AUSTIN COMMUNITY COLLEGE
HITT 1213 – Insurance Coding (Revenue Management)
Spring 2025

Course Day and Time	Online
Synonym and Section #	12718-001
Campus	EVC
Room #	DIL
Professor	Cherise Jackson, RHIA
Phone	512-223-5887
Fax	
Email Address	Cherise.jackson@austincc.edu
Website	https://sites.austincc.edu/health/hitt/
Office Location and Hours	Online Tuesday 4:00-5:00 p.m. Thursday 4:00-5:00 p.m. Wednesdays 2 p.m. to 5 p.m. Conferences by appointment
Additional contact information:	Students with questions about the course should **contact their instructor**. For **other questions** regarding the Allied Health Science Department (ALHS), students may contact: Karoline Gebert, Health Sciences Assistant at 512.224.5865 or by email: gebert@austincc.edu at the Eastview Campus

Course Description

An overview of skills and knowledge in ICD and CPT coding and claims forms for reimbursement of medical services.

Course Prerequisites

HITT-1301, HITT-1341, and HPRS 1106 (or HPRS-1206).

Course Rationale

Careers in Health Information Technology (HIT) are among the most varied and rapidly expanding in the health care fields. Accurate processing of health insurance claims has become more exacting and rigorous with the rapid expansion of insurance plan options. Those professionals responsible for processing these claims must adhere to state and federal regulations and require a thorough instruction in all aspects of medical insurance.

2018 AHIMA Entry Level Competencies

The curriculum of the Austin Community College Health Information Technology program is designed to meet or exceed the professional course content as published in the AHIMA Model Curriculum that includes the HIM Entry-Level Competencies and Knowledge Clusters. This course addresses the specific Domains, Subdomains, and Competencies identified below:

Domain IV: Data Management

1. Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines.
2. Describe components of revenue cycle management and clinical documentation improvement.

Upon completion of the course the student will be able to:

1. Utilize paper and electronic health records for assigning CPT/HCPCS diagnostic and procedure codes.
2. Apply ethical coding and billing practices to support complete and accurate data.
3. Explain the purpose of CPT/HCPCS codes in health care claims processing.
4. Explain the importance of HIPAA transaction and code set standards in transmitting health information via electronic data interchange (EDI) to include the effective dates for revisions to the CPT/HCPCS coding systems.
5. Explain the relationship between ICD-10-CM and CPT/HCPCS codes in health care claims processing and their relationship to medical necessity.
6. Define CPT and describe the format, structure and symbols; locate main terms and subterms in the CPT index.
7. Locate NCCI edits on the CMS website and differentiate between NCCI edits for the hospital outpatient vs the physician office setting.
8. Apply CPT/HCPCS codes and modifiers to case scenarios and operative reports following instructional notes, billing rules and guidelines.
9. Adhere to official coding guidelines and advice when assigning ICD-10 diagnosis and CPT/HCPCS procedure codes.
10. Differentiate CPT modifiers and HCPCS Level II modifiers and distinguish between modifiers used in the physician office setting vs. the facility (hospital) setting.
11. Abstract pertinent clinical documentation and following coding guidelines and billing regulations, apply CPT/HCPCS codes and modifiers when appropriate.
12. Explain the purpose of a hospital chargemaster and discuss the HIM department's responsibilities in chargemaster maintenance and compliance.
13. Distinguish between Evaluation and Management (E/M) codes (visit codes) usage in the facility (outpatient hospital) vs the physician settings.
14. Define the E/M Documentation Requirements used in the physician office setting and explain the difference between 2095 and 2097 Physician Documentation Guidelines.

