

Reviewed by: K. Ward Reviewed by: K. Bandy Date Reviewed: May 2024 C & GE Approved: May 2024 Board Approved: June 2024 Semester Effective: Fall 2025

Medical Assisting (MEDA) 1107 Basic ICD and CPT Coding (1 Unit)

Prerequisite: Admission to the Taft College Medical Assisting Program

Co-Requisite: None

Advisory: Eligibility for ENGL 1500 or 1501, completion of BIOL 2250, and a transfer level math course are strongly recommended.

Hours and Unit Calculations:

16 hours lecture. 32 Outside-of-class hours (64 Total Student Learning Hours) 1 Unit

Catalog Description: Students will also be introduced to the theory and procedure of accurate and legal coding for medical procedures. Students develop practical skills for accurate International Classification of Diseases (ICD)-10 code assignment and proficiency using the ICD-10 manual as well as Current Procedural Terminology (CPT) coding.

Type of Class/Course: Degree Credit

Text: Booth, Kathryn A., et al. *Medical Assisting: Administrative and Clinical Procedures*. 8th ed., McGraw Hill, 2023.

Bonewit-West, K. Study Guide for Today's Medical Assistant: Clinical & Administrative Procedures. 4th ed., Saunders, 2021.

Course Objectives:

At the end of the course, a successful student will be able to

- 1. Recognize and describe the significance of medical coding to healthcare delivery and reimbursement systems.
- 2. Assess medical record and billing for the purpose of identifying services.
- 3. Identify both main and sub terms for procedural terms and descriptors.
- 4. Assign appropriate codes and specific modifiers as needed to procedures.
- 5. Understand essential coding symbols, common coding errors, and the significance of unlisted procedures and special report requirements.
- 6. List guidelines for the use of Current Procedural Terminology (CPT) codes.
- 7. Outline appropriate health care documentation for coding.
- 8. Define medical terminology relevant to International Classification of Diseases (ICD)-10 diagnostic and procedural coding.
- 9. Apply the correct principle or primary diagnosis code per documentation.

Student Learning Outcomes:

1. Demonstrate comprehensive knowledge of the International Classification of Diseases (ICD)-10 and Current Procedural Terminology (CPT) coding systems.

- 2. Assign ICD-10 and CPT codes to the proper disease, condition or procedure based on documentation from the medical provider.
- 3. Articulate official coding guidelines based on the ICD-10, CPT, and Healthcare Common Procedure Coding System (HCPCS) systems.
- 4. Apply multiple coding resources to effectively support accurate code assignments.
- 5. Outline common coding related careers.

Lecture Content:

Unit I. Introduction to Coding

- A. Current Procedural Terminology (CPT)
- B. Diagnostic Coding (ICD-10)
- C. International Classification of Diseases (ICD)
- D. Healthcare Common Procedure Coding System (HCPCS)
- E. International Classification of Functioning, Disability, and Health (ICF)
- F. Diagnosis Related Groups (DRG)

Unit II. Purpose and Organization of Coding Systems

- A. Role of the CPT Code
- B. Development of the CPT Code
- C. Health Insurance Portability and Accountability Act (HIPAA) and CPT
- D. Level Codes
- E. Category Codes

Unit III. Role of Medical Documentation

- A. What, Why, and How of Clinical Care Delivered to Patients
- B. Defense Against Malpractice
- C. Accurate and Adequate Reimbursement

Unit IV. General Coding Guidelines

- A. Alphabetic Index
- B. Tabular List

Unit V. Specific Code Guidelines

- A. Alphabetic and Tabular List
- B. Format and Structure
- C. Use of Codes for Reporting Purposes
- D. Centers of Disease Control and Prevention (CDC): ICD-10-CM Official Guidelines for Coding and Reporting

Unit VI. Legal Requirements

- A. Regulatory and Reporting Requirements
- B. California Law
- C. Centers for Medicare and Medicaid Service Regulations

Unit VII. CPT coding

- A. Types of CPT Codes
- B. How are CPT codes created and maintained?
- C. CPT Code Applications and Criteria

Unit IIX. HCPCS Coding

- A. HCPCS Coding Format
- B. Level II and Level III Codes
- C. Modifier Coding Format

Unit IX. Coding Careers

- A. Medical Biller
- B. Medical Records Technician
- C. Billing Analyst
- D. Medical Collector
- E. Medical Records Coordinator
- F. Coding Specialist
- G. Coding Educator
- H. Coding Auditor
- I. Lawyer
- J. Clinical Informaticists

Learning Activities Required Outside of Class:

The students in this class will spend a minimum of 2 hours per week outside of regular class time doing the following:

- 1. Reading Assignments
- 2. Writing Assignments
- 3. Watch Videos

Methods of Instruction:

- 1. Lecture
- 2. Discussion
- 3. Videos

Methods of Evaluation:

- 1. Exams/Quizzes/Tests
- 2. Projects
- 3. Homework
- 4. Assignments
- 5. Online exercises

Supplemental Data:

TOP Code:	1208.00 Medical Assisting
SAM Priority Code:	C: Clearly Occupational
Distance Education:	Applicable

Funding Agency:	Y: Not Applicable (funds not used)
Program Status:	1: Program Applicable
Noncredit Category:	Y: Not Applicable, Credit Course
Special Class Status:	N: Course is not a special class
Basic Skills Status:	N: Course is not a basic skills course
Prior to College Level:	Y: Not applicable
Cooperative Work Experience:	N: Is not part of a cooperative work experience education program
Eligible for Credit by Exam:	No
Discipline:	Healthcare Ancillaries