Course & Title:

HIM 251: HEALTHCARE COMMON PROCEDURE CODING SYSTEM/CURRENT PROCEDURAL TERMINOLOGY (HCPCS/CPT) CODING

Instructor:

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Contact Information:

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Credit Hours:

Four semester hours

Prerequisites:

HIM 100 or consent of instructor

Description:

Application of HCPCS/CPT Coding Workbook principles to outpatient reimbursement systems.

Textbooks:

All books are mandatory:

Smith, Gail: Basic Current Procedural Terminology and HCPCS Coding, 2018, ISBN: 9781584265566, (AHIMA): ahima.org

CPT (Current Procedural Terminology), Professional Edition, Softbound (2018) ISBN: 978-1-62202-600-5; (American Medical Association); ama-assn.org

Additional Course Resources Utilized:

Computer Software

Examinations:

All exams have to be taken within the time frame given in this syllabus.

Activities/Assignments:

Students will complete assignments in the following areas:

1. Coding exercises and worksheets
2. Coding medical records
3. Computerized coding

*All assignments must be turned in by the due date. Failure to comply with this will result in a zero for the assignment.

When completing work on blackboard, it is the responsibility of the student to make sure the grades are listed on the grade center.

Evaluation:

The final grade will be derived from the following:

Written examinations	80%
Laboratory	20%

The following grading system will be used:

100% - 90%	A
89% - 90%	B
79% - 70%	C
69% - 60%	D
59% - 50%	F

Attendance Policy:

Students are expected to log into Blackboard and participate each week of class.

Disability Accommodations:

In compliance with university policy, students with disabilities who require accommodations (academic adjustments and/or auxiliary aids or services) for this course must contact the Office for Student Disability Services in DSU-1074 of the Student Success Center in Downing University Center. The OFSDS telephone number is (270) 745-5004 V/TDD.

Please DO NOT request accommodations directly from the professor or instructor without a letter of accommodation from the Office for Student Disability Services.

Once disability services/accommodations have been granted and initiated, please contact me with any questions or concerns. Also, if you believe that you are not receiving the disability services to which you are entitled, please address this concern with me immediately so discussion and/or adjustments can occur.

Syllabus Changes:
Class and exam schedules are subject to change according to class progress.

Rev. 8/2018

HCIS 251-HCPCS/CPT

DATE	TOPIC	LAB
Week one	• Chapter 1-Introduction to Clinical Coding: Read this chapter and review the powerpoint . • Take the quiz for Chapter 1.	• Complete the Chapter 1 Review and submit your work on Bb. • Complete the assignment 1.1 and submit your work on Bb. • Complete Assignment 1 over the book content. Because you are typing in your answers I will have to grade this manually so do not stress if your grade is low when you finish. Blackboard will only recognize the answer as correct if they are exactly as I have them in the answer key. You will receive your points for correct answers.
Week two	• Chapter 2-Application of the CPT System. Read this chapter and review the powerpoint. • Watch: Introduction to CPT • Watch: CPT: The Book • Watch: CPT Editorial Notations • Take the quiz for Chapter 2	• Work through all the odd # questions in the exercises in your book 2.1-2.7 and ensure that you know how to find the appropriate answer for each of the questions. • Complete the Chapter 2 Review and submit your work on Bb.