15. Discuss the following as it relates to physician (professional) reporting of E/M visit codes:
    - Differentiate between new and established patients when reporting E/M codes.
    - Identify key components of E/M codes.
    - Discuss when time is used rather than documentation to assign the E/M code.
16. Define RBRVS, describe the Medicare professional fee payment system and identify the components of relative value units.
17. Explain the role of the managed care organization and the effects on a physician's practice.
18. Locate the POS (place of service) reporting box on the CMS-1500 claim form and explain the purpose of the POS code.
19. Convert charge ticket/encounter form clinical data to coded data, arrange ICD-10, HCPCS codes and link the diagnosis and procedure codes appropriately on the CMS-1500 claim form.
20. Explain the importance of adherence to contract guidelines when reporting services for various payers in the physician setting.
21. Identify payment components (RVU, conversion factor) of the Medicare Physician Fee Schedule (MPFS) and calculate payment.
22. Use and become proficient in locating information regarding physician documentation, coding/billing policies, payment, and coverage issues such as MPFS, NCD/LCD and NCCI.
23. Differentiate between claim forms utilized in the physician setting versus the facility setting (outpatient hospital/freestanding ASC).
24. Analyze and validate appropriate claims processing by comparing billed claims data with paid claims data (RA/EOBs) and identify payment differences.
25. Differentiate between national coverage determinations (NCD) and local medical review policy (LMRP). Explain the connection these decisions have with medical necessity.
26. Identify the organization that publishes and updates the CPT coding system, and identify the publication also published by this organization that serves as the official coding advice for CPT.
27. Identify the organization that publishes and updates the HCPCS Level II coding system.
28. Validate CPT/HCPCS codes assigned on case scenarios/operative reports.
29. Identify Medicare regulatory policies and transmittals (CMS, Federal Register).

Discipline/Program Student Learning Outcomes

Upon completion of the Associate of Applied Science Degree in Health Information Technology, the student will be able to:

A. Appropriately manage and use health data.

B. Collect, report and interpret database information and compute related healthcare statistics.

C. Apply and participate in the implementation of laws and policies and procedures within healthcare delivery systems as they relate to payment systems, healthcare provider information needs, patient privacy and disclosure and ethical standards of practice.

D. Utilize technology, including specialized hardware and software applications to ensure accurate data collection, record tracking, analysis, reporting and will be able to apply and contribute to the application of electronic health records and to the maintenance and design of patient information retrieval systems, while maintaining confidentiality and security of information.

E. Apply the fundamentals of team and financial resource management, including budgeting, teamwork, education, communication and interpersonal skills in order to contribute to work plans, policies and procedures, resource management and others in performance as a member of a team.

SCANS Competencies

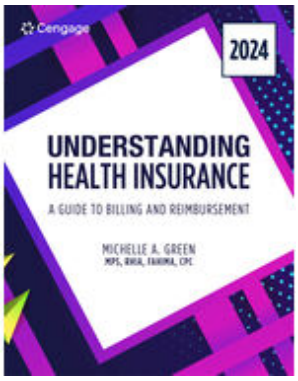
In 1990, the U.S. Department of Labor established the Secretary's Commission on Achieving Necessary Skills (SCANS) to examine the demands of the workplace and whether our nation's students are capable of meeting those demands. The Commission determined that today's jobs generally require competencies in the following areas:

- **Resources**: Identifies, organizes, plans and allocates resources
- **Interpersonal**: Works with others
- **Information**: Acquires and uses information
- **Systems**: Understands complex interrelationships
- **Technology**: Works with a variety of technologies

The Texas Higher Education Coordinating Board requires that all degree plans in institutions of higher education incorporate these competencies and identify to the student how these competencies are achieved in course objectives.

COMPETENCE	EXAMPLE OF LEVEL
Resources	Identifies resources used in course and allocates time for studying.
Interpersonal	Shares experiences and knowledge with classmates, works as a member of a team for any assigned activities. Participates in weekly discussions.
Information	Identifies classification systems for inpatient, outpatient and CPT procedures and reimbursement methodologies.
Systems	Identifies systems to use such as encoder, quadramed, or virtual lab.
Technology	Discusses electronic health record with classmates and instructor.
Basic Skills	Reads assigned pages.
Thinking Skills	Identifies and prepares for tests, quizzes and research activities.
Personal Qualities	Works as a team member for any assigned activities. Asserts self and networks with classmates and virtual lab to obtain information on current topics.

