

COURSE OUTLINE**Health Information Technology 193
Current Procedural Terminology (CPT) Coding****I. Catalog Statement**

Health Information Technology 193 provides the student with an introduction to Healthcare Common Procedure Coding Systems (HCPCS) and Current Procedural Terminology (CPT) coding for ambulatory services related to facility and professional services, with an overview of coding conventions, principles, regulatory guidance, and coding software.

This course is aligned with accreditation standards for the Commission on Accreditation for Health Informatics and Information Management (CAHIIM), an independent accrediting organization whose mission is to serve the public interest by establishing and enforcing quality standards for Health Informatics and Health Information Management (HIM) educational programs.

Total Lecture Units: 3.0

Total Course Units: 3.0

Total Lecture Hours: 48.0

Total Faculty Contact Hours: 48.0

Prerequisite: Medical Office Administration 180

Recommended Preparation: Medical Office Administration 185, and eligibility for English 120, ESL 151, Business Administration 106, or equivalent.

II. Course Entry Expectations

Skills Level Ranges: Reading 5; Writing 5; Listening/Speaking 5; Math 3.

Prior to enrolling in the course, the student should be able to:

1. explain health data and clinical documentation principles, standards, and guidelines to ensure quality of the health record in a medical clinic or an acute-care hospital setting;
2. describe regulatory, accreditation, licensure and certification standards related to health information in medical records in the acute-care hospital setting;
3. understand national and state regulatory and accreditation requirements for confidentiality, privacy, and security of health information to protect the patient and the acute-care hospital;
4. demonstrate a basic vocabulary of medical terms for each body system;
5. explain terms for common diagnostic and therapeutic interventions for each body system;
6. develop proficiency in the use of medical charting using current technology;
7. demonstrate ability to read health record reports with an understanding of medical terminology;
8. describe common disorders of selected body systems in terms of pathogenesis, etiology, clinical manifestations, common diagnostic tests, complications, and treatment modalities.

III. Course Exit Standards

Upon successful completion of the required coursework, the student will be able to:

1. utilize Current Procedural Terminology Coding (CPT) references;
2. utilize Healthcare Common Procedure Coding Systems (HCPCS);
3. explain the differences between billing for physician professional services and facility services when assigning CPT codes;
4. describe the concept of medical necessity and importance of link between International Classification of Disease (ICD) and CPT in coding patient records;
5. explain Ambulatory Payment Classifications (APCs) within the context of coding for physicians (professional fee coding) and hospital outpatients (facility coding).

IV. Course Content

Total Contact Hours = 48 hours

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| A. Introduction to Healthcare Common Procedure Coding System (HCPCS) | 6 hours |
| 1. CPT basic coding principles, usage, guidelines, and symbols | |
| 2. Modifiers, add-on codes and code symbols | |
| B. CPT for Surgery | 12 hours |
| 1. Integumentary | |
| 2. Anatomical | |
| 3. Musculoskeletal | |
| 4. Respiratory | |
| 5. Cardiovascular | |
| C. CPT for Human Body Systems | 12 hours |
| 1. Digestive system | |
| 2. Urinary system | |
| 3. Nervous system | |
| 4. Female genitals and maternity | |
| 5. Sensory system | |
| D. CPT for Various Branches of Medical Science and Related Procedures | 12 hours |
| 1. Radiology | |
| 2. Pathology | |
| 3. Medicine | |
| 4. Anesthesiology | |
| 5. Nuclear medicine | |
| E. CPT for Evaluation and Management | 6 hours |
| 1. Classification of services | |
| 2. Reporting guidelines | |

V. Methods of Instruction

The following methods of instruction may be used in the course:

1. lecture;
2. discussions;
3. hands-on activities, assignments and case management;
4. online.

VI. Out of Class Assignments

The following out of class assignments may be used in this course:

Computer and written assignments, including the following examples:

1. Assigning various CPT codes to actual patient electronic medical record information;
2. Selecting and assigning CPT codes to the principal diagnosis and secondary diagnoses on patients' electronic medical records.

VII. Methods of Evaluation

The following methods of evaluation may be used in this course:

1. quizzes;
2. midterm examination;
3. presentations;
4. final examination.

VIII. Textbook

American Medical Association. *Current Procedural Terminology (CPT)*. Chicago: AMA Publishing, 2012. Print.

12th Grade Textbook Reading Level - ISBN-13: 9781603596831.

IX. Student Learning Outcomes

Upon successful completion of the required coursework the student will be able to:

1. demonstrate CPT and HCPCS codes for outpatient services;
2. assign CPT and HCPCS codes for outpatient services;
3. apply clinical knowledge to code diagnoses for all body systems for inpatient/outpatient records;
4. interpret official CPT and HCPCS coding guidelines;
5. demonstrate knowledge of Ambulatory Payment Classifications (APCs) and the differences between coding for physicians (professional fee coding) and hospital outpatients (facility coding).

Justification for Need

This course is a required course for the completion of the Associate of Science Degree program in Health Information Technology (HIT), which is currently being developed.