

Common Course Outline

HIIT 202

CPT Medical Coding

3 Credits

Community College of Baltimore County

Description

HIIT 202 – CPT Medical Coding prepares students to code medical records using the Current Procedural Terminology (CPT-4) procedural classification system and the Healthcare Procedural Coding System Level II (HCPCS Level II). Students learn guidelines for coding evaluation and management, radiology, pathology and laboratory, anesthesia, medicine, and surgical services. Students code a variety of sample medical records including records for ambulatory surgery, emergency departments, clinics, and physician office settings.

3 Credits: 3 lecture hours; 1 lab hour

Prerequisites: HIIT 101 and MDAS 141

Co-requisite: BIOL 160

Overall Course Objectives

Upon completion of this course students will be able to:

1. spell, define, build, and pronounce medical terms;
2. identify the basic parts of an outpatient medical record;
3. differentiate among various types of medical records and the coding guidelines that apply to each;
4. recognize the appropriate coding methodology for physician offices, emergency departments, acute care hospitals, ambulatory clinics, and other healthcare settings;
5. apply official CPT-4 coding guidelines;
6. analyze and code medical records using the CPT-4 and HCPCS Level II coding systems;
7. identify discrepancies between coded data and supporting documentation;
8. defend and discuss the logic of choosing a particular medical code;
9. audit medical records and procedures coded by others;
10. discuss the proper procedures for making coding corrections to a medical record;
11. apply confidentiality, privacy, and security regulations, laws, policies, and procedures to protect health information.
12. utilize coding resources, including websites, publications, and organizations;
13. utilize computerized Encoder program and compliance software;
14. explain the relationship between reimbursement and coding; and
15. apply Ambulatory Payment Classification.

Major Topics

- I. Current Procedural Terminology (CPT-4) Classification System
- II. Healthcare Procedural Coding System Level II (HCPCS Level II)
- III. Reimbursement
 - A. Resource-based Relative Value System (RBRVS)
 - B. Merit-Based Incentive Payment System (MIPS)
 - C. Medicare Access and CHIP Reauthorization Act of 2015 (MACR)
 - D. Ambulatory Payment Classification (APC)
- IV. Legal, Security, and Privacy Regulations
- V. Electronic Coding and Auditing of Medical Records
- VI. Encoder and Other HIM Software Programs

Course Requirements

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

Grading/exams

- A minimum of 5 weekly coding assignments
- A minimum of 2 graded discussion board assignments
- A minimum of 4 quizzes
- Comprehensive coding project
- Midterm
- Comprehensive final exam