

**BARTON COMMUNITY COLLEGE
COURSE SYLLABUS**

I. GENERAL COURSE INFORMATION

Course Number: MDAS 1673

Course Title: Medical Coding I

Credit Hours: 3

Prerequisite: Medical Terminology

Division & Discipline: Workforce Training and Community Education

Course Description: Medical Coding I will explore the medical insurance system and related billing and coding. The class begins with coding rules and applications as its foundation and then moves into insurance carrier specifics. The student will understand the impact of carrier rules on claims submission. The course will teach the student about the reimbursement system.

II. INSTRUCTOR INFORMATION

III. COLLEGE POLICIES

Students and faculty of Barton Community College constitute a special community engaged in the process of education. The College assumes that its students and faculty will demonstrate a code of personal honor that is based upon courtesy, integrity, common sense, and respect for others both within and outside the classroom.

The College reserves the right to suspend a student for conduct that is detrimental to the College's educational endeavors as outlined in the College catalog.

Plagiarism on any academic endeavors at Barton Community College will not be tolerated. Learn the rules of, and avoid instances of, intentional or unintentional plagiarism.

Anyone seeking an accommodation under provisions of the Americans with Disabilities Act should notify Student Support Services. Additional information about academic integrity can be found at the following link:

<http://academicintegrity.bartonccc.edu/>

IV. COURSE AS VIEWED IN THE TOTAL CURRICULUM

This course is required for students receiving an Associate in Applied Science degree in either Medical Office Specialist or Medical Assistant. This course is also required for students pursuing the Medical Coding certificate. Students will gain an understanding of how coding and reimbursement are done in the medical office setting.

V. ASSESSMENT OF STUDENT LEARNING/COURSE OUTCOMES

Barton Community College is committed to the assessment of student learning and to quality education. Assessment activities provide a means to develop an understanding of how students learn, what they know, and what they can do with their knowledge. Results from these various activities guide Barton, as a learning college, in finding ways to improve student learning.

Course Outcomes, Competencies and Supplemental Competencies:

- A. Identify and apply Diagnostic Coding: International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM)
 - 1. Describe the history of ICD-10-CM
 - 2. Identify what ICD-10-CM is.
 - 3. Explain ICD-10-CM conventions
 - 4. Apply correct codes to diagnosis
 - 5. Identify ICD-10-CM chapter coding specifics

- B. Identify and apply Service and Procedural Coding: Current Procedural Terminology(CPT)
 - 1. Describe the CPT codes as part of the HIPAA Standard Code set
 - 2. Explain the purpose of CPT coding
 - 3. Apply coding rules to procedures
 - 4. Explain the use of modifiers
 - 5. Describe the CPT appendixes
 - 6. Explain the difference in Category I, II, and III codes
 - 7. Use the coding index

- C. Identify and apply HCPCS Coding System
 - 1. Explain the HCPCS background information
 - 2. Describe the HCPCS format
 - 3. Apply correct code selection
 - 4. Explain the difference between permanent and temporary national codes
 - 5. Describe modifiers with HCPCS
 - 6. Use drug table

- D. Explain Insurance Policies
 - 1. Define payment methodologies
 - 2. Explain insurance health plans
 - 3. Describe commercial insurance carriers
 - 4. Describe health maintenance organizations
 - 5. Describe preferred provider organizations
 - 6. Describe Workers' Compensation
 - 7. Define the purpose of Workers' Compensation

- E. Describe and Define Medicare and Medicaid
 - 1. Explain Medicare Part A, B, C, and D
 - 2. Describe the eligibility requirements for both
 - 3. Explain the Medicare payment system
 - 4. Apply the Explanation of benefits
 - 5. Explain how to use the Advanced Beneficiary Notice (ABN)
 - 6. Describe the Medicare Appeal Process
 - 7. Explain Medicaid

- F. Explain the use of Insurance Claim Forms
 - 1. Explain the standards for electronic claims
 - 2. Describe HIPAA and electronic claims submission
 - 3. Use the CMS-1500 correctly
 - 4. Explain the POS codes and Definitions

- G. Discuss the use of Accounts Receivable
 - 1. Discuss Insurance participation
 - 2. Discuss Medicare and Reimbursement
 - 3. Explain allowed amounts
 - 4. Describe third party payers
 - 5. Describe Medicaid

- H. Discuss Legal Issues in Coding and Billing
 - 1. Apply medical ethics
 - 2. Summarize medical records
 - 3. Explain protected health information (HIPAA)
 - 4. Describe Federal Law and State Laws
 - 5. Explain the use of subpoenas
 - 6. Discuss record retention
 - 7. Explain fraud and abuse as related to coding and billing

VI. INSTRUCTORS EXPECTATIONS OF STUDENTS IN CLASS

VII. TEXTBOOKS AND OTHER REQUIRED MATERIALS

VIII. REFERENCES

IX. METHODS OF INSTRUCTION AND EVALUATION

X. ATTENDANCE REQUIREMENTS

XI. COURSE OUTLINE