Textbook – Available under the "First Day Program" digital copy from the Bookstore



Understanding Health Insurance: A Guide to Billing and Reimbursement, 2024 Edition

by Michelle A. Green | 19th Edition | Copyright 2025

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Instructional Methodology

Classroom and Online –Blackboard

GRADING SYSTEM

The Health Information Technology courses use the following scale for determination of final grades:

A = 90-100%

B = 80-89%

C = 70-79%

D = 60-69%

F = 59% and below

Students will use the Blackboard learning management system for assignment instructions, submitting assignments, and collaboration.

Method of Evaluation

40% weekly assignments

60% Quizzes

No make-up exams will be given. There will be no exceptions. All grades will be posted on Blackboard.

Course Policies

Attendance/Class Participation

Regular and punctual class and laboratory attendance is expected of all students. If attendance or compliance with other course policies is unsatisfactory, the instructor may withdraw students from the class.

Withdrawal Policy

It is the responsibility of each student to ensure that his or her name is removed from the rolls should they decide to withdraw from the class. The instructor does, however, reserve the right to drop a student should he or she feel it is necessary. If a student decides to withdraw, he or she should also verify that the withdrawal is recorded before the Final Withdrawal Date. **The Final Withdrawal Date for this semester is Monday 04-28-25.** The student is also strongly encouraged to keep any paperwork in case a problem arises.

Students are responsible for understanding the impact that withdrawal from a course may have on their financial aid, veterans' benefits, and international student status. Per state law, students enrolling for the first time in Fall 2007 or later at any public Texas college or university may not withdraw (receive a "W") from more than six courses during their undergraduate college education. Some exemptions for good cause could allow a student to withdraw from a course without having it count toward this limit. Students are strongly encouraged to meet with an advisor when making decisions about course selection, course loads, and course withdrawals.

The student is required to turn in their program student ID and any equipment or items that belong to the department. Failure to do so may compromise their standing at ACC.

Students who enroll for the third or subsequent time in a course taken since Fall, 2002, may be charged a higher tuition rate for that course.

State law permits students to withdraw from no more than six courses during their entire undergraduate career at Texas public colleges or universities. With certain exceptions, all course withdrawals automatically count towards this limit. Details regarding this policy can be found in the ACC college catalog.

Incompletes

Students may request an Incomplete from their faculty member if they believe circumstances warrant. The faculty member will determine whether the Incomplete is appropriate to award or not. The following processes must be followed when awarding a student an I grade.

1. Prior to the end of the semester in which the "I" is to be awarded, the student must meet with the instructor to determine the assignments and exams that must be completed prior to the deadline date. This meeting can occur virtually or in person. The instructor should complete the Report of Incomplete Grade form.
2. The faculty member will complete the form, including all requirements to complete the course and the due date, sign (by typing in name) and then email it to the student. The student will then complete his/her section, sign (by typing in name), and return the completed form to the faculty member to complete the agreement. A copy of the fully completed form can then be emailed by the faculty member to the student and the department chair for each grade of Incomplete that the faculty member submits at the end of the semester.
3. The student must complete all remaining work by the date specified on the form above. This date is determined by the instructor in collaboration with the student, but it may not be later than the final withdrawal deadline in the subsequent long semester.
4. Students will retain access to the course Blackboard page through the subsequent semester in order to submit work and complete the course. Students will be able to log on to Blackboard and have access to the course section materials, assignments, and grades from the course and semester in which the Incomplete was awarded.
5. When the student completes the required work by the Incomplete deadline, the instructor will submit an electronic Grade Change Form to change the student's performance grade from an "I" to the earned grade of A, B, C, D, or F.

If an Incomplete is not resolved by the deadline, the grade automatically converts to an "F." Approval to carry an Incomplete for longer than the following semester or session deadline is not frequently granted."

