

## MRT 204 – Reimbursement, Compliance and Coding

### Challenge Exam Syllabus

#### 3 Credits

#### Course Description:

An overview of the American healthcare system and compliance is presented. Topics covered include the requirements of our coding system in order to receive maximum reimbursement. Current reimbursement methodologies, i.e. RBRVS, APG's, outpatient and in-patient prospective payments, as well as capitation and fee-for-service reimbursements will be covered. This course will also acquaint the student with billing formats using CMS 1500, UB-04, 83I and 837P. Medicare and the office of inspector general's policy around compliance as they relate to coding are included.

#### Course Goals and Objectives:

##### Chapter 1 and 2 – Diagnostic Coding – ICD-9 and ICD-10

- Apply the five basic steps used to code diagnoses.
- Recognize and use ICD-9-CM conventions and guidelines.
- Recognize the various applications of numerical codes, V codes, and E codes.
- Understand and use the tables in the ICD-9-CM Index.
- Recognize and correct coding problems and errors.
- Correctly enter ICD-9-CM codes on a claim form

##### Chapter 3 – Service and Procedural Coding – (CPT)

- Explain the structure, format, and conventions used in CPT (Current Procedural Terminology).
- Identify CPT codes and explain their application within a medical office.
- Locate and use the appendices of CPT.
- Assign correct Evaluation and Management (E&M) codes.
- Apply modifiers with an understanding of their importance in coding.
- Identify services and procedures included in a surgical package.
- Define the difference between a consult and a referral.
- Identify and use the HCPCS (Healthcare Common Procedure Coding System) for Medicare claims.
- Translate written documentation into a numerical language.
- Identify and code services for entry on an insurance claim form.

##### Chapter 4 – HCPCS Coding System

- Understand the importance of the HCPCS system.
- Discover that the coding system is for all insurance companies, not just Medicare.
- Identify main terms.
- Choose a main term.
- Understand the application of HCPCS modifiers.

##### Chapter 5 – Understanding Insurance Policies

- Describe carrier reimbursement systems.
- Describe insurance carrier policy.
- Understand how to use a relative value study.
- Determine allowed amounts under a UCR method

##### Chapter 6 Medicare and Medicaid

- Define the two parts of the Medicare system.
- Define what is covered in the Medicare benefit program.
- Define who is eligible for Medicare benefits.
- Describe the Medicare payment system and payment formulas.
- Explain guidelines when Medicare is the secondary payer.
- Describe the types of providers in the Medicare system.

- Describe the Medicare provider identifying number system.
- Describe the rules and regulations of Medicare filing.
- Describe special filing instructions and forms.

#### Chapter 7 Insurance Claim Forms

- Read various forms of documentation to obtain coding information.
- Use a patient information sheet.
- Use physician identification numbers.
- Complete CMS-1500 claim forms.
- Define coding and pricing relationships

#### Chapter 8 Accounts Receivable

- Read an explanation of benefits (EOB) form.
- Read and retrieve information from a Medicare profile.
- Evaluate reimbursement amounts.
- Explain the impact of deductibles.
- Explain how to calculate co-payment amounts.

#### Chapter 9 Legal Issues

- Describe legal issues concerning medical records.
- Discuss ways to comply with privacy regulations.
- Define fraud and fraudulent billing.
- Explain the importance of record keeping.
- Describe subpoena and the consequence in receiving a subpoena.
- Understand the statute of limitation on accounts for collection.

#### Chapter 10 Putting It All Together

- This chapter will allow you to apply all the information learned from this text by providing an opportunity to work up a patient from the time of service, through the billing cycle, and ending with applying payments and adjustments.
- This chapter will enhance your learning experience by providing insight into the complete billing and reimbursement cycle

#### **Required Text and Materials**

Adams' Coding and Reimbursement: A Simplified Approach, 4th Edition ISBN: 9780323084345 Coding Classification Manuals:

ICD-9-CM for Hospitals, Volumes 1, 2, and 3 Professional Edition

ICD-10-CM and ICD-10-PCS

HCPCS Level II Professional Edition

CPT Professional Edition

Please email Sandra Guy [sguy@necc.mass.edu](mailto:sguy@necc.mass.edu) with any questions regarding this challenge exam