DATE	TOPIC	LAB
Week three	• Chapter 3- Modifiers: Read this chapter and review the PowerPoint. • Watch this video on Modifiers: https://www.youtube.com/watch?v=LhRu_ZSKcqA • Take the quiz for Chapter 3.	• Complete the Chapter 3 Review and submit your work on Bb.
Week four	• Chapter 4-Surgery: Read pages 55-118 of this chapter and review up to slide 61 on the PowerPoint. • Take the quiz for the Integumentary system • Take the quiz for the Musculoskeletal system • Take the quiz for the Cardiovascular system	• Work through all the odd # questions in the exercises 4.1-4.23 in your book: • Next you will complete all of the even # questions in the exercises 4.1-1.23 and submit on Bb for a grade.
Week five	• Chapter 4-Surgery: Read pages 118-158 of this chapter and starting at slide 62 review the rest of the PowerPoint. • Take the quiz for the Digestive System • Take the quiz for the Urinary system • Take the quiz for Chapter 4	• Work through all the odd # questions in the exercises 4.24-4.45 in your book: • Next you will complete all of the even # questions in the exercises 4.24-4.43 and submit on Bb for a grade. • Complete the Chapter 4 Review and submit your work on Bb.
Week six	• Chapter 5-Radiology: Read this chapter and review the PowerPoint. • Chapter 6-Pathology and Laboratory Services: Read this chapter and review the PowerPoint. • Take the quizzes for Chapters 5 & 6	• Work through all the odd # questions in the exercises for Chapter 5 in your book: • Complete the Chapter 5 Review and submit your work on Bb. • Work through all the odd # questions in the

DATE	TOPIC	LAB
		exercises for Chapter 6 in your book. • Complete the Chapter 6 Review and submit your work on Bb.
Week seven	• View a YouTube Video on Ethics • Read and learn the AHIMA Standard of Ethical Coding • Read and learn the AHIMA Code of Ethics	• Complete the Professional Ethics Assignment and submit your work on Bb
Week eight	Have a safe and fun Fall Break!! All assignments, from modules 1-7, have to be complete by the end of the day on October 7, 2018. Any assignment not completed from those modules will receive a zero.	Make sure all assignments are complete for modules 1-7.
Week nine	• Chapter 7-Evaluation and Management Services: • Watch the video CPT: E&M Histories • Watch the video CPT: E&M Examinations • Watch the video E&M Putting it all Together • Read this chapter and review the PowerPoint. • Study the E/M Table Cheat Sheet that is posted on Bb under this module.	• Work through all the odd # questions in the exercises in your book. • Complete the E/M Basic Worksheet and submit your work on Bb.
Week ten	• Chapter 7-Evaluation and Management Services: Read this chapter. • Take the Chapter 7 Quiz.	• Complete the E/M Physician Office Coding Exercise and submit it for a grade on Bb. • Complete and submit the Chapter 7 review.
Week eleven	• Chapter 8-Medicine: Read this chapter and review the PowerPoint. • Complete Chapter 8 Quiz. • Chapter 9-Anesthesia: Read this chapter and review the PowerPoint. • Complete Chapter 9 Quiz.	• Work through all the odd # questions in the exercises 8.1-8.9 in your book. • Complete the Chapter 8 review and submit your work on Bb • Complete the Chapter 9 review

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		and submit your work on Bb.
Week twelve	• Chapter 10-HCPCS Level II: Read this chapter and review the PowerPoint. • Complete Chapter 10 Quiz. • Chapter11-Reimbursement in the Ambulatory Setting: Read this chapter and review the PowerPoint. • Complete Chapter 11 Quiz.	• Work through all the odd # questions in the exercises 10.1-10.2 in your book. • Using the HCPCS Excel Spreadsheet 2017 please complete the HCPCS Coding Exercise and submit on Bb for grading. • Complete the Chapter 10 review and submit your work on Bb • Please complete the APC Assignment and Analysis Lab and submit on Bb for a grade. • Complete the Chapter 11 review and submit your work on Bb.
Week thirteen	• Watch the video: What is a hospital Charge Master • Watch the video: Charge master meaning, definition, explanation • Watch the video: Demystifying the Charge master • Take the quiz for Chapters 10 & 11	• Complete the lab Charge Master Audit and submit the completed lab on Bb
Week fourteen	• Complete the coding exercises 1-37 within the Appendix B in your textbook and submit the completed lab on Bb by 12-2-2018	• Complete the coding exercises 1-37 within the Appendix B in your textbook and submit the completed lab on Bb by 12-2-2018
Week fifteen	• Complete the coding exercises 37-74 within the Appendix B in your textbook and submit the completed lab on Bb by 12-9-2018	• Complete the coding exercises 37-74 within the

