

JEFFERSON COLLEGE

INSTITUTIONAL COURSE GUIDE

HIT230

CLASSIFICATION SYSTEMS II

3 Credit Hours

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HIT230 Classification Systems II

I. CATALOGUE DESCRIPTION

- A. Prerequisite: HIT200- Classification Systems I (with a grade of “C” or better) and reading proficiency.
- B. Credit hour award: 3
- C. DESCRIPTION: This course is an introduction to procedure coding with the intention of helping students correctly report all types of health care services, treatments, and procedures provided to patients in inpatient and outpatient facilities, as well as ancillary departments such as imaging centers and pathology/laboratories. CPT, HCPCS, and ICD-10-PCS code sets will be covered with hands-on practice. (F, S, O)

II. A. EXPECTED LEARNING OUTCOMES/CORRESPONDING ASSESSMENT MEASURES

Expected Learning Outcomes	Assessment Measures
Demonstrate proper usage of the ICD-10-PCS, CPT, and HCPCS code books.	LearnSmart/Assignment/ Case Study/Exam/Discussion
Apply the steps involved in the proper coding process.	LearnSmart/Assignment/ Case Study/Exam/Discussion
Identify the ethical and legal issues as they relate to coding procedures and services	LearnSmart/Assignment/ Case Study/Exam/Discussion
Interpret the notations, official guidelines, and instructional notes of the coding manuals	LearnSmart/Assignment/ Case Study/Exam/Discussion
Apply proper guidelines for coding	LearnSmart/Assignment/ Case Study/Exam/Discussion
Determine the proper ICD-10-PCS, CPT and HCPCS Codes	LearnSmart/Assignment/ Case Study/Exam/Discussion
Utilize knowledge of medical terminology, anatomy and physiology, and pharmacology to accurately interpret physician’s notes, operative reports, and radiology and lab reports.	LearnSmart/Assignment/ Case Study/Exam/Discussion
Correctly report the provision of durable medical equipment, ambulance and other transportation services, as well as pharmaceutical supplies.	LearnSmart/Assignment/ Case Study/Exam/Discussion
Employ the ICD-10-PCS code set for hospital facility inpatient procedure reporting.	LearnSmart/Assignment/ Case Study/Exam/Discussion

III. COURSE OUTLINE

- A. Introduction to CPT
 1. Recognize the main terms for procedure codes.
 2. Distinguish the various sections of CPT and how to use them.
 3. Analyze complete code descriptions.
 4. Recall the meanings of notations and symbols within CPT.
 5. Interpret accurately the Official Guidelines, shown before sections and in-section.
 6. Utilize category II and category III codes, as required.

- B. CPT and HCPCS Level II Modifiers
 1. Recognize the purpose of procedure code modifiers.
 2. Apply personnel modifiers per the guidelines.
 3. Correctly use anesthesia physical status modifiers.
 4. Implement ambulatory surgery center modifiers.
 5. Append anatomical site modifiers, as required.
 6. Identify circumstances that require a service-related modifier.
 7. Analyze the guidelines to correctly sequence multiple modifiers.
 8. Determine when a supplemental report is necessary.

- C. CPT Evaluation and Management Coding
 1. Explain the purpose of E/M codes.
 2. Abstract the details for determining the location of the encounter.
 3. Interpret the relationship between physician and patient.
 4. Analyze the documentation to accurately determine the type of E/M service provided.
 5. Ascertain the correct code for preventive care (annual physicals).
 6. Pull the appropriate information from the documentation related to E/M services.
 7. Apply the rules of the Global Surgical Package.
 8. Assign E/M modifiers and add-on codes accurately.
 9. Determine the most accurate way to report special evaluation services.
 10. Validate and report the provision of coordination and management services.

- D. CPT Anesthesia Section
 1. Interpret the types of anesthesia provided.
 2. Determine the accurate code and physical status modifier for the administration of anesthesia.
 3. Incorporate the Official Guidelines for reporting.
 4. Apply the formula for using time to report anesthesia services.
 5. Select the accurate qualifying circumstances add-on codes.
 6. Identify special circumstances requiring a CPT modifier.
 7. Abstract the notes to append HCPCS Level II modifiers.

- E. CPT Surgery Section
 1. Distinguish among the types of surgical procedures.
 2. Determine which services are included in the global surgical package.
 3. Interpret the impact on coding of the global time frames.

