CENTRAL TEXAS COLLEGE
SYLLABUS FOR HITT 2335
CODING AND REIMBURSEMENT METHODOLOGIES

Semester Hours Credit: 3

INSTRUCTOR: ______________________
OFFICE HOURS: ____________________

I. INTRODUCTION

A. Advanced coding techniques with emphasis on case studies, health records, and federal regulations regarding prospective payment systems and methods of reimbursement.

B. This is a required course in the Medical Coding and Billing associate of applied science degree and certificate. You will be required to demonstrate proficiency in the skills learned in this course in the clinical course.

C. This course in conjunction with other appropriate courses prepares students to enter the health related career fields.

D. Experience with medical terminology, anatomy and physiology, and keyboarding and document formatting skills recommended.

E. Alphanumeric coding used throughout this syllabus denotes integration of SCANS occupational competencies (C1, etc.) and foundation skills (F1, etc.).

II. LEARNING OUTCOMES

Upon successful completion of Coding and Reimbursement Methodologies, the student will:

A. Sequence codes according to established guidelines and standards. (C1, C3, C4, C5, C6, C7, C9, C10, C11, C13, C15, C17, C18, C19, C20, F1, F2, F3, F5, F6, F8, F10, F11, F12, F13, F14, F15, F16, F17)

B. Apply reimbursement methodologies. (C1, C3, C4, C5, C6, C7, C9, C10, C11, C13, C15, C17, C19, C20, F1, F2, F3, F5, F6, F8, F10, F11, F12, F13, F14, F15, F16, F17)

III. INSTRUCTIONAL MATERIALS

A. Instructional materials for this course may be found at www.ctcd.edu/books
B. Supplementary Materials: Medical dictionary

August 1, 2016
IV. COURSE REQUIREMENTS

A. **Reading Assignments:** To be successful in this course, you must read and study the textbook. Chapter assignments will be required with each lesson, and you are expected to complete all the work in the chapters including chapter exercises and chapter reviews. Even though you may not be required to turn all work in for grading, you are still responsible for the material covered in the exercises.

B. **Class Assignments:** Assignments may include
   a. workbook exercises
   b. practical coding exercises
   c. produce insurance claim forms
   d. web-based exercises
   e. coding software

C. **Workbook** – The workbook contains additional coding theory and practical coding exercises, which may be part of the assignments. Even though you may not be required to turn in all the workbook work for grading, you are still responsible for the material.

D. **Class Performance** – Students enrolled in distance learning courses are expected to maintain constant progress throughout the course. Failure to do so may result in the student being administratively withdrawn by the instructor.

V. EXAMINATIONS

A. There will be exams (quizzes) to accompany the lessons of the course. These exams will cover information in the reading assignments, and end of chapter exercises. The majority of exam questions will be objective-type.

B. Dates for completion of the lessons, including the quizzes, will be announced in the schedule provided in the online syllabus.

C. The final exam will be cumulative and will be composed of objective-type questions.

VI. SEMESTER GRADE COMPUTATION

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<thead>
<tr>
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<th>Percentage</th>
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<tbody>
<tr>
<td>A. Exams/Final</td>
<td>40%</td>
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<tr>
<td>B. Class Assignments</td>
<td>60%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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For this course to be used to satisfy the requirements for an Office Technology certificate, the student must make at least a grade of C. The student may repeat the course until he or she achieves a grade of C or better.
VII. NOTES AND ADDITIONAL INSTRUCTIONS

A. **Course Withdrawal:** It is your responsibility as a student to officially drop a class if circumstances prevent attendance. Any student who desires to, or must, officially withdraw from a course after the first scheduled class meeting must file an Application for Withdrawal or an Application for Refund. The withdrawal form must be signed by the student.

Application for Withdrawal will be accepted according to the following schedule:

- Friday of 3rd week for 5-week courses
- Friday of 4th week for 6-week courses
- Friday of 6th week for 8-week courses
- Friday of 7th week for 10-week courses
- Friday of 9th week for 12-week courses
- Friday of 12th week for 16-week courses

The equivalent date (75% of the semester) will be used for sessions of other lengths. The specific last day to withdraw is published each semester in the Schedule Bulletin.

Students who officially withdraw will be awarded the grade of "W," provided the student's attendance and academic performance are satisfactory at the time of official withdrawal. Students must file a withdrawal application with the College before they may be considered for withdrawal.

A student may not withdraw from a class for which the instructor has previously issued the student a grade of "F" or "FN" for nonattendance.

B. **Administrative Withdrawal:** Results when a student is absent an excessive number of times as defined in the current Central Texas College catalog and/or other published amendatory documentation. In such a case, the student is dropped from the course with a grade of F.