DATE	TOPIC	LAB
		Appendix B in your textbook and submit the completed lab on Bb by 12-9-2018
Week sixteen	• **Take the Final Exam and have all assignment completed before 11:59 December 11, 2018**	**Take the Final Exam and have all assignment completed before 11:59 December 11, 2018**

Revised: 8/2018

Student Learning Outcomes:

At the conclusion of this course, the student should be able to meet the following 2011 AHIMA HIM Associate Degree Entry-Level Competencies, Domains, Subdomains, and Tasks:

Associate Degree

Domain I: Health Data Management

I.C. Clinical Classification Systems

- Use and Maintain electronic applications and work processes to support clinical classification and coding (I.C.1)
- Apply diagnosis/procedure codes according to current nomenclature. (I.C.2)
- Ensure accuracy of diagnostic/procedural groupings such as DRG, MS-DRG, APC and so on. (I.C.3)
- Adhere to current regulations and established guidelines in code assignment. (I.C.4)
- Validate coding accuracy using clinical information found in the health record. (I.C.5)
- Use and maintain applications and processes to support other clinical classification and nomenclature systems (such as DSM IV, SNOMED-CT). (I.C.6)
- Resolve discrepancies between coded data and supporting documentation. (I.C.7)

I.D. Reimbursement Methodologies

- Apply policies and procedures for the use or clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery. (I.D.1)
- Apply policies and procedures to comply with the changing regulations among various payment systems for healthcare services such as Medicare, Medicaid, managed care, and so forth. (I.D.2)
- Support accurate billing through coding, change master, claims management, and bill reconciliation processes. (I.D.3)
- Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative. (I.D.4)
- Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements such as outpatient prospective payment systems. (I.D.5)
- Ensure accuracy of diagnostic/procedural groupings such as DRG, APC, and so on. (I.D.6)

Domain III: Health Services Organization and Delivery

III.B. Healthcare Privacy, Confidentiality, Legal and Ethical Issues

- Apply and promote ethical standards of practice. (III.B.5)

Domain IV: Information Technology & Systems

IV.A. Information and Communication Technologies

- Use technology, including hardware and software, to ensure data collection, storage, analysis, and reporting of information. (IV.A.1)
- Use specialized software in the completion of HIM processes such as record tracking, release of information, coding, grouping, registries, billing, quality improvement, and imaging. (IV.A.3)

Domain V: Organizational Resources

Baccalaureate Degree

Domain I: Health Data Management

I.C. Subdomain: Clinical Classification Systems

- Select electronic applications for clinical classification and coding. (I.C.1)
- Implement and manage applications and processes for clinical classification and coding. (I.C.2)
- Maintain processes, policies, and procedures to ensure the accuracy of coded data. (I.C.3)

I.D. Subdomain: Reimbursement Methodologies

- Manage the use of clinical data required in prospective payment systems (PPS) in healthcare delivery. (I.D.1)
- Manage the use of clinical data required in other reimbursement systems in healthcare delivery. (I.D.2)
- Participate in revenue cycle management. (I.D.5)

Domain III. Health Services Organization and Delivery

III.B. Subdomain: Healthcare Privacy, Confidentiality, Legal, and Ethical Issues

- Apply and promote ethical standards of practice. (III.B.7)

Curriculum Components:

At the conclusion of this course, the student should be able to meet the following 2011 AHIMA Knowledge Clusters at the indicated taxonomic level:

Associate Degree

Domain I: Health Data Management

I.C. Clinical Classification Systems

- Classifications, taxonomies, nomenclatures, terminologies, and clinical vocabularies *(4) [Workbook Exercises]*
- Principles and applications of coding systems *(such as ICD, CPT, DSM) (5) [Workbook Exercises]*
- Diagnostic and procedural groupings *(such as DRG, APC, RUGs, SNOMED) (5) [APC Assignment]*
- Coding compliance strategies, auditing, and reporting *(such as CCI, plans)*
- *Coding quality monitors and reporting*

