

COURSE NAME:	Medical Coding
TOTAL DURATION:	45 Hrs
MODE OF DELIVERY	PHYSICAL CLASSROOM TRAINING AT RESPECTIVE COLLEGES
TRAINER TO STUDENT RATIO:	1:50
TOTAL MARKS:	75

TABLE 1	
OVERALL COURSE OBJECTIVE:	<ul style="list-style-type: none"> ● Develop foundational knowledge in healthcare systems, clinical terminology, and medical coding standards. ● Equip learners with the ability to navigate ICD-10-CM, CPT, and HCPCS Level II coding systems. ● Build proficiency in interpreting clinical documentation and applying accurate medical codes. ● Enhance analytical skills for compliance, insurance claim processing, and coding audits. ● Foster ethical and legal understanding of health information management.
LEARNING OUTCOME:	<ul style="list-style-type: none"> ● Interpret healthcare documentation and identify appropriate coding categories. ● Apply coding guidelines to assign accurate diagnosis and procedure codes. ● Utilize coding manuals and electronic systems to complete coding tasks efficiently. ● Demonstrate awareness of compliance standards and reimbursement processes. ● Evaluate coding accuracy through audit simulation and error analysis.

TABLE 2: MODULE WISE COURSE CONTENT AND OUTCOME

SL. NO	MODULE NAME	MODULE CONTENT	MODULE LEARNING OUTCOME	DURATION (45HRS)
1	Medical Terminology, Anatomy, and ICD-10-CM Coding	<ul style="list-style-type: none">- Advanced medical terminology, anatomy, and physiology.- Detailed ICD-10-CM coding conventions, guidelines, and applications.	<ul style="list-style-type: none">- Demonstrate proficiency in navigating and applying ICD-10-CM coding guidelines for complex medical diagnoses.- Analyze anatomical terms and medical terminology to ensure accurate assignment of ICD-10-CM codes.	10
2	CPT, HCPCS, and E/M Coding	<ul style="list-style-type: none">- Advanced procedural coding, modifiers, E/M services, HCPCS codes.- Detailed E/M coding guidelines, documentation requirements.	<ul style="list-style-type: none">- Apply coding guidelines to accurately document and code complex medical procedures and services using CPT and HCPCS codes.- Evaluate E/M service levels and apply appropriate codes to inpatient and outpatient medical cases.	10

3	Compliance, Regulatory Guidelines, and Ethical Coding Practices	<ul style="list-style-type: none"> - HIPAA, OIG compliance, fraud and abuse prevention, coding ethics. - Use of coding software tools like Encoder Ro, 3M Coding, and grouping tools. 	<p>Evaluate coding practices to ensure adherence to ethical standards and regulatory guidelines, including HIPAA and OIG compliance.</p> <ul style="list-style-type: none"> - Demonstrate proficiency in utilizing industry-standard coding software tools for efficient and accurate coding. 	10
4	Auditing, Quality Assurance, and Specialty Coding	<ul style="list-style-type: none"> - Coding audit processes, quality improvement, error identification. - Coding for specialties like cardiology, oncology, orthopaedics, etc. 	<ul style="list-style-type: none"> - Perform coding audits to assess coding accuracy and implement quality improvement strategies for better compliance and error reduction. - Apply specialty-specific coding knowledge to accurately assign codes for complex medical procedures in cardiology, oncology, and orthopaedics. 	5

5	Advanced Case Studies and Real-World Applications	<ul style="list-style-type: none"> - Complex coding scenarios, real-life case studies, problem-solving. - Preparation for certification exams and review of test-taking strategies. 	<ul style="list-style-type: none"> - Synthesize advanced coding knowledge to solve real-world medical coding problems through case studies and practical applications. - Create comprehensive coding solutions, integrating theoretical knowledge with practical coding applications for healthcare scenarios, preparing for professional certifications. 	10
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TABLE 3: OVERALL COURSE LEARNING OUTCOME ASSESSMENT CRITERIA AND USECASES

