MEDICAL CODING & BILLING PART II

CURRICULUM LEARNING OBJECTIVES

The Piedmont Community Medical Coding and Billing curriculum was developed by credentialed coding experts with decades of experience working in and teaching medical coding. This ensures you gain the skills you need to earn industry credentials and start working after graduation. With Piedmont Community College's affordable tuition prices, you get a quality online education with one-on-one support by phone, email and chat every step of the way. The learning objectives outlined below provide a map for what you will be able to do as you complete each module.

INTRODUCTION TO CODING BLOCK I (25 hours)

- Discuss use of official coding guidelines.
- Identify the principles and application of coding systems (International Classification of Diseases ICD-10-CM.
- Apply ethical coding to practice cases.

ICD-10 CODING BLOCK II (40 hours)

- Describe the use of official coding guidelines and reporting requirements.
- Define the background of ICD-10-CM.
- Define and apply the General ICD-10-CM coding conventions and guidelines.
- Practice basic coding process steps.
- Define and apply the ICD-10-CM chapter-specific coding guidelines to all 21 chapters in ICD-10-CM.
- Practice coding ICD-10-CM codes in many practice exercises.
- Navigate the ICD-10-CM codebooks.
- Identify the components of the Code of Ethics and Standards of Ethical Coding.
- Apply ethical coding to practice cases.

ICD-10 CODING III (45 hours)

- Assign ICD-10-CM diagnosis codes to a variety of coding scenarios including coding for multiple scenarios.
- Apply official coding guidelines and reporting requirements for coding scenarios.
- When appropriate, sequence coding assignments according to guidelines.
- Practice assigning ICD10-CM codes to many types of cases, using more complex code assignments to gain proficiency..
- Apply ethical coding to practice cases.

CPT/HCPCS CODING – BLOCK I (40 hours)

· Identify the meaning and purposes of procedural codes and how to apply them.
· Apply coding process of "locate and verify" when assigning procedural codes.
· Locate and accurately construct procedure codes using the Alphabetic Index and Tables.
· Apply the guidelines for the six main sections of the CPT code book and assign codes from each section.
· Identify the uses of CPT Category II and Category III codes.
· Locate and verify the appropriate HCPCS and anesthesia codes.
· Recognize modifiers that can be appended to CPT procedure codes, as well as identify when their use is appropriate.
· Calculate and assign CPT Evaluation and Management codes.

CPT CODING – BLOCK II (30 hours)

· Navigate the CPT code book and identify the uses of coding conventions, index, numeric section, and appendices.
· Locate and accurately construct procedure codes using the Alphabetic Index and Tables.
· Locate and verify the appropriate radiology, path/ laboratory and medicine code and identify when their se is appropriate.

REIMBURSEMENT AND INSURANCE (25hour)

• Define commercial, managed care, and federal insurance plans.
• Identify various compliance strategies and reporting.
• Define and list payment methodologies and systems (such as capitation, prospective payment systems.
• Identify the requirements and elements of the Medicare and Medicaid programs.
• Describe the billing processes and procedures (such as claims, EOB, ABNS, and electronic data interchange.
• Explain chargemaster maintenance.
• Describe regulatory guidelines.
• Discuss reimbursement monitoring and reporting.

LEGAL AND COMPLIANCE (25 hours)

• Explain the legislative and regulatory processes in the United States.
• Describe the laws and regulations pertaining to health information, medical coding, billing and reimbursement.
• Define Health Insurance Portability and Accountability Act (HIPAA).
• Adhere to privacy and security policies.
• Identify the components of the Code of Ethics and Standards of Ethical Coding.

ABSTRACTING CLINICAL DOCUMENTATION (25 hours)

• Explain the legislative and regulatory processes in the United States.
• Describe the laws and regulations pertaining to health information, medical coding, billing and reimbursement.
• Define Health Insurance Portability and Accountability Act (HIPAA).
• Adhere to privacy and security policies.
• Identify the components of the Code of Ethics and Standards of Ethical Coding

CODING CAPSTONE (15 hours)

• Apply knowledge of coding to a variety of authentic coding scenarios to build speed and accuracy.
• Practice and apply the use of official coding guidelines and reporting requirements.
• Apply codes to many types of records including outpatient, physician, emergency room, long-term care, and home health.