I.D. Reimbursement Methodologies

- *Payment methodologies and systems (such as capitation, prospective payment systems PPS, RBRVS) [APC Assignment]*
- Chargemaster management *(Analyzing, 4) [Chargemaster Assignment]*
- Reimbursement monitoring and reporting *(Evaluating, 5) [CMS 1500 Audit]*

Domain III.   Health Services Organization and Delivery

III.B. Healthcare Privacy, Confidentiality, Legal and Ethical Issues

- Professional and practice-related ethical issues (5) [Blackboard Assignment: Professional Ethics]

Domain IV: Information Technology & Systems

Domain IV.A. Information and Communication Technologies

- Health information specialty systems (ROI, coding, registries) *(Analyzing, 4) [3M Coding System]*

Biomedical Sciences

- Biomedical Sciences
    - Medical Terminology (4) *[Workbook Exercises]*

Baccalaureate Degree

Domain I: Health Data Management

I.C. Subdomain: Clinical Classification Systems

- Healthcare taxonomies, clinical vocabularies, nomenclatures (Understanding, 2) *[Workbook Exercises]*
- Severity of illness systems
- CCI, electronic billing, X12N, 5010

I.D. Subdomain: Reimbursement Methodologies

- • Clinical data and reimbursement management (Evaluating, 5) [CMS 1500 Audit]
- • Chargemaster management (Evaluating, 5) [Chargemaster Assignment]
- • Case mix management
- • Payment systems (such as PPS, DRGs, APCs, RBRVS, RUGs, MSDRGs) (Analyzing, 4) [APC Assignment]
- • Commercial, managed care, and federal insurance plans

Domain III: Health Services Organization and Delivery

III.B.Subdomain: Healthcare Privacy, Confidentiality, Legal, and Ethical Issues

- • Professional ethical issues (Evaluating, 5) [Blackboard Assignment: Professional Ethics]

Biomedical Sciences

- • Biomedical Sciences
  - • Medical Terminology (5) [Workbook Exercises]

HIM 251 Content

I. Introduction To Clinical Coding
II. Application of the CPT System
III. Modifiers
IV. Surgery
   a. Surgical Packages
   b. Separate Procedures
   c. National Correct Coding Initiative
   d. Integumentary System
   e. Musculoskeletal System
   f. Respiratory System
   g. Cardiovascular System
   h. Digestive System
   i. Urinary System
   j. Genital and Reproductive Surgery
   k. Endocrine system
   l. Nervous System
   m. Eye and Ear System
V. Radiology
   a. Diagnostic Radiology
   b. Diagnostic Ultrasound
   c. Radiologic Guidance
   d. Breast, Mammography
   e. Bone/Joint Studies

      f. Radiation Oncology

      g. Nuclear Medicine

VI. Pathology and Lab

      a. Organ or Disease Oriented Panels

      b. Drug Testing

      c. Therapeutic Drug Assays

      d. Evocative/Suppression Testing

      e. Consultations (Clinical Pathology)

      f. Urinalysis

      g. Molecular Pathology

      h. Multianalyte Assays with Algorithmic Analyses

      i. Chemistry

      j. Hematology and Coagulation

      k. Immunology

      l. Transfusion Medicine

      m. Microbiology

      n. Anatomic Pathology

      o. Cytopathology

      p. Cytogentic Studies

      q. In Vivo Lab Procedures

      r. Other Procedures

      s. Reproductive Medicine Procedures

VII. Evaluation and Management Services

      a. New versus established patients

      b. History

      c. Exam

      d. Medical Decision Making

      e. Time Element

      f. Office or Other Outpatient Services

      g. Hospital Observation Services

      h. Hospital Inpatient Services

      i. Consultations

      j. Emergency Department

      k. Critical Care Services

      l. Nursing Facility Services

      m. Domiciliary, rest Home or Custodial Care Services

      n. Home Services

      o. Prolonged Services

      p. Case Management Services

      q. Care Plan Oversight Services

      r. Preventive Medicine Services

      s. Special E&M Services

      t. Newborn Care Services

      u. Inpatient Neonatal Intensive Care and Pediatric and Neonatal Critical Care Services

