

HIM-1113: PHYSICIAN OFFICE CODING WITH CURRENT PROCEDURAL TERMINOLOGY (CPT) CODING

Cuyahoga Community College

Viewing: HIM-1113 : Physician Office Coding with Current Procedural Terminology (CPT) Coding

Board of Trustees:

MAY 2025

Academic Term:

Fall 2025

Subject Code

HIM - Health Information Management

Course Number:

1113

Title:

Physician Office Coding with Current Procedural Terminology (CPT) Coding

Catalog Description:

Introduction to the basic concepts of coding using the CPT (Current Procedural Terminology) coding manual and HCPCS Level-II (Healthcare Common Procedural Coding System) to meet federal agency requirements for physician office coding and billing.

Credit Hour(s):

2

Lecture Hour(s):

2

Requisites

Prerequisite and Corequisite

HIM-1050 Medical Terminology I; or HIM-1060 Introduction to Medical Terminology and BIO-1050 Human Biology and BIO-105L Human Biology Lab.

Outcomes

Course Outcome(s):

Identify and select correct CPT codes when assigning codes to specific areas in a physician or health professional practice.

Essential Learning Outcome Mapping:

Critical/Creative Thinking: Analyze, evaluate, and synthesize information in order to consider problems/ideas and transform them in innovative or imaginative ways.

Objective(s):

1. Recognize and describe the format and characteristics of the Current Procedural Terminology (CPT).
2. Distinguish between coding, nomenclature, and classification systems.
3. Describe the importance and usage of modifiers in the CPT.
4. Explain information contained in section guidelines found in the CPT manual.
5. Select proper CPT Codes to case scenarios.

Course Outcome(s):

Explain the importance of using the correct version of the Current Procedural Terminology (CPT) code book.

Essential Learning Outcome Mapping:

Critical/Creative Thinking: Analyze, evaluate, and synthesize information in order to consider problems/ideas and transform them in innovative or imaginative ways.

Objective(s):

1. Explain the importance of updating coding manuals every year.
2. Determine dates of service performed and match with appropriate CPT manual according to specific guidelines.

Course Outcome(s):

Utilize the Healthcare Common Procedural Coding System (HCPCS) to correctly identify proper codes to meet federal agency requirements.

Objective(s):

1. Differentiate between Level-I and Level-II Healthcare Common Procedural Coding System (HCPCS).
2. Describe the Centers for Medicare and Medicaid Services (CMS) and the procedures followed in processing HCPCS Level-II applications when making coding decisions.
3. Explain the importance in utilizing the HCPCS Level II Code Set to identify products, supplies, and services not included in the CPT code set jurisdiction.

Methods of Evaluation:

1. Student class participation and discussions
2. Reports (oral and/or written)
3. Homework assignments
4. Projects
5. Quizzes and examinations
6. Final examination

Course Content Outline:

1. Coding defined
2. Types of coding systems
 - a. Classification
 - b. Nomenclature
 - c. Current Procedural Terminology (CPT)
3. Current Procedural Terminology (CPT)
 - a. Format of the CPT coding manual
 - b. Guidelines and notes
 - c. Modifiers
 - d. Procedures or services unlisted in CPT
 - e. The alphabetic index
 - f. Basic principles for using CPT
 - g. Evaluation and management section
 - h. Anesthesia section
 - i. Surgery section
 - i. Integumentary
 - ii. Musculoskeletal
 - iii. Respiratory
 - iv. Cardiovascular
 - v. Female genital system and maternity care and delivery
 - vi. General Surgery I
 - vii. General Surgery II
 - j. Radiology section
 - k. Pathology/laboratory section
 - l. Medicine section and Level II national codes
4. Ethics in coding

- a. Optimization
- b. Maximization
- c. Fraud and abuse
- 5. Identification of products, supplies, and services with HCPCS Level-II Codes
 - a. Drugs
 - b. Biologicals
 - c. Non-drug and non-biological items
 - d. Supplies
 - e. Services not included in the CPT code set jurisdiction
 - i. Ambulance services
 - ii. Durable medical equipment,
 - iii. Prosthetics,
 - iv. Orthotics and supplies

Resources

BOWIE, MARY JO. (2023) *Understanding Current Procedural Terminology and HCPCS Coding Systems*, Chicago: Cengage.

American Medical Association (AMA). (2022) *CPT 2022 - Professional Edition*, Chicago: RITTENHOUS.

The Centers for Medicare and Medicaid Services (CMS). (04/21/2022) *HCPCS Level II Coding Process & Criteria*, Washington DC: Centers for Medicare and Medicaid Services. <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo>

Centers for Medicare and Medicaid Services. (2022) *HCPCS Quarterly Updates*, Washington DC: Centers for Medicare and Medicaid Services (CMS.gov). <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

Resources Other

- 1. Internet searches relevant to current changes in physician office coding
- 2. Electronic software resources for coding rules and regulations and recommendations
- 3. Coding guidelines for physician practices (state and federal level)
- 4. Centers for Medicare and Medicaid Services website (cms.gov)

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