

HT204

CPT Coding

[Onsite]

Course Description:

This course is an introduction to the basic structure of the CPT classification system. The course emphasizes standard coding guidelines and the application of the CPT classification system to medical procedures, including the use of encoding software to enhance coding consistency, efficiency and quality. This course requires a laboratory component.

Prerequisite(s) and/or Corequisite(s):

Prerequisites: HT100 Medical Terminology or equivalent, HT102 Introduction to the Health Care Record or equivalent, HT105 Alternative Health Records or equivalent, HT207 Coding I or equivalent, GE258 Human Anatomy and Physiology I or HS210 Anatomy and Physiology I or equivalent, GE259 Human Anatomy and Physiology II or HS220 Anatomy and Physiology II or equivalent

Credit hours: 4

Contact hours: 50 (30 Theory Hours, 20 Lab Hours)

Syllabus: CPT Coding

Instructor: _____

Office hours: _____

Class hours: _____

Major Instructional Areas

1. Introduction to current procedural terminology (CPT)
2. Evaluation and management (E/M) services and medicine
3. Anesthesia and surgery
4. Radiology
5. Pathology, laboratory, and medicine
6. Healthcare Common Procedure Coding System (HCPCS) codes
7. Correct Coding Initiative (CCI) and chargemaster

Course Objectives

1. Apply procedure codes and modifiers using CPT or HCPCS.
2. Describe current regulations and established guidelines in code.
3. Ensure accuracy of procedural data to support case mix classifications such as ambulatory payment classification (APC).
4. Validate coding accuracy using clinical information found in a health record.
5. Resolve discrepancies between coded data and support documentation.
6. Use electronic encoder applications and work processes to support procedural classification and coding.

SCANS Objectives

SCANS is an acronym for Secretary's Commission on Achieving Necessary Skills. The committee, created by the National Secretary of Labor in the early 1990s, created a list of skills and competencies that the committee feels are necessary for employees to function in a high-tech job market.

1. Demonstrate the ability to acquire and evaluate information.
2. Demonstrate the capacity for organizing and maintaining information.
3. Demonstrate the aptitude for interpreting and communicating information.
4. Exhibit the ability to use computers to process information.
5. Demonstrate a competence for working with systems.

Course Outline

Note: All graded activities are listed below in the pattern of <Unit Number>.<Assignment Number>. For example, Lab 2.1 refers to the 1st lab activity in Unit 2.

Unit	Activities
1– Introduction to HCPCS	<ul style="list-style-type: none"> • Content Covered: <ul style="list-style-type: none"> <i>3-2-1 Code It!</i> <ul style="list-style-type: none"> ○ Chapter 7, “HCPCS Level II National Coding System” • Labs: 1.1 • Assignments: 1.1
2– Introduction to CPT Coding	<ul style="list-style-type: none"> • Read from <i>3-2-1 Code It!</i> <ul style="list-style-type: none"> ○ Chapter 8, “Introduction to CPT Coding” • Labs: 2.1

Unit	Activities
	<ul style="list-style-type: none"> • Assignments: 2.1
3– CPT Evaluation and Managemen t	<ul style="list-style-type: none"> • Read from <i>3-2-1 Code It!</i> <ul style="list-style-type: none"> ○ Chapter 9, “CPT Evaluation and Management” • Quizzes: 3.1 • Labs: 3.1 • Assignments: 3.1
4– CPT Medicine	<ul style="list-style-type: none"> • Read from <i>3-2-1 Code It!</i> <ul style="list-style-type: none"> ○ Chapter 18, “CPT Medicine” • Quizzes: 4.1 • Labs: 4.1 • Assignments: 4.1
5– CPT Anesthesia	<ul style="list-style-type: none"> • Read from <i>3-2-1 Code It!</i> <ul style="list-style-type: none"> ○ Chapter 10, “CPT Anesthesia” • Exams: 5.1 • Assignments: 5.1 • Labs: 5.1
6– CPT Surgery I	<ul style="list-style-type: none"> • Read from <i>3-2-1 Code It!</i> <ul style="list-style-type: none"> ○ Chapter 11, “CPT Surgery I” • Labs: 6.1 • Assignments: 6.1

