HIM-1114: MEDICAL OFFICE CODING WITH ICD-10-CM

Cuyahoga Community College

Viewing: HIM-1114 : Medical Office Coding with ICD-10-CM

Board of Trustees:

mAY 2025

Academic Term:

Fall 2025

Subject Code

HIM - Health Information Management

Course Number:

1114

Title:

Medical Office Coding with ICD-10-CM

Catalog Description:

Introduction to basic concepts of coding medical diagnoses using ICD-10-CM (International Classification of Diseases, 10th Revision, Clinical Modification) to meet requirements for physician and medical practitioner professional fee coding and billing.

Credit Hour(s):

3

Lecture Hour(s):

3

Requisites

Prerequisite and Corequisite

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

Outcomes

Course Outcome(s):

Select correct ICD-10-CM codes when assigning codes to specific clinical cases.

Essential Learning Outcome Mapping:

Not Applicable: No Essential Learning Outcomes mapped. This course does not require application-level assignments that demonstrate mastery in any of the Essential Learning Outcomes.

Objective(s):

1. Describe factors that affect coding for reimbursement.
2. Describe the relationship between coded data and reimbursement for health care services.
3. Recognize the importance of comprehensively reading the source document in order to assign the most specific code(s) to the diagnostic statements.
4. Judge ethical situations that a coder might face.
5. Choose the correct ICD-10-CM coding conventions when assigning codes.
6. Select proper ICD-10-CM codes to clinical case scenarios.

Course Outcome(s):

Identify and apply chapter specific coding guidelines using the ICD-10-CM scheme.

Essential Learning Outcome Mapping:

Not Applicable: No Essential Learning Outcomes mapped. This course does not require application-level assignments that demonstrate mastery in any of the Essential Learning Outcomes.

Objective(s):

1. Apply chapter specific coding guidelines for all chapters and body systems listed in the ICD-10-CM coding book.
2. Describe general coding guidelines.
3. Apply multiple coding for a single condition.
4. Understand and apply basic steps in selecting appropriate ICD-10-CM coding.

Course Outcome(s):

Validate the principles of ICD-10-CM coding.

Essential Learning Outcome Mapping:

Not Applicable: No Essential Learning Outcomes mapped. This course does not require application-level assignments that demonstrate mastery in any of the Essential Learning Outcomes.

Objective(s):

1. Describe the format of the Tabular List of Diseases and Injuries.
2. Identify the chapters and sub-chapters or blocks used in ICD-10-CM.
3. Identify and define the sub-terms, carryover lines, nonessential modifiers, and eponyms used in ICD-10-CM.
4. Recognize the contents of the ICD-10-CM Appendices.
5. Explain the format of the Alphabetic Index to Diseases found in ICD-10-CM.
6. Identify and define the cross-reference terms and instructional notes used in ICD-10-CM.
7. Describe the rules for multiple coding.
8. Explain how connecting words are used in the Alphabetic Index.
9. Apply the symbols, punctuation, and abbreviations used in ICD-10-CM.

Methods of Evaluation:

1. Class participation and discussions
2. Reports (oral and/or written)
3. Homework assignments
4. Projects
5. Quizzes and examinations
6. Final examination
7. Internet searches relevant to current changes in physician office coding

Course Content Outline:

1. Coding defined
2. Types of coding systems
   a. Classification
   b. Nomenclature
   c. Current Procedural Terminology (CPT)
   d. International Classification of Diseases - 10th revision- Clinically modified (ICD-10-CM)
   e. Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)
3. Billing
   a. Patient accounts
   b. Charge-master
   c. Charge capture
   d. Uniform bill (UB-92)
   e. CMS-1500 form
4. Overview of the International Classification of Diseases -10th revision- Clinically modified (ICD-10-CM)
   a. ICD-10-CM conventions
   b. Basic coding steps
   c. Basic coding guidelines
   d. Coding guidelines for operations and procedures
   e. Individual chapter coding guidelines

      i. Infectious and parasitic diseases
      ii. Neoplasms
      iii. Endocrine, nutritional and metabolic diseases and immunity disorders
      iv. Diseases of blood and blood-forming organs
      v. Mental disorders
      vi. Diseases of the circulatory system
      vii. Diseases of the respiratory system
      viii. Diseases of the digestive system
      ix. Diseases of the genitourinary system
      x. Complications of pregnancy, childbirth, and the puerperium
      xi. Diseases of the skin and subcutaneous tissue
      xii. Diseases of the musculoskeletal and connective tissue
      xiii. Congenital anomalies and certain conditions originating in the perinatal period
      xiv. Symptoms, signs, and ill-defined conditions
      xv. Injury and poisoning

5. Ethics in coding
   a. Optimization
   b. Maximization
   c. Fraud and abuse

Resources

American Medical Association (AMA). (2022) *ICD-10-CM 2022: The Complete Official Codebook* , Chicago: Rittenhouse.

Mary Jo Bowie. *UNDERSTANDING ICD-10-CM AND ICD-10-PCS: A WORKTEXT, 2022 EDITION*, Chicago: Cengage .

Elsevier. *Buck's 2022 ICD-10-CM for Physicians*, Chicago : Evolve.

Resources Other

1. Electronic software resources for coding rules and regulations and recommendations
2. Coding guidelines for physician practices (state and federal level)
3. Centers for Medicare and Medicaid Services website cms.gov

Top of page
Key: 5077