Western Technical College

10530184   CPT Coding

Course Outcome Summary

Course Information

Description	Prepares learners to assign CPT codes, supported by medical documentation, with entry level proficiency. Learners apply CPT instructional notations, conventions, rules, and official coding guidelines when assigning CPT codes to case studies and actual medical record documentation.
Career Cluster	Health Science
Instructional Level	Associate Degree Courses
Total Credits	3
Total Hours	72

Pre/Corequisites

Prerequisite   10530182 Human Diseases for Hlth Profes

Textbooks

Basic Current Procedural Terminology and HCPCS Coding - with Access. Copyright 2021. Smith, Gail. Publisher: American Health Information Management Association. **ISBN-13**: 978-1-58426-825-3. Required.

CPT 2023 – Professional Edition. Copyright 2022. Publisher: American Medical Association. **ISBN-13**: 978-1-64016-213-6. Required.

Learner Supplies

Internet and E-mail access, Microsoft Office (Word, PowerPoint, Access, Excel). Free access with Western student email address from https://login.microsoftonline.com/. **Vendor:** To be discussed in class. Required.

Success Abilities

1. Live Responsibly: Develop Resilience

2. Refine Professionalism: Participate Collaboratively

Program Outcomes

1. HIT - Apply coding and reimbursement systems

Course Competencies

1. EXAMINE the format and conventions of the HCPCS/CPT coding system

Assessment Strategies
1.1.   Coding scenario or case study

Criteria

Your performance will be successful when:
1.1.   response identifies when to use HCPCS/CPT
1.2.   response identifies official coding publications
1.3.   response describes the arrangement of the CPT book
1.4.   response exhibits accurate understanding of symbols, punctuation and instructional notes
1.5.   response addresses the unlisted procedure concept
1.6.   response explains the purpose of modifiers
1.7.   response addresses the separate procedures concept
1.8.   response addresses the global surgical package concept
1.9.   response articulates the basic steps in the coding procedure

Learning Objectives
1.a.   Explain legislation requiring the use of CPT/HCPCS.
1.b.   Identify settings using CPT/HCPCS codes for reimbursement, comparative analyses or research.
1.c.   Differentiate between the three levels of HCPCS codes - CPT, national, local.
1.d.   Summarize systems used to keep CPT updated.
1.e.   Explain the role of the American Medical Association and Centers for Medicare and Medicaid Services in updating CPT and HCPCS codes.
1.f.   List the major sections of the CPT manual.
1.g.   Explain the format of each major section of the CPT manual.
1.h.   Identify information found in the appendices of the CPT manual.
1.i.   Differentiate between a stand-alone and an indented code.
1.j.   Differentiate between a section, subsection, subheading and category in the CPT manual.
1.k.   Identify symbols used to indicate a new code, revised code or text, add-on, modifier-51 exempt, surgical procedure only.
1.l.   Explain the purpose and location of guidelines within the manual.
1.m.   Explain the use of the unlisted procedure Category I code vs Category III code.
1.n.   Identify types of services for which modifiers are required.
1.o.   Differentiate between a 2 digit and 5 digit modifier.
1.p.   Explain the use of separate procedures vs surgical package.
1.q.   List elements included in the global surgical package.
1.r.   Articulate the steps in coding including review of medical documentation, abstraction of information to code and application of coding guidelines to select a code.

2. CODE evaluation and management (EM) services

Assessment Strategies
2.1.   Coding scenario or case study

Criteria

Your performance will be successful when:

2.1.   codes are supported by medical documentation
2.2.   multiple codes are in correct sequence
2.3.   modifiers are used when appropriate
2.4.   codes comply with all CPT coding guidelines

Learning Objectives

2.a.   Interpret health record documentation to identify information necessary to assign an evaluation and management code.
2.b.   Adhere to guidelines for sequencing codes according to notations and conventions of the classification system, nomenclature and standard data set definitions
2.c.   Apply (append) end modifiers to E&M codes when applicable.
2.d.   Determine place of service (office, hospital, ER, etc.).
2.e.   Determine type of service (consultation, admission, newborn, office, etc.).
2.f.   Determine patient status (new, established, outpatient, inpatient).
2.g.   Determine appropriate level of history (problem focused, expanded problem focused, detailed or comprehensive).
2.h.   Determine appropriate examination level (problem focused, expanded problem focused, detailed or comprehensive).
2.i.   Determine the complexity of medical decision ma king (straight forward, low, moderate, high).
2.j.   Determine whether contributing factors exist that affect code assignment (counseling, coordination of care, nature of presenting problem, time).
2.k.   Interpret guidance of official coding publications and ethical coding practices to assign an E&M code.
2.l.   Perform code assignment manually or electronically.

