I. INTRODUCTION

A. Fundamentals of coding rules, conventions, and guidelines using clinical classification systems.

B. This is a required course in the Medical Coding and Billing associate of applied science degree and certificate. This course may be used in the Medical Office Technology associate of applied science degree or Medical Documentation Specialist associate of applied science degree. You will be required to demonstrate proficiency in the skills learned in this course in the internship or clinical courses.

C. This course in conjunction with other appropriate courses prepare students to enter the health related career fields.

D. Experience with medical terminology, anatomy and physiology, and keyboarding and document formatting skills recommended.

E. Alphanumeric coding used throughout this syllabus denotes integration of SCANS occupational competencies (C1, etc.) and foundation skills (F1, etc.).

II. LEARNING OUTCOMES

Upon successful completion of Coding and Classification Systems, the student will:

A. Apply nomenclatures and classification systems. (C1, C3, C4, C5, C6, C7, C9, C10, C11, C13, C15, C17, C18, C19, C20, F1, F2, F3, F5, F6, F8, F10, F11, F12, F13, F14, F15, F16, F17)

B. Assign codes. (C1, C3, C4, C5, C6, C7, C9, C10, C11, C13, C15, C17, C19, C20, F1, F2, F3, F5, F6, F8, F10, F11, F12, F13, F14, F15, F16, F17)

III. INSTRUCTIONAL MATERIALS

A. Instructional materials for this course may be found at
B. Supplementary Materials:
Medical dictionary

IV. COURSE REQUIREMENTS

A. Reading Assignments: To be successful in this course, you must read and study the textbook. Chapter assignments will be required with each lesson, and you are expected to complete all the work in the chapters including chapter exercises and chapter reviews. Even though you may not be required to turn all work in for grading, you are still responsible for the material covered in the exercises.

B. Class Assignments: Assignments may include
a. coding theory exercises
b. practical coding exercises

C. Workbook – The workbook contains additional coding theory and practical coding exercises, which may be part of the assignments. Even though you may not be required to turn in all the workbook work for grading, you are still responsible for the material.

D. Class Performance – Students enrolled in distance learning courses are expected to maintain constant progress throughout the course. Failure to do so may result in the student being administratively withdrawn by the instructor.

V. EXAMINATIONS

A. There will be exams (quizzes) to accompany the chapters/lessons of the course. These exams will cover information in the reading assignments, chapter and workbook exercises, and the class assignments. The majority of exam questions will be objective-type.

B. Tentative dates for completion of the lessons, including the quizzes, will be announced in the schedule provided in the online syllabus.

C. The final exam will be cumulative and will be composed of objective-type questions.

VI. SEMESTER GRADE COMPUTATION

A. Exams/Final 40%
B. Class Assignments 60%
Total 100%

For this course to be used to satisfy the requirements for an Office Technology certificate,
the student must make at least a grade of C. The student may repeat the course until he or she achieves a grade of C or better.

VII. NOTES AND ADDITIONAL INSTRUCTIONS

A. **Course Withdrawal:** It is your responsibility as a student to officially drop a class if circumstances prevent attendance. Any student who desires to, or must, officially withdraw from a course after the first scheduled class meeting must file an Application for Withdrawal or an Application for Refund. The withdrawal form must be signed by the student.

Application for Withdrawal will be accepted according to the following schedule:

- Friday of 3rd week for 5-week courses
- Friday of 4th week for 6-week courses
- Friday of 6th week for 8-week courses
- Friday of 7th week for 10-week courses
- Friday of 9th week for 12-week courses
- Friday of 12th week for 16-week courses

The equivalent date (75% of the semester) will be used for sessions of other lengths. The specific last day to withdraw is published each semester in the Schedule Bulletin.

Students who officially withdraw will be awarded the grade of "W," provided the student's attendance and academic performance are satisfactory at the time of official withdrawal. Students must file a withdrawal application with the College before they may be considered for withdrawal.

A student may not withdraw from a class for which the instructor has previously issued the student a grade of "F" or "FN" for nonattendance.

B. **Administrative Withdrawal:** Results when a student is absent an excessive number of times as defined in the current Central Texas College catalog and/or other published amendatory documentation. In such a case, the student is dropped from the course with a grade of F.

Under Section 51.907 of the Texas Education Code, “an institution of higher education may not permit a student to drop more than six courses, including any course a transfer student has dropped at another institution of higher education.” This statue was enacted by the State of Texas in spring 2007 and applies to students who enroll in a public institution of higher education as first-time freshmen in fall 2007 or later.

