ADMM 2620: Advanced Medical Coding

A. COURSE DESCRIPTION

Credits: 3
Lecture Hours/Week: 3
Lab Hours/Week: 0
OJT Hours/Week: *.*

Prerequisites:
This course requires both of these prerequisites
   ADMM 1640 - AAPC Coding I (Number of Years Valid: 5)
   ADMM 1650 - AAPC Coding II (Number of Years Valid: 5)

Corequisites: None
MnTC Goals: None

Advanced Medical Coding provides a deeper understanding of diagnostic and procedural codes within health care delivery systems, while applying codes concurrently. This course is a continuation of the International Classification of Diseases Clinical Modification and Procedural Coding System (ICD-10-CM and ICD-10-PCS) and Current Procedural Terminology (CPT) coding courses. Codes are presented along with an account of health care billing basics and a description of the interconnectedness of medical coding and billing. Students gain knowledge of real-world scenarios utilizing professional software. Career search and advanced coding certification research are also performed.

B. COURSE EFFECTIVE DATES: 05/03/2023 - Present

C. OUTLINE OF MAJOR CONTENT AREAS

1. Examine the billing considerations for codes used in the health care setting and evaluate billing rules and guidelines
2. Recognize and apply coding guidelines
3. Identify the structure and function of ICD, CPT, and Health Care Procedural Coding System (HCPCS) code sets
4. Apply coding guidelines to correctly identify and sequence ICD, CPT, and HCPCS codes for a variety of health care specialties
5. Analyze health care documentation
6. Evaluate billing rules and guidelines for a variety of health care settings
7. Demonstrate an understanding of compliance, fraud, and abuse in the health care setting
8. Seek coding job postings
9. Research advanced coding certifications

D. LEARNING OUTCOMES (General)

1. The learner will understand the differences between ICD-10-CM, ICD-10-PCS, CPT, and HCPCS codes, while coding them concurrently.
2. The learner will demonstrate knowledge of reimbursement guidelines to include guidelines for each individual insurance company.
3. The learner will accurately abstract information needed to utilize each code set.
4. The learner will prepare for industry specific credentialing examinations.
E. Minnesota Transfer Curriculum Goal Area(s) and Competencies
   None

F. LEARNER OUTCOMES ASSESSMENT
   As noted on course syllabus

G. SPECIAL INFORMATION
   None noted