Rev. 1/14

HCIS 251 – Objectives

CPT CODING WORKBOOK:

I.   Introduction to CPT and HCPCS
    A.   Define coding
    B.   Discuss the purpose and future of coding
    C.   Identify the purpose and uses of CPT
    D.   State the official publication for CPT Coding Workbook
    E.   Define and list the components of HCPCS
    F.   Distinguish between CPT and National Codes
    G.   Describe the general principles of medical record documentation
    H.   Given a list of services, identify what cannot be coded with CPT
    I.   Compare and contrast CPT with ICD-9-CM
    J.   Identify the ICD-9-CM/HCPCS coding assignment necessary for physician services, hospital inpatients, and hospital ambulatory patients
    K.   Differentiate between CMS-1500 and UB-01 forms
    L.   Define key words
    M.   Identify abbreviations

II. Procedural Terminology in Current Use
    A.   Specify the conditions that must be met before a procedure or service is included in the CPT manual.
    B.   Describe the contents of CPT: sections, subsections, subcategory heading, procedure, appendices, and index
    C.   Interpret conventions and characteristics of CPT:
        1.   Semicolon
        2.   Bullet
        3.   Triangle
        4.   Facing triangles
        5.   Plus sign
        6.   Null Symbol
        7.   Circled bullet
        8.   Pending FDA Approval Symbol
    D.   Describe Category I, II, and III CPT codes
    E.   Successfully apply the general rules/guidelines for coding assignment
    F.   Define key concepts:
        1.   Unlisted procedures
        2.   "See"
        3.   Stand alone
    G.   Given an operative report, successfully abstract pertinent clinical information.
    H.   Reference official coding guidelines (CPT Assistant) to support accurate coding assignment.

III.   Modifiers
      A.   Identify the purpose of modifiers
      B.   State the uses of modifiers for surgical procedures
      C.   Differentiate between the modifiers for Hospital Outpatient Use and the complete list of CPT modifiers
      D.   Differentiate between modifiers 73 and 74
      E.   Identify the proper use of modifier 59
      F.   Research Medicare Transmittals and CPT Assistant pertaining to use of modifiers
      G.   Given a scenario, append a CPT code with the correct modifier

IV.   Surgery
      A.   Surgery Overview
         1.   Describe the organization of the surgical section in CPT
         2.   List components of a surgical package
         3.   Distinguish between the CPT definition of surgical package and Medicare definition
         4.   Define and cite examples of "separate procedure"
         5.   Define National Correct Coding Initiative (CCI)
         6.   Differentiate between modifiers for physician use versus modifiers for hospital outpatient use
         7.   Given a procedure or operative report, correctly assign CPT codes
      B.   Integumentary System Subsection
         1.   Identify guidelines for coding excision of lesions
         2.   Differentiate between benign and malignant lesions
         3.   Distinguish between excision and destruction of lesions
         4.   Differentiate between simple, intermediate and complex wound repairs
         5.   Successfully apply guidelines for coding wound repairs
         6.   Differentiate between the types of skin grafts
         7.   Differentiate between excisional and incisional breast biopsies
         8.   Define key terms: lesion, epidermis, dermis, subcutaneous tissue, benign, malignant
      C.   Musculoskeletal System Subsection
         1.   Identify the appropriate use of casting/strapping codes
         2.   Differentiate between surgical and diagnostic endoscopies
      D.   Respiratory System Subsection
         1.   Identify guidelines for coding nasal endoscopy procedures
         2.   Differentiate between direct and indirect laryngoscopies
         3.   Define bronchoscopy
         4.   Describe procedures commonly performed with bronchoscopies
      E.   Cardiovascular System Subsection
         1.   Differentiate between injection procedures
         2.   Define CABG and explain the guidelines for coding assignment
         3.   Describe the documentation necessary to accurately assign codes for peacemaker procedures