Unit	Activities
7– CPT Surgery II	<ul style="list-style-type: none"> • Read from <i>3-2-1 Code It!</i> <ul style="list-style-type: none"> ○ Chapter 12, “CPT Surgery II” • Labs: 7.1 • Assignments: 7.1
8– CPT Surgery III and IV	<ul style="list-style-type: none"> • Read from <i>3-2-1 Code It!</i> <ul style="list-style-type: none"> ○ Chapter 13, “CPT Surgery III” ○ Chapter 14, “CPT Surgery IV” • Quizzes: 8.1 • Labs: 8.1 • Assignments: 8.1-8.2
9– CPT Surgery V	<ul style="list-style-type: none"> • Read from <i>3-2-1 Code It!</i> <ul style="list-style-type: none"> ○ Chapter 15, “CPT Surgery V” • Exams: 9.1 • Labs: 9.1 • Assignments: 9.1
10–CPT Radiology, Pathology, and Laboratory	<ul style="list-style-type: none"> • Read from <i>3-2-1 Code It!</i> <ul style="list-style-type: none"> ○ Chapter 16, “CPT Radiology” ○ Chapter 17, “Pathology and Laboratory” • Quizzes: 10.1 • Labs: 10.1

Unit	Activities
11– Final Exam and Review	<ul style="list-style-type: none"> • Review for Laboratory Final and Comprehensive Final Exams • Laboratory Final Exam • Comprehensive Final Exam

Instructional Methods

The curriculum is designed to promote a variety of teaching strategies that support the outcomes described in the course objectives and foster high cognitive skills. Delivery makes use of various media and delivery tools.

This course covers the responsibilities that a coding professional will assume while working in a coding position in a health care organization. In addition, the course covers the key concepts and principles, tools, and strategies associated with successful, effective coding. It also familiarizes you with laws, regulations, and tools that apply to standard coding practices. You will examine and compare different types of coding theories and practices and comprehend how they are effectively applied.

The course uses a mix of class activities, such as discussions and labs, which will familiarize you with various coding skills.

The following assessment strategies are used in the course:

- Quizzes and exams are conducted at regular intervals to review the concepts taught in the course.
- Assignments in the textbook will provide you an opportunity to apply the concepts taught in class.
- The course will conclude with a comprehensive final exam, which will include both theory and practical questions, in Unit 11. In addition, there will be a comprehensive laboratory final exam, which will include practical and a few theory questions.

Instructional Materials and References

Student Textbook Package

- Green, Michelle A. *3-2-1 Code It! 2nd Edition, Clifton Park, NY: Cengage Learning, 2009.*
- Green, Michelle A., and Lynette Williamson. *Workbook to Accompany 3-2-1 Code It! 2nd Edition, Clifton Park, NY: Cengage Learning, 2009.*
- *CPT Standard Edition. Current ed. American Medical Association.*
- *HCPCS Level II Professional. Current ed. Ingenix.*
- *ICD-9-CM Expert for Hospitals - Volumes 1, 2 & 3. Updatable Version. Ingenix. (Note: Students should have received this book during HT202 class.)*

References

ITT Tech Virtual Library

Log on to the ITT Tech Virtual Library at <http://www.library.itt-tech.edu/> to access online books, journals, and other reference resources selected to support ITT Tech curricula.

- > Program Links> Health Information Technology (HIT)> Professional Organizations

- > Program Links> Health Information Technology (HIT)> Recommended Links

Other References

The following resources may be found **outside** of the ITT Tech Virtual Library, whether online or in hard copy.