4. Identify unusual services and treatments and report them accurately.
5. Abstract physician documentation of procedures on the integumentary system.
6. Apply the guidelines, accurately, for coding procedures on the musculoskeletal system.
7. Recognize the details required to accurately report procedures on the respiratory system.
8. Identify guidelines to correctly report services to the cardiovascular system.
9. Distinguish the various procedures on the digestive system.
10. Ascertain the elements of coding services to the urinary system.
11. Determine how to accurately report procedures on the genital systems: male and female.
12. Interpret documentation to accurately report procedures on the nervous system.
13. Recognize the necessary details to report procedures on the eye, ocular adnexa, and auditory system.
14. Report accurately the different services provided during an organ transplant.
15. Demonstrate the proper way to report the use of an operating microscope with a CPT code.

F. CPT Radiology Section

1. Distinguish the different types of imaging.
2. Abstract the different reasons for imaging services.
3. Identify the technical components from professional components.
4. Apply the guidelines accurately regarding the number of views.
5. Apply the guidelines to determine how to code the administration of contrast materials.
6. Recognize diagnostic radiologic services.
7. Interpret accurately into CPT codes to report mammography services.
8. Discern how to report bone and joint studies.
9. Decide when to code radiation treatments.
10. Determine how to accurately report nuclear medicine services.

G. CPT Pathology and Laboratory Section

1. Recognize key factors involved in pathology testing.
2. Identify testing methodologies and sources.
3. Report panel codes when qualified.
4. Analyze blood test reports to ensure accurate reporting.
5. Discern clinical chemistry studies.
6. Interpret details about molecular diagnostic testing.
7. Distinguish immunologic, microbiologic, and cytopathologic testing.
8. Abstract the correct details to report surgical pathology testing.
9. Append the correct modifier, when required.
10. Accurately interpret the abbreviations used most often in pathology and laboratory reports.

H. CPT Medicine Section

1. Interpret the guidelines for coding the administration of immunizations.
2. Apply the guidelines to accurately report injections and infusions.
3. Determine the correct coding parameters for reporting psychiatric services.

4. Abstract physicians' notes to accurately report dialysis and gastroenterology services.
5. Identify specifics to correctly report ophthalmology and otorhinolaryngologic services.
6. Determine how to accurately report cardiovascular services.
7. Recognize the details required for accurately reporting pulmonary function testing.
8. Report accurately the provision of immunology services.
9. Interpret the specifics for accurately reporting neurologic services.
10. Abstract the required details for reporting physical medical and rehabilitation services.
11. Employ the guidelines to accurately report alternative medicine services: acupuncture, osteopathic, and chiropractic treatments.
12. Abstract documentation for reporting special and other services.

I. HCPCS Level II

1. Abstract physician's notes to identify the category of HCPCS Level II codes needed.
2. Employ the Alphabetic Index to find suggested HCPCS Level II codes.
3. Distinguish the types of services, products, and supplies reported with HCPCS Level II codes.
4. Follow the directions supplied by the notations and symbols.
5. Utilize the additional information provided by Appendices.

J. Introduction to ICD-10-PCS

1. Explain the purpose of ICD-10-PCS codes.
2. Identify the structure of ICD-10-PCS codes.
3. Recognize the proper ways to use the Alphabetic Index and Tables in ICD-10-PCS.
4. Discern the general conventions for using ICD-10-PCS.
5. Determine the principal ICD-10-PCS code and proper sequencing for multiple procedure codes.

K. ICD-10-PCS Medical and Surgical Section

1. Identify the section and body systems used in Medical and Surgical Section codes.
2. Interpret the procedure to determine the accurate root operation term used in Medical and Surgical Section codes.
3. Utilize knowledge of anatomy to determine the body part treated to be used in Medical and Surgical Section codes.
4. Identify the approach used to accomplish the procedure used in Medical and Surgical Section codes.
5. Distinguish the type of device implanted, when applicable, for Medical and Surgical Section codes.
6. Select the appropriate qualifier character for Medical and Surgical Section codes.
7. Determine the correct way to report multiple and discontinued procedures for Medical and Surgical Section codes.
8. Analyze all of the details to build an accurate seven-character code for Medical and Surgical Section codes.

- L. Obstetrics Section
 1. Recognize the details reported in the Obstetrics Section of ICD-10-PCS.
 2. Interpret the procedure to determine the accurate Obstetrics root operation term.
 3. Employ your knowledge of anatomy to determine the body part treated in Obstetrics coding.
 4. Determine the approach used for the Obstetrics procedure.
 5. Identify any devices that will stay with the body after an Obstetrics procedure.
 6. Utilize the details required to report the correct qualifier for an Obstetrics code.
 7. Analyze all of the details to build an accurate seven-character Obstetrics code.