Austin Community College COVID-19 Return to Campus Health and Safety Protocols

Can be found at: https://drive.google.com/file/d/1TDaboZe7CSzu7KyBvflHzR2Rv4VOZDj0/view

College Policies and Student Support Services

For college policies and student support services, please visit
https://docs.google.com/document/d/1fieLrHTt3zH12JFwsYghVP83RP6yTY80/edit

Schedule HITT 1213

WEEK/ DATES	TOPIC AREA/OBJECTIVE	READING OTHER ASSIGNMENTS
Week 1 **01-21-25**	Ch 1. Health Insurance Specialist Career	**Cengage- MindTap** **Read: Ch 1** Complete All Exercises (7) Learn It, Study It, Apply It Complete Quiz Due 02-02-25
Week 2 **02-02-25**	Ch 2. Introduction to Health Insurance and Managed Care and Ch 3. Introduction to Revenue Management	**Read: Ch 2** Complete All Exercises (19) Learn It, Study It, Apply It Complete Quiz Due 02-02-25 **Read: Ch 3** Complete All Exercises (39) Learn It, Study It, Apply It Complete Quiz **Due 02-09-25**
Week 3 **02-09-25**	Ch 4. Revenue Management: Insurance Claims, Denied Claims and Appeals, and Credit and Collections	**Read: Ch 4** Complete All Exercises (51) Learn It, Study It, Apply It Complete Quiz **Due 02-16-25**
Week 4 **02-16-25**	Ch 5. Legal Aspects of Health Insurance and Reimbursement	**Read: Ch 5** Complete All Exercises (13) Learn It, Study It, Apply It Complete Quiz **Due 02-23-25**

WEEK/ DATES	TOPIC AREA/OBJECTIVE	READING OTHER ASSIGNMENTS
Week 5 **02-23-25**	Ch 6. ICD-10-CM Coding	**Read: Ch 6** Complete All Exercises (46) Learn It, Study It, Apply It Complete Quiz Due 03-02-25
Week 6 **03-02-25**	Ch 7. CPT Coding	**Read: Ch 7** Complete All Exercises (26) Learn It, Study It, Apply It Complete Quiz **Due 03-09-25**
Week 7 **03-09-25**	Ch 8. HCPCS Level II Coding	**Read: Ch 8** Complete All Exercises (14) Learn It, Study It, Apply It Complete Quiz **Due 03-16-25**
Week 8 **03-09-25**	Ch 9. CMS Reimbursement Methodologies **And** Ch 10. Coding Compliance Programs, Clinical Documentation Improvement, and Coding for Medical Necessity	**Read: Ch 9 and 10** Complete All Exercises (13) Complete All Exercises (17) Learn It, Study It, Apply It Complete Both Quizzes **Due 03-16-25**
Week 9 **03-16-25**	Spring Break 3-17 to 3-23	Spring Break

WEEK/ DATES	TOPIC AREA/OBJECTIVE	READING OTHER ASSIGNMENTS
Week 10 **3-24-25**	Ch 11. CMS-1500 and UB-04 Claims And Ch 12. Commercial Insurance	**Read: Ch 11 & 12** Complete All Exercises (14) Complete All Exercises (24) Learn It, Study It, Apply It Complete Both Quizzes **Due 03-31-25**
Week 11 **03-31-25**	Ch 13. BlueCross BlueShield	**Read: Ch 13** Complete All Exercises (24) Learn It, Study It, Apply It Complete Quiz **Due 04-07-25**
Week 12 **04-07-25**	Ch 14. Medicare	**Read: Ch 14** Complete All Exercises (30) Learn It, Study It, Apply It Complete Quiz **Due 04-14-25**
Week 13 **04-14-25**	Ch 15. Medicaid	**Read: Ch 15** Complete All Exercises (19) Learn It, Study It, Apply It Complete Quiz **Due 04-21-25**
Week 14 **04-21-25**	Ch 16. TRICARE	**Read: Ch 16** Complete All Exercises (21) Learn It, Study It, Apply It Complete Quiz **Due 04-28-25**
Week 15 **04-28-25**	Ch 17. Workers' Compensation	**Read: Ch 17** Complete All Exercises (16) Learn It, Study It, Apply It Complete Quiz **Due 05-05-25**

WEEK/ DATES	TOPIC AREA/OBJECTIVE	READING OTHER ASSIGNMENTS
Week 16 **05-05-25**	Ch 17. And Additional Resources	**Read: Ch 17** Complete All Exercises (12) Learn It, Study It, Apply It Complete Quiz **Due 05-11-25**