



## Medical Coding and Billing Part 2

Welcome to MC012: Medical Coding and Billing Part 2!

Please read the information in this syllabus before proceeding to the course materials.

**Credits:** 1 credit hour

**Prerequisites:** MC011

### INSTRUCTIONAL TEAM

Our Academic Advisors are also available to help you when you need it. They are trained to provide answers to your questions about the course or program.

**Phone:** 1-800-224-7234

**Hours:** 8:30AM – 8:30PM (Eastern Standard Time), Monday-Friday

### MAIL

James Madison High School  
5051 Peachtree Corners Circle, Suite 200  
Norcross, GA 30092

### Textbooks and Equipment

*Medical Office Simulation Software (MOSS)*

*EHR GO*

*3-2-1 Code It!*

*ICD-10-CM Expert for Physicians HCPCS Level II Expert 2023*

*Current Procedural Coding Expert, Prof. Edition 2023*

*Understanding Health Insurance: A Guide to Billing and Reimbursement*

*The Professional Review Guide for the CPC Examination*

### COURSE DESCRIPTION

Students learn the fundamentals of medical billing and coding and are prepared to take the Certified Billing and Coding Specialist (CBCS) exam from the National Healthcareer Association, the Certified Professional Coder (CPC®) exam from the American Academy of Professional Coders (AAPC), and the Certified Coding Associate (CCA®) exam from the American Health Information Management Association (AHIMA). Program topics include EOBs, refunds, and appeals; and workers' compensation. Students receive in-depth training on ICD-10-CM/PCS, CPT, and HCPCS code assignment.

**IMPORTANT NOTE:** The exam costs are not covered by JMHS. CBCS and CCA candidates must be High School graduates. Additional requirements such as membership and applications can be found with each certifying agency: [CBCS](#), [CPC®](#), [CCA®](#)



## LEARNING OBJECTIVES

After completing Course Title, students will be able to:

- Summarize the life cycle of a typical insurance claim and explain the processing steps that must be completed before claims and other forms can be submitted to the insurance company
- Explain the purpose of medical coding and accurately code diagnoses and procedures using industry-standard coding systems published by the World Health Organization (WHO) and the American Medical Association (AMA)
- Accurately assign ICD-10-CM/PCS, CPT, and HCPCS codes for diagnoses, procedures, and medical services as part of the insurance reimbursement process

LESSONS	TOPICS
<b>Lesson 1: Administrative Use of the EHR</b>	This lesson will introduce you to Medical Office Simulation Software (MOSS), practice management, and electronic medical records. MindTap is the platform you will use to access MOSS. The MOSS User Guide that help you navigate and use the software.
<b>Lesson 2: Clinical Use of the EHR</b>	In this lesson, you'll learn how to complete clinical tasks commonly done in a medical office using electronic medical records. Once you are in MOSS, the instructions for each activity will be on the right side of the screen.
<b>Lesson 3: Billing</b>	In this lesson you'll learn how to complete billing tasks commonly done in a medical office using electronic medical records. Once you are in MOSS, the instructions for each activity will be on the right side of the screen.
<b>Lesson 4: Electronic Medical Records Final Exam and Graded Project</b>	In this lesson, you'll complete a final exam and a final graded project.
<b>Lesson 5: Introduction to Coding and ICD-10- CM</b>	This lesson will introduce you to the exciting field of medical coding. You'll also learn about ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) coding guidelines and coding conventions. The tips and suggestions in 3-2-1 Code It! will serve as a foundation for your next two courses, Intermediate Medical Coding and Physician Coding Exam Review. Be sure to complete all exercises and practice activities in MindTap to help you fine-tune coding skills and master the fine points of ICD-10 coding and a wide range of medical terms. Doing so will further sharpen your skills, strengthen your ability to accurately interpret terms, and translate terms into accurate codes.



