COURSE INFORMATION FORM

DISCIPLINE
Health Information Management

COURSE TITLE
Ambulatory Care Coding - CPT

CR. HR. 4  LECT HR. 2.5  LAB HR. 3  CLIN/INTERN HR. _______  CLOCK HR. _______

CATALOG DESCRIPTION
Coding of medical services and procedures using the Current Procedural Terminology (CPT) classification system and use of HCPCS coding system applicable to ambulatory settings. Validation of codes adhering to coding compliance, ethical guidelines, and utilize health information systems for data collection through coding and abstracting.

PREREQUISITES
HIM 202 and HIM 207

EXPECTED STUDENT OUTCOMES IN THE COURSE (ESO)
Upon completion of this course, the student will be able to:

1. Evaluate clinical classification and coding through effective use of electronic applications and work processes.
3. Analyze and apply appropriate Healthcare Common Procedure Coding System (HCPCS)
4. Identify the essential components of surgical, procedural, and examination techniques.
6. Apply ethical coding practices.
7. Analyze regulations and established guidelines in code assignment.
8. Evaluate coding accuracy through the use of clinical information found in the health record.
9. Explain third party billing requirements for outpatient services.
10. Identify discrepancies between coded data and supporting documentation.

GENERAL EDUCATION OUTCOMES (ESO)
Specify which general education outcomes, if any, are substantially addressed by the course. Numbers in parentheses identify the Expected Student Outcomes linked to the specific General Education Outcome.

Outcomes

Revised 1/9/17
PROGRAM-LEVEL OUTCOMES

CAREER AND TECHNICAL EDUCATION PROGRAM OUTCOMES
Specify which Career and Technical program outcomes, if any, are substantially addressed by the course by completing the “Career and Technical Education template” to show the relationship between course and program outcomes to assessment measures.

1. Apply procedural codes relating to an ambulatory care setting.
2. Apply HCPCS codes related to durable medical equipment, drugs, supplies, and different services.
3. Evaluate the accuracy of procedural coding and groupings relating to an ambulatory care setting.

CLASS-LEVEL ASSESSMENT MEASURES
Student accomplishment of expected student outcomes may be assessed using the following measures. (Identify which measures are used to assess which outcomes.)

1. Assignments (1,2, 3,4, 5, 6, 7,9)
2. Lab exercises (1,2,3,4, 5,6,7,9)
3. Written exams (2,3, 4, 6,8,9)
COURSE OUTLINE FORM

CATALOG NO.  HIM 218

DISCIPLINE  Health Information Management

COURSE TITLE: Ambulatory Care Coding - CPT

Individual instructors may order this outline as fits the needs of their individual courses. In addition, they may place more emphasis on some areas than on others. What is assured is that this particular list is covered in the course. Other topics may be added to a course as the instructor sees fit, and as time and interest allow. An *asterisk can be used to mark an item as optional.

   A. Introduction
   B. Format of CPT and HCPCS
   C. Guidelines
   D. Modifiers

II. Classification of Evaluation and Management Services
   A. Definitions of commonly used terms
      1. new and established patient
      2. concurrent care
      3. counseling
      4. levels of service
   B. Hospital services
   C. Office consultations
   D. Nursing facility service
   E. Home services

III. CPT Coding by Body System
   A. Integumentary
   B. Musculoskeletal
   C. Respiratory
   D. Cardiovascular
   E. Lymphatic
   F. Urinary
   G. Genital
   H. Reproductive
   I. Endocrine
   J. Nervous
   K. Eye/ear

IV. Anesthesia Services
   A. Guidelines
   B. Time reporting
   C. Physician time
   D. Materials supplied by the physician
E. Anesthesia modifiers
F. Unusual risk factors

V. Radiology
   A. Nuclear medicine
   B. Diagnostic ultrasound
   C. Radiation oncology

VI. Pathology/Laboratory
   A. Guidelines
   B. Modifiers
   C. Procedures

VII. Therapeutic Procedures
   A. Medicine administration
   B. Psychiatry
   C. Cardiovascular studies
   D. Dialysis
   E. Neurology procedures
   F. Pulmonary studies
   G. Physical medicine

VIII. Coding For Outpatient Ancillary Services (reimbursement)
   A. HCFA 1500 claims submission
   B. Medicare/Medicaid
   C. Other third party payers
   D. Resource based relative value scale
   E. Ambulatory payment classification
   F. Reason for encounter classification
   G. Reason for visit classification

IX. Practical Applications