Periodicals

- For the Record Magazine

<http://www.fortherecordmag.com/>

- Advance Magazine for Health Information Management Professionals

<http://health-information.advanceweb.com>

Web sites

- Health Care Compliance Association
<http://www.hcca-info.org> (accessed February 9, 2009).

HCCA exists to champion ethical practices and compliance standards.
- America's Health Insurance Plans
<http://www.aahp.org/> (accessed February 9, 2009).
Our goal is to provide a unified voice for the health care financing industry, to expand access to high quality, cost-effective health care to all US citizens.
- American Association of Preferred Provider Organizations
<http://www.aappo.org> (accessed February 9, 2009).
The American Association of Preferred Provider Organizations (AAPPO) is the leading national association of preferred provider organizations (PPOs) and affiliate organizations.
- American Medical Association
<http://www.ama-assn.org> (accessed February 9, 2009).
The American Medical Association (AMA) facilitates doctors to help patients by uniting physicians nationwide to work on important professional and public health issues.
- Health Insurance Portability and Accountability Act
<http://www.hipaa.org> (accessed February 9, 2009). Transactions are activities involving the transfer of health care information for specific purposes.
According to the Health Insurance Portability & Accountability Act of 1996 (HIPAA), if health care providers engage in one of the identified transactions, they must comply with the standard for the transaction.

All links to Web references outside of the ITT Tech Virtual Library are always subject to change without prior notice.

Course Evaluation and Grading

Evaluation Criteria Table

The final grades will be based on the following categories:

CATEGORY	WEIGHT
Labs	15%
Assignments	15%
Quizzes	15%
Exams	15%
Laboratory Final	20%
Final Exam	20%
Total	100%

Note: Students are responsible for abiding by the Plagiarism Policy.

Grade Conversion Table

The final grades will be calculated from the percentages earned in the course, as follows:

A	90-100%	4.0
B+	85-89%	3.5
B	80-84%	3.0
C+	75-79%	2.5
C	70-74%	2.0
D+	65-69%	1.5
D	60-64%	1.0

F	<60%	0.0
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HIT Associate Degree Entry-Level Competencies

Refer to the following chart for the complete HIT Associate Degree Entry-Level Competencies.

HIT ASSOCIATE DEGREE ENTRY-LEVEL COMPETENCIES																	
Domains, Subdomains, and Tasks	Curriculum Course(s) in Which Task is Covered																
	HT100	HS210*	HT102	HS220*	HT105	HT201	HT112	HT113	HT104	HT202	HT200	HT203	HT204	HT205	HT206	HT211	HT212
I. Domain: Healthcare Data Management																	
A. Subdomain: Health Data Structure, Content and Standards																	
1. Collect and maintain health data (such as data elements, data sets, and databases).			A ✓		A ✓			✓			A ✓			✓			
2. Conduct analysis to ensure documentation in the health record supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status.			A ✓		A ✓						A ✓						
3. Apply policies and procedures to ensure the accuracy of health data.			A ✓		A ✓						A ✓						
4. Contribute to the definitions for and apply clinical vocabularies and terminologies used in the organization's health information systems.	A ✓		A ✓		A ✓			✓			A ✓						
5. Verify timeliness, completeness, accuracy, and appropriateness of data and data sources for patient care, management, billing reports, registries, and/or databases.			A ✓		A ✓			✓			A ✓	✓		✓	✓		