LEARNING OUTCOME	ASSESSMENT CRITERIA	PERFORMANCE CRITERIA	USECASES
Advanced Diagnosis Coding Skills	- Accuracy and specificity in ICD-10-CM coding	<ul style="list-style-type: none"> - Demonstrates precise ICD-10-CM code assignment with minimal errors. - Accurately identifies diagnoses with multiple comorbidities. 	Use Case 1: Code complex diagnoses with multiple comorbidities. Use Case 2: Assign codes for rare diseases

			using ICD-10-CM.
Proficiency in Procedural Coding	- Correct use of CPT and HCPCS codes and modifiers	- Correctly applies CPT and HCPCS codes for multi-step procedures. - Uses modifiers accurately in complex procedural coding.	Use Case 1: Code surgical procedures with multiple steps and modifiers. Use Case 2: Assign appropriate HCPCS codes for medical supplies and equipment.
Compliance and Ethical Coding Practices	- Adherence to regulations and ethical guidelines	-Identifies and resolves coding discrepancies such as upcoding or unbundling. - Ensures patient data privacy and compliance with regulations.	Use Case 1: Identify and correct upcoding and unbundling errors. Use Case 2: Ensure patient data privacy during coding processes.
Coding Audit and Quality Improvement	- Ability to audit and enhance coding quality	- Conducts thorough coding audits and identifies discrepancies or areas for improvement. - Suggests effective strategies for improving coding accuracy and quality.	Use Case 1: Perform an audit on a set of medical records to identify coding errors. Use Case 2: Develop a plan to improve coding accuracy in a clinic.

Specialty Coding Expertise	- Handling of specialty-specific coding scenarios	- Demonstrates proficiency in coding complex treatments and procedures in specialties. - Accurately applies codes for specialty surgeries and treatments.	Use Case 1: Code complex oncology treatments and chemotherapy sessions. Use Case 2: Assign codes for orthopaedic surgeries involving implants.
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TABLE 4: LIST OF FINAL PROJECTS (20 PROJECTS THAT COMPREHENSIVELY COVER ALL THE LEARNING OUTCOME)

1. Medical Terminology surgical suffix, Procedural suffix, Common prefix, Number prefix, Root terms.
2. Eye diseases – Glaucoma ICD codes with Eye model.
3. MS system – Types of bones, Muscles and Joints –Fracture Types with ICD Codes –flowchart.
4. Lymphatic system – HIV transmission & ICD Coding Guidelines for HIV in a chart.
5. COVID-19 Guidelines and related conditions, prepare a chart for code navigation.
6. Diagnosis Coding Practice Booklet
Create a handwritten booklet where you assign ICD-10-CM codes to 10 short patient case summaries.
7. Comorbidity Coding Worksheet
Work on 5 case studies involving patients with multiple health conditions and assign accurate diagnosis codes.
8. Mini Disease Coding Guide
Choose one disease category (like heart or lung diseases) and list 10 related diagnosis codes with short definitions.
9. Rare Disease Coding Research
Pick one rare disease, explain it briefly, and assign the correct ICD-10-CM code manually.
10. Diagnosis Coding Flowchart
Create a step-by-step chart to help someone choose the correct diagnosis code for a condition like asthma or diabetes.
11. Coding Ethics Checklist
Write down 5 do's and 5 don'ts for ethical and accurate coding practices

12. Clinic Coding Rules Chart

Create a chart of simple rules to improve coding accuracy in small clinics.

13. My Ideas for Better Coding

List 3–5 easy suggestions to help hospitals or clinics avoid coding errors.

14. Specialty Coding Case Study

Work on one case (e.g., cancer treatment or a broken bone) and assign both ICD and CPT codes

15. HIPAA Compliance and its Guidelines –List out and create a chart.

16. HIPAA Security rules and its violations –Create a flashcard to create awareness on HIPAA security.

17. List out 10 Respiratory related diseases and its ICD codes.

18. Identify 2 sample charts and note down the conditions and diagnosis code in the chart.

19. List out different data security systems for data privacy and security.

20. Differentiate EMR and EHR and attach each with 1 example chart.