Under Section 51.907 of the Texas Education Code, “an institution of higher education may not permit a student to drop more than six courses, including any course a transfer student has dropped at another institution of higher education.” This statute was enacted by the State of Texas in spring 2007 and applies to students who enroll in a public institution of higher education as first-time freshmen in fall 2007 or later.

C. **Incomplete Grade:** In keeping with College policy, the instructor may grant an incomplete grade in cases in which the student had completed the majority of the course work, but because of extenuating circumstances, is unable to complete the requirement for the course. Prior approval from the instructor is required before the grade of “IP” is recorded. Deadline for changing the IP grade is 110 days after the
scheduled end of the course. An IP grade can be replaced with the student’s actual grade, including an F; but it may not be replaced with a W. At the end of the 110 calendar days if the student has not completed the remaining coursework as required by the instructor, the IP will be converted to an FI and appear as an F on the student’s official transcript.

D. **Cellular Phones**: Cellular phones will be turned off while the student is in the classroom or laboratory.

E. **Americans With Disabilities Act (ADA)**: Disability Support Services provides services to students who have appropriate documentation of a disability. Students requiring accommodations for class are responsible for contacting the Office of Disability Support Services (DSS) located on the central campus. This service is available to all students, regardless of location. Explore the website at www.ctcd.edu/disability-support for further information. Reasonable accommodations will be given in accordance with the federal and state laws through the DSS office.

F. **Instructor Discretion**: The instructor reserves the right of final decision in course requirements.

G. **Civility**: Individuals are expected to be cognizant of what a constructive educational experience is and respectful of those participating in a learning environment. Failure to do so can result in disciplinary action up to and including expulsion.

H. **Scholastic Honesty**: All students of the Office Technology program are required and expected to maintain the highest standards of scholastic honesty in the preparation of all work and in examinations. Each student should avoid:

1. Plagiarism: the taking of passages or ideas from writings of others without giving proper credit to the source.
2. Collusion: working together with another person in the preparation of work unless such joint preparation is specifically approved in advance by the instructor.
3. Cheating: giving or receiving information on an examination, homework, or projects.
4. Students found guilty of scholastic dishonesty are subject to the Office Technology Department’s disciplinary action and CTC’s disciplinary committee; in addition, students are subject to having credit for courses canceled.
VIII. COURSE OUTLINE

A. **Lesson 1**
   1. **Learning Outcomes**: Upon completion of Lesson 1, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment:
      a. Provide examples of a statute, regulation, and case law, and explain the use of the Federal Register.
      b. Summarize federal legislation and regulations affecting health care.
      c. Explain retention of records law.
      d. List and explain HIPAA’s provisions.
      e. Spell and define the key words, medical terms, and abbreviations related to ICD-10-PCS coding, and medical and surgical procedures.
      f. Identify the purpose of ICD-10-PCS.
      g. Outline the organization of the ICD-10-PCS manual.
      h. Explain the ICD-10-PCS code structure.
      i. Discuss the ICD-10-PCS Official Guidelines for Coding and Reporting.
      j. Describe the basic ICD-10-PCS procedure coding process.
      k. Discuss common Medical and Surgical procedures.
      l. Identify the seven characters and definitions of an ICD-10-PCS Medical and Surgical code.
      m. Discuss ICD-10-PCS guidelines for Medical and Surgical procedures.
   2. **Learning Activities**:
      a. Workbook exercises
      b. Web-based exercises
      c. Lesson quiz
   3. **Lesson 1 Outline**:
      a. **Understanding Health Insurance Chapter 5** – Legal and Regulatory Issues
      b. **Pearson’s Comprehensive Medical Coding Chapter 49** – Introduction to ICD-10-PCS Procedure Coding
      c. **Pearson’s Comprehensive Medical Coding Chapter 50** – Overview of Medical and Surgical Procedures (Section 0)

B. **Lesson 2**
   1. **Learning Outcomes**: Upon completion of Lesson 2, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment:
      a. Discuss the history of managed care in the United States.
      b. Explain the role of a managed care organization.
      c. Describe six managed care models, and provide details about each.
      d. List and define consumer-directed health plans.
      e. Identify the organization that accredits managed care organizations.
      f. Describe the effects of managed care on a physician's practice.
g. Spell and define the key words, medical terms, and abbreviations related to Medical and Surgical procedure coding, and procedures that take out some or all of a Body Part.

h. Discuss the types of procedures that take out some or all of a Body Part.

i. Identify the main characteristics of coding for the Root Operations Excision, Resection, Detachment, Destruction, and Extraction.

j. Abstract information from the medical record for Medical and Surgical Root Operations and procedures, and procedural information from the medical record for coding for the Root Operations B, T, 6, 5, and D.

k. Assign codes for Medical and Surgical procedures and for the Root Operations B, T, 6, 5, and D.

l. Arrange codes for Medical and Surgical procedures and for the Root Operations B, T, 6, 5, and D.

m. Discuss the ICD-10-PCS coding guidelines for Medical and Surgical procedures and for the Root Operations B, T, 6, 5, and D.

