PELLESISSIPPI STATE TECHNICAL COMMUNITY COLLEGE
MASTER SYLLABUS

MEDICAL INSURANCE CODING
OST 2940

Class Hours: 3.0
Credit Hours: 3.0
Laboratory Hours: 0.0
Date Revised: Spring 00

Catalog Course Description:


Entry Level Standards:

Students should be able to read, write, and spell at the college level.

Prerequisite:

OST 2920 or department approval

Textbook(s) and Other Reference Materials Basic to the Course:

Medical Dictionary not more than five years old; continue to use the same one purchased for previous courses.

I. Week/Unit/Topic Basis:

<table>
<thead>
<tr>
<th>Week</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction to Course; Introduction to Medical Insurance</td>
</tr>
<tr>
<td>2</td>
<td>Legal Considerations; Life Cycle of an Insurance Claim</td>
</tr>
<tr>
<td>3-5</td>
<td>Diagnostic Coding; How to Use St. Anthony's ICD-9-CM Code Book; Introduction to ICD-9-CM; EXAMINATION 1</td>
</tr>
<tr>
<td>7-9</td>
<td>Procedural Coding; Introduction to CPT-4; HCPCS Level II Codes</td>
</tr>
<tr>
<td>10</td>
<td>Terminology Common to All Programs; The Standard Data Set</td>
</tr>
<tr>
<td>11</td>
<td>EXAMINATION 2</td>
</tr>
</tbody>
</table>
II. Course Objectives*:

A. Understand the different types of health care insurance and be aware of the legal issues associated with the claims filing process. VI,XI,XII

B. Learn the ICD-9-CM diagnostic coding system. VI,XI,XII

C. Learn the CPT-4 procedural coding system. VI,XI,XII

D. Learn the HCPCS coding system. VI,XI,XII

E. Demonstrate how to prepare the universal medical insurance claim form for reimbursement of a patient’s medical claims. VI, XI, XII

F. Demonstrate the ability to use correct medical insurance terminology, abbreviations, and understanding of the various medical insurance programs available to consumers. VI, XI, XII

*Roman numerals after course objectives reference goals of the Business and Computer Technologies department.

III. Instructional Processes*:

Students will:

1. Learn to utilize the coding reference books including CPT, ICD9, HCPCS in order to efficiently and accurately code for insurance purposes. Personal Development Outcome; Transitional Strategy

2. Solve coding identification and usage problems based on real office situations. Problem Solving and Decision Making Outcome, Transitional Strategies

3. Research the Internet to find the latest rulings used in coding and in insurance filing. Information Literacy Outcome, Technological Literacy Outcome

4. Access Pellissippi State User Account to find library resources pertaining to the field of medical coding and read and evaluate those resources. Information Literacy Outcome

5. Use oral presentation skills to present individual and group findings from research into coding topics. Communication Outcome, Active Learning Strategies

6. Learn to use a computer database software package to understand the relationship between the test coding, and the medical justification coding. Practice filling out electronic insurance forms correctly. Technological Literacy Outcome

*Strategies and outcomes listed after instructional processes reference Pellissippi State’s goals for strengthening general education knowledge and skills, connecting coursework to experiences beyond the
classroom, and encouraging students to take active and responsible roles in the educational process.

IV. Expectations for Student Performance*

Upon successful completion of this course, the student should be able to:

1. Discuss the economic impact of insurance payments on a medical office. A
2. Describe how a medical assistant could be charged with breach of confidentiality. A
3. Explain the significance of having the patient's signature on a "Release of Medical Information Statement." A
4. Describe how an insurance specialist could be unwittingly involved in a case of fraud. A
5. Identify the system used in diagnosis coding. B
6. Identify the systems used for procedural coding. C,D
7. Explain why accuracy is essential in coding. A,E,F
8. Describe how diagnosis and procedural coding tie together on the claim form. E
9. State the basic steps and apply the basic guidelines in using ICD-9-CM. B
10. Describe the use of fifth digits, notes, includes and excludes in diagnosis coding. B
11. Describe the primary use of E codes and V codes. B
12. Apply coding guidelines to specific problems. A,B,C,D,E
13. Describe the format of CPT codes, sections, guidelines and punctuation. C
14. State the basic steps and apply the basic guidelines in using CPT-4 for a given procedure or service. C
15. Describe the format, levels of coding and use of the HCPCS codes. D
16. Describe the use of special service codes. D
17. Describe the information needed to complete each portion of the insurance claim form. E
18. Complete an insurance claim form with the data provided. E
19. Define terms, phrases, and abbreviations specific to each health care insurance plan. F

*Letters after performance expectations reference the course objectives listed above.

V. Evaluation:

A. Testing Procedures: 60% of grade

There will be three (3) exams given during the semester, each consisting of coding problems and objective questions in the form of multiple choice, true/false, short answer, or short essay. The final exam is comprehensive and will be given in accordance with the final exam schedule published by the College.
B. Laboratory Expectations: 40% of grade

Classwork and/or homework assignments will be given for each unit. Each student is expected to complete all homework assignments. Selected classwork and homework assignments will be turned in for a grade and will be calculated into the final grade as shown above.

C. Field Work:

N/A

D. Other Evaluation Methods:

N/A

E. Grading Scale:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100</td>
</tr>
<tr>
<td>B+</td>
<td>90-92</td>
</tr>
<tr>
<td>B</td>
<td>85-89</td>
</tr>
<tr>
<td>C+</td>
<td>80-84</td>
</tr>
<tr>
<td>C</td>
<td>75-79</td>
</tr>
<tr>
<td>D</td>
<td>70-74</td>
</tr>
<tr>
<td>F</td>
<td>less than 69</td>
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</tbody>
</table>

In order for grades to be calculated, all assigned work must be submitted in a timely fashion. Assigned work must be turned in by date designated. Late work will be charged with a late penalty.

VI. Policies:

A. Attendance Policy:

Pellissippi State Technical Community College expects students to attend all scheduled instructional activities. As a minimum, students in all courses must be present for at least 75 percent of their scheduled class and laboratory meetings in order to receive credit for the course. [NOTE: No differentiation is noted for excused/unexcused absences. These will be treated as an absence.]

Regular attendance is required to receive veteran's benefit pay. Instructors are required to report non-attendance to the Veterans Affairs Office which reports non-attendance to the Veterans Administration Regional Office. Payments are adjusted or canceled if attendance is not regular.

B. Academic Dishonesty:

Plagiarism, cheating, and other forms of academic dishonesty are prohibited. Students guilty of academic misconduct, either directly or indirectly through participation or assistance, are immediately responsible to the instructor of the class. In addition to other possible disciplinary sanctions which may be imposed through the regular Pellissippi State procedures as a result of academic misconduct, the instructor has the authority to assign an F or a zero for the exercise or examination or to assign an F in the course.

C. Other Policies:

Students must have a valid PSTCC ID to be presented on demand to gain access to PSTCC facilities.