



Course Syllabus

HITT 2240 – Advanced Medical Billing and Reimbursement

Catalog Description: Skill development in coding to prepare reimbursement forms in various health care settings for submission to payors.

Prerequisites: HITT 1345, HITT 1441

Co-requisites: HITT 2346

Semester Credit Hours: 2

Lecture Hours per Week: 2

Lab Hours per Week: 1

Contact Hours per Semester: 48

State Approval Code: 51.0801

Instructional Goals and Purposes: The purpose of this course is to review and expand information about major insurance programs and federal healthcare 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 Outcomes:

At the conclusion of this course the student will be able to:

1. Code of health records using various classification systems.
2. Execute reimbursement forms.
3. Apply revenue cycle management procedures.
4. Facilitate the development of an insurance claim.
5. Interpret provider documentation to code for medical necessity.

Specific Course Objectives (includes SCANS):

After studying all materials and resources presented in the course, the student will be able to: complete all behavioral/learning objectives listed below with a minimum competency of 70% on assignments and exams.

(Lab objectives are listed in italics)

1. Explore career opportunities and job responsibilities in medical coding and billing.
 - a. Define key terms.
 - b. Identify career opportunities available in health insurance.
 - c. Describe the education and training requirements of a health insurance specialist.
 - d. Differentiate among the three professional organizations that support health insurance specialists.
 - e. Identify professional credentials offered by each organization.
 - f. Create a professional cover letter and resume.
 - g. 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.
 - a. Define key terms.
 - b. State the difference between medical care and health care.
 - c. Differentiate among automobile, disability, and liability insurance.
 - d. 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.
 - a. Define key terms.
 - b. Compare managed care with traditional health insurance.
 - c. Describe the history of managed care in the United States.
 - d. Apply the concept of managed care capitation.
 - e. Explain the role of a gatekeeper in managed care.
 - f. Describe six managed care models.
 - g. Differentiate between the two organizations that accredit managed care organizations.
 - h. *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.
 - a. Define key terms
 - b. *Facilitate the registration and insurance claims process for a new or established patient.*
 - c. Describe the life cycle of an insurance claim.
 - d. *Determine insurance coverage when a patient has more than one policy or a child is covered by both parents.*
 - e. Differentiate between manual and electronic claims processing procedures.
 - f. Detail the processing of a claim by an insurance company.
 - g. Interpret information on a remittance advice.
 - h. Maintain a medical practice's insurance claim files.
 - i. 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.
 - a. Define key terms.
 - b. Provide examples of a statute, regulation and case law, and explain the use of the *Federal Register*.
 - c. Explain the concept of medical necessity.
 - d. 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-10-CM/PCS.
 - a. Define key terms.
 - b. Explain the purpose of reporting diagnosis codes on insurance claims.
 - c. List and apply EMS outpatient guidelines in coding diagnoses.
 - d. *Identify and properly use ICD-10-CM/PCS's coding conventions.*

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.
 - a. Define key terms.
 - b. Explain the format used in CPT.
 - c. *Select appropriate modifiers to add to CPT codes.*

