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## SECTION HEADING

### HIMC 1100: CPT/HCPCS Coding

#### Description

CPT/HCPCS Coding is designed to prepare students to assign CPT (Current Procedural Terminology) coding system to code various body systems, disease processes and treatments in the outpatient settings, using exercises and medical records to develop skill and accuracy. Students will use the principles of coding to ensure proficiency in coding. Students will understand and use the current regulations and established guidelines in code assignment. Billing and insurance procedures as well as chargemaster description and maintenance will be addressed.

#### Credits

3

#### Prerequisite

HC 1151, HC 1180 or BIOL 2245

#### Topics to be Covered

1. Study of Current Procedural Terminology (CPT)
2. Healthcare Common Procedure Coding System (HCPCS)
3. Official conventions and formatting.
4. Appropriately apply CPT and HCPCS guidelines in medical setting
5. Documentation requirements.

#### Learning Outcomes

1. Interpret guidelines of clinical classification systems.
2. Apply procedure codes using Current Procedural Terminology CPT/Healthcare Common Procedure Coding System (HCPCS).
3. Adhere to current regulations and established guidelines in CPT/HCPCS code assignment.
4. Support coding accuracy using clinical information found in the health record.
5. Resolve discrepancies between coded data and supporting documentation.
6. Verify documentation in the health record is timely, complete, and accurate.
7. Utilize various coding references for CPT/HCPCS in code selection and assignment.
8. Analyze the documentation in the health record to ensure it supports the CPT/HCPCS and reflects the patient's progress, clinical findings, and discharge status.
9. Determine procedure codes according to official guidelines.

#### Credit Details

Lecture: 3

Lab: 0

OJT: 0