

## **COURSE OUTLINE** **Beginning Medical Coding**

### **Course Description**

BE 125. Beginning Medical Coding. 3 hours credit. Prerequisite: AH 201 and BE 122 with a C or better. This course will enable the student to accurately assign ICD-9-CM diagnosis codes, CPT procedure codes and modifiers, and HCPCS codes for the medical office. The student will prepare for national coding certification testing.

### **Course Relevance**

The applications learned in this course will prepare the student for the billing and coding requirements of a medical office. There is a high demand for certified coders in the medical field.

### **Required Materials\***

Buck, C. *Step by step medical coding*, New York, NY: W.B. Saunders Company

Buck, C. *Step by step medical coding workbook*. New York, NY: W.B. Saunders Co.

American Medical Association. *Physician's current procedural terminology (CPT)*

American Medical Association. *International classification of disease-Clinical modifications (ICD-9-CM)*

American Medical Association. *Medicare's national level II codes (HCPCS)*

Medical Dictionary (preferably Mosby's)

(\* - For complete textbook information, refer to <http://www.butlercc.bkstr.com>)

### **Learning Outcomes**

The intention is for the student to be able to:

1. Assign the appropriate CPT, ICD-9-CM, and HCPCS codes for medical diagnosis and procedures in a medical office.

### **Learning PACT Skills that will be developed and documented in this course**

Through involvement in this course, the student will develop ability in the following PACT skill area(s):

#### **Analytical Thinking Skills**

1. Critical thinking

- Through applying skills learned in the textbook and class presentations, the student will solve specific problems in a medical office.

## Major Summative Assessment Task(s)

These learning outcome(s) and the Learning PACT skill(s) will be demonstrated by:

1. Completing a final project using case studies that demonstrate accurate assignment of CPT, ICD-9-CM, and HCPCS codes.

## Course Content

- I. Skills or Competencies - Actions that are essential to achieve the course outcomes.
  - A. Demonstrate an understanding of the history of coding
    1. Indicate the past and present need for accurate coding
    2. Demonstrate the relationship between coding and insurance compliance
    3. Identify the responsibility of the coding professional toward that relationship
    4. Communicate coding information to professional staff members in a concise manner
  - B. Assign accurate ICD-9-CM codes per case studies
    1. Demonstrate an ability to use both volumes of the ICD-9-CM
    2. Submit codes in the appropriate order of priority
    3. Identify appropriate codes based upon the various coding table (e.g., neoplasm, drugs & chemical, etc.)
    4. Submit codes with the highest level of specificity
    5. Interpret the need for V codes as primary diagnoses for services
  - C. Assign accurate HCPCS codes per case studies
    1. Identify need for a supply code
    2. Identify content of service
    3. Demonstrate appropriate assignment of medication codes
  - D. Make use of the CPT procedural manual
    1. Demonstrate an ability to use the index and anatomical sections to find the appropriate code.
    2. Identify the meanings and use of symbols and directional notations
    3. Utilize the guidelines for each section
    4. Communicate procedural coding information to professional staff members for education purposes
  - E. Assign accurate evaluation and management codes
    1. Demonstrate an ability to assign the code according to place of service
    2. Demonstrate an understanding of the main elements for each level of service
    3. Demonstrate an understanding of the preventative medicine codes
    4. Demonstrate an understanding of how to assign codes for services that require a "time" element (e.g., critical care, prolonged services)
    5. Recognize the difference between inpatient services and nursing facility services
    6. Indicate an ability to communicate to professional staff members how to incorporate codes into their practice
  - F. Assign accurate modifiers to evaluation and management codes
    1. Demonstrate an understanding of the purpose of modifiers
    2. Indicate when a modifier is to be used per case studies
    3. Indicate which codes the modifiers are to be attached to

4. Communicate modifier information to the professional staff members for education purposes.
- G. Audit office services and procedures for accuracy
  1. Demonstrate an understanding of the HCFA-AMA documentation guidelines
  2. Demonstrate an understanding of the essential elements required for each level of service
  3. Demonstrate an understanding of auditing tools and their application to office and hospital documentation
  4. Indicate services that may have been missed by reviewing case studies in relation to the super bill
  5. Indicate the necessity of auditing for the physician office and the relation to compliance guidelines
  6. Indicate the ability to communicate audit findings to the physician and staff for education purposes.
- II. Themes - Key recurring concepts that run throughout this course:
  - A. Proper use and understanding of CPT, ICD-9-CM, and HCPCS manuals
  - B. Personal development skills
- III. Issues - Key areas of conflict that must be understood in order to achieve the intended outcome:
  - A. Reading comprehension
  - B. Following instructions
  - C. Completing tasks to the degree of approval
- IV. Concepts - Key concepts that must be understood to address the issues:
  - A. History of coding
  - B. Importance of accurately assigning ICD-9 and CPT codes
  - C. Evaluation and management modifiers

## **Learning Units**

- I. History of coding
  - A. Past and present use of coding in the medical field
  - B. Impact of coding on patient medical history
  - C. Importance of coding in relation to current emphasis on compliance and fraud/abuse issues
- II. ICD-9-CM diagnosis coding
  - A. Alphabetical and tabular index, descriptions of symbols, indentation system, and guidelines for specificity
  - B. Various coding tables (neoplasm, drug and chemical, hypertension)
  - C. "Accident" diagnosis
- III. HCPCS coding
  - A. Purpose of supply codes
  - B. Regional and local supply codes
  - C. Use of medication codes
- IV. CPT procedural coding

- A. Use of the alphabetical and tabular index, descriptions of symbols, indentation system, and guidelines
  - B. Various coding tables
- V. Evaluation and Management codes and modifiers
- A. Overview of guidelines
  - B. Office/outpatient services
  - C. Inpatient services
  - D. Consultations
  - E. Emergency services (critical care, neonatal critical care)
  - F. Nursing facilities/home services
  - G. Prolonged services/case management
  - H. Preventive medicine services
  - I. Other Services

### **Learning Activities**

Learning activities will include lecture, class discussion, workbook exercises and case studies with in-class review of these studies.

### **Grade Determination**

The student will be graded on learning activities and assessment tasks. Grade determinants may include the following: daily work, quizzes, chapter or unit tests, comprehensive examinations, student projects, student presentations, class participation, and other methods of evaluation at the discretion of the instructor.