Department:

Health Sciences – Medical Coding

Course Description:

This course provides an introduction to physician reimbursement methodologies. The course will focus on the principles and application of coding systems such as the International Classification of Diseases, 9th Revision Clinical Modification (ICD-9-CM) and International Classification of Diseases, 10th Revision Clinical Modification (ICD-10-CM) diagnosis coding system, Current Procedural Terminology Manual (CPT-4), and Healthcare Common Procedure Coding System (HCPCS).

Course Competencies:

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

1. Explain coding and how it evolved in the American Healthcare system.
2. Describe the principles and applications of coding systems including official coding guidelines and reporting requirements.
3. Assign, compare and contrast codes.
4. Describe the sections and symbols of the CPT-4 manual.
5. Assign proper codes and modifiers and identify the proper setting to use each code.
6. Distinguish between CPT, National, and Local Codes.
7. Assign proper procedure codes.
8. Demonstrate proper sequence of codes.
9. Determine when a procedure is significant.
10. Define complication.
11. Identify and use key terms and abbreviations.
12. Authenticate codes.
13. Explain the Coding Compliance Initiative (CCI)
   a. Make reasonable judgments after gathering, analyzing, and evaluating information.
   b. Obtain data using technological and traditional processes.
   c. Communicate with various audiences and technologies.
   d. Apply interpersonal skill and knowledge to actual situations.

Course Content:

A. Introduction to the CPT Manual
B. Evaluation and Management
C. Anesthesiology Section and Modifiers
D. Surgery Section and Modifiers
E. Radiology Section and Modifiers
F. Pathology Section and Modifiers
G. Laboratory Section and Modifiers
H. Medicine Section and Modifiers
I. HCPS II Codes
J. Introduction to National Correct Coding Initiative, Bundling and Unbundling
K. Introduction to Diagnosis Related Groups (DRGs) and Assignment
L. Introduction to Ambulatory Payment Classifications
M. Coding Compliance and Sources to Ensure Coding Compliance
N. Payer Remittance or Payment (e.g. RA, EOB, EOMB) Reports for Reimbursement
O. Payer Remittance or Payment (e.g. RA, EOB, EOMB) Reports for Denials
P. Quality Improvement Organizations and How Audits Are Conducted
Q. Submitting Health Care Information for Payment to Third Party Payers
R. Regulatory Compliance Issues
S. Creating and Conducting Monitoring Methods for Coding Compliance Issues

Learning Assessments:

Course competencies will be assessed by use of discussion questions, graded assignments, comprehensive assignments, research paper, quizzes, and exams.

Instructional Materials:


Guidelines for Requesting Accommodations Based on Documented Disability or Medical Condition

It is the intention of Highland Community College to work toward full compliance with the Americans with Disabilities Act, to make instructional programs accessible to all people, and to provide reasonable accommodations according to the law.

Students should understand that it is their responsibility to self-identify their need(s) for accommodation and that they must provide current, comprehensive diagnosis of a specific disability or medical condition from a qualified professional in order to receive services. Documentation must include specific recommendations for accommodation(s). Documentation should be provided in a timely manner prior to or early in the semester so that the requested accommodation can be considered and, if warranted, arranged.

In order to begin the process all students must complete the “Disabilities Self-Identification Form” at this link: https://highlandcc.edu/pages/disability-services.

This form can also be accessed at the Highland Community College homepage under Students Services/Student Resources/Disability Service or by contacting the Disabilities Coordinator.