C. **Incomplete Grade:** In keeping with College policy, the instructor may grant an incomplete grade in cases in which the student had completed the majority of the course work, but because of extenuating circumstances, is unable to complete the requirement
for the course. Prior approval from the instructor is required before the grade of “IP” is recorded. Deadline for changing the IP grade is 110 days after the scheduled end of the course. An IP grade can be replaced with the student’s actual grade, including an F; but it may not be replaced with a W. At the end of the 110 calendar days if the student has not completed the remaining coursework as required by the instructor, the IP will be converted to an F and appear as an F on the student’s official transcript.

D. **Cellular Phones:** Cellular phones will be turned off while the student is in the classroom or laboratory.

E. **Americans With Disabilities Act (ADA):** Disability Support Services provides services to students who have appropriate documentation of a disability. Students requiring accommodations for class are responsible for contacting the Office of Disability Support Services (DSS) located on the central campus. This service is available to all students, regardless of location. Explore the website at [www.ctcd.edu/disability-support](http://www.ctcd.edu/disability-support) for further information. Reasonable accommodations will be given in accordance with the federal and state laws through the DSS office.

F. **Instructor Discretion:** The instructor reserves the right of final decision in course requirements.

G. **Civility:** Individuals are expected to be cognizant of what a constructive educational experience is and respectful of those participating in a learning environment. Failure to do so can result in disciplinary action up to and including expulsion.

H. **Scholastic Honesty:** All students of the Office Technology program are required and expected to maintain the highest standards of scholastic honesty in the preparation of all work and in examinations. Each student should avoid:

1. Plagiarism: the taking of passages or ideas from writings of others without giving proper credit to the source.

2. Collusion: working together with another person in the preparation of work unless such joint preparation is specifically approved in advance by the instructor.

3. Cheating: giving or receiving information on an examination, homework, or projects.

4. Students found guilty of scholastic dishonesty are subject to the Office Technology Department’s disciplinary action and CTC’s disciplinary committee; in addition, students are subject to having credit for courses canceled.
VIII. COURSE OUTLINE

A. Lesson 1

1. Learning Outcomes: Upon completion of Lesson 1, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment:
   a. Explain the four purposes of medical coding. Interpret rules of HIPAA.
   b. Identify the structure of the ICD-10-CM diagnosis coding manual.
   c. Differentiate between the types of procedures and the various procedure coding manuals.
   d. Examine the HCPCS Level II coding manual used to report the provision of equipment and supplies.
   e. Recognize the terms used to describe diagnoses in documentation.
   f. Distinguish between co-morbidities, manifestations, and sequelae.
   g. Determine those conditions that require external cause codes to be reported.
   h. Recognize the terms used to describe procedures, services, and treatments provided.
   i. Create a legal query to obtain documentation about a missing, ambiguous, or contradictory component in the existing documentation.
   j. Implement the six actions of the coding process.
   k. Locate main terms in the Alphabetic Index.
   l. Confirm the accurate code in the Tabular List, Main Section or Tables.
   m. Apply the Official Guidelines to ensure accurate code determination.
   n. Analyze documentation and code selection to confirm medical necessity.

2. Learning Activities:
   a. Discussion Board
   b. Web-based exercises
   c. Chapter quizzes

3. Lesson 1 Outline:
   a. Chapter 1 – Introduction to the Languages of Coding
   b. Chapter 2 – Abstracting Clinical Documentation
   c. Chapter 3 – The Coding Process

B. Lesson 2

1. Learning Outcomes: Upon completion of Lesson 2, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment:
   a. Explain the official conventions used in ICD-10-CM.
   b. Translate the Official Guidelines and how they impact the way codes
are reported.
c. Use the Alphabetic Index in ICD-10-CM properly.
d. Employ the information within the Tabular List to determine the accurate code to report.
e. Distinguish which conditions mentioned in the documentation to report.
f. Utilize what you learned in this chapter to determine the correct diagnosis to code.
g. Interpret the details required to report an accurate code for an infection.
h. Clarify the details about bacterial infections.
i. Determine the specifics needed to report viral infections.
j. Translate information needed about parasitic and fungal infections into diagnosis codes.
k. Abstract documentation to identify important details about the specific pathogen causing a diagnosis.
l. Apply the guidelines for reporting blood infections.
m. Analyze the documentation to identify the code or codes required to report antimicrobial resistance.
n. Identify the medical necessity for screenings and diagnostic testing for malignancies.
o. Discern the various types of neoplasms.
p. Interpret the Table of Neoplasms accurately.
q. Employ the directions provided in the Chapter Notes at the head of the Neoplasms section of the Tabular List.
r. Apply the guidelines for sequencing admissions due to complications of neoplasms and/or their treatments.

