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Free Trial Offer
Medical Coding Mini Course**

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FREE CODING OVERVIEW

A. Coder background: Coding generally requires a good background in medicine, but it doesn't entirely exclude those who have little or no background. Coding is generally done by a variety of staff in the provider's office, but most do not have the background in medical terminology to allow good fundamental judgment in utilization of codes. Since few prospective employees have the needed background, most must receive some kind of training which *is generally hit and miss* resulting in errors in billing (and in horrendous liability to the provider). Hospitals have a higher volume of billing dollar volume, and information requiring coding, so they generally have a more conscientious training process, but still have a difficult time finding good candidates to train and often unreliable methods for supervision.

B. Coding Manuals: The coder should have the coding manuals needed: A current CPT code book (these are updated annually with the addition and deletion of codes) and the ICD (ICD-9-CM) manual, which is generally provided in combined volumes 1 and 2 (and 3). This combined volume is all that will be needed for the physician or outpatient office. We provide the AMA CPT book and the Easy Coder in our training program rather than the multivolume sets, which are more cumbersome to use. These codebooks are included in the course Meditec provides.

Hospitals and standalone surgery clinics, as well as private practices, use the ICD Volume 3, which describes procedures in a 2-digit format, with 2 digits to the right of the decimal. Also, coders will use HCPCS (Health Care Finance Administration) codes, which describe durable goods, supplies, and provide more definition on some of the CPT codes. These books may be ordered through most large bookstores, state Blue Cross offices, the American Medical Association (800-621-8335). If you have any trouble finding or ordering the books, let us know (www://meditec.com).

C. Here are some coding exercises for you to try to see how it all works.

Let's start with wounds, fractures, burns and surgery codes (CPT codes).

Wounds are classified as **Simple, Intermediate or Complex**. Simple repair is for superficial wounds involving the epidermis or dermis or subcutaneous tissue without significant involvement of deeper structures and require one layer closure. This closure includes anesthesia and chemical or electrocautery of the wound. For our purposes, we will be practicing using only the **simple** codes. A couple types of fractures are noted, as well as treatment for burns. A few surgical codes are listed for reference.

CPT CODES: These are procedure or service codes.

Examples:

Code	Description	Size
12001*	Simple repair of wound of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet)	2.5 cm or less
12002*	Same	2.6 cm to 7.5 cm
12004*	Same	7.6 cm to 12.5 cm
12005	Same	12.6 cm to 20.0 cm

Fractures - Examples:

27530	Closed treatment of tibial fracture, proximal, without manipulation
27535	Open treatment of tibial fracture, proximal plateau, unicondylar, with or without internal or external fixation

Burns - Local Treatment - Examples:

16010	Dressings and/or debridement, initial or subsequent, under anesthesia
16020 *	Same as 16010 without anesthesia, office or hospital, small

Surgery - Examples:

44950	Appendectomy; (incidental appendectomy during intra-abdominal surgery does not usually warrant a separate identification. If necessary add modifier -52 or 09952)
47562	Laparoscopy, surgical; cholecystectomy (any method)
47563	As in 47562 with cholangiography
58150	Total abdominal hysterectomy (corpus and cervix)

As you now know, the above codes are **CPT** codes. In order for you to do the exercises, you need some **ICD** codes as well. Listed here are enough codes to do the coding exercise reports. The actual ICD books have thousands of codes and, of course, are not reproduced here. The diagnoses are arranged in alphabetic order by condition similar to ICD-9-CM Volume II. When actually doing coding, the alphabetic listing is first located, then checked in Volume I (numeric code listing) to make certain it is the most correct numeric code option. If you are in our Coding Course, you will be using a one-volume Easy Coder.

EXAMPLES ICD CODES (ALPHA): These are the diagnosis codes.

Burn

leg 945.00
second degree 945.20

Cellulitis

leg, except foot 682.6

Cholelithiasis 574.5#

Note: Use the fifth digit subclassification = 0 (547.50) without mention of obstruction or

- 1 =574.51) with obstruction
- with cholecystitis (chronic) 574.4
- acute 574.3

Dehydration 276.5

Diabetes 250.0

Fracture, tibia, open 823.90

Hypertension

- essential, unspecified 401.9

Injury, superficial, head, (and other part(s) of face, neck, or scalp, except eye) 910

Keratosis 702.##

- seborrhic 702.11

Ketoacidosis 276.2

- diabetic 250.1

Noninflammatory disorders of ovary, fallopian tube and broad ligament 620

- 620.2 Other and unspecified ovarian cyst (serous)

Pain, chest (central) 786.50

- wall (anterior) 786.52

Pyelonephritis 590.80

- acute 590.10

Scoliosis (acquired)(postural) 737.30

Sprain/strain

- ankle 845.00

Tonsillitis (acute) 463

Urinary tract infection 599.0

Wound, open, scalp 873.0

- complicated 873.0

CODE THE REPORTS

Now, read the following reports and check the above code listings to find the answers by selecting the appropriate CPT (treatment/procedure) and ICD (diagnosis) codes from the previous sections. Then check your answers against the one provided.

