

Course Outline for HITM2216 — Introduction to Procedure Coding

Credits: 3 (1/2/0)

Description: This course is an introduction to procedural coding guidelines using Current Procedural Terminology (CPT), the Center for Medicare and Medicaid Services Healthcare Common Procedure Coding System (HCPCS) classification systems, and the International Classification of Diseases-Procedure Coding System (ICD-PCS) current classification systems. Students will practice assigning procedure codes to clinical information found in a health record while maintaining ethical coding standards by adhering to current regulations and guidelines in procedural code assignment.

Prerequisites: HLTH1116 AND BIOL2260

Corequisites: (None)

Competencies:

1. Validate coding data.
2. Perform accurate evaluation and management (E/M) coding.
3. Incorporate knowledge of medical terminology in proper code assignment.
4. Describe the structure and format of procedural code books (CPT, HCPCS and ICD-PCS).
5. Apply procedure codes according to current regulations and guidelines.
6. Review documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings and discharge status.
7. Verify the documentation in the health record is timely, complete and accurate.
8. Comply with ethical standards of practice.
9. Explain confidentiality as it applies to coding.
10. Summarize the different sections of the health record in the inpatient and outpatient settings.
11. Define compliance as it relates to coding.

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Goal Areas: (None)