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	HT100	HS210*	HT102	HS220*	HT105	HT201	HT112	HT113	HT104	HT202	HT200	HT203	HT204	HT205	HT206	HT211	HT212
B. Subdomain: Healthcare Information Requirements and Standards																	
1. Monitor and apply organization-wide health record documentation guidelines.			A ✓		A ✓						A ✓					✓	
2. Apply policies and procedures to ensure organizational compliance with regulations and standards.			A ✓		A ✓						A ✓			✓		✓	
3. Report compliance findings according to organizational policy.			✓		✓						A ✓					✓	
4. Maintain the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards.			✓		✓						A ✓					✓	
5. Assist in preparing the organization for accreditation, licensing, and/or certification surveys.			✓		✓						A ✓					✓	
C. Subdomain: Clinical Classification Systems																	
1. Use and maintain electronic applications and work processes to support clinical classification and coding.											A ✓		✓		✓		
2. Apply diagnosis/procedure codes using ICD-9-CM.											A ✓				✓		
3. Apply procedure codes using CPT/HCPCS.													A ✓		✓		
4. Ensure accuracy of diagnostic/procedural groupings such as DRG, APC, and so on.											A ✓			A	✓		
5. Adhere to current regulations and established guidelines in code assignment.											A ✓		✓	A ✓	✓		
6. Validate coding accuracy using clinical information found in the health record.											A ✓		✓	A	✓		
7. Use and maintain applications and processes to support other clinical classification and nomenclature systems (such as ICD-10-CM, SNOMED, and so on).											✓			A	✓		
8. Resolve discrepancies between coded data and supporting documentation.											A ✓		✓	A ✓	✓		
D. Subdomain: Reimbursement Methodologies																	

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	HT100	HS210*	HT102	HS220*	HT105	HT201	HT112	HT113	HT104	HT202	HT200	HT203	HT204	HT205	HT206	HT211	HT212
1. Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery.										✓				✓	✓		
2. Support accurate billing through coding, chargemaster, claims management, and bill reconciliation processes.										✓				✓	✓		
3. Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative.										✓			✓	✓	✓		
4. Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements such as outpatient prospective payment systems.														A ✓	✓		
II. Domain: Health Statistics, Biomedical Research and Quality Management																	
A. Subdomain: Healthcare Statistics and Research																	
1. Abstract and maintain data for clinical indices/databases/registries.										✓	A ✓	A ✓			✓		
2. Collect, organize and present data for quality management, utilization management, risk management, and other related studies.											A ✓				✓	✓	
3. Compute and interpret healthcare statistics.						✓					A ✓					✓	
4. Apply Institutional Review Board (IRB) processes and policies.									✓							✓	
5. Use specialized databases to meet specific organization needs such as medical research and disease registries.						✓			✓			A ✓	✓		✓	✓	
B. Subdomain: Quality Management and Performance Improvement																	
1. Abstract and report data for facility-wide quality management and performance improvement programs.															✓	✓	
2. Analyze clinical data to identify trends that demonstrate quality, safety, and effectiveness of healthcare.															✓	✓	

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III. Domain: Health Services Organization and Delivery																	
A. Subdomain: Healthcare Delivery Systems																	
1. Apply information system policies and procedures required by national health information initiatives on the healthcare delivery system.					A ✓											✓	
2. Apply current laws, accreditation, licensure, and certification standards related to health information initiatives from the national, state, local and facility levels.			A ✓		A ✓										✓	✓	
3. 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.					A ✓									✓	✓		
4. Differentiate the roles of various providers and disciplines throughout the continuum of healthcare and respond to their information needs.					A ✓						A ✓			✓		✓	
B. Subdomain: Healthcare Privacy, Confidentiality, Legal, and Ethical Issues																	
1. Participate in the implementation of legal and regulatory requirements related to the health information infrastructure.									✓								
2. Apply policies and procedures for access and disclosure of personal health information.									✓		A ✓						
3. Release patient-specific data to authorized users.									✓		A ✓						
4. Maintain user access logs/systems to track access to and disclosure of identifiable patient data.									✓		A ✓						
5. Conduct privacy and confidentiality training programs.									A ✓		A ✓						
6. Investigate and recommend solutions to privacy issues/problems.									A ✓		A ✓						
7. Apply and promote ethical standards of practice.			A ✓		A ✓				A ✓	A ✓	A ✓		✓	✓	✓	✓	