2. Learning Activities:
a. Discussion board
b. Web-based activities
c. Chapter quizzes

3. Lesson 2 Outline:
a. Chapter 4 – Introduction to ICD-10-CM
b. Chapter 5 – Coding Infectious Diseases
c. Chapter 6 – Coding Neoplasms

C. Lesson 3

1. Learning Outcomes: Upon completion of Lesson 3, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment:
a. Differentiate between various blood conditions and how this affects the determination of the code.
b. Determine the codes to report coagulation defects and hemorrhagic conditions accurately.
c. Identify the different types of blood and the importance of Rh
d. Interpret the details of white blood cell disorders and diseases of the spleen.

e. Evaluate the factors involved in immunodeficiency disorders.

f. Identify the various disorders affecting the thyroid gland.

g. Evaluate the details about a diabetes mellitus diagnosis to determine the correct code.

h. Assess the relationship between diabetes mellitus and its manifestations.

i. Interpret the documentation related to the reporting of other endocrinologic diseases.

j. Identify the aspects of nutrition and weight required for accurate code determination.

k. Analyze the details related to metabolic disorder diagnoses to determine the correct code.

l. Determine underlying conditions that affect mental health.

m. Distinguish mood and nonmood disorders.

n. Apply the guidelines for reporting nonpsychotic mental conditions.

o. Identify conditions affecting the central nervous system.

p. Interpret details regarding peripheral nervous system conditions into accurate codes.

q. Assess the diagnosis of pain and report it with accurate codes.

2. **Learning Activities:**

a. Discussion board

b. Web-based exercises

c. Chapter quizzes

3. **Lesson 3 Outline:**

a. **Chapter 7** – Coding Conditions of the Blood and Immunological Systems

b. **Chapter 8** -- Coding Endocrine Conditions

c. **Chapter 9** -- Coding Mental, Behavioral, and Neurological Disorders

D. **Lesson 4:**

1. **Learning Outcomes:** Upon completion of Lesson 4, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment ICD-9-CM:

a. Identify conditions affecting the external eye.

b. Interpret the details documented about diseases of the internal optical system to report accurate code.

c. Determine the accurate code to report other conditions of the eye.

d. Abstract documentation accurately to report conditions affecting the auditory system.
e. Enumerate the causes, signs and symptoms of hearing loss.
f. Abstract the documentation accurately to report heart dysfunction.
g. Discern the specifics of cardiovascular disease.
h. Evaluate documentation to determine details about abnormal blood pressure diagnosis.
i. Identify known manifestations of hypertension.
j. Interpret the details of cerebrovascular disease.
k. Distinguish the sequelae of cerebrovascular disease and report them accurately.
l. Discern the various underlying causes of respiratory disorders.
m. Report the different types of respiratory disorders.
n. Determine the correct way to report cases of pneumonia and influenza.
o. Analyze the details required to report chronic respiratory conditions.
p. Accurately code any involvement of tobacco in the patient’s respiratory disorder.
q. Identify the appropriate use of external cause codes when applicable to respiratory conditions.

2. Learning Activities:
a. Discussion board
b. Web-based exercises
c. Chapter quizzes

3. Lesson 4 Outline:
a. Chapter 10 – Coding Dysfunction of the Optical and Auditory Systems
b. Chapter 11 – Coding Cardiovascular Conditions
c. Chapter 12 – Coding Respiratory Conditions

E. Lesson 5:
1. Learning Outcomes: Upon completion of Lesson 5, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment ICD-9-CM:
a. Analyze the documentation for applicable details needed to report diseases affecting the mouth and salivary glands accurately.
b. Interpret documentation to determine necessary details to report conditions affecting the esophagus and stomach correctly.
c. Apply your knowledge to identify main terms relating to intestinal disorders.
d. Evaluate the specifics from the documentation related to digestive accessory organs and malabsorption disorders accurately.
e. Arrange multiple diagnosis codes for diseases of the circulatory system; blood and blood-forming organs; respiratory system; and conditions of the nervous system and sense organs.
f. Determine when additional codes are required to report the involvement of alcohol.
g. Apply the guidelines for reporting conditions of the skin.
h. Analyze disorders of the nails, hair, glands, and sensory nerves.

i. Determine the specific characteristics of a lesion as they relate to coding.

j. Abstract the reasons for preventive care and report them accurately to support medical necessity.

k. Code accurately arthropathic conditions of the muscles.

l. Determine the proper way to report dorsopathies and spondylopathies.

m. Interpret the details required to report soft tissue disorders.

n. Identify the specifics of diseases that affect the musculoskeletal system reported from other areas of ICD-10-CM.

o. Report diagnoses related to pathological fractures accurately.

