

Instructor's Manual to Accompany

3-2-1 Code It!

2020

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3-2-1 Code It! 2020
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Preface

This Instructor's Manual is organized into seven sections:

- Section I: Preparing Your Course



Note:

Section I contains sample semester plans and policies for administering exams and grading assignments and exams. Chapter lesson plans that can be modified for individual use are included.

- Section II: Answer Keys to Chapter Exercises and Reviews
- Section III: Answer Keys to Workbook Assignments and Reviews



Note:

Sections II and III are organized according to chapter.

- Section IV: Answer Keys to Workbook Appendices A–D: Coding Patient Records
 - Answer Key to Appendix A: Coding Ambulatory Care Surgery Patient Records
 - Answer Key to Appendix B: Coding Emergency Department Patient Records
 - Answer Key to Appendix C: Coding Physician Office Records
 - Answer Key to Appendix D: Coding Hospital Inpatient Records
- Section V: Answer Key to Workbook Appendix E: Mock Certified Professional Coder (CPC) Certification Examination
- Section VI: Answer Key to Workbook Appendix F: Mock Certification Coding Specialist-Physician (CCS-P) Certification Examination
- Section VII: Answer Key to Workbook Appendix G: Mock Certified Coding Specialist (CCS) Certification Examination



Teaching Tip:

Consider placing a sticky note as a tab at the beginning of each section in the Instructor's Manual.

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STUDENT WORKBOOK

The workbook follows the chapter organization of the core textbook and contains application-based assignments. Each assignment contains a list of objectives, an overview of content relating to the assignment, and instructions for completing the assignment. The last assignment in each workbook chapter contains review questions in multiple-choice format to emulate credentialing exam questions. The workbook also contains actual patient records and mock CPC, CCS-P, and CCS certification examinations.

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INSTRUCTOR COMPANION SITE

Additional resources can be found online at <http://login.cengage.com>.

Items listed as Instructor Resources are password-protected. To access the protected Instructor Resources, go to <http://login.cengage.com> to create a unique single-user sign-on. Contact your sales representative for more information.



Note:

Login instructions for Student Resources listed on the Student Companion Site are located in the textbook Preface.



Teaching Tip:

The Instructor and Student Companion Sites also include files that contain updates to the textbook and its supplements, which were changes made to the textbook, workbook, instructor's manual, and/or computerized test bank after publication (e.g., revised codes due to coding updates). You are welcome to email the author at michelle.ann.green@gmail.com with questions or comments. The author will respond to your emails, and appropriate corrections will be posted to provide clarification about the textbook and its supplements.

INSTRUCTOR RESOURCES

In addition to this electronic version of the Instructor's Manual, the Instructor Resources contain an online computerized testbank powered by Cognero, and instructor's slides created in PowerPoint®. These supplements are located at the password-protected Instructor Companion Site at <http://login.cengage.com>.

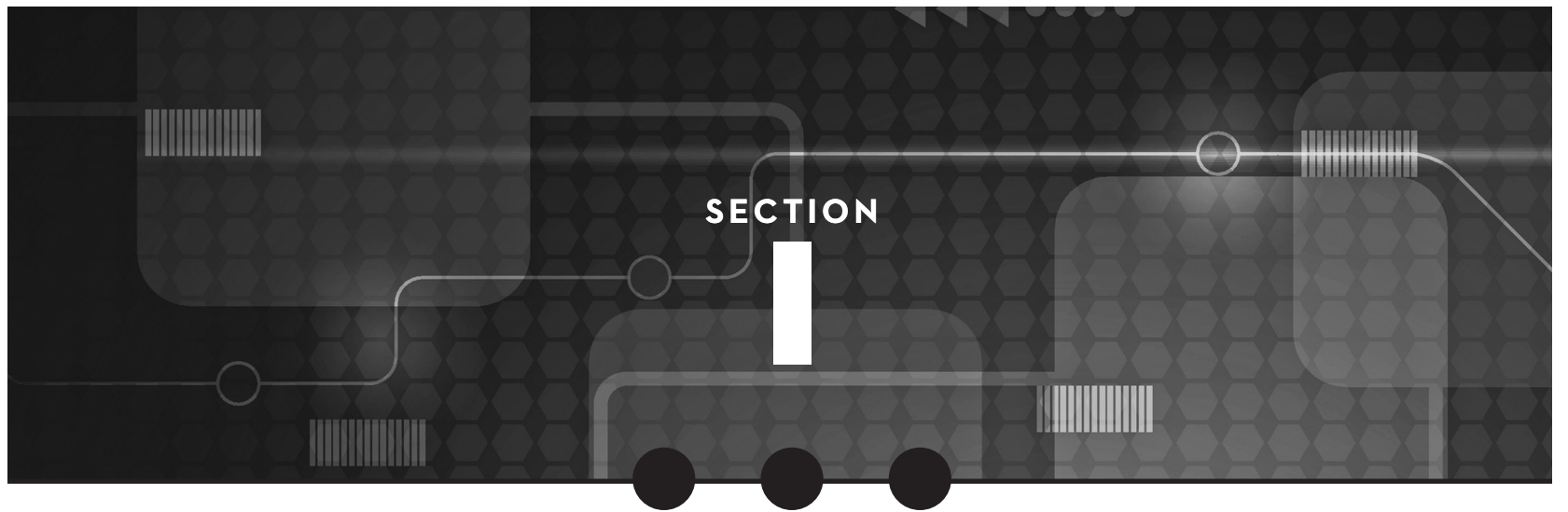


Teaching Tip:

The Cognero testbank contains multiple choice and completion (coding) questions. Cognero software is available on the Instructor Companion Site to allow you to generate exams quickly, which can be printed, exported and uploaded to a learning management system (e.g., Blackboard), or web-enabled. This means that you can create different versions of the same exam for large classes of students (when students cannot be separated from each other by an empty desk). To save you some time, exported files for Blackboard, Moodle, Angel, Desire2Learn, and Canvas can be downloaded directly from the Instructor Companion Site.

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Preparing Your Course

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3-2-1 Code It! is a comprehensive textbook that covers all coding systems, and its content is written to prepare medical assistants and other health care professionals for beginner or entry-level coding positions. ICD-10-CM and ICD-10-PCS coding are included in Chapters 2–7. (Chapter 6 is not typically covered by academic programs that focus on outpatient and physician coding.) Chapter 1 includes an overview of coding, Chapter 8 includes HCPCS level II coding, Chapters 9–19 include CPT coding (with five chapters dedicated to CPT Surgery coding), and Chapter 20 includes content about insurance and reimbursement. The textbook is organized so that content can be taught in parts in one course (Table 1) as well as in two (or more) courses. Your academic program and course requirements will determine the sections that should be taught to students.

EXAMPLE 1: A sequence of two-semester coding courses could include textbook Parts I and II in an ICD-10-CM and ICD-10-PCS coding course. Then textbook Parts III and IV could be taught in a HCPCS level II and CPT coding course. Many medical assistant and coding programs also teach a separate insurance and reimbursement course, eliminating the need to require textbook Part V in either coding course. However, if your program does not have a separate course, consider adding textbook Part V to one of your coding courses (or to an entirely different course, such as Introduction to Health Information Management).

EXAMPLE 2: A one-semester coding course taught in a medical assistant (MA) or medical office administration (MOA) program could include textbook Parts II, III, and IV, eliminating Chapter 5 from textbook Part II. You could also consider eliminating Chapters 11, 18, and 19 from the course syllabus (and assigning them outside of class or offer them as an independent study course).

Many MA and MOA programs teach a separate insurance and reimbursement course, eliminating the need to include textbook Part V in the coding course. If the program does not offer a separate insurance and reimbursement course, consider adding textbook Part V content to a different course (e.g., Administrative Medical Assisting or Introduction to Health Information Management).



NOTE:

NOTE: Chapter 5 is not typically covered by academic programs that focus on outpatient and physician coding.