3.   CODE services from the medicine section of CPT

Assessment Strategies

3.1.   Coding scenario or case study

Criteria

Your performance will be successful when:

3.1.   codes are supported by medical documentation
3.2.   multiple codes are in correct sequence
3.3.   modifiers are used when appropriate
3.4.   codes comply with all CPT coding guidelines

Learning Objectives

3.a.   Interpret health record documentation to identify codeable procedures or services.
3.b.   Determine whether more than one code is necessary to fully describe the service/procedure performed.
3.c.   Adhere to guidelines for sequencing codes according to notations and conventions of the classification system/nomenclature and standard data set definitions.
3.d.   Apply (append) modifiers to procedure or services codes when applicable.
3.e.   Interpret CPT and HCPCS guidelines, format and instructional notes to select services, procedures and supplies that require coding.
3.f.   Determine procedures requiring coding/reporting according to guidelines.
3.g.   Determine when additional clinical information is needed to assign codes.
3.h.   Determine if the procedural statement provided by the healthcare provider does not allow for a more specific code assignment.
3.i.   Recognize when the classification system/nomenclatures does not provide a precise code for the procedure/service.
3.j.   Recognize if an unlisted code must be assigned.
3.k.   Determine procedures that are component parts of another reported procedure code and are excluded from coding
3.l.   Apply codes for professional vs technical component when applicable.
3.m.   Apply CPT code(s) for procedures and/or services rendered during the encounter.
3.n.   Interpret guidance of official coding publications and ethical coding practices to assign a CPT/HCPCS code.
3.o.   Perform code assignment manually or electronically.

4.   CODE ancillary services

Assessment Strategies

4.1.   Coding scenario or case study

Criteria

Your performance will be successful when:

4.1.   codes are supported by medical documentation
4.2.   multiple codes are in correct sequence
4.3.   modifiers are used when appropriate
4.4.   codes comply with all CPT coding guidelines

Learning Objectives

4.a.   Interpret health record documentation to identify codeable procedures or services.
4.b.   Determine whether more than one code is necessary to fully describe the service/procedure performed.
4.c.   Adhere to guidelines for sequencing codes according to notations and conventions of the classification system/nomenclature and standard data set definitions.
4.d.   Apply (append) modifiers to procedure or services codes when applicable.
4.e.   Interpret CPT and HCPCS guidelines, format and instructional notes to select services, procedures and supplies that require coding.
4.f.   Determine procedures requiring coding/reporting according to guidelines.
4.g.   Determine when additional clinical information is needed to assign codes.
4.h.   Determine if the procedural statement provided by the healthcare provider does not allow for a more specific code assignment.
4.i.   Recognize when the classification system/nomenclatures does not provide a precise code for the procedure/service.
4.j.   Recognize if an unlisted code must be assigned.
4.k.   Determine procedures that are component parts of another reported procedure code and are excluded from coding
4.l.   Apply codes for professional vs technical component when applicable.
4.m.   Apply CPT code(s) for procedures and/or services rendered during the encounter.
4.n.   Interpret guidance of official coding publications and ethical coding practices to assign a CPT/HCPCS code.
4.o.   Perform code assignment manually or electronically.

5.   CODE nervous system, eye, and ear procedures

Assessment Strategies

5.1.   Coding scenario or case study

Criteria

Your performance will be successful when:

5.1.   codes are supported by medical documentation
5.2.   multiple codes are in correct sequence
5.3.   modifiers are used when appropriate
5.4.   codes comply with all CPT coding guidelines

Learning Objectives

5.a.   Interpret health record documentation to identify codeable procedures or services.
5.b.   Determine whether more than one code is necessary to fully describe the service/procedure performed.
5.c.   Adhere to guidelines for sequencing codes according to notations and conventions of the classification system/nomenclature and standard data set definitions.
5.d.   Apply (append) modifiers to procedure or services codes when applicable.
5.e.   Interpret CPT and HCPCS guidelines, format and instructional notes to select services, procedures and supplies that require coding.
5.f.   Determine procedures requiring coding/reporting according to guidelines.
5.g.   Determine when additional clinical information is needed to assign codes.
5.h.   Determine if the procedural statement provided by the healthcare provider does not allow for a more specific code assignment.
5.i.   Recognize when the classification system/nomenclatures does not provide a precise code for the procedure/service.
5.j.   Recognize if an unlisted code must be assigned.

