

## Evaluation and Management Coding Practices

Credits:	3 (2/1/0)
Description:	This course will teach students to appropriately assign evaluation and management codes based on physician documentation. Students will abstract information from health care documentation and assign appropriate levels of service.
Prerequisites:	ADMM1152
Corequisites:	None
Competencies:	<ol style="list-style-type: none"> <li>1. Explain various components of the medical record needed for documentation in the outpatient and inpatient setting using current year CPT, HCPCS II, and ICD codes, and modifiers.</li> <li>2. Demonstrate the ability to use Medicare's 1995 examination guidelines.</li> <li>3. Demonstrate the ability to use Medicare's 1997 examination guidelines.</li> <li>4. Develop, prepare, and use evaluation and management audit tools to determine the correct evaluation and management codes.</li> <li>5. Apply evaluation and management guidelines.</li> <li>6. Assign correct HCPCS II codes based on the physician's documentation.</li> <li>7. Assign correct CPT codes based on the physician's documentation.</li> <li>8. Assign correct ICD codes based on the physician's documentation.</li> <li>9. Explain key components to properly assign evaluation and management codes.</li> <li>10. Explain documentation requirements for proper assignment of evaluation and management codes.</li> <li>11. Utilize computer technology.</li> <li>12. Demonstrate ethical behavior.</li> </ol>
MnTC goal areas:	None