

# Common Course Outline

## HIIT 110

### Basic Medical Coding

3 Credits

## The Community College of Baltimore County

### Description

**HIIT 110 – 3 credits -- Basic Medical Coding** introduces ICD-9-CM diagnostic coding, the numeric classification of disease and injury, CPT-4 procedural coding, and HCPCS coding. It introduces students to coding methodology and guidelines, demonstrates the importance of accuracy and specificity in code selection, acquaints students with the different forms of medical data, and lays the foundation for more advanced coding and medical record analysis. 3 credits; 3 lecture hours, 1 lab hour. *Prerequisite: OFAD 141*

### Overall Course Objectives

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

1. explain the importance of medical coding;
2. differentiate between outpatient and inpatient coding;
3. recognize the basic parts of an outpatient medical record;
4. explain the legal and ethical issues of privacy and security of medical information;
5. recognize the appropriate coding methodology for physicians' offices, emergency departments, acute care hospitals, ambulatory clinics, and other health care settings;
6. recognize the differences between frequently used medical insurance forms;
7. determine the correct selection and use of ICD-9-CM, CPT-4, or HCPCS codebooks for coding different types of supplied data, such as diagnoses, tests, and treatments;
8. apply official coding guidelines and conventions to code selections;
9. evaluate coding resources, including websites, publications, and organizations;
10. relate the impact of the upcoming implementation of ICD-10-CM and ICD-10-PCS to the field of coding;
11. demonstrate the ability to accurately code basic medical diagnoses using ICD-9-CM;
12. demonstrate the ability to accurately code basic medical procedures using CPT-4; and
13. utilize computerized encoder programs and compliance software

### Major Topics

- I. Introduction to ICD-9-CM and CPT-4
- II. ICD-9-CM numeric classification of disease and injury Vols. 1 and 2
- III. CPT-4 numeric classification for surgical procedures based on body system
- IV. CPT-4 coding for radiology, pathology and laboratory, anesthesia, and medicine
- V. Official coding guidelines for ICD-9-CM and CPT-4

- VI. HCPCS Level II codes
- VII. Overview of organizations, publications, and other coding resources
- VIII. Basic medical insurance forms
- IX. Legal and ethical issues pertaining to coding medical records
- X. HCPCS Level II codes
- XI. General surgery rules
- XII. Legal issues related to coding medical records
- XIII. CPT-4 numeric classification system for all body systems
- XIV. CPT-4 coding for radiology, pathology and laboratory, and medicine
- XV. ICD-9-CM numeric classification system for body systems
- XVI. ICD-9-CM coding for infectious diseases, mental disorders, congenital anomalies, injury, poisoning, and ill-defined conditions
- XVII. HIPAA compliance
- XVIII. ICD-10-CM and ICD-10-PCS
- XIX. Orientation to use and features of encoder software

### **Course Requirements**

Grading: Grading procedures will be determined by the individual faculty member but will include the following:

1. At least four quizzes
2. At least two tests
3. Coding project
4. Written research report, 500 words minimum
5. Annotated website portfolio
6. Midterm.
7. Final Exam

### **Required Text(s)**

*3-2-1 Code It*, Michelle Green

*ICD-9-CM Professional – Vol. 1, 2, 3*, Ingenix

*CPT Professional*, Ingenix

*HIPAA for Medical Office Personnel*, Dan Krager/Carole Krager

*Legal Aspects of Health Information Management, 2<sup>nd</sup> Ed.*, Dana C. McWay