2. Learning Activities:
   a. Discussion board
   b. Workbook exercises
   c. Web-based exercises
   d. Lesson quiz

3. Lesson 2 Outline:
   a. Understanding Health Insurance Chapter 3 – Managed Health Care
   b. Pearson’s Comprehensive Medical Coding Chapter 49 – Coding for Medical and Surgical Procedures (Section 0)
   c. Pearson’s Comprehensive Medical Coding Chapter 50 – Section 0: Root Operations B, T, 6, 5, D: Procedures That Take Out Some or All of a Body Part

C. Lesson 3
   1. Learning Outcomes: Upon completion of Lesson 3, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment:
      a. Explain the historical development of CMS reimbursement systems.
      b. List and define each CMS payment system.
      c. Apply special rules for the Medicare physician fee schedule payment system.
      d. Interpret a chargemaster.
      e. Explain hospital revenue cycle management.
      f. Complete a UB-04 claim.
      g. Spell and define the key words, medical terms, and abbreviations related to procedures that put in/put back or move some/all of a Body Part, and procedures that alter the diameter/route of a tubular Body Part.
      h. Discuss the types of procedures that put in/put back or move
some/all of a Body Part, and that alter the diameter/route of a tubular Body Part.

i. Identify the main characteristics of coding for the Root Operations Transplantation, Reattachment, Transfer, and Reposition; and Restriction, Occlusion, Dilation, and Bypass.


m. Discuss the ICD-10-PCS coding guidelines related to Root Operations Y, M, X, and S; and Root Operations V, L, 7, and 1.

2. Learning Activities:
   a. Workbook exercises
   b. Web-based exercises
   c. Lesson quiz

3. Lesson 3 Outline:
   a. Understanding Health Insurance Chapter 9 – CMS
      Reimbursement Methodologies
   b. Pearson’s Comprehensive Medical Coding Chapter 53 – Section 0: Root Operations Y, M, X, S: Procedures That Put in/Put Back or Move Some/All of a Body Part
   c. Pearson’s Comprehensive Medical Coding Chapter 54 – Section 0: Root Operations V, L, 7, 1: Procedures That Alter the Diameter/Route of a Tubular Body Part

D. Lesson 4
1. Learning Outcomes: Upon completion of Lesson 4, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment
   a. Select and code diagnoses and procedures from case studies and sample reports and records.
   b. Research local coverage determinations.
   c. Spell and define the key words, medical terms, and abbreviations related to procedures that take out solids/fluids/gases from a Body Part, involving cutting or separation only, or involving examination only; and related to procedures H, R, U, 2, P, W, 3, Q, G, 0, and 4.
   d. Discuss the types of procedures that take out solids/fluids/gases from a Body Part, involving cutting or separation only, or involving examination only; and types of procedures that always involve a device, that define other repairs, and that define other objectives.
   e. Identify the main characteristics of coding for the Root Operations Drainage, Extirpation, Fragmentation, Release, Division, Inspection, Map, Insertion, Replacement, Supplement, Change, Removal, Revision, Control, Repair, Fusion, Alteration, and Creation.

2. Learning Activities:
   a. Discussion board
   b. Workbook exercises
   c. Web-based exercises
   d. Lesson quiz

3. Lesson 4 Outline:
   a. **Understanding Health Insurance Chapter 10** – Coding for Medical Necessity
   b. **Pearson’s Comprehensive Medical Coding Chapter 55** – Section 0: Root Operations 9, C, F, 8, N, J, and K: Procedures That Take Out Solids/Fluids/Gases from a Body Part (9, C, F); Procedures Involving Cutting or Separation Only (8, N), and Procedures Involving Examination Only (J, K)
   c. **Pearson’s Comprehensive Medical Coding Chapter 56** – Section 0: Root Operations H, R, U, 2, P, W, 3, Q, G, 0, 4: Procedures That Always Involve a Device (H, R, U, 2, P, W); Procedures That Define Other Repairs (3, Q), and Procedures That Define Other Objectives (G, 0, 4)

E. Lesson 5
1. Learning Outcomes: Upon completion of Lesson 5, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment
   a. Apply rules of medical record abstracting.
   b. Select and code diagnoses and procedures from case studies and sample reports and records using an electronic encoder.
   c. Research and apply reimbursement methodologies.
   d. Complete CMS-1500 claims for different payers using claim simulation software.
   e. Spell and define the key words, medical terms, and abbreviations used with Medical and Surgical-Related procedures.
   f. Discuss the types of procedures covered by Medical and Surgical-Related procedures.
   g. Identify the main characteristics of coding for the Root Operations for Medical and Surgical-Related procedures.
   h. Abstract procedural information from the medical record for coding for Medical and Surgical-Related procedures.
i. Assign codes for the Root Operations for Medical and Surgical-Related procedures.

j. Arrange codes for the Root Operations for Medical and Surgical-Related procedures.

k. Discuss the ICD-10-PCS coding guidelines associated with Medical and Surgical-Related procedures.

