

# MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGE

## COURSE OUTLINE

**DEPT. ADSM**

**COURSE NUMBER: 1200**

**NUMBER OF CREDITS: 3**

**Lecture: 3 Lab: 0 OJT: 0**

<b>Course Title:</b>
Introduction to Medical Coding, Billing and Insurance

<b>Catalog Description:</b>
Introduction to Medical Coding, Billing and Insurance provides a basic introduction to ICD-10-CM, ICD-10-PCS and CPT/HCPCS coding and coding compliance, a study of the various health insurance plans, reimbursement methodologies, and compliance strategies. Students will adhere to current regulations and established guidelines in code assignment. Students who master the material will gain sufficient understanding of coding for entry-level medical insurance specialist positions.

<b>Prerequisites or Necessary Entry Skills/Knowledge:</b>
None.

**FULFILLS MN TRANSFER CURRICULUM AREA(S) (*Leave blank if not applicable*)**

- ☐ Goal 1: Communication: By meeting the following competencies:
- ☐ Goal 2: Critical Thinking: By meeting the following competencies:
- ☐ Goal 3: Natural Sciences: By meeting the following competencies:
- ☐ Goal 4: Mathematics/Logical Reasoning: By meeting the following competencies:
- ☐ Goal 5: History and the Social and Behavioral Sciences: By meeting the following competencies:
- ☐ Goal 6: The Humanities and Fine Arts: By meeting the following competencies:
- ☐ Goal 7: Human Diversity: By meeting the following competencies:
- ☐ Goal 8: Global Perspective: By meeting the following competencies:
- ☐ Goal 9: Ethical and Civic Responsibility: By meeting the following competencies:
- ☐ Goal 10: People and the Environment: By meeting the following competencies:

<b>Topics to be Covered</b>
Medical Coding: Diagnosis, Procedure and CPT/HCPCS
Revenue Cycle Process
Study of numerous health insurance plans, reimbursement methodologies, and compliance strategies
HIPAA/HITECH
Third Party Reimbursement

## Student Learning Outcomes

Identify three ways that medical insurance specialists help ensure the financial success of physician practices.

Explain the ten steps in the revenue cycle and the importance of accurate documentation when working with medical records.

Compare the intent of HIPAA, HITECH, and ACA laws and apply HIPAA rules regarding privacy and release of information.

Assign correct diagnosis and procedure codes.

Apply the six steps for selecting CPT procedure codes to patient scenarios including selecting CPT Evaluation and Management codes.

Describe the major features of group health plans regarding eligibility, portability, and required coverage.

Prepare accurate Medicare primary claims while differentiating among Medicare Part A, Part B, Part C, and Part D.

Assess the income and asset guidelines used by most states to determine eligibility of Medicaid.

Classify the responsibilities for each position that is typically part of billing and collections.

Is this course part of a transfer pathway: Yes ☐ No ☒

Revised Date: Nov 2021