Administrative Master Syllabus

Course Information

Course Title	Coding and Reimbursement Methodologies
Course Prefix, Num. and Title	HITT 2435 Coding and Reimbursement Methodologies
Division	Allied Health
Department	Health Information Technology
Course Type	WECM Course
Course Catalog Description	Advanced coding techniques with emphasis on case studies, health records, and federal regulations regarding prospective payment systems and methods of reimbursement.
Pre-Requisites	HITT 1341 and HITT 2330
Co-Requisites	Enter Co-Requisites Here.

Semester Credit Hours

Total Semester Credit Hours (SCH): Lecture Hours: Lab/Other Hours	4:2:4
Equated Pay Hours	4
Lab/Other Hours Breakdown: Lab Hours	4
Lab/Other Hours Breakdown: Clinical Hours	Enter Clinical Hours Here.
Lab/Other Hours Breakdown: Practicum Hours	Enter Practicum Hours Here.
Other Hours Breakdown	List Total Lab/Other Hours Here.

Approval Signatures

Title	Signature	Date
Department Head:	Debbie Lutringer	10/2/23
Division Chair:		
VPI:		

Additional Course Information

Topical Outline: Each offering of this course must include the following topics (be sure to include information regarding lab, practicum, and clinical or other non-lecture instruction).

A. Reimbursement and Insurance Basics
    1. Understanding Insurance Basics
    2. Reimbursement Terminology
    3. Types of Insurance and Third-Party Payers
B. Prospective Payment Systems
    1. Background
    2. Reasons for a Prospective Payment System
    3. Acute Care Hospitals
        a. Inpatient Prospective Payment System (IPPS)
        b. Diagnosis Related Groups (DRGs)
    4. Skilled Nursing Facilities
        a. Skilled Nursing Facility Prospective Payment System (SNF PPS)
        b. Resource Utilization Groups (RUGs)
    5. Home Health Agencies
        a. Home Health Prospective Payment System (HH PPS)
        b. Home Health Resource Groups (HHRGs)
    6. Hospital Outpatient Services
        a. Outpatient Prospective Payment System (OPPS)
        b. Ambulatory Patient Classification System (APCs)
    7. Inpatient Rehabilitation Facilities (IRFs)
        a. Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS)
        b. Case Mix Groups
    8. Long-Term Care Hospitals
        a. Long-Term Care Prospective Payment System (LTC PPS)
        b. Long-Term Care Diagnosis Related Groups (LTC DRGs)
    9. Physicians/other Outpatient Services
        a. Medicare Fee Schedule (MFS)
        b. Resource-Based Relative Value System (RBRVS)
   10. Clinical Laboratory Fee Schedule
   11. Durable Medical Equipment, Prosthetics/Orthotics & Supplies (DMEPOS)
   12. Ambulatory Surgery Centers (ASCs)
   13. Ambulance Fee Schedule
C. Current Procedural Terminology (CPT)
    1. Introduction to Clinical Coding
    2. Application of the CPT System
        a. Section Numbers and Their Sequences
        b. Instructions for Use of the CPT Codebook
    3. Modifiers
    4. Surgery
        a. Integumentary System
        b. Musculoskeletal System
        c. Respiratory System
        d. Cardiovascular System
        e. Hemic and Lymphatic System

      f. Mediastinum and Diaphragm

      g. Digestive System

      h. Urinary System

      i. Male Genital System

      j. Female Genital System

      k. Maternity Care and Delivery

      l. Endocrine System

    m. Nervous System

      n. Eye and Ocular Adnexa

      o. Auditory System

  5. Radiology

  6. Pathology and Laboratory

  7. Evaluation and Management Section

      a. Medicare's Documentation Guidelines-various versions

      b. Selection of appropriate code

  8. Medicine Section

  9. Anesthesia Section

      a. Modifiers

      b. Qualifying codes

D. HCPCS Levels II (Health Care Procedural Coding System) Structure of Level II HCPCS codes Modifiers

E. Reimbursement in the Ambulatory Setting Medicare Outpatient Code Editor Quality Controls

F. Charge Description Master (CDM) Components of the CDM Use of Revenue Codes Importance of CDM and coding for proper reimbursement Updating the CDM

Course Learning Outcomes:

Learning Outcomes – Upon successful completion of this course, students will:

Sequence codes according to established guidelines and standards.

Apply reimbursement methodologies.

Methods of Assessment:

Written tests and workbook activities.

Written tests.

Required text(s), optional text(s) and/or materials to be supplied by the student:

Current Procedural Terminology, Chicago, IL : American Medical Association, Current Year.
Bowie, Mary Jo, Understanding Current Procedural Terminology and HCPCS Coding Systems, current edition, Boston, MA: Cengage Learning.

Access to a computer with an external webcam and microphone, a reliable internet connection, and access to the WCJC learning management system.

Suggested Course Maximum:

20

Rev. June 2023

List any specific or physical requirements beyond a typical classroom required to teach the course.

Access to technology appropriate for online courses.

Course Requirements/Grading System: Describe any course specific requirements such as research papers or reading assignments and the generalized grading format for the course.

Grading scale:

93—100% A
85—92%   B
78—84%   C
70—77%   D
69—0%   F

Final evaluation will be based on grades achieved during the semester and the final exam.
Daily Grade Average 20%
Test Average 65%
Final Exam 15%

Curriculum Checklist:

☐**Administrative General Education Course** (from ACGM, but not in WCJC Core) – No additional documents needed.

☐**Administrative WCJC Core Course** – Attach the Core Curriculum Review Forms

    ☐Critical Thinking

    ☐Communication

    ☐Empirical & Quantitative Skills

    ☐Teamwork

    ☐Social Responsibility

    ☐Personal Responsibility

☒**WECM Course** – If needed, revise the Program SCANS Matrix and Competencies Checklist