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.
 - a. Define key terms.
 - b. Describe the HCPCS levels.
 - c. *Assign HCPCS level II codes and modifiers*
 - d. Identify claims to be submitted to regional MAC, Medicare administrative contractors, or both according to HCPCS level II code number.
 - e. 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.
 - a. Define key terms.
 - b. Explain the historical development of CMS reimbursement systems.
 - c. Apply special rules for the Medicare physician fee schedule payment system.
 - d. *Interpret a charge master.*
 - e. Explain hospital revenue cycle management.
 - f. *Complete a UB-04 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.
 - a. Define key terms.
 - b. *Select and code diagnoses and procedures from case studies and sample records.*
 - c. 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.
 - a. Define key terms.
 - b. Apply optical scanning guidelines when completing claims.
 - c. Enter patient and policy holder names, provider names, mailing addresses, and telephone numbers according to claims completion guidelines.
 - d. Describe how funds are recovered from responsible payers.
 - e. Explain the use of the national provider identifier (NPI).
 - f. Differentiate between assignment of benefits and accept assignment.
 - g. Report ICD-10-CM/PCS, HCPCS level II, and CPT codes according to claims completion guidelines.
 - h. Explain the use of the national standard employer identifier.
 - i. Explain when the signature of a physician or supplier is required on a claim.
 - j. Enter the billing entity according to claims completion guidelines.
 - k. Explain how secondary claims are processed.
 - l. List and describe common errors that delay claims processing.
 - m. State the final steps required in claims processing.
 - n. *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.
 - a. Define key terms.
 - b. Differentiate between primary and secondary commercial claims.
 - c. Complete commercial primary fee-for-service claims.
 - d. Complete commercial secondary fee-for-service claims.
 - e. Explain the history of Blue Cross and Blue Shield.
 - f. Apply Blue Cross/Blue Shield billing notes when completing CMS-1500 claims.
 - g. Complete BC/BS billing notes when completing CMS-1500 claims.
 - h. *Complete BC/BS primary and secondary claims.*
 - i. Describe the Medicare enrollment process.
 - j. Differentiate among Medicare Part A, Part B, Part C, and Part D coverage.
 - k. Define other Medicare health plans, employer and union health plans, Medigap, and private contracting.
 - l. Calculate Medicare reimbursement amounts for participating and nonparticipating providers.
 - m. Determine when a Medicare surgical disclosure notice and an advance beneficiary notice are required.
 - n. Explain the Medicare mandatory claims submission process.
 - o. Differentiate between Medicare as primary payer and Medicare as secondary payer.

- p. Interpret a Medicare Summary Notice.
- q. Apply Medicare billing notes when completing CMS-1500 claims.
- r. *Compete Medicare primary, Medigap, Medicare/Medicaid crossover, secondary, and roster billing claims.*
- s. Explain Medicaid eligibility guidelines.
- t. List Medicaid covered services required by the federal government.
- u. Describe how payments for Medicaid services are processed.
- v. Apply Medicaid billing notes when completing CMS-1500 claims
- w. Complete Medicaid primary, secondary, and mother/baby claims.
- x. Explain the historical background of TRICARE.
- y. Describe how TRICARE is administered.
- z. Define CHAMPVA.
- aa. List and explain the TRICARE options, programs and demonstration projects, and supplemental plans.
- bb. Apply TRICARE billing notes when completing CMS-1500 claims.
- cc. *Complete TRICARE claims properly.*
- dd. Describe federal and state workers' compensation programs.
- ee. List eligibility requirements for workers' compensation coverage.
- ff. Classify workers' compensation cases.
- gg. Describe special handling practices for workers' compensation coverage.
- hh. Submit first report of injury and progress reports
- ii. State examples of workers' compensation fraud and abuse.
- jj. Apply workers' compensation billing notes when completing CMS - 1500 claims.
- kk. *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

Course Content:

A general description of lecture/discussion topics included in this course are listed in the Learning Outcomes/Specific Course Objectives sections of this syllabus.

Students in all sections of this course will be required to do the following:

1. Demonstrate knowledge of course material by completing midterm examination and final examination under proctor supervision at either Panola College or an official Panola College testing center.
2. Read all class lecture material, which has been provided in an online format.
3. Use the current learning management system (LMS) to access assignments and course materials.
4. Use the current LMS email to communicate with the instructor.
5. Interact with other students through online discussion groups.
6. Complete all online assignments.

Methods of Instruction/Course Format/Delivery:

- Students in the Internet class will have access to this course via the current LMS.
- All assignments will be submitted through the current LMS. After the assignment has been graded, the student will be able to view his or her grades by clicking the Grades link in the left banner.
- Students should use the Email within the LMS to communicate with the instructor. This email gives you access to the instructor and other classmates without having to remember or type email addresses- you must select a name from the list. If you are not able to contact me using this email, you may use my Panola College email address, contact me by telephone, or stop by my office. I attempt to respond to all email within 24 hours. Please always include a subject line and your name in your email.