5.k.   Determine procedures that are component parts of another reported procedure code and are excluded from coding

5.l.   Apply codes for professional vs technical component when applicable.

5.m.   Apply CPT code(s) for procedures and/or services rendered during the encounter.

5.n.   Interpret guidance of official coding publications and ethical coding practices to assign a CPT/HCPCS code.

5.o.   Perform code assignment manually or electronically.

6.   CODE digestive, urinary and reproductive procedures

Assessment Strategies

6.1.   Coding scenario or case study

Criteria

Your performance will be successful when:

6.1.   codes are supported by medical documentation

6.2.   multiple codes are in correct sequence

6.3.   modifiers are used when appropriate

6.4.   codes comply with all CPT coding guidelines

Learning Objectives

6.a.   Interpret health record documentation to identify codeable procedures or services.

6.b.   Determine whether more than one code is necessary to fully describe the service/procedure performed.

6.c.   Adhere to guidelines for sequencing codes according to notations and conventions of the classification system/nomenclature and standard data set definitions.

6.d.   Apply (append) modifiers to procedure or services codes when applicable.

6.e.   Interpret CPT and HCPCS guidelines, format and instructional notes to select services, procedures and supplies that require coding.

6.f.   Determine procedures requiring coding/reporting according to guidelines.

6.g.   Determine when additional clinical information is needed to assign codes.

6.h.   Determine if the procedural statement provided by the healthcare provider does not allow for a more specific code assignment.

6.i.   Recognize when the classification system/nomenclatures does not provide a precise code for the procedure/service.

6.j.   Recognize if an unlisted code must be assigned.

6.k.   Determine procedures that are component parts of another reported procedure code and are excluded from coding

6.l.   Apply codes for professional vs technical component when applicable.

6.m.   Apply CPT code(s) for procedures and/or services rendered during the encounter.

6.n.   Interpret guidance of official coding publications and ethical coding practices to assign a CPT/HCPCS code.

6.o.   Perform code assignment manually or electronically.

7.   CODE respiratory and cardiovascular procedures

Assessment Strategies

7.1.   Coding scenario or case study

Criteria

Your performance will be successful when:

7.1.   codes are supported by medical documentation

7.2.   multiple codes are in correct sequence

7.3.   modifiers are used when appropriate

7.4.   codes comply with all CPT coding guidelines

Learning Objectives

7.a.   Interpret health record documentation to identify codeable procedures or services.

7.b.   Determine whether more than one code is necessary to fully describe the service/procedure performed.

7.c.   Adhere to guidelines for sequencing codes according to notations and conventions of the classification system/nomenclature and standard data set definitions.

7.d.   Apply (append) modifiers to procedure or services codes when applicable.

7.e.   Interpret CPT and HCPCS guidelines, format and instructional notes to select services, procedures and

supplies that require coding.

7.f.   Determine procedures requiring coding/reporting according to guidelines.

7.g.   Determine when additional clinical information is needed to assign codes.

7.h.   Determine if the procedural statement provided by the healthcare provider does not allow for a more specific code assignment.

7.i.   Recognize when the classification system/nomenclatures does not provide a precise code for the procedure/service.

7.j.   Recognize if an unlisted code must be assigned.

7.k.   Determine procedures that are component parts of another reported procedure code and are excluded from coding

7.l.   Apply codes for professional vs technical component when applicable.

7.m.   Apply CPT code(s) for procedures and/or services rendered during the encounter.

7.n.   Interpret guidance of official coding publications and ethical coding practices to assign a CPT/HCPCS code.

7.o.   Perform code assignment manually or electronically.

8.   CODE musculoskeletal procedures

Assessment Strategies

8.1.   Coding scenario or case study

Criteria

Your performance will be successful when:

8.1.   codes are supported by medical documentation

8.2.   multiple codes are in correct sequence

8.3.   modifiers are used when appropriate

8.4.   codes comply with all CPT coding guidelines

Learning Objectives

8.a.   Interpret health record documentation to identify codeable procedures or services.

8.b.   Determine whether more than one code is necessary to fully describe the service/procedure performed.

8.c.   Adhere to guidelines for sequencing codes according to notations and conventions of the classification system/nomenclature and standard data set definitions.

8.d.   Apply (append) modifiers to procedure or services codes when applicable.

8.e.   Interpret CPT and HCPCS guidelines, format and instructional notes to select services, procedures and supplies that require coding.

8.f.   Determine procedures requiring coding/reporting according to guidelines.

