ware and SIMClaim to Accompany Understanding Health Insurance
CD ROM in Textbook

Technical Skill Requirements

Students should be comfortable with the following:

- Using a web browser
- Accessing and using WebCT
- Using email for communication with instructor
- Sending an email attachment
- Navigating the Internet
- Downloading appropriate files
- Uploading files to WebCT

Submitting Assignments

All assignments can be submitted through WebCT or given to the instructor in her office. Students are strongly advised to complete all assignments to assure success in this course.

Students will be required to come to the Panola College campus in Carthage to take 4 tests and the Final Exam. Test dates will be listed on the WebCT Calendar. Grades will be posted in My Grades.

Communicating with Instructor

Students should use the email within WebCT to communicate with the instructor. Using WebCT email gives you access to the instructor and other classmates without having to remember or type email addresses – you just select the name from the list. If you are not able to contact me using email in WebCT, you may use my Panola College email address (spayne@panola.edu). Please always include the course number or title in the subject line and your name in your email. I attempt to respond to email within 24 hours. If you are not sure I received your email, you may call me at 903-693-1116.

If any student in this class has special classroom or testing needs because of a physical, learning or emotional condition, please contact the ADA Student Coordinator, in the Martha Miller Administration Building, telephone 903-693-1123.

Distance Learning Support Services

The following resources are available at the designated locations on the Panola College campus to assist students taking Internet courses:

Ann Morris amorris@panola.edu
Associate Dean of Distance Education
Gullette Building, Panola Campus
903-693-2014

Patti Rushing prushing@panola.edu
Distance Education Coordinator
Gullette Building, Panola Campus
903-693-2013

Tina Duncan
Instructional Designer/Web CT
Administrator
Gullette Building, Panola Campus
903-693-2024

Cristie Ferguson cferguson@panola.edu
Distance Learning Librarian
M. P. Baker Library, Panola Campus
903-693-2091

For more information, go to <http://www.panola.edu/distance.htm>.

Secretary of Labor's Commission on Achieving Necessary Skills (SCANS)

I. BASIC SKILL COMPETENCIES

A. Basic Skills

- i. **Reading:** Locate, understand and interpret written information in prose and in documents such as manuals, graphs and schedules.
- ii. **Writing:** Communicate thoughts, ideas, information and messages in writing, and create documents such as letters, directions, manuals, reports, graphs, and flow charts.
- iii. **Arithmetic & Mathematical Operations:** Perform basic computations and approach practical problems by choosing appropriately from a variety of mathematical techniques.
- iv. **Listening:** Receive, attend to, interpret, and respond to verbal messages and other cues.
- v. **Speaking:** Organize ideas and communicate orally.

B. Thinking Skills

- i. **Creative Thinking:** Generate new ideas.
- ii. **Decision Making:** Specify goals and constraints, generate alternatives, consider risks and evaluate and choose the best alternative.
- iii. **Problem Solving:** Recognize problems and devise and implement plan of action.
- iv. **Visualize ("Seeing Things in the Mind's Eye"):** Organize and process symbols, pictures, graphs, objects, and other information.
- v. **Knowing how to learn:** use efficient learning techniques to acquire and apply new knowledge and skills.
- vi. **Reasoning:** Discover a rule or principle underlying the relationship between two or more objects and apply it when solving a problem.

C. Personal Qualities

- i. **Responsibility:** Exert a high level of effort and persevere toward goal attainment.
- ii. **Self-Esteem:** Believe in one's own self-worth and maintain a positive view of oneself.
- iii. **Sociability:** Demonstrate understanding, friendliness, adaptability, empathy, and politeness in group settings.
- iv. **Self-Management:** Assess oneself, set personal goals, monitor progress, and exhibit self-control.
- v. **Integrity & Honesty:** Choose ethical courses of action.

II. WORKPLACE COMPETENCIES

A. Resources:

- i. **Time:** Select goal-relevant activities, rank them, allocate time, and prepare and follow schedules.
- ii. **Money:** Use or prepare budgets, make forecasts, keep records, and make adjustments to meet objectives.
- iii. **Material & Facilities:** Acquire, store, allocate, and use materials or space efficiently.
- iv. **Human Resources:** Assess skills and distribute work accordingly, evaluate performance and provide feedback.