<b>Lesson 6: Chapter-Specific Guidelines for ICD-10-CM Chapters 1 through 10</b>	In this lesson, you'll learn many of the chapter-specific guidelines that govern code assignments in the ICD-10-CM for Chapters 1 through 10. These chapter-specific guidelines are organized by certain systems of the body. As you'll learn, each system has a number of guidelines that must be considered when assigning codes for organs in that system. Following the instructions in the ICD-10-CM and knowing where to look in each category will ensure you assign codes accurately.
<b>Lesson 7: Chapter-Specific Guidelines for ICD-10-CM Chapters 11 through 22</b>	In this lesson, you'll learn many of the chapter-specific guidelines that govern code assignments in the ICD-10-CM for Chapters 11 through 22. These chapter-specific guidelines are organized by certain body systems and other conditions and topics such as injury or poisoning. Each ICD-10- CM chapter has several guidelines that must be considered when assigning codes. You'll also learn about outpatient and physician office ICD-10-CM coding. Outpatient care includes any healthcare service provided to a patient who is not admitted to a facility. This can include physician offices and hospital emergency departments. Following the instructions in the ICD-10- CM and knowing how to use each category will ensure you assign codes accurately.
<b>Lesson 8: Procedure Coding with ICD-10-PCS</b>	In this lesson, you'll learn about ICD-10-PCS codes. This code set is used to assign inpatient hospital procedures only from the patient's medical record. As with the ICD-10-CM, there are many guidelines that must be followed in order to ensure accurate coding. The ICD-10-CM and the ICD-10-PCS codes combined will provide an accurate record of the diagnosis and procedures for each patient.
<b>Lesson 9: Basic Medical Coding Graded Project</b>	Now that you're familiar with the ICD-10-CM and ICD-10-PCS coding manuals, you're ready to try your hand at assigning codes to patient scenarios. Be sure to use your knowledge of the guidelines governing each code set as you look up and assign each code. Once you've mastered these coding sets, you'll be ready to move on to the next part of your training to become a medical coder in Intermediate Medical Coding.
<b>Lesson 10: Introduction to CPT Coding</b>	<p>HCPCS Level I and HCPCS Level II are the two code sets used to assign procedure codes in the outpatient setting. HCPCS Level I is the Current Procedural Terminology (CPT) manual. Updated and published annually by the American Medical Association, the CPT manual is used to describe and report medical procedures and services performed by physicians and other healthcare professionals. Note: CPT codes focus specifically on procedures, not diagnoses or conditions.</p> <p>HCPCS Level II covers patient services not covered under CPT. Coders will use the HCPCS Level II to code certain types of medical supplies, such as drugs and special types of medical equipment, and for certain groups of healthcare professionals, such as ambulance personnel, orthodontists, and dentists. In this lesson, you'll start to learn when each of these manuals is used and how the codes are formed.</p>
<b>Lesson 11: Evaluation and Management and Anesthesia Coding</b>	This lesson starts with a review of the first section in the CPT manual, which is the one you'll use most often: Evaluation and Management (E/M). It's important to note this particular section isn't broken down by specialty but by type of setting, where the patient sees their doctor. You'll also learn how to apply codes in the Anesthesia section when billing for the anesthesiologist's services, as well as the special modifiers that apply to anesthesia coding only.
<b>Lesson 12: Surgical CPT Coding, Part 1</b>	Codes in the Integumentary System section cover procedures performed on the skin, nails, breasts, and other areas of the integumentary system. You'll assign codes from the Musculoskeletal System section when a patient is seen for the repair of bone fractures and dislocations, wound explorations, grafts, spinal fixation procedures, cast and splint applications, as well as other procedures. Patients presenting with respiratory disorders such as asthma and bronchitis will receive treatments classified to the Respiratory System section. In the Respiratory System section, you'll code for endoscopies, removal of lesions and foreign bodies, and other procedures.



<b>Lesson 13: Surgical CPT Coding, Part 2</b>	<p>In this lesson, you'll learn about the following sections in the CPT:</p> <ul style="list-style-type: none"><li>• Cardiovascular System</li><li>• Hemic, Lymphatic, Mediastinum, and Diaphragm Systems</li><li>• Digestive System</li><li>• Urinary System</li><li>• Male Genital System, Reproductive, Intersex Surgery, Female Genital System, and Maternity Care and Delivery Systems</li><li>• Endocrine and Nervous Systems</li><li>• Ocular and Auditory Systems</li></ul>
<b>Lesson 14: Surgical CPT Coding, Part 3</b>	<p>The Radiology section of the CPT lists codes for x-rays, ultrasounds, and nuclear medicine procedures. Pathology/Laboratory includes codes for chemistry panels, drug assays, organ and disease panels, anatomic pathology, and cytopathology, among others.</p> <p>Medicine codes are used for many procedures, including dialysis, ophthalmology, allergy testing, and right- and left-heart catheterization.</p>
<b>Lesson 15: Graded Project</b>	<p>Now that you've learned how CPT and HCPCS Level II codes are assigned, you'll use your skills by completing a graded project. In the project, you'll assign codes for a number of procedures using the CPT and HCPCS Level II manuals.</p>
<b>Lesson 16: Anatomy, Terminology, and Pathophysiology</b>	<p>This lesson will reinforce the anatomy, terminology, and pathophysiology of the various body systems. This lesson should serve largely as a review of what you've already learned about body systems. If you find yourself struggling with any areas in this lesson, be sure to stop and carefully review the content in your review textbook.</p>
<b>Lesson 17: Health Insurance and Reimbursement</b>	<p>In this section, you'll review the role of health insurance and managed care in our healthcare system, and the role of revenue management within that. You'll review the legal aspects of health insurance and reimbursement, CMS reimbursement methodologies, and the role of coding within it all.</p>
<b>Lesson 18: Completing Claims</b>	<p>In this section, you'll review facts about CMS-1500 and UB-04 claims. You'll also review the unique types of commercial insurance and the variations you can expect in completing their claims.</p>



