

Comprehensive Medical Coding for ICD-10-CM/PCS, HCPCS Level II, and CPT

Course Syllabus

Course Description

Comprehensive Medical Coding gives students and healthcare professionals in-depth instruction on key terms, code sets, conventions, and guidelines, as well updates on current codes, for ICD-10-CM/PCS, HCPCS Level II, and CPT.

Learning Outcomes

Upon successful completion of this online course, students will be able to:

1. Identify coding systems used for reimbursement and indicate the relationship between patient record documentation and accurate coding.
2. Explain the organization of the Tabular List of Diseases, Index to Diseases, and Index to Procedures and Tabular List of Procedures.
3. List and describe the official guidelines for coding and reporting for inpatient and outpatient settings.
4. Assign HCPCS level II procedure and services codes for outpatient care.
5. Interpret CPT section guidelines, coding notes, and modifiers.
6. Assign CPT procedure and service codes for appropriate subsections and add modifiers, as appropriate.

Course Outline and Objectives

Part I: Overview of Coding

Chapter 1: Overview of Coding

1. Define key terms.
2. Explain coding career opportunities and the coding credentialing process.
3. Identify professional associations and describe the benefits of membership.
4. Clarify student responsibilities during a coding internship.
5. Identify coding systems used for reimbursement, and indicate the relationship between patient record documentation and accurate coding.

Part II: ICD-9-CM, ICD-10-CM, and ICD-10-PCS Coding Systems

Chapter 2: Introduction to Coding

1. Define key terms.
2. Explain the organization of the Tabular List of Diseases, Index to Diseases, and Index to Procedures and Tabular List of Procedures.
3. List and describe the official guidelines for coding and reporting.
4. Interpret and apply guidelines for coding and reporting when assigning codes.

Chapter 3: Coding Conventions

1. List and explain coding conventions.
2. Interpret CM and PCS coding conventions to assign codes accurately.

Chapter 4: Coding Guidelines

1. Explain HIPAA's impact on the adherence to ICD-10-CM Official Guidelines for Coding and Reporting.
2. Describe the content of each section of the ICD-10-CM Official Guidelines for Coding and Reporting.
3. Apply general and chapter-specific coding guidelines when assigning codes to diagnoses.

Chapter 5: Hospital Inpatient Coding

1. List and explain differences among acute care inpatient settings.
2. Interpret and assign inpatient diagnosis codes for acute care inpatient cases.

Chapter 6: Outpatient and Physician Office Coding

1. List and explain differences among outpatient and physician office health care settings.
2. Interpret outpatient diagnosis coding and reporting guidelines.
3. Assign diagnosis codes for outpatient and physician office care.

Part III: Health Care Procedure Coding System (HCPCS), Level II National Coding System

Chapter 7: HCPCS Level II National Coding System

1. Define key terms.
2. List the HCPCS levels and their components.
3. Assign HCPCS level II procedure and services codes for outpatient care.
4. Identify situations in which both HCPCS levels I and II codes are assigned.
5. Assign claims to primary Medicare administrative contractors (MACs) or durable medical equipment MACs according to HCPCS level II code number.

Part IV: Current Procedural Terminology (CPT) Coding System

Chapter 8: Introduction to CPT Coding

1. Define key terms.
2. Explain the organization, format, and content of CPT.
3. Interpret CPT section guidelines, coding notes, and modifiers.
4. Assign CPT procedure and service codes for outpatient care.
5. Add CPT and/or HCPCS level II modifiers to codes, as appropriate.

Chapter 9: Evaluation and Management

1. Explain and interpret CPT Evaluation and Management section guidelines, coding notes, and modifiers.
2. Select and assign codes for CPT Evaluation and Management levels of service for documented patient care.

Chapter 10: Anesthesia

1. Understand CPT Anesthesia section guidelines and assign appropriate service codes.
2. Calculate anesthesia fees.

Chapter 11: Surgery I

1. Interpret CPT Surgery section guidelines and coding notes for the General and Integumentary System subsections.
2. Assign CPT Surgery codes from the General and Integumentary System subsections and add modifiers, as appropriate.

Chapter 12: Surgery II

1. Explain content, interpret surgery coding notes, and assign codes for the Musculoskeletal System and Respiratory System subsections.

Chapter 13: Surgery III

1. Understand content, interpret coding notes, and assign surgery codes for the Cardiovascular System and Hemic and Lymphatic Systems subsections.

Chapter 14: Surgery IV

1. Interpret surgery coding notes and assign surgery codes for the Mediastinum and Diaphragm, Digestive System, and the Urinary System subsections.

Chapter 15: Surgery V

1. Understand content and coding notes and assign codes for the 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.

Chapter 16: Radiology

1. Explain the organization, format, and content of the CPT Radiology section.
2. Interpret CPT radiology coding guidelines and notes and assign codes.

Chapter 17: Pathology and Laboratory

1. Interpret pathology and laboratory coding guidelines and notes.
2. Assign CPT pathology and laboratory codes.

Chapter 18: Medicine

1. Explain the organization, format, and content of the CPT Medicine section.
2. Interpret CPT Medicine coding guidelines and notes and assign Medicine codes.

Part V: Insurance and Reimbursement Overview (Optional)

Chapter 19: Insurance and Reimbursement

1. Define key terms.
2. Identify and provide examples of third-party payers.
3. List and define each health care reimbursement system.

4. Describe the impact of HIPAA on health care reimbursement.
5. Explain the components of health reform, as delineated in the Affordable Care Act.

Completion and Accreditation

Students who pass the course with an overall average of 70% or higher will receive a certificate of completion and 20.0 Continuing Education Units (CEUs). This program has the prior approval of AAPC for 20.0 continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor. To determine if your employer or program will accept AAPC-approved medical coding CEUs, submit this document which includes the course outline, objectives, and accreditation information.