Report 1. The patient is a 7-year-old male who has not been seen in our office before who fell off a bicycle, hit his head and sustained a 3 cm scalp laceration. The wound is linear through the skin and subcutaneous tissue. The child was examined and the wound cleansed with Hibicleans. The area around the wound was infiltrated with 1% xylocaine with epinephrine. It was repaired with #1-0 chromic and a dressing was placed. The stitches will be removed in 10 days.

Code the laceration repair _____

Code the diagnosis: _____

Answer: Report 1 Answers:

Repair of laceration: 12002 / ICD Diagnosis code: 873.0

Report 2. The patient is an 8-year-old female with a sore throat. Examination showed acute tonsillitis and she was started on penicillin. She has had these bouts

in the past for which I have prescribed medication, primarily Pen-Vee K. We will do a culture and let mom know the results.

Code the diagnosis: _____

Answer: 463

Report 3. The patient has ankle pain and is seen in the physician's office. He has not been in before. He is examined and diagnosed as having an ankle sprain.

Code the diagnosis: _____

Answer: 845.00

Report 4. The patient is a 16 Y/O male not seen by me before with itching problems on his back. On exam, seborrheic keratoses are noted. Will treat with anti-inflammatory salve and plan on surgical intervention.

Code the Diagnosis: _____

Answer: 702.11

Report 5. The patient is a 14 Y/O female who has noted back pain. She was referred here by Dr. Frame. On examination a beginning scoliosis is noted. She is referred for x-rays and will counsel with parents when those return with a treatment plan.

Code the Diagnosis: _____

Answer: 737.30

Report 6. This is a 62 Y/O gentleman who noted anterior chest wall pain this a.m. It has subsided some throughout the day. Will send him for chest x-ray and EKG this afternoon, talk to his regular attending physician and see him back tomorrow. On this one, we will add the office call (CPT) code and charge. The office code is 99204 (described as an office or other outpatient visit for the evaluation and management of a new patient).

Office Call code: _____ Diagnosis _____

Answer: CPT = 99204 ICD = (implied new patient) ICD: 786.52

Report 7. This is a visit for a patient with an ankle sprain. There is swelling and redness. She had her ankle wrapped, to use crutches, ice and elevate. Darvocet was prescribed for pain.

has decreased; however, is not entirely gone. She is to continue on crutches, ice and elevate it and return here in one week.

CPT code: _____ (office code is the same as in Report 6.)
ICD code: _____

Answer: CPT = 99204 ICD = 845.00

Report 8. Ms Gardner comes in for recheck on her hypertension. BP is 190/110. Also her blood sugar was a little elevated; will change her insulin to 40 units a.m. and see her back in a week. A followup office visit for a known patient (has been seen before) is dependent on the complexity. In this case, it is limited to the 2 problems of blood pressure and diabetes. We will assign it a 99213 (followup office visit about medium range in complexity).

CPT code: _____
ICD code: _____

Answer: 99213 CPT, ICD = 250.0

Report 9. Patient has a second degree burn on the leg; I debrided the wound and applied a dressing. She was also started on penicillin and gentamicin. The heparin was titrated to maintain a PT between 1 and 1/2 and 2 1/2 x control. She will return here for followup in 2 days.

Code the debridement CPT: _____
Code the diagnosis ICD: _____

You could also code the heparin lab code.

Answer: CPT debridement = 16020, ICD = 945.20

Report 10. Patient has abdominal pain and burning on urination; her urine was checked and she has a urinary tract infection.

ICD code: _____

Answer: 599.0

Report 11. Patient came to the emergency room with a tibial fracture; he was treated for an open tibial plateau fracture, proximal end without any manipulation since it wasn't displaced.

CPT code: _____
ICD code: _____

Answer: CPT: 27530 ICD: 823.90

Those exercises should give you some idea of what is involved in the coding process. The codes selected will be reproduced on standard insurance forms, and at times the same detail is provided on the statements to the patient.

It is an interesting process, requires a good medical terminology background. Obviously precision is a useful skill too. Transposing code numbers, as you can imagine, would be a serious problem.

If you did well, seriously consider enrolling in the coding training.