COURSE NO. AND TITLE:
HCM 368-3 Health Care Coding Procedures I

COURSE DESCRIPTION:
This course is a study of the major components and processes involved with medical coding as required for the reimbursement of health care services and for capturing data for information and informatics used in managerial decision making within the health care industry. Medical documentation, ICD-9/10-CM coding, CPT coding, HCPCS, the claims processes will be covered through hands-on course exercises and case studies.

PREREQUISITES TO: AH 105, HCM 360, HCM 366 with grades of C or better.


COURSE OBJECTIVES:
Upon completion of this course, the student will be able to:

- Identify medical terminology and anatomy concepts and translate them to billable/trackable codes useful for reimbursement, data analytics, reporting mechanisms, and managerial decision making in clinical environments.
- Understand ACA implications on required reporting structures that utilize medical billing/coding information.
- Articulate and select appropriate ICD-10-CM (outpatient and inpatient) codes for illnesses and diseases.
- Articulate and select appropriate CPT and HCPCS, and National Level Codes.
- Identify the appropriate use of modifiers.
- Understand and articulate E/M codes and the varying levels of E/M services.
- Correlate coding mechanisms with proper medical record documentation and maintenance.
- Understand specialty coding and the unique codes as they apply to specific body systems or conditions.
- Complete a variety of coding exercises successfully.
- Follow detailed instructions without deviation, meet deadlines, take initiative to self-resolve problem issues, communicate in a professional manner in both written and verbal form, and exercise good time management skills and other managerial competencies.

COURSE DELIVERABLES (may vary based on instructor): Article Summaries, Group Presentation, Exams, Quizzes, Assignments, Exercises.
GRADING SCALE (may vary based on instructor): A= 100-90%; B=89.9-80%; C=79.9-70%; D=69.9-60%; F=59.9% and below

TOPICAL OUTLINE:

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<thead>
<tr>
<th>Topics</th>
<th>Percentages</th>
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<tbody>
<tr>
<td>I. History of coding mechanisms and how they are used in healthcare</td>
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<tr>
<td>II. Anatomy, terminology, and coding basics</td>
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<tr>
<td>III. CPT, HCPCS, E/M, ICD-10 coding specifics</td>
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<td>IV. Specialty coding and modifiers</td>
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<td>V. Case Studies and exercises</td>
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<td>VI. Application to Patient Care Improvement and Decision Making</td>
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