<b>Lesson 19: ICD-10-CM Coding</b>	In this lesson, you'll review the codes assigned from the ICD-10-CM manual. You'll first review the overview and guidelines for the ICD-10-CM. Then, you'll review each chapter of the ICD-10-CM to refresh yourself on the chapter-specific guidelines for each chapter. Finally, you'll review outpatient coding.
<b>Lesson 20: CPT and HCPCS Coding</b>	Throughout this lesson, you'll review the content that's contained within the CPT manual. Each section will have introductions and/or overviews, chapter readings from the Professional Review Guide for the CPC Examination (also referred to as PRG), and relevant practice quizzing. The quizzes are always optional. They're for practice and are ungraded.
<b>Lesson 21: Final Exam</b>	When you began your Billing and Coding Professional Certification Exam Review course, you took a Pre-Exam to assess your understanding of the concepts you've learned throughout your program. The Post-Exam you take in this lesson will allow you to see how you've improved and where you might need to review as you prepare to take the Final Exam for this course.

## GRADING

The following point totals correspond to the following grades:

<b>POINTS</b>	<b>GRADE</b>
100-90	A
89-80	B
79-70	C
65-69	D
Below 65	F

**James Madison High School allows 2 attempts on exams. If a student is not satisfied with his/her score on the 1st attempt, an exam may be resubmitted. The 2nd attempt is not required as long as the final course average is above 65%. The higher of the 2 attempts will be the score that counts towards the final average.**

**Exams are timed and once you begin an exam, the timer runs continuously, even if you leave the course. Refer to the exam instructions for the time limit (in most cases 3 hours), but the time limit cannot be spread over multiple days.**



## GRADE WEIGHT

TOPIC	ACTIVITY	PERCENTAGE
<b>Lesson 1:</b> Administrative Use of the EHR	MC Quiz	4.54%
<b>Lesson 2:</b> Clinical Use of the EHR	MC Quiz	4.54%
<b>Lesson 3:</b> Billing	MC Quiz	4.54%
<b>Lesson 4:</b> Electronic Medical Records Final Exam and Graded Project	MC Quiz	4.56%
	Graded Project	4.56%
<b>Lesson 5:</b> Introduction to Coding and ICD-10-CM	MC Quiz	4.54%
<b>Lesson 6:</b> Chapter-Specific Guidelines for ICD-10-CM Chapters 1 through 10	MC Quiz	4.54%
<b>Lesson 7:</b> Chapter-Specific Guidelines for ICD-10-CM Chapters 11 through 22	MC Quiz	4.54%
<b>Lesson 8:</b> Procedure Coding with ICD-10-PCS	MC Quiz	4.54%
<b>Lesson 9:</b> Basic Medical Coding Graded Project	Assignment	4.56%
<b>Lesson 10:</b> Introduction to CPT Coding	MC Quiz	4.54%
<b>Lesson 11:</b> Evaluation and Management and Anesthesia Coding	MC Quiz	4.54%
<b>Lesson 12:</b> Surgical CPT Coding, Part 1	MC Quiz	4.54%
<b>Lesson 13:</b> Surgical CPT Coding, Part 2	MC Quiz	4.54%
<b>Lesson 14:</b> Surgical CPT Coding, Part 3	MC Quiz	4.54%
<b>Lesson 15:</b> Graded Project	Assignment	4.56%
<b>Lesson 16:</b> Anatomy, Terminology, and Pathophysiology	MC Quiz	4.54%
<b>Lesson 17:</b> Health Insurance and Reimbursement	MC Quiz	4.54%
<b>Lesson 18:</b> Completing Claims	MC Quiz	4.54%
<b>Lesson 19:</b> ICD-10-CM Coding	MC Quiz	4.54%
<b>Lesson 20:</b> CPT and HCPCS Coding	MC Quiz	4.56%
<b>Lesson 21:</b> Final Exam	Assignment	4.56%

## ACADEMIC AND COURSE POLICIES

Please see the Academic Policies section in the [James Madison High School Catalog](#) for information on Course policies, including the Exam/Assignment Retake Policy, Grading Policy, Academic Honesty Policy, and Student Conduct Policy.