

**Eastern WV Community & Technical College
Master Course Record**

Course Prefix and Number: WFHC 120
Course Title: Medical Coding: Procedural for Workforce Development
Recommended Transcript Title: Medical Coding: Procedural for Workforce Development
Date Approved/Revised: 11/28/12; 10/5/17
Credit Hours: 3 Contact hours per week (Based on 15 week term): Lecture: 45 Lab:
Prerequisite: None Corequisite: None Pre/Corequisite: None
Grading Mode: Credit/No Credit
Catalog Description: This course presents the basics of procedure coding with the CPT and HCPCS coding systems. Emphasis is on providing students with the basic coding concepts, practical applications, Medicare rules, billing tips, and coding issues by specialty. Medical Billing & Coding Specialist (CBCS) Certification eligibility.
Course Outcomes: (See Competency Verb list for suggested language) <ol style="list-style-type: none"> 1. Understand HIPAA guidelines for confidentiality, privacy, and security of a patient's information within the medical record. 2. Differentiate between insurance fraud and insurance abuse. 3. Use CPT code book efficiently to code procedures billed by the physician performed in the medical office and other outpatient settings. 4. Understand the linkage of the CPT code(s) and the ICD-9-CM code(s) and the medical necessity for reimbursement of charges billed. 5. Define various insurance carriers such as Medicare, Medicaid, Workers Compensation, TRICARE/CHAMPVA, and the billing requirements for each. 6. Define various terms as they relate to the insurance process. 7. Abstract information from the medical record to complete the CMS-1500 for Medicare, Medicaid, commercial carriers. 8. Use all volumes of ICD-9-CM to assign codes based on guidelines presented in the basic course, as they pertain to both outpatient & inpatient coding. 9. Assign CPT codes for procedures and services billed for all medical specialties, based on coding guidelines presented in the basic course. 10. Recognize supplies and services requiring HCPCS codes and assign codes from the HCPCS book. 11. Apply documentation guidelines and legal issues affecting insurance claims & medical records. 12. Recognize basics of health insurance and procedural coding. 13. Recognize and appropriately code evaluation and management services. 14. Identify CPT modifiers and their uses. 15. Demonstrate ability to complete the Health Insurance Claim Form (CMS 1500).
Implementation Cycle: Open Entry/Open Exit

Course Number & Title: WFHC120 – Medical Coding: Procedural for Workforce
Date Prepared/Revised: November 28, 2012; 10/5/17
Date Course Approved by Curriculum Committee: 10/5/17
Date Course Approved by LCT: 12/17/12; 10/16/17

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Role in College Curriculum: (Check all that apply) <input type="checkbox"/> General Education Core (Specify category) <input type="checkbox"/> Technical Core (Specify Program) <input type="checkbox"/> Restricted Elective (Specify Program) <input type="checkbox"/> General Elective <input checked="" type="checkbox"/> Workforce Education <input type="checkbox"/> Other (Please specify)
Course Fee: Yes
Instructor's Qualifications: Bachelor's of Science in Business Administration or related discipline AND/OR expertise and experience in field.
Expanded Course Description (provides details regarding major course concepts, target audience, delivery format, etc) Students learn how to solve insurance billing problems and how to file insurance claims. Competencies evaluated through test assessments.

Prepared by:

<u>Melissa Shockey, Program Coordinator</u>	<u>10-5-17</u>
Name	Date

Dean of Teaching and Learning	Date
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