TABLE 1 Organization of *3-2-1 Code It!*

Part	Title	Chapter
I	Coding Overview	Chapter 1: Overview of Coding
II	ICD-10-CM and ICD-10-PCS Coding Systems	Chapter 2: Introduction to ICD-10-CM and ICD-10-PCS Coding Chapter 3: ICD-10-CM and ICD-10-PCS Coding Conventions Chapter 4: ICD-10-CM Chapter-Specific Coding Guidelines: ICD-10-CM Chapters 1–10 Chapter 5: ICD-10-CM Chapter-Specific Coding Guidelines: ICD-10-CM Chapters 11–21 Chapter 6: ICD-10-CM and ICD-10-PCS Hospital Inpatient Coding Chapter 7: ICD-10-CM Outpatient and Physician Office Coding
III	Health Care Procedure Coding System (HCPCS), Level II Coding System	Chapter 8: HCPCS Level II Coding System
IV	Current Procedural Terminology (CPT) Coding System	Chapter 9: Introduction to CPT Coding Chapter 10: CPT Evaluation and Management Chapter 11: CPT Anesthesia Chapter 12: CPT Surgery I Chapter 13: CPT Surgery II Chapter 14: CPT Surgery III Chapter 15: CPT Surgery IV Chapter 16: CPT Surgery V Chapter 17: CPT Radiology Chapter 18: CPT Pathology and Laboratory Chapter 19: CPT Medicine
V	Insurance and Reimbursement Overview	Chapter 20: Insurance and Reimbursement

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SEMESTER PLANS

The one-semester plan (Table 2) assumes 45 hours of classroom lecture (or 3 hours per week for 15 weeks). Your course may also include an additional 45 hours of laboratory during the semester, for which corresponding workbook chapters can be assigned. The final examination is not included in the 45-hour plan.

Some educators prefer to use this textbook for a two-semester sequential course, teaching ICD-10-CM and ICD-10-PCS in one course and HCPCS level II and CPT in another course. If that is the method you prefer, refer to the two-semester plan (Table 3).

TABLE 2 One-Semester Plan

Week	Chapter
1–2	Chapter 1: Overview of Coding Chapter 2: Introduction to ICD-10-CM and ICD-10-PCS Coding Exam 1
3–4	Chapter 3: ICD-10-CM and ICD-10-PCS Coding Conventions Chapter 4: ICD-10-CM Chapter-Specific Coding Guidelines : ICD-10-CM Chapters 1–10 Chapter 5: ICD-10-CM Chapter-Specific Coding Guidelines: ICD-10-CM Chapters 11–21 Exam 2
5–6	Chapter 6: ICD-10-CM and ICD-10-PCS Hospital Inpatient Coding Chapter 7: ICD-10-CM Outpatient and Physician Office Coding Exam 3
NOTE: If teaching in a medical assistant or medical office administration program, consider eliminating Chapter 6, which covers hospital inpatient coding.	
7	Chapter 8: HCPCS Level II Coding System Exam 4
8	Chapter 9: Introduction to CPT Coding Chapter 11: CPT Anesthesia Exam 5
NOTE: If teaching in a medical assistant or medical office administration program, consider requiring Chapter 11: CPT Anesthesia as an outside-of-class assignment.	
9	Chapter 10: CPT Evaluation and Management Exam 6
10–12	Chapters 12–16: CPT Surgery I–V Exam 7
NOTE: If teaching in a medical assistant or medical office administration program, consider covering just those portions of Chapters 12–16: CPT Surgery I–V that pertain to your academic program’s community of interest. A community of interest includes employers who hire an academic program’s graduates; the employers should be surveyed to determine the level of CPT Surgery coding required of graduates. For example, medical assistants might be required to assign codes for simple and intermediate repairs in the CPT Integumentary subsection (but not for skin grafts and flaps, which are often performed in a hospital ambulatory surgery or inpatient setting and coded by hospital outpatient and inpatient coding specialists).	
13–14	Chapter 17: CPT Radiology Chapter 18: CPT Pathology and Laboratory Chapter 19: CPT Medicine Chapter 20: Insurance and Reimbursement Exam 8
Finals Week	Comprehensive Final Examination (Chapters 1–20)

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TABLE 3 Two-Semester Plan**First Semester**

Week	Chapter
1–2	Chapter 1: Overview of Coding Exam 1
3–4	Chapter 2: Introduction to ICD-10-CM and ICD-10-PCS Coding Exam 2
5–6	Chapter 3: ICD-10-CM and ICD-10-PCS Coding Conventions Exam 3
7–9	Chapter 4: ICD-10-CM Chapter-Specific Coding Guidelines : ICD-10-CM Chapters 1–10 Chapter 5: ICD-10-CM Chapter-Specific Coding Guidelines: ICD-10-CM Chapters 11–21 Exam 4
10–12	Chapter 6: ICD-10-CM and ICD-10-PCS Hospital Inpatient Coding Exam 5
NOTE: If teaching in a medical assistant or medical office administration program, consider eliminating Chapter 6, which covers hospital inpatient coding.	
13–14	Chapter 7: ICD-10-CM Outpatient and Physician Office Coding Exam 6
Finals Week	Comprehensive Final Examination (Chapters 1–7)
Second Semester	
1	Chapter 8: HCPCS Level II Coding System Exam 1
2	Chapter 9: Introduction to CPT Coding Exam 2
3–4	Chapter 10: CPT Evaluation and Management Exam 3
5	Chapter 11: CPT Anesthesia Exam 4
6–10	Chapters 12–16: CPT Surgery I–V Exam 5
11	Chapter 17: CPT Radiology Exam 6
12	Chapter 18: CPT Pathology and Laboratory Exam 7
13	Chapter 19: CPT Medicine Exam 8
14	Chapter 20: Insurance and Reimbursement Exam 9
NOTE: If a separate insurance and reimbursement course is taught in your program, consider eliminating Chapter 20: Insurance and Reimbursement.	
Finals Week	Comprehensive Final Examination (Chapters 8–20)

ADMINISTERING EXAMS

Administer short quizzes that cover definitions, coding conventions, and so on, to ensure that students keep up with reading assignments. Unit exams include theory and coding practice. If time permits, you may want to include content from the chapter(s) covered in the last unit on the final examination (instead of administering a separate unit exam).



Teaching Tip

Consider using your school's learning management system (e.g., Blackboard) to administer quizzes and exams, whether your course is offered entirely online or face-to-face. If you teach face-to-face, you can administer the online exams in a classroom setting or use your college's testing center. Then devote part of a class to answering students' questions about the exam so they have a good understanding about the concepts they had not mastered.

The textbook author enjoys this discussion with students, and she encourages students to challenge the authenticity of questions and answers as a critical thinking activity. When students convince her that a question was badly written or there could have been more than one answer, she rewards them by adding appropriate points to their exam grade. Then, of course, she revises that exam item for future use! This turns what can be an intimidating process, especially for a new instructor, into a fun learning activity for all. Students learn to think critically, new instructors do not dread discussing exam results, and everyone benefits because exam items are revised and perfected each time the course is taught. (As an aside, it can take up to five years for a new instructor to feel totally comfortable discussing exam results. Embracing students' questions and criticisms is a way to jump-start the "road to comfort.")

GRADING ASSIGNMENTS AND EXAMS

It is important to communicate your grading policy for coding assignments and exams. Refer to the suggested grading policies for ICD-10-CM, ICD-10-PCS, HCPCS level II, CPT coding assignments and exams below.

ICD-10-CM and ICD-10-PCS Coding

Assign one point for each correct ICD-10-CM code, including required fourth through seventh digits. Deduct one-half point for each additional code listed that is not required by ICD-10-CM coding guidelines.

Assign one point for each correct ICD-10-PCS code, each of which requires seven characters *without a decimal*. Deduct one-half point for each additional code listed that is not required according to ICD-10-PCS coding guidelines.

