

I. COURSE INFORMATION

- A. Allied Health NHA 129 Medical Insurance Coding and Billing
- B. 3 credit hours
- C. Valerius, Joanne; Nenna Bayes; Cynthia Newby; Amy Blochowiak. *Medical Insurance: A Revenue Cycle Process Approach*. 8th ed. New York: McGraw Hill, 2020
- D. Prerequisites: None

II. COURSE DESCRIPTION

This program is designed to serve those students who are interested in gaining access to entry-level positions in the medical field related to reimbursement procedures. The course will focus on the fundamentals of reimbursement utilizing Current Procedural Terminology (CPT), International Classification of Disease (ICD), and Health Care Financing Administration Common Coding System (HCPCS). Data Collection and indexing are explained. Emphasis is placed on the need for adequate coding policies and procedures.

III. LEARNING OUTCOMES

- A. Recognize the terminology for diseases, conditions, and treatment protocols related to the specialties of dermatology, ophthalmology, otorhinolaryngology, pulmonology, cardiology, gastroenterology, obstetrics and gynecology, urology and nephrology, neurology, psychology, hematology and oncology, and immunology
- B. Describe the patient care flow and associated documentation in the inpatient setting
- C. Discuss the importance of the UHDDS and its relationship to diagnostic coding
- D. Apply diagnosis code sequencing rules for a variety of outpatient encounters, such as outpatient procedures/ambulatory surgeries, observation stays, and encounters for circumstances other than disease or injury
- E. Explain the purpose of the CPT code set
- F. Recognize when an unlisted code is needed, and identify the purpose and parts of a special report
- G. Describe the organization of the CPT Evaluation and Management (E/M) section
- H. Assign CPT E/M codes, correctly applying the rules and exceptions for each category of service
- I. Select appropriate surgical modifiers for physician use and facility (hospital outpatient) use
- J. Identify circumstances under which codes from both HCPCS Level I and HCPCS Level II are required

IV. MAJOR CONTENT AREAS

- A. Career as a Medical Coder
- B. ICD-9-CM basics, guidelines and rules
- C. ICD-9-CM selection of principle diagnosis for inpatient settings
- D. ICD-9-CM outpatient coding and reporting guidelines
- E. CPT basics
- F. CPT evaluation and management codes
- G. CPT anesthesia and surgery codes
- H. CPR radiology, pathology, medicine codes
- I. HCPCS
- J. Coding diagnoses and procedures

V. ASSIGNMENTS (may include but are not limited to)

- A. Assignments
- B. Discussions
- C. Quizzes and exams

VI. EVALUATION METHODS (may include but are not limited to)

- A. Quizzes
- B. Exams