

COURSE: HEALTHCARE ADMINISTRATION 320: Medical and Specialty CPT-4 Coding

DESCRIPTION: Overview of *The Current Procedural Terminology* (CPT-4) procedural coding system. Presents application of coding principles, clinical topics and case studies related to evaluation and management, laboratory, pathology, radiology and medical services. Includes clinical documentation, reimbursement and compliance issues related to physician-based billing. Also addresses use of *HCFA Common Procedural Coding System* (HCPCS). *Prerequisites:* *General Studies 120, Biology 110 and Biology 111*

RECOMMENDED TEXT: CPT-4 Coding Manual – 2005 edition and Gail I. Smith, MA, RHIA, CCS-P, Basic CPT/HCPCS Coding, 2005 edition. AHIMA.

FORMAT: 100 questions: true/false and fill in the blanks for codes.

GRADING: Students must receive a “C” (73-76) in order to receive credit for a course taken as a Challenge Exam.

TOPICS COVERED:

- A. A - Basic format of CPT-4 manual
Sections of CPT-4 manual
Terminology used throughout the manual
review introduction section of the coding book
- B. E/M coding – elements of history, physical examination, and medical decision-making
Coding exercises from this section
True and False from this section on practical and theory
- C. Body areas vs. organ systems
- D. Pathology and Laboratory Section
Basic terminology in this section
Definitions for this section
Coding exercises from this section
- E. Medicine Section
Basic terminology in this section
Dialysis exercises and terminology from this section
Coding exercises from this section
- F. Anesthesia Section
Basic terminology in this section
Modifiers in this section
- G. Radiology Section
Coding exercises from this section