HCPCS Level II and CPT Coding

Assign one point for each correct code, plus one point for each required modifier. Deduct one-half point for each additional code or modifier that is not required by CPT/HCPCS guidelines and notes.

LESSON PLANS

Lesson plans assist instructors in preparing for class so that specific activities and objectives are accomplished. Lesson plans for each textbook chapter have been created and are included on the following pages to assist you in organizing your course. Just complete the information in the Time row for each chapter; then enter the class and lab numbers to set up your course. (The lesson plans can be used for a one- or two-semester coding course.)

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Chapter 1: Overview of Coding											
Time:	<ul style="list-style-type: none"> • Instructor preparation (___ hours) • Introduction to course (1/2 hour) • In-class lecture (___ hours) • In-class lab (if laboratory component is included as part of course) (___ hours) 										
Topics:	<ul style="list-style-type: none"> • Career as a Coder • Professional Associations • Coding Systems and Processes • Other Classification Systems, Databases, and Nomenclatures • Documentation as Basis for Coding • Health Data Collection 										
Overview:	This chapter focuses on coding career opportunities in health care, the importance of joining professional associations and obtaining coding credentials, the impact of networking with other coding professionals, and the development of opportunities for career advancement. A coding overview provides students with an introduction to coding concepts, including the role patient record documentation plays in accurate coding.										
Objectives:	<ol style="list-style-type: none"> 1. Define key terms related to the overview of coding. 2. Summarize the training, job responsibilities, and career path for a coder. 3. Differentiate among types of professional associations for coders, health insurance specialists, and medical assistants. 4. Summarize coding systems and processes. 5. Identify other classification systems and databases. 6. Identify how documentation serves as the basis for assigning codes. 7. Describe health data collection for the purpose of reporting hospital and physician office data. 										
	<table border="1"> <thead> <tr> <th>Task</th> <th>Resource</th> </tr> </thead> <tbody> <tr> <td>Prior to class:</td> <td> <ul style="list-style-type: none"> • <i>3-2-1 Code It!</i>, Chapter 1 • <i>Instructor's Manual to Accompany 3-2-1 Code It!</i>, Chapter 1 • <i>Workbook to Accompany 3-2-1 Code It!</i>, Chapter 1 • <i>Instructor's Manual to Accompany 3-2-1 Code It!</i>, Introduction • <i>MindTap</i>, Chapter 1 </td> </tr> <tr> <td>Class # ___:</td> <td> <ul style="list-style-type: none"> • Prepared course syllabus • <i>3-2-1 Code It!</i>, Preface • <i>3-2-1 Code It!</i>, Chapter 1 • Lecture notes prepared from <i>3-2-1 Code It!</i>, Chapter 1 • <i>3-2-1 Code It!</i>, Chapter 1 • <i>3-2-1 Code It!</i>, Chapter 1 </td> </tr> <tr> <td>Class # ___:</td> <td> <ul style="list-style-type: none"> • Ask students to identify key topics and issues from previous class lecture. • <i>3-2-1 Code It!</i>, Chapter 1 • <i>Instructor's Manual to Accompany 3-2-1 Code It!</i>, Chapter 1 • <i>MindTap</i>, Chapter 1 • <i>3-2-1 Code It!</i>, Chapter 2 </td> </tr> <tr> <td>Lab # ___:</td> <td> <ul style="list-style-type: none"> • <i>Workbook to Accompany 3-2-1 Code It!</i>, Preface • <i>Workbook to Accompany 3-2-1 Code It!</i>, Chapter 1 </td> </tr> </tbody> </table>	Task	Resource	Prior to class:	<ul style="list-style-type: none"> • <i>3-2-1 Code It!</i>, Chapter 1 • <i>Instructor's Manual to Accompany 3-2-1 Code It!</i>, Chapter 1 • <i>Workbook to Accompany 3-2-1 Code It!</i>, Chapter 1 • <i>Instructor's Manual to Accompany 3-2-1 Code It!</i>, Introduction • <i>MindTap</i>, Chapter 1 	Class # ___:	<ul style="list-style-type: none"> • Prepared course syllabus • <i>3-2-1 Code It!</i>, Preface • <i>3-2-1 Code It!</i>, Chapter 1 • Lecture notes prepared from <i>3-2-1 Code It!</i>, Chapter 1 • <i>3-2-1 Code It!</i>, Chapter 1 • <i>3-2-1 Code It!</i>, Chapter 1 	Class # ___:	<ul style="list-style-type: none"> • Ask students to identify key topics and issues from previous class lecture. • <i>3-2-1 Code It!</i>, Chapter 1 • <i>Instructor's Manual to Accompany 3-2-1 Code It!</i>, Chapter 1 • <i>MindTap</i>, Chapter 1 • <i>3-2-1 Code It!</i>, Chapter 2 	Lab # ___:	<ul style="list-style-type: none"> • <i>Workbook to Accompany 3-2-1 Code It!</i>, Preface • <i>Workbook to Accompany 3-2-1 Code It!</i>, Chapter 1
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Assessment:	<ul style="list-style-type: none"> • Homework assignments • Chapter quiz • In-class participation • Lab assignments 										

Chapter 2: Introduction to ICD-10-CM and ICD-10-PCS Coding											
Time:	<ul style="list-style-type: none"> • Instructor preparation (___ hours) • In-class lecture (___ hours) • In-class lab (if laboratory component is included as part of course) (___ hours) 										
Topics:	<ul style="list-style-type: none"> • Overview of ICD-10-CM and ICD-10-PCS • ICD-10-CM Index to Diseases and Injuries • ICD-10-CM Tabular List of Diseases and Injuries • ICD-10-CM Official Guidelines for Coding and Reporting • ICD-10-PCS Index and Tables • ICD-9-CM Legacy Coding System 										
Overview:	This chapter focuses on the organization of the ICD-10-CM and ICD-10-PCS coding systems and the official guidelines for coding and reporting.										
Objectives:	<ol style="list-style-type: none"> 1. Define key terms related to the introduction of ICD-10-CM and ICD-10-PCS coding. 2. Explain the purpose of assigning ICD-10-CM and ICD-10-PCS codes. 3. Locate main terms for diagnostic statements using the ICD-10-CM Index to Diseases and Injuries. 4. Assign diagnosis codes using the ICD-10-CM Index to Diseases and Injuries and the ICD-10-CM Tabular List of Diseases and Injuries. 5. Explain general ICD-10-CM official guidelines for coding and reporting. 6. Assign procedure codes using the ICD-10-PCS Index and Tables. 7. Use general equivalence mappings (GEMs) as part of the ICD-9-CM legacy coding system. 										
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Lab # ___:	<ul style="list-style-type: none"> • <i>Workbook to Accompany 3-2-1 Code It!</i>, Chapter 2 										
Assessment:	<ul style="list-style-type: none"> • Homework assignments • Chapter quiz • In-class participation • Lab assignments 										

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Chapter 3: ICD-10-CM and ICD-10-PCS Coding Conventions											
Time:	<ul style="list-style-type: none"> Instructor preparation (___ hours) In-class lecture (___ hours) In-class lab (if laboratory component is included as part of course) (___ hours) 										
Topics:	<ul style="list-style-type: none"> Format and Typeface Eponyms Abbreviations Punctuation Boxed Notes Tables Includes Notes Excludes1 and Excludes2 Notes Inclusion Terms Other, Other Specified, and Unspecified Codes Etiology and Manifestation Rules And Due To In With Cross-References 										
Overview:	This chapter focuses on ICD-10-CM and ICD-10-PCS coding conventions, which are the rules used when assigning codes.										
Objectives:	<ol style="list-style-type: none"> Define key terms related to ICD-10-CM and ICD-10-PCS coding conventions. Identify ICD-10-CM and ICD-10-PCS coding conventions. Define ICD-10-CM and ICD-10-PCS coding conventions. Interpret ICD-10-CM and ICD-10-PCS coding conventions for accurate code assignment. 										
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Task	Resource										
Prior to class:	<ul style="list-style-type: none"> <i>3-2-1 Code It!</i>, Chapter 3 <i>Instructor's Manual to Accompany 3-2-1 Code It!</i>, Chapter 3 <i>Workbook to Accompany 3-2-1 Code It!</i>, Chapter 3 <i>MindTap</i>, Chapter 3 										
Class # ___:	<ul style="list-style-type: none"> <i>3-2-1 Code It!</i>, Chapter 3 Lecture notes prepared from <i>3-2-1 Code It!</i>, Chapter 3 <i>3-2-1 Code It!</i>, Chapter 3 <i>3-2-1 Code It!</i>, Chapter 3 										
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Lab # ___:	<ul style="list-style-type: none"> <i>Workbook to Accompany 3-2-1 Code It!</i>, Chapter 3 										
Assessment:	<ul style="list-style-type: none"> Homework assignments Chapter quiz In-class participation Lab assignments 										