4. Identify the components of coding Interventional Radiology
5. Define an AV fistula and indications for the procedure
6. Differentiate between the coding selections for AV fistulas
7. Differentiate between the venous access devices

F. Digestive System Subsection
1. Define ERCP
2. Define proctosigmoidoscopy, sigmoidoscopy, and colonoscopy
3. Describe the methods for removal of tumors/polyps during a colonoscope procedure
4. Explain the coding guidelines for incomplete colonoscopy procedures
5. Learn state guidelines for coding biopsies with lesion removals during GI endoscopy
6. Differentiate between surgical procedure codes for treatment of hemorrhoids
7. Define key terms associated with type, presentation, and/or location of hernias

G. Urinary System Subsection
1. Define the various urodynamic procedures
2. Describe the organization of the urinary system subsection

H. Male Genital System Subsection
1. Differentiate between the removal of lesions in Male Genital Subsection versus those found in the Integumentary System subsection

I. Laparoscopy/Hysteroscopy Subsection
1. Differentiate between laparoscopic and hysteroscopic procedures

J. Nervous System Subsection
1. Differentiate between the spinal injection procedures

K. Eye and Ocular Adnexa Subsection
1. Differentiate between extracapsular and intracapsular cataract extraction
2. Identify the procedures included in the codes for cataract extractions

L. Auditory System Subsection
1. Differentiate between tympanostomy and myringotomy for insertion of ventilating tubes

V. Radiology, Pathology and Laboratory, Medicine, Anesthesia
A. Radiology
1. Apply modifiers associated with radiology procedures (26, TC)
2. State the meaning of the phrase "supervision and interpretation" as it applies to radiological procedures.

B. Laboratory
1. Apply physician-billing guidelines for coding laboratory services
2. State the appropriate use of organ- or disease-oriented panels
3. Select pathology level codes associated with pathological examination and diagnosis.

C. Medicine
1. Assign codes to report the administration of vaccines or toxoids
2. Apply guidelines to identify injections and infusions

D. Anesthesia

1. Apply "qualifying circumstances" and "physical status" codes to anesthesiology services.
2. Given a procedure/service successfully assign CPT code(s) for the above listed services (radiology, pathology/laboratory, medicine, and anesthesia)

VI. <u>Evaluation and Management Services</u>
    A.   Describe the contents of the Evaluation and Management (E/M) Services section
    B.   Differentiate between a new and established patient
    C.   Identify the seven components included in the descriptors for the levels of E/M services
    D.   List the three key components for levels of E/M services
    E.   Describe the documentation requirements for E/M key components
    F.   State the circumstances when "time" is a key factor in determining E/M level of service
    G.   Given a scenario, assign the appropriate E/M code

VII. <u>HCPCS Level II</u>
    A.   Identify the structure of HCPCS Level II codes
    B.   Successfully apply general guidelines for HCPCS Level II coding assignment
    C.   Describe the use of HCPCS Level II modifiers
    D.   Identify the HCPCS Level II modifiers required for hospital outpatient services

VIII. <u>Reimbursement in the Ambulatory Setting</u>
    A.   Explain the prospective payment system utilized for Medicare reimbursement for ambulatory surgery procedures
    B.   Identify the characteristics of the resource-based relative value scale (RBRVS) for Medicare reimbursement for physicians
    C.   Identify the characteristics of ambulatory patient classification (APC) groups
    D.   Describe the purpose of the Medicare outpatient code editor
    E.   Define unbundling
    F.   Apply coding skills to detect errors in submitted data