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IV.Domain: Information Technology & Systems																	
A. Subdomain: Information and Communication Technologies																	
1. Use technology, including hardware and software, to ensure data collection, storage, analysis, and reporting of information.			✓		A ✓			✓			A ✓			A ✓	✓	✓	
2. Use common software applications such as spreadsheets, databases, word processing, graphics, presentation, e-mail, and so on in the execution of work processes.			A ✓		A ✓	✓			✓		A ✓			A ✓	✓	✓	✓
3. Use specialized software in the completion of HIM processes such as record tracking, release of information, coding, grouping, registries, billing, quality improvement, and imaging.			A ✓		A ✓			✓	✓	✓	A ✓		A ✓	A ✓	✓	✓	
4. Apply policies and procedures to the use of networks, including intranet and Internet applications to facilitate the electronic health record (EHR), personal health record (PHR), public health, and other administrative applications.			✓					✓						✓	✓		
B. Subdomain: Data, Information, and File Structures																	
1. Apply knowledge of data base architecture and design (such as data dictionary, data modeling, data warehousing, and so on) to meet departmental needs.								✓									
C. Subdomain: Data Storage and Retrieval																	
1. Use appropriate electronic or imaging technology for data/record storage.			✓								A ✓				✓		
2. Query and generate reports to facilitate information retrieval.			A ✓					✓							✓		
3. Design and generate reports using appropriate software.			✓			✓		✓			A ✓			✓	✓	✓	
4. Maintain archival and retrieval systems for patient information stored in multiple formats.			✓					✓									
5. Coordinate, use and maintain systems for document imaging and storage.			✓						✓		A ✓						
D. Subdomain: Data Security																	

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	HT100	HS210*	HT102	HS220*	HT105	HT201	HT112	HT113	HT104	HT202	HT200	HT203	HT204	HT205	HT206	HT211	HT212
1. Apply confidentiality and security measures to protect electronic health information.								A ✓	A ✓		A ✓				✓		
2. Protect data integrity and validity using software or hardware technology.			✓					A ✓	A ✓		A ✓				✓		
3. Apply departmental and organizational data and information system security policies.								A ✓	A ✓		A ✓				✓		
4. Use and summarize data compiled from audit train and data quality monitoring programs.								✓									✓
5. Contribute to the design and implementation of risk management, contingency planning, and data recovery procedures.								A ✓	✓								✓
E. Subdomain: Healthcare Information Management																	
1. Participate in the planning, design, selection, implementation, integration, testing, evaluation, and support for organization-wide information systems.								✓									
2. Use the principles of ergonomics and human factors in work process design.															✓		✓
V. Domain: Organizational Resources																	
A. Subdomain: Human Resources																	
1. Apply the fundamentals of team leadership.											✓				✓		✓
2. Organize and contribute to work teams and committees.											A ✓				✓	✓	✓
3. Conduct new staff orientation and training programs.																	✓
4. Conduct continuing education programs.											A ✓				✓		✓
5. Monitor staffing levels and productivity standards for health information functions, and provide feedback to management and staff regarding performance.															✓		✓
6. Communicate benchmark staff performance data.																✓	✓
7. Prioritize job functions and activities.															✓		✓

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	HT100	HS210*	HT102	HS220*	HT105	HT201	HT112	HT113	HT104	HT202	HT200	HT203	HT204	HT205	HT206	HT211	HT212
8. Use quality improvement tools and techniques to monitor, report and improve processes.						✓									✓	✓	✓
B. Subdomain: Financial and Physical Resources																	
1. Make recommendations for items to include in budgets and contracts.		A ✓															✓
2. Monitor and order supplies needed for work processes.																	✓
3. Monitor coding and revenue cycle processes.														✓	✓		✓
4. Recommend cost-saving and efficient means of achieving work processes and goals.																	✓
5. Contribute to work plans, policies, procedures, and resource requisitions in relation to job functions.															✓		✓

* HS210 and HS220 are equivalent to GE258 and GE259 respectively.

A=application; ✓= teach