Chapter 4: Chapter-Specific Coding Guidelines: ICD-10-CM Chapters 1-10											
Time:	<ul style="list-style-type: none"> • Instructor preparation (___ hours) • In-class lecture (___ hours) • In-class lab (if laboratory component is included as part of course) (___ hours) 										
Topics:	<ul style="list-style-type: none"> • ICD-10-CM Chapter-Specific Diagnosis Coding Guidelines • ICD-10-CM Chapter 1: Certain Infectious and Parasitic Diseases (A00–B99) • ICD-10-CM Chapter 2: Neoplasms (C00–D49) • ICD-10-CM Chapter 3: Diseases of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism (D50–D89) • ICD-10-CM Chapter 4 Endocrine, Nutritional, and Metabolic Diseases (E00–E89) • ICD-10-CM Chapter 5: Mental, Behavioral, and Neurodevelopmental Disorders (F01–F99) • ICD-10-CM Chapter 6: Diseases of the Nervous System (G00–G99) • ICD-10-CM Chapter 7: Diseases of the Eye and Adnexa (H00–H59) • ICD-10-CM Chapter 8: Diseases of the Ear and Mastoid Process (H60–H95) • ICD-10-CM Chapter 9: Diseases of the Circulatory System (I00–I99) • ICD-10-CM Chapter 10: Diseases of the Respiratory System (J00–J99) 										
Overview:	This chapter focuses on the interpretation of the chapter-specific coding guidelines for ICD-10-CM Chapters 1 through 10.										
Objectives:	<ol style="list-style-type: none"> 1. Define key terms related to chapter-specific coding guidelines for ICD-10-CM chapters 1 through 10. 2. Assign ICD-10-CM codes to certain infectious and parasitic diseases according to chapter-specific coding guidelines. 3. Assign ICD-10-CM codes to neoplasms according to chapter-specific coding guidelines. 4. Assign ICD-10-CM codes to diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism according to chapter-specific coding guidelines. 5. Assign ICD-10-CM codes to endocrine, nutritional, and metabolic diseases according to chapter-specific coding guidelines. 6. Assign ICD-10-CM codes to mental, behavioral, and neurodevelopmental disorders according to chapter-specific coding guidelines. 7. Assign ICD-10-CM codes to diseases of the nervous system according to chapter-specific coding guidelines. 8. Assign ICD-10-CM codes to diseases of the eye and adnexa according to chapter-specific coding guidelines. 9. Assign ICD-10-CM codes to diseases of the ear and mastoid process according to chapter-specific coding guidelines. 10. Assign ICD-10-CM codes to diseases of the circulatory system according to chapter-specific coding guidelines. 11. Assign ICD-10-CM codes to diseases of the respiratory system according to chapter-specific coding guidelines. 										
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Lab # ___:	<ul style="list-style-type: none"> • <i>Workbook to Accompany 3-2-1 Code It!</i>, Chapter 4 										
Assessment:	<ul style="list-style-type: none"> • Homework assignments • Chapter quiz • In-class participation • Lab assignments 										

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Chapter 5: Chapter-Specific Coding Guidelines: ICD-10-CM Chapters 11–21											
Time:	<ul style="list-style-type: none"> Instructor preparation (____ hours) In-class lecture (____ hours) In-class lab (if laboratory component is included as part of course) (____ hours) 										
Topics:	<ul style="list-style-type: none"> ICD-10-CM Chapter 11: Diseases of the Digestive System (K00–K95) ICD-10-CM Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00–L99) ICD-10-CM Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00–M99) ICD-10-CM Chapter 14: Diseases of the Genitourinary System (N00–N99) ICD-10-CM Chapter 15: Pregnancy, Childbirth, and the Puerperium (O00–O9A) ICD-10-CM Chapter 16: Certain Conditions Originating in the Perinatal Period (P00–P96) ICD-10-CM Chapter 17: Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00–Q99) ICD-10-CM Chapter 18: Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00–R99) ICD-10-CM Chapter 19: Injury, Poisoning, and Certain Other Consequences of External Causes (S00–T88) ICD-10-CM Chapter 20: External Causes of Morbidity (V00–Y99) ICD-10-CM Chapter 21: Factors Influencing Health Status and Contact with Health Service (Z00–Z99) 										
Overview:	This chapter focuses on the interpretation of the chapter-specific coding guidelines for ICD-10-CM chapters 11 through 21.										
Objectives:	<ul style="list-style-type: none"> Define key terms related to chapter-specific coding guidelines for ICD-10-CM chapters 11 through 21. Assign codes to diseases of the digestive system according to chapter-specific guidelines. Assign codes to diseases of the skin and subcutaneous tissue according to chapter-specific guidelines. Assign codes to diseases of the musculoskeletal system and connective tissue according to chapter-specific guidelines. Assign codes to diseases of the genitourinary system according to chapter-specific guidelines. Assign codes to pregnancy, childbirth, and the puerperium according to chapter-specific guidelines. Assign codes to certain conditions originating in the perinatal period according to chapter-specific guidelines. Assign codes to congenital malformations, deformations, and chromosomal abnormalities according to chapter-specific guidelines. Assign codes to symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified, according to chapter-specific guidelines. Assign codes to injury, poisoning, and certain other consequences of external causes according to chapter-specific guidelines. Assign codes to external causes of morbidity according to chapter-specific guidelines. Assign codes to factors influencing health status and contact with health service according to chapter-specific guidelines. 										
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Assessment:	<ul style="list-style-type: none"> Homework assignments Chapter quiz In-class participation Lab assignments 										

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Chapter 6: ICD-10-CM and ICD-10-PCS Hospital Inpatient Coding											
Time:	<ul style="list-style-type: none"> • Instructor preparation (___ hours) • In-class lecture (___ hours) • In-class lab (if laboratory component is included as part of course) (___ hours) 										
Topics:	<ul style="list-style-type: none"> • Acute Care Facilities (Hospitals) • Inpatient Diagnosis Coding Guidelines • Inpatient Procedure Coding Guidelines • ICD-10-PCS Procedure Coding • Coding Inpatient Diagnoses and Procedures 										
Overview:	This chapter focuses on inpatient acute care settings (e.g., hospitals) and includes an interpretation of guidelines for sequencing diagnoses and procedures, which are published in the <i>ICD-10-CM Official Guidelines for Coding and Reporting</i> , and <i>ICD-10-PCS Coding Guidelines</i> , and which are used as a companion to official versions of ICD-10-CM and ICD-10-PCS, respectively.										
Objectives:	<ol style="list-style-type: none"> 1. Define key terms related to ICD-10-CM and ICD-10-PCS hospital inpatient coding. 2. Explain the differences among acute care inpatient settings. 3. Interpret inpatient diagnosis coding guidelines when assigning ICD-10-CM codes. 4. Interpret inpatient procedure coding guidelines when assigning ICD-10-PCS codes. 5. Assign ICD-10-PCS codes to procedures. 6. Assign ICD-10-CM and ICD-10-PCS codes for acute care (hospital) inpatient cases. 										
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Task	Resource										
Prior to class:	<ul style="list-style-type: none"> • <i>3-2-1 Code It!</i>, Chapter 6 • <i>Instructor's Manual to Accompany 3-2-1 Code It!</i>, Chapter 6 • <i>Workbook to Accompany 3-2-1 Code It!</i>, Chapter 6 • <i>MindTap</i>, Chapter 6 										
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Lab # ___:	<ul style="list-style-type: none"> • <i>Workbook to Accompany 3-2-1 Code It!</i>, Chapter 6 										
Assessment:	<ul style="list-style-type: none"> • Homework assignments • Chapter quiz • In-class participation • Lab assignments 										