B. Interpersonal Skills:

- i. **Participate as Member of a Team:** Contribute to group effort.
- ii. **Teach Others New Skills.**
- iii. **Serve Clients/ Customers:** Work to satisfy customers' expectations.
- iv. **Exercise Leadership:** Communicate ideas to justify position, persuade & convince others, responsibly challenge existing procedures & policies.
- v. **Negotiate:** Work toward agreements involving exchange of resources, resolve divergent interests.
- vi. **Work with Diversity:** Work well with men and women from diverse backgrounds.

C. Information:

- i. **Acquire and Evaluate Information.**
- ii. **Organize and Maintain Information.**
- iii. **Interpret and Communicate Information.**
- iv. **Use computers to process information.**

D. Systems:

- i. **Understand Systems:** Know how social, organizational and technological systems work and operate effectively with them.
- ii. **Monitor & Correct Performance:** Distinguish trends, predict impacts on system operations, diagnose deviations in systems' performance.
- iii. **Improve or Design Systems:** Suggest modifications to existing systems and develop new or alternative systems to improve performance.

E. Technology

- i. **Select Technology:** Choose procedures, tools or equipment including computers and related technologies.
- ii. **Apply Technologies to Task:** Understand overall intent and proper procedures for setup and operation of equipment.
- iii **Maintain and Troubleshoot Equipment:** Prevent, identify, or solve problems with equipment, including computers and other technologies.

HEALTH INFORMATION MANAGEMENT ASSOCIATE DEGREE ENTRY-LEVEL COMPETENCIES

Domains, Subdomains, and Tasks

- I. **Domain: Healthcare Data Management**
 - A. **Subdomain: Health Data Structure, Content and Standards**
 1. Collect and maintain health data (such as data elements, data sets, and databases).
 5. Verify timeliness, completeness, accuracy, and appropriateness of data and data sources for patient care, management, billing reports, registries, and/or databases.
 - B. **Subdomain: Healthcare Information Requirements and Standards**
 2. Apply policies and procedures to ensure organizational compliance with regulations and standards.
 3. Report compliance findings according to organizational policy.
 - C. **Subdomain: Clinical Classification Systems**
 1. Use and maintain electronic applications and work processes to support clinical classification and coding.
 2. Apply diagnosis/procedure codes using ICD-9-CM
 3. Apply procedure codes using CPT/HCPCS
 4. Ensure accuracy of diagnostic/procedural groupings such as DRG, APC, and so on.
 5. Adhere to current regulations and established guidelines in code assignment.
 6. Validate coding accuracy using clinical information found in the health record.
 7. Use and maintain applications and processes to support other clinical classification and nomenclature systems (such as ICD-10-CM, SNOMED, and so on).
 8. Resolve discrepancies between coded data and supporting documentation.
 - D. **Subdomain: Reimbursement Methodologies**
 1. Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery.
 2. Support accurate billing through coding, chargemaster, claims management, and bill reconciliation processes.
 3. Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative.

4. Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements such as outpatient prospective payment systems.

III. Domain: Health Services Organization and Delivery.

A. Subdomain: Healthcare Delivery Systems

1. Apply information system policies and procedures required by national health information initiative on the healthcare delivery system.
2. Apply policies and procedures to comply with the changing regulations among various payment systems for healthcare services such as Medicare, Medicaid, managed care, and so forth.

B. Subdomain: Healthcare Privacy, Confidentiality, Legal, and Ethical Issues.

1. Participate in the implementation of legal and regulatory requirements related to the health information infrastructure.
2. Apply policies and procedures for access and disclosure of personal health information.
3. Release patient-specific data to authorized users.
4. Apply and promote ethical standards of practice.

IV. Domain: Information Technology & Systems.

A. Subdomain: Information and Communication Technologies

1. Use technology, including hardware and software, to ensure data collection, storage, analysis, and reporting of information.
2. Use common software applications such as spreadsheets, databases, word processing, graphics, presentation, e-mail, and so on in the execution of work processes.
3. Use specialized software in the completion of HIM processes such as record tracking, release of information, coding, grouping, registries, billing, quality improvement, and imaging.
4. Apply policies and procedures to the use of networks, including intranet and Internet applications to facilitate the electronic health record (EHR), personal health record (PHR), public health, and other administrative applications.

C. Subdomain: Data Storage and Retrieval

1. Use appropriate electronic or imaging technology for data/record storage.

D. Subdomain: Data Security

1. Apply confidentiality and security measure to protect electronic health information.

2. Protect data integrity and validity using software or hardware technology.
3. Apply departmental and organizational data and information system security policies.

V. Domain: Organizational Resources

B. Subdomain: *Financial and Physical Resources*

1. Monitor coding and revenue cycle processes.