Major Assignments / Assessments:

The following items will be assigned and assessed during the semester and used to calculate the student's final grade.

Assignments

1. Discussion questions
2. Chapter quizzes (chapters 1-15)
3. Complete health insurance claim forms

Assessment(s):

1. Major Exams
2. Final Exam (compressive)

Course Grade:

The grading scale for this course is as follows:

- Major Exams 35%
- Textbook & Workbook Exercises 35%
- 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:

- *Medical Insurance in a Flash!*, Alice A Andress, F.A.Davis, Copyright 2011

Required Readings:

- *Medical Insurance in a Flash!*, Alice A Andress, F.A.Davis, Copyright 2011

Other:

- For current texts and materials, use the following link to access bookstore listings: <http://www.panolacollegestore.com>
- For testing services, use the following link: <http://www.panola.edu/elearning/testing.html>
- 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 Support Services located in the Charles C. Matthews Student Center or go to <http://www.panola.edu/student-success/disability-support-services/> for more information.
- Withdrawing from a course is the student's responsibility. Students who do not attend class and who do not withdraw will receive the grade earned for the course.
- Student Handbook, *The Pathfinder*:
<http://www.panola.edu/student-success/documents/pathfinder.pdf>

SCANS CRITERIA

- 1) **Foundation skills are defined in three areas: basic skills, thinking skills, and personal qualities.**
 - a) **Basic Skills:** A worker must read, write, perform arithmetic and mathematical operations, listen, and speak effectively. These skills include:
 - 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 and 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:** A worker must think creatively, make decisions, solve problems, visualize, know how to learn, and reason effectively. These skills include:
 - 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:** A worker must display responsibility, self-esteem, sociability, self-management, integrity, and honesty.
 - 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 accurately, set personal goals, monitor progress, and exhibit self-control.
 - v) Integrity and Honesty: choose ethical courses of action.
- 2) **Workplace competencies are defined in five areas: resources, interpersonal skills, information, systems, and technology.**
 - a) **Resources:** A worker must identify, organize, plan, and allocate resources effectively.
 - 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 and Facilities: Acquire, store, allocate, and use materials or space efficiently. Examples: construct a decision time line chart; use computer software to plan a project; prepare a budget; conduct a cost/benefits analysis; design an RFP process; write a job description; develop a staffing plan.
 - b) **Interpersonal Skills:** A worker must work with others effectively.
 - i) Participate as a Member of a Team: contribute to group effort.
 - ii) Teach Others New Skills.
 - iii) Serve Clients/Customers: work to satisfy customer's expectations.

- iv) **Exercise Leadership:** communicate ideas to justify position, persuade and convince others, responsibly challenge existing procedures and 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.

Examples: collaborate with a group member to solve a problem; work through a group conflict situation, train a colleague; deal with a dissatisfied customer in person; select and use appropriate leadership styles; use effective delegation techniques; conduct an individual or team negotiation; demonstrate an understanding of how people from different cultural backgrounds might behave in various situations.

- c) **Information:** A worker must be able to acquire and use information.

- i) **Acquire and Evaluate Information.**
- ii) **Organize and Maintain Information.**
- iii) **Interpret and Communicate Information.**
- iv) **Use Computers to Process Information.**

Examples: research and collect data from various sources; develop a form to collect data; develop an inventory record-keeping system; produce a report using graphics; make an oral presentation using various media; use on-line computer data bases to research a report; use a computer spreadsheet to develop a budget.

- d) **Systems:** A worker must understand complex interrelationships.

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

Examples: draw and interpret an organizational chart; develop a monitoring process; choose a situation needing improvement, break it down, examine it, propose an improvement, and implement it.

- e) **Technology:** A worker must be able to work with a variety of technologies.

- 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.

Examples: read equipment descriptions and technical specifications to select equipment to meet needs; set up and assemble appropriate equipment from instructions; read and follow directions for troubleshooting and repairing equipment.