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Chapter 7: ICD-10-CM Outpatient and Physician Office Coding													
Time:	<ul style="list-style-type: none"> • Instructor preparation (___ hours) • In-class lecture (___ hours) • In-class lab (if laboratory component is included as part of course) (___ hours) 												
Topics:	<ul style="list-style-type: none"> • Outpatient Care • Outpatient Diagnostic Coding and Reporting Guidelines 												
Overview:	This chapter focuses on outpatient care and physician office settings and interpretation of the <i>Diagnostic Coding and Reporting Guidelines for Outpatient Services</i> .												
Objectives:	<ol style="list-style-type: none"> 1. Define key terms related to ICD-10-CM outpatient and physician office coding. 2. Explain the differences among outpatient and physician office health care settings. 3. Assign ICD-10-CM diagnosis codes according to outpatient coding and reporting guidelines. 												
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Assessment:	<ul style="list-style-type: none"> • Homework assignments • Chapter quiz • In-class participation • Lab assignments 												

Chapter 8: HCPCS Level II Coding System																		
Time:	<ul style="list-style-type: none"> • Instructor preparation (___ hours) • In-class lecture (___ hours) • In-class lab (if laboratory component is included as part of course) (___ hours) 																	
Topics:	<ul style="list-style-type: none"> • Overview of HCPCS • HCPCS Level II Codes • Assigning HCPCS Level II Codes • Determining Payer Responsibility 																	
Overview:	This chapter focuses on the HCPCS level II coding system, which contains alphanumeric codes that were developed to complement the <i>Current Procedural Terminology</i> (CPT) coding system.																	
Objectives:	<ol style="list-style-type: none"> 1. Define key terms related to HCPCS level II coding. 2. Provide an overview about the use of HCPCS codes. 3. List the HCPCS levels and their components. 4. Assign HCPCS level II procedure and services codes for outpatient care. 5. Determine payer responsibility based on HCPCS level II code assignment. 																	
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Chapter 9: Introduction to CPT Coding											
Time:	<ul style="list-style-type: none"> Instructor preparation (___ hours) In-class lecture (___ hours) In-class lab (if laboratory component is included as part of course) (___ hours) 										
Topics:	<ul style="list-style-type: none"> History of CPT Overview of CPT Organization of CPT CPT Index CPT Appendices CPT Symbols CPT Sections, Subsections, Categories, and Subcategories CPT Modifiers National Correct Coding Initiative (NCCI) 										
Overview:	This chapter introduces the <i>Current Procedural Terminology</i> (CPT) coding system (or HCPCS level I).										
Objectives:	<ol style="list-style-type: none"> Define key terms related to the introduction of CPT coding. Identify key dates and events in the history of CPT. Provide an overview about CPT. Explain the organization of CPT. Apply CPT index rules and conventions to identify main terms, subterms, qualifiers, cross-references, and code ranges. Describe the types of codes included in each of the CPT appendices Interpret CPT symbols. Summarize the contents of CPT sections, subsections, categories, and subcategories. Add CPT modifiers to codes. Describe how the national correct coding initiative impacts CPT code assignment. 										
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Assessment:	<ul style="list-style-type: none"> Homework assignments Chapter quiz In-class participation Lab assignments 										

Chapter 10: CPT Evaluation and Management																	
Time:	<ul style="list-style-type: none"> • Instructor preparation (___ hours) • In-class lecture (___ hours) • In-class lab (if laboratory component is included as part of course) (___ hours) 																
Topics:	<ul style="list-style-type: none"> • Overview of Evaluation and Management Section • Evaluation and Management Section Guidelines • Evaluation and Management Levels of Service • Evaluation and Management Categories and Subcategories 																
Overview:	This chapter focuses on CPT Evaluation and Management codes, which generate most of the revenue for the physician's office.																
Objectives:	<ol style="list-style-type: none"> 1. Define key terms related to the CPT Evaluation and Management section. 2. Explain the organization of the CPT Evaluation and Management section. 3. Interpret CPT Evaluation and Management section guidelines. 4. Select CPT Evaluation and Management levels of service for documented patient care. 5. Assign CPT Evaluation and Management service codes and modifiers. 																
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Chapter 11: CPT Anesthesia											
Time:	<ul style="list-style-type: none"> • Instructor preparation (___ hours) • In-class lecture (___ hours) • In-class lab (if laboratory component is included as part of course) (___ hours) 										
Topics:	<ul style="list-style-type: none"> • Anesthesia Terminology • Overview of Anesthesia Section • Anesthesia Section Guidelines • Anesthesia Subsections 										
Overview:	This chapter focuses on CPT anesthesia codes, which are reported for services related to the administration of anesthesia (including general and regional), the supplementation of local anesthesia, and other supportive anesthesia services.										
Objectives:	<ol style="list-style-type: none"> 1. Define key terms related to the CPT Anesthesia section. 2. Define terminology associated with types of anesthesia. 3. Provide an overview about the Anesthesia section, focusing on organization, services included and excluded, and monitored anesthesia care. 4. Interpret Anesthesia section guidelines. 5. Assign CPT Anesthesia section codes and modifiers. 										
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Class # ___:	<ul style="list-style-type: none"> • <i>3-2-1 Code It!</i>, Chapter 11 • <i>Lecture notes prepared from 3-2-1 Code It!</i>, Chapter 11 • <i>3-2-1 Code It!</i>, Chapter 11 • <i>3-2-1 Code It!</i>, Chapter 11 										
Class # ___:	<ul style="list-style-type: none"> • Ask students to identify key topics and issues from previous class lecture. • <i>3-2-1 Code It!</i>, Chapter 11 • <i>Instructor's Manual to Accompany 3-2-1 Code It!</i>, Chapter 11 • <i>MindTap</i>, Chapter 11 • <i>3-2-1 Code It!</i>, Chapter 12 										
Lab # ___:	<ul style="list-style-type: none"> • <i>Workbook to Accompany 3-2-1 Code It!</i>, Chapter 11 										
Assessment:	<ul style="list-style-type: none"> • Homework assignments • Chapter quiz • In-class participation • Lab assignments 										

Chapter 12: CPT Surgery I													
Time:	<ul style="list-style-type: none"> • Instructor preparation (___ hours) • In-class lecture (___ hours) • In-class lab (if laboratory component is included as part of course) (___ hours) 												
Topics:	<ul style="list-style-type: none"> • Overview of Surgery Section • Surgery Guidelines • General Subsection • Integumentary System Subsection 												
Overview:	This chapter provides an overview of the CPT Surgery section and covers its guidelines. The chapter focuses on the CPT Surgery General and Integumentary System subsections.												
Objectives:	<ol style="list-style-type: none"> 1. Define key terms related to the General and Integumentary System subsections of CPT Surgery. 2. Provide an overview about the CPT Surgery section, including its organization, format, and content. 3. Interpret CPT Surgery guidelines. 4. Assign codes from the General subsection of CPT Surgery. 5. Assign codes from the Integumentary System subsection of CPT Surgery. 												
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Assessment:	<ul style="list-style-type: none"> • Homework assignments • Chapter quiz • In-class participation • Lab assignments 												

