

LAST REVIEW: 2010-2011

NEXT REVIEW: 2015-2016

STATUS: A

COURSE TITLE: Coding II

COMMON COURSE NUMBER: HIM 2232

CREDIT HOURS: 2

CONTACT HOUR BREAKDOWN

CLOCK HOURS:

Lecture: **32**

Lab:

Clinic:

Other:

PREREQUISITE(S): HSC 1531, HIM 1253, HIM 1253L

COREQUISITE(S): HIM 2232L

PRE/COREQUISITE(S): None

COURSE DESCRIPTION:

This coding course is designed to build onto the HIM 1253 Coding I Course by enhancing the student's quality of coding and understanding of sequencing for ICD-9-CM. The student will be introduced to basic HCPCS levels I, II and III coding using both a manual system and an automated encoder. Introduction to DRG logic, APCs, RBRVS, PPS as well as Coding Guidelines for Hospital-Based Outpatient Services, Emergency Rooms, and Physician Offices and other reimbursement strategies will be researched and discussed. Different levels of HCPCS as well as outpatient reimbursement issues will be covered.

This course is designed to be taken in conjunction with the HIM 2232L Coding II Lab Course.

UNIT TITLES

1. Coding Overview
2. ICD-9 Coding Review
3. HCPCS Level II
4. CPT Coding System
 - a. Introduction to CPT Coding
 - b. Evaluation and Management
 - c. Anesthesia
 - d. Surgery I
 - e. Surgery II
 - f. Surgery III
 - g. Surgery IV
 - h. Surgery V
 - i. Radiology
 - j. Pathology and Laboratory
 - k. Medicine
5. Reimbursement Methodology

EVALUATION:

Please provide a brief description (250 characters maximum) that details how students will be evaluated on the course outcomes.

Assessment of Coding Assignments, Testing of Coding Conventions and Guidelines.

UNITS

Unit 1: Coding Overview

General Outcome:

1.0 The student shall gain an overall understanding of what is required of a professional coder.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

- 1.1 Review and define key terms.
- 1.2 Review and discuss career options.
- 1.3 Review benefits of credentialing and association membership.
- 1.4 Review and clarify Coder's Code of Ethics.
- 1.5 Review and identify coding systems used for reimbursement.
- 1.6 Review and link the relationship of clinical record documentation quality to coding accuracy.

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Unit 2: ICD-9 Review

General Outcome:

2.0 The student shall review basic ICD-9-CM coding guidelines in readiness to incorporate CPT coding.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

- 2.1 Review and define key terms.
- 2.2 Review and explain the organization of the ICD-9-CM Tabular List of Diseases, Index to Disease and Index to Procedures and Tabular List of Procedures.
- 2.3 Review, list and describe the official guidelines for coding and report ICD-9-CM codes.
- 2.4 Review and interpret ICD-9-CM guidelines for coding and reporting.
- 2.5 Apply guidelines for coding and reporting when assigning ICD-9-CM codes.

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Unit 3: HCPCS Level II

General Outcome:

3.0 The student shall be able to discuss, explain and assign Level II HCPCS.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

3.1 Define key terms.

3.2 List the HCPCS levels and their components.

3.3 Assign HCPCS level II procedure and services codes for outpatient care.

3.4 Identify situations in which both HCPCS levels I and II codes are assigned.

3.5 Assign claims to primary Medicare Administrative Contractors (MACs) or durable medical equipment MACs according to HCPCS level II code number.

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Unit 4: CPT Coding System

General Outcome:

- 4.0 The student shall: be able to discuss, explain and assign CPT HCPCS Level I codes.

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

4.1 Evaluation and Management

4.1.1 Define key terms.

4.1.2 Explain the organization, format, and content of the CPT evaluation and management section.

4.1.3 Interpret CPT evaluation and management section guidelines, coding notes and modifiers.

4.1.4 Select CPT evaluation and management levels of service for documented patient care.

4.1.5 Assign CPT evaluation and management service codes for patient care.

4.1.6 Add CPT and/or HCPCS level II modifiers to codes as appropriate.

4.2 CPT Anesthesia

4.2.1 Define key terms.

4.2.2 Explain the organization, format, and content of the CPT anesthesia section.

4.2.3 Interpret CPT anesthesia section guidelines, coding notes and modifiers.

4.2.4 Assign CPT and/or HCPCS level II modifiers to codes as appropriate.

4.2.5 Calculate anesthesia fees

4.3 CPT Surgery I

4.3.1 Define key terms

4.3.2 Explain the organization, format, and content of the CPT surgery section

4.3.3 Interpret CPT surgery section guidelines and modifiers.

4.3.4 Interpret CPT surgery coding notes for the general and integumentary system subsections.

4.3.5 Assign CPT surgery codes from the general and integumentary system subsections.

4.3.6 Add CPT and/or HCPCS level II modifiers to codes as appropriate.

4.4 CPT Surgery II

- 4.4.1 Define key terms
- 4.4.2 Explain the organization, format, and content of the CPT surgery musculoskeletal system and respiratory system subsections.
- 4.4.3 Interpret CPT surgery coding notes for the musculoskeletal system and respiratory system subsections.
- 4.4.4 Assign CPT surgery codes from the musculoskeletal system and respiratory system subsections.
- 4.4.5 Add CPT and/or HCPCS level II modifiers to codes as appropriate.

4.5 CPT Surgery III

- 4.5.1 Define key terms
- 4.5.2 Explain the organization, format, and content of the CPT surgery cardiovascular system and hemic and lymphatic systems subsections.
- 4.5.3 Interpret CPT surgery coding notes for the cardiovascular system and hemic and lymphatic systems subsections.
- 4.5.4 Assign CPT surgery codes from the cardiovascular system and hemic and lymphatic systems subsections.
- 4.5.5 Add CPT and/ or HCPCs level II modifiers to codes as appropriate.

4.6 CPT Surgery IV

- 4.6.1 Define key terms
- 4.6.2 Explain the organization, format, and content of the CPT mediastinum and Diaphragm, digestive system, and urinary system subsections.
- 4.6.3 Interpret CPT surgery coding notes for the mediastinum and diaphragm, digestive system, and the urinary system subsections.
- 4.6.4 Assign CPT surgery codes from the mediastinum and diaphragm, digestive system, and urinary system subsections.
- 4.6.5 Add CPT and/or HCPCs level II modifiers to codes, as appropriate

4.7 CPT Surgery V

- 4.7.1 Define key terms
- 4.7.2 Explain the organization, format, and content of the CPT male genital system, reproductive system procedures, intersex surgery, female genital system, maternity care and delivery, endocrine system, nervous system, eye and ocular adnexa auditory system, and operating microscope subsections.

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Unit 5: Reimbursement Methodology

General Outcome:

- 5.0 **The student shall: be able to discuss, explain and assign PPS reimbursement methodology at an entry level performance.**

Specific Measurable Learning Outcomes:

Upon successful completion of this unit, the student shall be able to:

1. To differentiate major types of Medicare and Medicaid reimbursement systems for beneficiaries
2. To define basic language associated with reimbursement under Medicare and Medicaid healthcare payment systems
3. To explain common models and policies of payment for Medicare and Medicaid healthcare payment systems for physicians and outpatient settings.
4. Utilize machine coding systems to assign codes and PPS categories.