2. Learning Activities:
   a. Chapter exercises and chapter review
   b. Workbook exercises
   c. Chapter quizzes

3. Lesson 5 Outline:
   a. Chapter 13 – Coding Digestive System Conditions
   b. Chapter 14 – Coding Integumentary Conditions
   c. Chapter 15 – Coding Muscular and Skeletal Conditions

F. Lesson 6:

1. Learning Outcomes: Upon completion of Lesson 6, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment
   a. Analyze the documentation to determine when external cause codes are required.
   b. Apply guidelines for coding traumatic injuries.
   c. Determine seventh characters for injury codes accurately.
   d. Identify a suggested code from the Table of Drugs and Chemicals.
   e. Distinguish between poisonings and adverse effects.
   f. Abstract documentation to accurately report burns.
   g. Demonstrate coding protocols for reporting abuse and neglect.
   h. Evaluate documented complications of care to report them accurately.
   i. Identify the details required to accurately report renal and urologic malfunctions.
   j. Explain the conditions affecting the male genital system.
   k. Abstract the components for reporting sexually transmitted diseases accurately.
   l. Enumerate the reasons for gynecologic care.
   m. Apply the guidelines for coding routine obstetrics care.
   n. Determine the correct codes for reporting complications of pregnancy.
   o. Utilize the official guidelines for well-baby encounters and congenital anomalies.

2. Learning Activities:
3. **Lesson 6 Outline:**
   a. **Chapter 16** – Coding Injury, Poisoning, and External Causes
   b. **Chapter 17** – Coding Genitourinary, Gynecology, Obstetrics, Congenital, and Pediatrics Conditions

**G. Lesson 7**

1. **Learning Outcomes:** Upon completion of Lesson 7, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment
   a. Abstract details about preventive services to report their medical necessity.
   b. Determine the medical reasons for early detection testing.
   c. Demonstrate how to report encounters related to genetic susceptibility.
   d. Identify the reasons for observation services to determine the correct code or codes.
   e. Apply the Official Guidelines for reporting aftercare and follow-up care.
   f. Evaluate the specific services provided for organ donations and report the medical necessity.
   g. Distinguish indications of antimicrobial drug resistance to report this accurately.
   h. Employ Z codes accurately.
   i. Evaluate concurrent and discharge coding methodologies.
   j. Utilize the Official Guidelines specific for inpatient reporting.
   k. Apply the Present-On-Admission (POA) indicators properly.
   l. Determine the impact of diagnosis-related groups (DRGs) on the coding process.
   m. Recognize the importance of the Uniform Hospital Discharge Set (UHDDS).

2. **Learning Activities:**
   a. Discussion board
   b. Web-based exercises
   c. Chapter quizzes

3. **Lesson 7 Outline:**
   a. **Chapter 18** – Factors Influencing Health Status (Z codes)
   b. **Chapter 19** – Inpatient (Hospital) Diagnosis Coding

**H. Lesson 8:**
1. **Learning Outcomes:** Upon completion of Lesson 8, the student will achieve the following outcomes with at least 70% accuracy on a lesson assessment: Define observation stay.
   a. Apply the techniques learned, to analyze case studies and determine the accurate ICD-10-CM code(s) and the external cause code(s), as required.
   b. Recognize the main terms for procedure codes.
   c. Distinguish the various sections of CPT and how to use them.
   d. Analyze complete code descriptions.
   e. Recall the meanings of notations and symbols within CPT.
   f. Interpret accurately the Official Guidelines, shown before sections and in-section.
   g. Utilize category II and category III codes, as required.

2. **Learning Activities:**
   a. Discussion board
   b. Web-based exercises
   c. Chapter quizzes

3. **Lesson 8 Outline:**
   a. **Chapter 20** – Diagnostic Coding Capstone
   b. **Chapter 21** – Introduction to CPT