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Chapter 13: CPT Surgery II											
Time:	<ul style="list-style-type: none"> • Instructor preparation (___ hours) • In-class lecture (___ hours) • In-class lab (if laboratory component is included as part of course) (___ hours) 										
Topics:	<ul style="list-style-type: none"> • Musculoskeletal System Subsection • Respiratory System Subsection 										
Overview:	This chapter focuses on the CPT Surgery Musculoskeletal System and Respiratory System subsections.										
Objectives:	<ol style="list-style-type: none"> 1. Define key terms related to the Musculoskeletal System and Respiratory System subsections of CPT Surgery. 2. Assign codes from the Musculoskeletal System subsection of CPT Surgery. 3. Assign codes from the Respiratory System subsection of CPT Surgery. 										
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Assessment:	<ul style="list-style-type: none"> • Homework assignments • Chapter quiz • In-class participation • Lab assignments 										

Chapter 14: CPT Surgery III																		
Time:	<ul style="list-style-type: none"> • Instructor preparation (___ hours) • In-class lecture (___ hours) • In-class lab (if laboratory component is included as part of course) (___ hours) 																	
Topics:	<ul style="list-style-type: none"> • Cardiovascular System Subsection • Hemic and Lymphatic Systems Subsection 																	
Overview:	This chapter focuses on the CPT Surgery Cardiovascular System and Hemic and Lymphatic Systems subsections.																	
Objectives:	<ol style="list-style-type: none"> 1. Define key terms related to the Cardiovascular System and the Hemic and Lymphatic Systems subsections of CPT Surgery. 2. Assign codes from the Cardiovascular System subsection of CPT Surgery. 3. Assign codes from the Hemic and Lymphatic Systems subsection of CPT Surgery. 																	
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Assessment:	<ul style="list-style-type: none"> • Homework assignments • Chapter quiz • In-class participation • Lab assignments 																	

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Chapter 15: CPT Surgery IV											
Time:	<ul style="list-style-type: none"> • Instructor preparation (___ hours) • In-class lecture (___ hours) • In-class lab (if laboratory component is included as part of course) (___ hours) 										
Topics:	<ul style="list-style-type: none"> • Mediastinum and Diaphragm Subsection • Digestive System Subsection • Urinary System Subsection 										
Overview:	This chapter focuses on the CPT Surgery Mediastinum and Diaphragm, Digestive System, and Urinary System subsections.										
Objectives:	<ol style="list-style-type: none"> 1. Define key terms related to the Mediastinum and Diaphragm, Urinary System, and Digestive System subsections of CPT Surgery. 2. Assign codes from the Mediastinum and Diaphragm subsection of CPT Surgery. 3. Assign codes from the Digestive System subsection of CPT Surgery. 4. Assign codes from the Urinary System subsection of CPT Surgery. 										
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Assessment:	<ul style="list-style-type: none"> • Homework assignments • Chapter quiz • In-class participation • Lab assignments 										

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Chapter 16: CPT Surgery V											
Time:	<ul style="list-style-type: none"> • Instructor preparation (___ hours) • In-class lecture (___ hours) • In-class lab (if laboratory component is included as part of course) (___ hours) 										
Topics:	<ul style="list-style-type: none"> • Male Genital System Subsection • Reproductive System Procedures Subsection • Intersex Surgery Subsection • Female Genital System Subsection • Maternity Care and Delivery Subsection • Endocrine System Subsection • Nervous System Subsection • Eye and Ocular Adnexa Subsection • Auditory System Subsection • Operating Microscope Subsection 										
Overview:	This chapter focuses on the CPT Surgery Male Genital System, Reproductive System Procedures, Intersex Surgery, Female Genital System, Maternity Care and Delivery, Endocrine System, Nervous System, Eye and Ocular Adnexa, Auditory System, and Operating Microscope subsections.										
Objectives:	<ol style="list-style-type: none"> 1. Define key terms related to the Male Genital System, Reproductive System Procedures, Intersex Surgery, Female Genital System, Maternity Care and Delivery, Endocrine System, Nervous System, Eye and Ocular Adnexa, Auditory System, and Operating Microscope subsections of CPT Surgery. 2. Assign codes from the Male Genital System subsection of CPT Surgery. 3. Assign codes from the Reproductive System Procedures subsection of CPT Surgery. 4. Assign codes from the Intersex Surgery subsection of CPT Surgery. 5. Assign codes from the Female Genital System subsection of CPT Surgery. 6. Assign codes from the Maternity Care and Delivery subsection of CPT Surgery. 7. Assign codes from the Endocrine System subsection of CPT Surgery. 8. Assign codes from the Nervous System subsection of CPT Surgery. 9. Assign codes from the Eye and Ocular Adnexa subsection of CPT Surgery. 10. Assign codes from the Auditory System subsection of CPT Surgery. 11. Assign codes from the Operating Microscope subsection of CPT Surgery. 										
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Lab # ___:	<ul style="list-style-type: none"> • <i>Workbook to Accompany 3-2-1 Code It!</i>, Chapter 16 										
Assessment:	<ul style="list-style-type: none"> • Homework assignments • Chapter quiz • In-class participation • Lab assignments 										

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Chapter 17: CPT Radiology											
Time:	<ul style="list-style-type: none"> • Instructor preparation (___ hours) • In-class lecture (___ hours) • In-class lab (if laboratory component is included as part of course) (___ hours) 										
Topics:	<ul style="list-style-type: none"> • Radiology Terminology • Overview of Radiology Section • Radiology Section Guidelines • Radiology Subsections 										
Overview:	This chapter focuses on the CPT Radiology section, which includes diagnostic radiology (diagnostic imaging); diagnostic ultrasound; radiologic guidance; breast, mammography; bone/joint studies; radiation oncology; and nuclear medicine.										
Objectives:	<ol style="list-style-type: none"> 1. Define key terms related to the CPT Radiology section. 2. Define radiology terminology related to planes of view, positioning and radiographic projection, and radiology procedures. 3. Summarize the organization, format, and content of the CPT Radiology section. 4. Interpret CPT Radiology section guidelines. 5. Assign codes from the CPT Radiology section. 										
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Lab # ___:	<ul style="list-style-type: none"> • <i>Workbook to Accompany 3-2-1 Code It!</i>, Chapter 17 										
Assessment:	<ul style="list-style-type: none"> • Homework assignments • Chapter quiz • In-class participation • Lab assignments 										

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Chapter 18: CPT Pathology and Laboratory		
Time:	<ul style="list-style-type: none"> Instructor preparation (___ hours) In-class lecture (___ hours) In-class lab (if laboratory component is included as part of course) (___ hours) 	
Topics:	<ul style="list-style-type: none"> Overview of Pathology and Laboratory Section Pathology and Laboratory Section Guidelines Pathology and Laboratory Subsections 	
Overview:	This chapter focuses on the CPT Pathology and Laboratory section.	
Objectives:	<ol style="list-style-type: none"> Define key terms related to the CPT Pathology and Laboratory section. Summarize the organization, format, and content of the CPT Pathology and Laboratory section. Interpret CPT Pathology and Laboratory section guidelines. Assign codes from the subsections of CPT Pathology and Laboratory. 	
	Task	Resource
Prior to class:	<ul style="list-style-type: none"> Read textbook and prepare lecture notes. Review answers to chapter review. Select workbook assignments for homework. Prepare chapter quiz. 	<ul style="list-style-type: none"> <i>3-2-1 Code It!</i>, Chapter 18 <i>Instructor's Manual to Accompany 3-2-1 Code It!</i>, Chapter 18 <i>Workbook to Accompany 3-2-1 Code It!</i>, Chapter 18 <i>MindTap</i>, Chapter 18
Class # ___:	<ul style="list-style-type: none"> Assign Chapter 18 as reading assignment. Lecture on Chapter 18 content. Encourage students to create flash cards. Assign chapter review as homework. 	<ul style="list-style-type: none"> <i>3-2-1 Code It!</i>, Chapter 18 Lecture notes prepared from <i>3-2-1 Code It!</i>, Chapter 18 <i>3-2-1 Code It!</i>, Chapter 18 <i>3-2-1 Code It!</i>, Chapter 18
Class # ___:	<ul style="list-style-type: none"> Review previous class lecture and answer students' questions about chapter content. Continue lecture on Chapter 18 content. Collect homework (and grade). Administer chapter quiz. Assign Chapter 19 as reading assignment. 	<ul style="list-style-type: none"> Ask students to identify key topics and issues from previous class lecture. <i>3-2-1 Code It!</i>, Chapter 18 <i>Instructor's Manual to Accompany 3-2-1 Code It!</i>, Chapter 18 <i>MindTap</i>, Chapter 18 <i>3-2-1 Code It!</i>, Chapter 19
Lab # ___:	<ul style="list-style-type: none"> Communicate assignments to be accomplished during lab and explain how each is to be completed. Rotate among students as they complete lab assignments to provide individual assistance. Consider reviewing rough draft work during lab and allowing students to submit final draft at the beginning of the next lab class. Assign additional workbook assignments for homework. 	<ul style="list-style-type: none"> <i>Workbook to Accompany 3-2-1 Code It!</i>, Chapter 18
Assessment:	<ul style="list-style-type: none"> Homework assignments Chapter quiz In-class participation Lab assignments 	

