

BUTTE COLLEGE

COURSE OUTLINE

I. CATALOG DESCRIPTION

BCIS 62 - Introduction to Medical Coding

3 Unit(s)

Prerequisite(s): NONE

Recommended Prep: Reading Level IV; English Level III; Math Level II and ALH 104

Transfer Status: CSU

51 hours Lecture

This course introduces students to procedural and diagnostic coding used in physicians' offices. Through analysis of case histories and surgical reports, students will learn to distinguish between primary and secondary diagnoses codes, to assign the proper procedural codes, and to explain the importance of accurate medical documentation and clinical records. Students will gain familiarity with Current Procedural Terminology (CPT), International Classification of Diseases--9th Revision; Clinical Modification (ICD-9CM); and ICD-10CM code books; guidelines to be followed; and required supporting documents.

II. OBJECTIVES

Upon successful completion of this course, the student will be able to:

- A. Examine Health Insurance Portability and Accountability Act's (HIPAA) role in determining reimbursement and compliance in the medical office.
- B. Identify and describe the main components of outpatient coding.
- C. Contrast the components of ICD-9-CM coding with ICD-10-CM coding.
- D. Identify and describe CPT and the Level II National Codes (HCPCS) and the part each plays in medical office coding.
- E. Explain the differences in the skills needed for Inpatient Coding as compared with outpatient coding.
- F. Code patient diagnoses and treatments using ICD-9-CM, ICD-10-CM, CPT, and HCPCS codes.

III. COURSE CONTENT

A. Unit Titles/Suggested Time Schedule

Lecture	
<u>Topics</u>	<u>Hours</u>
1. Reimbursement, HIPAA, and Compliance	3.00
2. ICD-9-CM Diagnostic Coding	9.00
3. ICD-10-CM Diagnostic Coding	9.00
4. Introduction to evaluation and management coding used in physicians' offices (CPT Coding)	4.00
5. Inpatient coding used in physicians' offices (CPT Coding)	3.00
6. Anesthesia coding used in physicians' offices (CPT Coding)	7.00
7. Surgery coding used in physicians' offices (CPT Coding)	5.00
8. Radiology/X-ray coding used in physicians' offices (CPT Coding)	3.00
9. Pathology/Laboratory coding used in physicians' offices (CPT Coding)	3.00
10. Other non-surgical services coding used in physicians' offices (CPT Coding)	5.00

IV. METHODS OF INSTRUCTION

- A. Lecture
- B. Collaborative Group Work
- C. Homework: Students are required to complete two hours of outside-of-class homework for each hour of lecture
- D. Problem-Solving Sessions

V. METHODS OF EVALUATION

- A. Exams/Tests
- B. Quizzes
- C. Projects
- D. Practical Evaluations

VI. EXAMPLES OF ASSIGNMENTS

- A. Reading Assignments
 - 1. Read an operative report on a patient. Identify the appropriate codes for the primary surgery portion.
 - 2. Read the information titled "ICD-10-CM Outpatient Coding and Reporting Guidelines". Using the ICD-10-CM, identify the correct code for a list of 10 diagnoses.
- B. Writing Assignments
 - 1. Using a problem-focused patient's history and examination, determine the diagnosis and management options, the risks if left untreated, the level of decision-making complexity, and the correct CPT code for the case. Write a one-page paper explaining your answers.
 - 2. In a one-page paper describe how hospital coding differs from medical office coding.
- C. Out-of-Class Assignments
 - 1. Interview a medical coder employed in a doctor's office. Write a one-page paper describing a typical day in the medical office. Include any recommendations the coder offers about being successful in the field.
 - 2. Do an online search to find out what testing programs are available and how much training is needed to become a certified medical coder. Be prepared to share your findings in class.

VII. RECOMMENDED MATERIALS OF INSTRUCTION

Textbooks:

- A. Buck, Carol. Step-By-Step Medical Coding. Elsevier Saunders, 2014.

Created/Revised by: Connie Petlack

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