

Medical Coding: ICD-10-CM and ICD-10-PCS

Course Syllabus

Course Description

Medical Coding: ICD-10-CM and ICD-10-PCS gives students and healthcare professionals in-depth instruction on key terms, code sets, conventions, and guidelines, as well as updates on current codes, for ICD-10-CM/PCS.

Learning Outcomes

Upon successful completion of this online course, students will be able to:

1. Apply guidelines unique to ICD-10-CM and incorporate vocabulary and data used in health information systems.
2. Consult medical references, medical dictionaries, professional journals, and official coding references.
3. Interpret healthcare data and apply inpatient/outpatient coding guidelines to code and sequence diagnosis and procedures.
4. Assign ICD-10-CM and ICD-10-PCS codes.
5. Apply data set definitions to select the first-listed and principal diagnoses, complications and comorbidities, secondary diagnoses, and procedures.
6. Define and assign DRGs and define major diagnostic categories, principal diagnosis, complication, and comorbidity.

Course Outline and Objectives

Part I: Overview of Coding (Optional)

Chapter 1: Overview of Coding

1. Define key terms.
2. Explain coding career opportunities and the coding credentialing process.
3. Identify professional associations and describe the benefits of membership.
4. Clarify student responsibilities during a coding internship.
5. Identify coding systems used for reimbursement, and indicate the relationship between patient record documentation and accurate coding.

Part II: ICD-10-CM and ICD-10-PCS Coding Systems

Chapter 2: Introduction to Coding

1. Define key terms.
2. Explain the organization of the Tabular List of Diseases, Index to Diseases, and Index to Procedures and Tabular List of Procedures.
3. List and describe the official guidelines for coding and reporting.
4. Interpret and apply guidelines for coding and reporting when assigning codes.

Chapter 3: Coding Conventions

1. List and explain coding conventions.
2. Interpret CM and PCS coding conventions to assign codes accurately.

Chapter 4: Coding Guidelines

1. Explain HIPAA's impact on the adherence to ICD-10-CM Official Guidelines for Coding and Reporting.
2. Describe the content of each section of the ICD-10-CM Official Guidelines for Coding and Reporting.
3. Apply general and chapter-specific coding guidelines when assigning codes to diagnoses.

Chapter 5: Hospital Inpatient Coding

1. List and explain differences among acute care inpatient settings.
2. Interpret and assign inpatient diagnosis codes for acute care inpatient cases.

Chapter 6: Outpatient and Physician Office Coding

1. List and explain differences among outpatient and physician office health care settings.
2. Interpret outpatient diagnosis coding and reporting guidelines.
3. Assign diagnosis codes for outpatient and physician office care.

Part V: Insurance and Reimbursement Overview (Optional)

Chapter 19: Insurance and Reimbursement

1. Define key terms.
2. Identify and provide examples of third-party payers.
3. List and define each health care reimbursement system.
4. Describe the impact of HIPAA on health care reimbursement.
5. Explain the components of health reform, as delineated in the Affordable Care Act.

Completion and Accreditation

Students who pass the chapter tests with an overall average of 70% or higher will receive a certificate of completion and 4.5 Continuing Education Units (CEUs). One CEU is equivalent to 10 hours of class time.

Corexcel is accredited by the International Association for Continuing Education and Training (IACET) and is authorized to issue the IACET CEU. In obtaining this accreditation, Corexcel has demonstrated that it complies with the ANSI/IACET Standard which is recognized internationally as a standard of good practice. As a result of their Authorized Provider membership status, Corexcel is authorized to offer IACET CEUs for its programs that qualify under the ANSI/IACET Standard.