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Chapter 19: CPT Medicine													
Time:	<ul style="list-style-type: none"> Instructor preparation (___ hours) In-class lecture (___ hours) In-class lab (if laboratory component is included as part of course) (___ hours) 												
Topics:	<ul style="list-style-type: none"> Overview of Medicine Section Medicine Section Guidelines Medicine Subsections 												
Overview:	This chapter focuses on the CPT Medicine section.												
Objectives:	<ol style="list-style-type: none"> Define key terms related to the CPT Medicine section. Summarize the organization, format, and content of the CPT Medicine section. Interpret the CPT Medicine section guidelines. Assign codes from the subsections of CPT Medicine. 												
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Assessment:	<ul style="list-style-type: none"> Homework assignments Chapter quiz In-class participation Lab assignments 												

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Chapter 20: Insurance and Reimbursement											
Time:	<ul style="list-style-type: none"> • Instructor preparation (___ hours) • In-class lecture (___ hours) • In-class lab (if laboratory component is included as part of course) (___ hours) 										
Topics:	<ul style="list-style-type: none"> • Third-Party Payers • Health Care Reimbursement Systems • Impact of HIPAA on Reimbursement 										
Overview:	This chapter focuses on health care insurance and reimbursement issues, including third-party payers, and health care reimbursement systems, and the impact of HIPAA on reimbursement.										
Objectives:	<ol style="list-style-type: none"> 1. Define key terms related to insurance and reimbursement. 2. Describe the types of third-party payers. 3. Describe the types of health care reimbursement systems, including payment systems, fee schedules, exclusions, case-mix analysis, severity of illness and intensity of services systems, physician documentation for medical necessity of Medicare Part A hospital inpatient admissions, and critical pathways. 4. Describe the impact of HIPAA on health care reimbursement related to health care access/portability/renewability, preventing health care fraud and abuse, administrative simplification, and medical liability reform. 										
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Assessment:	<ul style="list-style-type: none"> • Homework assignments • Chapter quiz • In-class participation • Lab assignments 										

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SECTION

Answer Keys to Chapter Exercises and Reviews

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Overview of Coding

EXERCISE 1.1 – CAREER AS A CODER

- | | | |
|------|------|------|
| 1. c | 3. b | 5. b |
| 2. a | 4. c | |

EXERCISE 1.2 – PROFESSIONAL ASSOCIATIONS

- | | | |
|------|------|------|
| 1. c | 3. b | 5. c |
| 2. a | 4. a | |

EXERCISE 1.3 – CODING OVERVIEW

- | | | |
|------|------|------|
| 1. b | 3. a | 5. a |
| 2. a | 4. a | |

EXERCISE 1.4 – OTHER CLASSIFICATION SYSTEMS AND DATABASES

- | | | |
|------|------|-------|
| 1. c | 5. f | 9. d |
| 2. g | 6. j | 10. i |
| 3. a | 7. b | |
| 4. h | 8. e | |

EXERCISE 1.5 – DOCUMENTATION AS BASIS FOR CODING

- | | | |
|------|------|------|
| 1. a | 3. b | 5. b |
| 2. b | 4. b | |

EXERCISE 1.6 – HEALTH DATA COLLECTION

- | | |
|----------------|------------------------|
| 1. management | 4. UB-04 (or CMS-1450) |
| 2. abstracting | 5. medical |
| 3. CMS-1500 | |

REVIEW

Multiple Choice

- | | | |
|------|-------|-------|
| 1. a | 10. a | 19. b |
| 2. d | 11. c | 20. c |
| 3. c | 12. a | 21. a |
| 4. b | 13. c | 22. c |
| 5. b | 14. b | 23. a |
| 6. c | 15. b | 24. a |
| 7. c | 16. d | 25. b |
| 8. d | 17. b | |
| 9. a | 18. a | |

SECTION



Answer Keys to Workbook Assignments and Reviews

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Overview of Coding

ASSIGNMENT 1.1 – CAREER AS A CODER: INTERVIEW OF A CODING PROFESSIONAL

The student will submit in paragraph format (not Q&A) a two- to three-page word-processed interview of a coding professional. Each paragraph should contain a minimum of three sentences, and the student should write in complete sentences. The paper should contain no typographical or grammatical errors. The last paragraph of the paper should summarize what the student's reaction to the interview was and whether the student would be interested in having this professional's position (along with an explanation of why or why not). Also, the student should "predict the future" by writing about where he or she will be in ten years in terms of employment, family, and so on.

ASSIGNMENT 1.2 – PROFESSIONAL DISCUSSION FORUMS

The student will go to <http://list.nih.gov> and click on About NIH Listserv to learn all about online discussion forums (listservs). The student will also select a professional discussion forum from Table 1-1 in the Workbook and follow its instructions to become a member. If this assignment is completed by the student outside of class, the instructor can require the student to submit a summary of the experience (or if teaching online, post a discussion).

ASSIGNMENT 1.3 – CODING OVERVIEW: VALIDATING ACCURACY OF ICD-10-CM AND ICD-10-PCS CODES

(Adapted from the American Health Information Management Association.)

Validating ICD-10-CM and ICD-10-PCS Coding Accuracy

1. Code Z85.028 and 0DQ67ZZ are correct. However, code Z43.1 (Encounter for attention to gastrostomy) is missing, and it should be reported first.
2. Code 3E03305 is correct. However, code C40.80 is incorrect because *secondary carcinoma of the bone* is coded as metastatic spread from an unknown primary; therefore, assign C79.51 (Table of Neoplasms, bone, malignant secondary) and C80.1 (Table of Neoplasms, unknown or unspecified site, malignant primary) (instead of C40.80). Code Z08 is incorrect because it classifies an encounter for follow-up examination after a completed treatment (e.g., chemotherapy) for a malignant neoplasm; this patient has not completed such treatment.

3. Code I50.9 is correct. However, code I25.1 is missing its fifth digit “0” that classifies the native coronary artery site; assign code I25.10 (instead of I25.1).
4. Code N39.0 is correct; however, code B96.20 should be reported as another (additional) diagnosis to describe the *Escherichia coli* infection.
5. Codes O80 and 10E0XZZ are correct. However, code Z37.0 (Single live birth) should also be reported to classify the outcome delivery as a single live birth.

ASSIGNMENT 1.4 – COMPUTER-ASSISTED CODING (CAC)

1. a. **Date of procedure:** August 5, YYYY
- b. **Preoperative diagnosis:** Right anterior cruciate ligament rupture with possible lateral meniscus tea
- c. **Postoperative diagnosis:** Right knee anterior cruciate ligament rupture with lateral meniscus tear
- d. **Procedures**
 - Right knee arthroscopy
 - Partial lateral meniscectomy and anterior cruciate ligament reconstruction
 - Bone-patellar-bone autograft
 - Arthroscopy



NOTE:

The surgeon probably dictated or entered the *Arthroscopy* procedure (as the last line of *Procedures* on the bottom half of the CAC demo application’s computer screen) in error because *arthroscopy* is previously stated on line one of *Procedures*.

