

Course Competency

HIM 0250C AMBULATORY CARE CODING SYSTEMS

Course Description

This is an introductory course on coding using HCP CS/CPT systems in the ambulatory care environment. Students will learn ambulatory care coding of all body systems, coding guidelines and reporting requirements, using sample exercises to develop skill and accuracy. Prerequisites: HIM 0472, 0228C; Corequisite: HIM 0285C. (60 contact hrs)

Course Competency	Learning Outcomes
<p>Competency 1: The student will demonstrate knowledge of Current Procedural Terminology (CPT), the procedural coding Manual, important symbols, and appendices by:</p>	<p>1. Critical thinking</p>
<ol style="list-style-type: none"> 1. Describing the CPT Coding System. 2. Applying official outpatient coding guidelines. 3. Differentiate between the three levels of HCPCS codes. 	
<p>Competency 2: The student will demonstrate knowledge of the principles and guidelines for using the CPT system for reporting physician and other healthcare services by:</p>	<p>1. Critical thinking</p>
<ol style="list-style-type: none"> 1. Assigning or verifying diagnosis, procedure, HCPCS level II codes and groupings in accordance with official guidelines. 2. Assigning appropriate code modifiers for use in common scenarios to provide additional information for the third-party payer about the circumstances of the procedure. 3. Identifying current issues regarding medical coding rules and regulations. 	
<p>Competency 3: The student will demonstrate an understanding of available diagnostic and procedural statements in the health record</p>	<p>1. Critical thinking</p>

documentation to determine if documentation is adequate for coding purposes by:	
<ol style="list-style-type: none"> 1. Reviewing physician documentation for coding appropriateness and accuracy in accordance with coding guidelines. 2. Reviewing outpatient medical record information on both a retroactive and prospective basis to identify, assess, monitor and document claims and encounter coding information as it pertains to risk adjustment and quality metrics. 3. Composing query communication with providers to ensure timely notification of identified documentation issues that may impact revenue or compliance 	

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