8.g.   Determine when additional clinical information is needed to assign codes.

8.h.   Determine if the procedural statement provided by the healthcare provider does not allow for a more specific code assignment.

8.i.   Recognize when the classification system/nomenclatures does not provide a precise code for the procedure/service.

8.j.   Recognize if an unlisted code must be assigned.

8.k.   Determine procedures that are component parts of another reported procedure code and are excluded from coding

8.l.   Apply codes for professional vs technical component when applicable.

8.m.   Apply CPT code(s) for procedures and/or services rendered during the encounter.

8.n.   Interpret guidance of official coding publications and ethical coding practices to assign a CPT/HCPCS code.

8.o.   Perform code assignment manually or electronically.

9.   CODE integumentary procedures

Assessment Strategies

9.1.   Coding scenario or case study

Criteria

Your performance will be successful when:

9.1.   codes are supported by medical documentation

9.2.   multiple codes are in correct sequence

9.3.   modifiers are used when appropriate

9.4.   codes comply with all CPT coding guidelines

Learning Objectives

9.a.   Interpret health record documentation to identify codeable procedures or services.
9.b.   Determine whether more than one code is necessary to fully describe the service/procedure performed.
9.c.   Adhere to guidelines for sequencing codes according to notations and conventions of the classification system/nomenclature and standard data set definitions.
9.d.   Apply (append) modifiers to procedure or services codes when applicable.
9.e.   Interpret CPT and HCPCS guidelines, format and instructional notes to select services, procedures and supplies that require coding.
9.f.   Determine procedures requiring coding/reporting according to guidelines.
9.g.   Determine when additional clinical information is needed to assign codes.
9.h.   Determine if the procedural statement provided by the healthcare provider does not allow for a more specific code assignment.
9.i.   Recognize when the classification system/nomenclatures does not provide a precise code for the procedure/service.
9.j.   Recognize if an unlisted code must be assigned.
9.k.   Determine procedures that are component parts of another reported procedure code and are excluded from coding
9.l.   Apply codes for professional vs technical component when applicable.
9.m.   Apply CPT code(s) for procedures and/or services rendered during the encounter.
9.n.   Interpret guidance of official coding publications and ethical coding practices to assign a CPT/HCPCS code.
9.o.   Perform code assignment manually or electronically.

10.   CODE anesthesia services

Assessment Strategies

10.1.   Coding scenario or case study

Criteria

Your performance will be successful when:

10.1.   codes are supported by medical documentation
10.2.   multiple codes are in correct sequence
10.3.   modifiers are used when appropriate
10.4.   codes comply with all CPT coding guidelines

Learning Objectives

10.a.   Interpret health record documentation to identify codeable procedures or services.
10.b.   Determine whether more than one code is necessary to fully describe the service/procedure performed.
10.c.   Adhere to guidelines for sequencing codes according to notations and conventions of the classification system/nomenclature and standard data set definitions.
10.d.   Apply (append) modifiers to procedure or services codes when applicable.
10.e.   Interpret CPT and HCPCS guidelines, format and instructional notes to select services, procedures and supplies that require coding.
10.f.   Determine procedures requiring coding/reporting according to guidelines.
10.g.   Determine when additional clinical information is needed to assign codes.
10.h.   Determine if the procedural statement provided by the healthcare provider does not allow for a more specific code assignment.
10.i.   Recognize when the classification system/nomenclatures does not provide a precise code for the procedure/service.
10.j.   Recognize if an unlisted code must be assigned.
10.k.   Determine procedures that are component parts of another reported procedure code and are excluded from coding
10.l.   Apply codes for professional vs technical component when applicable.
10.m.   Apply CPT code(s) for procedures and/or services rendered during the encounter.
10.n.   Interpret guidance of official coding publications and ethical coding practices to assign a CPT/HCPCS code.
10.o.   Perform code assignment manually or electronically.

11.   CODE reportable medical products, supplies, and services using HCPCS Level II

Assessment Strategies

11.1.   Coding scenario or case study

Criteria

11.1.   codes are supported by medical documentation
11.2.   multiple codes are in correct sequence
11.3.   modifiers are used when appropriate
11.4.   codes comply with all CPT coding guidelines

Learning Objectives

11.a.   Interpret health record documentation to identify codeable medical products, supplies and services.
11.b.   Apply guidelines for HCPCS Level II code assignment.
11.c.   Explain the use of HCPCS Level II modifiers.
11.d.   Apply (append) HCPCS Level II modifiers where applicable.