8. a. S83.509A, S83.289A
- b. S83.289A



NOTE:

- Code S83.289A (tear of lateral cartilage or meniscus of knee current) was selected by the coder as the *admitting diagnosis* (abbreviated as A below the *Admitting Diagnosis* heading in Figure 1-1. The *Admitting Diagnosis* box of the screen indicates that the coder originally deleted S83.289A and then set that code as the admission diagnosis.).
- CAC software also assigned S83.509A (sprain of cruciate ligament of knee) as an admitting diagnosis, but the coder did not “set” that code as the admitting diagnosis. Most likely, review of the patient record face sheet and/or responsible physician’s admission note resulted in “tear of lateral cartilage or meniscus of knee current” as the reason for surgical admission/encounter.
- CAC software assigned an *admitting diagnosis* and a *reason for admission* because the software option to capture both of these data elements was selected. In future, the health information director might omit the data capture of one of these elements (e.g., electronic health record entry field *reason for admission* is renamed *admitting diagnosis*).

3. a. S83.509A, S83.289A
- b. 29881-RT, 29888-RT
- c. 29875-RT



NOTE:

- CAC software most likely displayed code 29875-RT as Possible, and upon review of patient record documentation (e.g., operative report) the coder deleted the code.
- Although an arthroscopy was performed, it is already included in the first documented procedure (located in the bottom half of the CAC demo application’s computer screen).
- The list of procedures (located in the bottom half of the CAC demo application’s computer screen) does not include *synovectomy, limited (e.g., plica or shelf resection) (separate procedure)*, which means that procedure was not performed. (In CPT, *separate procedure* is included in parentheses in code descriptions for procedures that are performed as distinct procedures, not in combination with another procedure.)

ASSIGNMENT 1.5 – HEALTH DATA COLLECTION: FACE VALIDITY OF DATA MANAGEMENT REPORTS

(Source: The American Health Information Management Association)

Section A

Service	Discharges	Deaths	Autopsies ¹		Discharge Days	Average LOS ¹	Consults	Medicare Patients		Pediatric Patients	
			#	%				#	Days	#	Days
Medicine	725	40	8	25%	6,394	9	717	301	3,104	0	0
General Surgery	280	10	3	30%	2,374	8	184	80	916	0	0
Cardiac Surgery	64	1	1	100%	1,039	16	35	26	431	0	0
Hand Surgery	26	0	0	0%	81	3	2	3	10	0	0
Neurosurgery	94	0	0	0%	1,429	15	39	12	266	4	39
Plastic Surgery	46	0	0	0%	319	7	19	7	97	0	0
Dental Surgery	25	0	0	0%	81	3	46	2	11	1	3
Dermatology	20	0	0	0%	289	14	56	6	83	0	0
Neurology	83	0	0	0%	776	9	183	24	284	0	0
Ophthalmology	87	0	0	0%	352	4	98	51	183	0	0
Orthopedics	216	2	0	0%	1,920	9	64	39	563	1	2
Otolaryngology	139	2	0	0%	705	5	87	16	168	4	7
ICU ²	8	1	1	50%	128	16	1	0	0	8	127
Psychiatry	126	0	0	0%	3,624	29	97	7	317	1	8
Urology	108	1	1	100%	810	8	74	36	318	0	0
Gynecology	184	2	1	50%	853	5	55	11	93	0	0
Obstetrics	451	2	2	0%	2,099	5	14	0	0	1	2
SUBTOTAL	2,682	62	17	27%	23,273	9	1,771	621	6,844	20	189
Newborn	310	0	0	0%	1,191	4	0	0	0	0	0
SCN ³	38	4	1	25%	742	20	0	0	0	0	0
TOTAL	3,030	66	18	27%	25,206	8	1,771	621	6,844	20	189

Section B

Section C

Section D

Discharge Disposition	# of Patients	Results	# of Patients	Type of Death	Number of Deaths		Autopsies	
					#	%	#	%
Against medical advice	15	Discharged alive	2,964	Anesthesia	0	0	0	0%
Home	2,850	Not treated	0	Postoperative	8	2	25%	
Home health care	10	Diagnosis only	0	Medical examiner	4	3	75%	
Skilled nursing facility	37	Expired over 48 hours	54	Stillbirths	4	3	75%	
Rehabilitation facility	39	Expired under 48 hours	12					
Other hospital	13							
Expired	65							
TOTAL	3,030	TOTAL	3,029	TOTAL	16	8	50%	

¹Round up mathematical calculations to the whole number (e.g., 8.82 is reported as 9).

²ICU is the abbreviation for intensive care unit, where patients who need constant monitoring receive care.

³SCN is the abbreviation for special care nursery, where premature infants, twins, triplets, and so on, receive care.

Section A

Under the Deaths column of the table (Column 3, Row 16), the number of ICU deaths should be 2. RATIONALE: Because the Autopsies # data column is accurate and the subtotal of deaths is 62, there is an incorrect data entry in a cell above the Total row. Upon review of the data in each row for Autopsies, # and %, the calculated ICU autopsies percentage is 50%, which means that there were 2 ICU deaths.

Under the Autopsies column of the table (Column 4, Row 4), the Autopsies % for the Medicine service should be 20%. RATIONALE: The Autopsies % in the Medicine service data cell is incorrect because $(8 \div 40) \times 100 = 20\%$ (not 25%). (The number 40 in the formula represents the number of Medicine deaths, located in Column 3.)

Under the Autopsies column of the table (Column 4, Row 18), the Autopsies % for the Obstetrics data cell should be 100%. RATIONALE: The Autopsies % in the Obstetrics service data cell is incorrect because $(2 \div 2) \times 100 = 100\%$.

Section B

Under the Discharge Disposition section of the table (Column 2, Row 3, bottom left), the total expired should be 66. The total expired is correctly reported as 66 in the top portion of the table. (All data located in subtotal and total rows in the upper portion of the spreadsheet are correct.)

Section C

The Results, # of Patients, Total (Column 5, Row 10, bottom middle) should be 3,030 because $2,964 + 54 + 12 = 3,030$, which also matches the total in the top portion of the table (Column 1) and the bottom portion of the table (Column 1).

ASSIGNMENT 1.6 – PHYSICIAN QUERY PROCESS

To:	Dr. Trevors
From:	Lisa Dubois (Coder04)
Date:	May 8, YYYY
Subject:	Query about patient record number 987654
Patient Name	Patient Record Number
Marian Reynolds	987654
Date of Encounter	Location
May 4, YYYY	Medical Center
Reason for Query	
Inadequate documentation	
Query or Comment	
Documentation indicates patient received intravenous fluids for the nursing diagnosis of dehydration. Would it be appropriate to document a diagnosis for coding? If so, add an addendum to the patient record. Thank you. LD	
Provider Reply	

ASSIGNMENT 1.7 – DOCUMENTATION AS A BASIS FOR CODING: DETERMINING MEDICAL NECESSITY

1. e
2. b
3. a
4. c
5. g
6. i
7. j
8. f
9. h
10. d

ASSIGNMENT 1.8 – OTHER CLASSIFICATIONS, DATABASES, AND NOMENCLATURES: SNOMED CT

1. a
2. c
3. d
4. c
5. a

REVIEW

Multiple Choice

- | | | |
|------|-------|-------|
| 1. b | 8. d | 15. b |
| 2. c | 9. d | 16. b |
| 3. b | 10. b | 17. d |
| 4. d | 11. a | 18. a |
| 5. b | 12. a | 19. d |
| 6. a | 13. c | 20. b |
| 7. d | 14. b | |