- M. Placement through Chiropractic Section
 1. Recognize the details reported in the placement
 2. Evaluate the details to determine the services reported from the administration section
 3. Determine the specifics required to build a code from the measurement and monitoring section
 4. Interpret the documentation to report a service from the extracorporeal or systemic therapies section
 5. Abstract the documentation to determine a code for service
 6. Utilize knowledge to report a code from the osteopathic section
 7. Identify the details necessary to build a code from the other procedures section
 8. Distinguish the service provided to determine report a code from the chiropractic section
 9. Analyze the documentation to build a complete and accurate code(s) in ICD-10-PCS

- O. Imaging, Nuclear Medicine, and Radiation Therapy Sections
 1. Recognize the details reported from the Imaging Section.
 2. Evaluate the details to determine the correct code reported from the Nuclear Medicine Section.
 3. Determine the specifics required to build a code from the Radiation Therapy Section.
 4. Analyze all of the details to build an accurate seven-character code for sections B, C, and D.

- P. Physical Rehab and Diagnostic Audiology through New Technology Sections
 1. Recognize the details reported from the Physical Rehabilitation and Diagnostic Audiology Section.
 2. Evaluate the details to determine services reported from the Mental Health Section.
 3. Determine the specifics required to accurately report services from the Substance Abuse Treatment Section.
 4. Interpret the documentation to report services from the New Technology Section.
 5. Analyze documentation to report ICD-10-PCS codes from sections F–X.

V. METHOD(S) OF INSTRUCTION

- A. Lecture (if applicable)
- B. Readings from textbook
- C. Supplemental handouts
- D. McGraw-Hill Connect
- E. AHIMA Virtual Lab

VI. REQUIRED TEXTBOOK(S)

- A. Safian, S. & Johnson, M. (current edition). *Let's Code It*. New York, NY: McGraw-Hill.
- B. Current edition of ICD-10-PCS, CPT, and HCPCS coding manuals

VII. REQUIRED MATERIALS

- A. Textbook(s)
- B. A computer with internet access (available through the Jefferson College Labs)
- C. McGraw-Hill Access Code
- D. AHIMA Virtual Lab Access

VIII. SUPPLEMENTAL REFERENCES

- A. Class handouts
- B. Current internet resources
 1. Online reference materials
 2. American Health Information Management Association (AHIMA) website.
www.ahima.org

IX. METHOD OF EVALUATION

- A. LearnSmart (15 @ 10 points each)
- B. Assignments (15 @ 25 points each)
- C. Chapter Exam (15 @ 25 points each)
- D. Discussions (15 @ 16 points each)
- E. Case Study (15 @ 10 points each)

- F. Final Exam (1 @ 60 points)
- G. AHIMA Virtual Lab (14 @ 10 points each)
- H. Grading Scale:
 - A = 90-100%
 - B = 80-89.9%
 - C = 70-79.9%
 - D = 60-69.9%
 - F = 0-59.9%

The HIT Program runs a strict point system and does not calculate weighted grades.

The instructor reserves the right to make changes to the syllabus at any time.

X. ADA AA STATEMENT

Any student requiring special accommodations should inform the instructor and the Coordinator of Disability Support Services (Library: phone 636-797-3000, ext. 3169).

XI. ACADEMIC HONESTY STATEMENT

All students are responsible for complying with campus policies as stated in the Student Handbook. Any student who cheats or plagiarizes will be subject to dismissal from the Health Information Technology program and will be referred to the college for disciplinary action. (See College website, www.jeffco.edu/HIT)

XII. ATTENDANCE

Students earn their financial aid by regularly attending and actively participating in their coursework. If a student does not actively participate, he/she may have to return financial aid funds. Consult the College Catalog or a Student Financial Services representative for more details.

XII. OUTSIDE OF CLASS ACADEMICALLY RELATED ACTIVITIES

The U.S. Department of Education mandates that students be made aware of expectations regarding coursework to be completed outside the classroom. Students are expected to spend substantial time outside of class meetings engaging in academically related activities such as reading, studying, and completing assignments. Specifically, time spent on academically related activities outside of class combined with time spent in class meetings is expected to be a minimum of 37.5 hours over the duration of the term for each credit hour.

XIII. DIVERSITY STATEMENT

Jefferson College is a community leader dedicated to supporting and promoting diversity through opportunities and experiences that foster a culture of respect, inclusiveness, and understanding for everyone in the campus community to engage in a diverse world.