2. Learning Activities:
   a. Workbook exercises
   b. Web-based exercises
   c. Process claim simulation software case studies
   d. Coding patient records
   e. Lesson quiz

3. Lesson 5 Outline:
   a. Pearson’s Comprehensive Medical Coding Chapter 57 – Sections 1-9: Medical and Surgical-Related Procedures
   b. Understanding Health Insurance Chapter 10 – Appendix II: Case Studies: Set Two

F. Lesson 6

1. Learning Outcomes: Upon completion of Lesson 6, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment
   a. Apply rules of medical record abstracting.
   b. Select and code diagnoses and procedures from case studies and sample reports and records using an electronic encoder.
   c. Research and apply reimbursement methodologies.
   d. Complete CMS-1500 claims for different payers using claim simulation software.
   e. Spell and define the key words, medical terms, and abbreviations related to Ancillary procedures.
   f. Discuss the types of Ancillary procedures.
   g. Identify the main characteristics of coding for the Root Types for Ancillary procedures.
   h. Abstract information from the medical record for coding Ancillary procedures.
   i. Assign codes for the Root Types for Ancillary procedures.
   j. Arrange codes for the Root Types for Ancillary procedures.
   l. Discuss the ICD-10-PCS coding guidelines related to Ancillary procedures and New Technology.

2. Learning Activities:
   a. Discussion board
   b. Workbook exercises
   c. Web-based exercises
   d. Process claim simulation software case studies
   e. Coding patient records
   f. Lesson quiz

3. Lesson 6 Outline:
G. **Lesson 7**
1. **Learning Outcomes:** Upon completion of Lesson 7, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment:
   a. Apply rules of medical record abstracting.
   b. Select and code diagnoses and procedures from case studies and sample reports and records using an electronic encoder.
   c. Research and apply reimbursement methodologies.
   d. Calculate insurance reimbursement amounts.
   e. Complete CMS-1500 claims for different payers using claim simulation software.
   f. Spell and define the key words, medical terms, and abbreviations related to chart notes, operative reports, and health information technology.
   g. Demonstrate how to locate coding information in chart notes.
   h. Demonstrate how to locate coding information in operative reports.
   i. Discuss the impact of health information technology on coding.
   j. Demonstrate understanding of the National Correct Coding Initiative (NCCI).
   k. Describe meaningful electronic health record (EHR) use.
2. **Learning Activities:**
   a. Web-based exercises
   b. Health insurance math
   c. Process claim simulation software case studies
   d. Coding patient records
   e. Lesson quiz
3. **Lesson 7 Outline:**
   a. **Pearson’s Comprehensive Medical Coding Chapter 58** – Sections B-D, F-H, X: Ancillary Procedures and New Technology
   b. **Understanding Health Insurance Chapter 10** – Appendix II: Case Studies: Set Two

H. **Lesson 8**
1. **Learning Outcomes:** Upon completion of Lesson 8, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment:
   a. Apply rules of medical record abstracting.
   b. Select and code diagnoses and procedures from case studies and sample reports and records using an electronic encoder.
   c. Research and apply reimbursement methodologies.
   d. Calculate Medicare reimbursement amounts for participating and nonparticipating providers.
   e. Complete CMS-1500 claims for different payers using claim simulation software.
f. Spell and define the key words related to professionalism and patient relations.
g. Describe the essential elements of professionalism.
h. Discuss the four areas of professionalism related to your employer.
i. Discuss the characteristics of verbal, nonverbal, and written communication.
j. Identify tips for working well with others.
k. Give examples of professionalism rules of the road.
l. Discuss the importance of patient relations and how to respond to an angry patient.

2. Learning Activities:
a. Web-based exercises
b. Medicare math
c. Process claim simulation software case studies
d. Coding patient records
e. Lesson quiz

3. Lesson 8 Outline:
a. Pearson’s Comprehensive Medical Coding Chapter 60 – Professionalism and Patient Relations
b. Understanding Health Insurance Chapter 10 – Appendix II: Case Studies: Set Two