**COURSE NUMBER and TITLE:** HIM 460: Coding and Classification Systems  

**COURSE DESCRIPTION:** Ambulatory care coding -- CPT-4, HCPCS, and CMS' Coding and reporting requirements for ambulatory care.

**SEMESTER(s) OFFERRED:** Summer

**LOCATION:** In Class Section – Tuesday – 5:30 – 8:20 p.m. SHP 421  
Online Section – Tuesday at 5:30 p.m. via Collaborate Live Classroom

**CONTACT HOURS:** Lecture: 39 contact hours

**CREDIT HOURS:** 3

**COURSEMASTER:** Robert Garrie, MPA, RHIA  
Associate Professor  
SHPB 580C  
934-1678  
grarie@uab.edu

**OFFICE HOURS:** Office hours for student appointments are available Tuesday and Thursday, generally from 1:30 p.m. to 4:00 p.m. Appointments (in person or virtual format) to discuss course assignments or other issues should be scheduled. Students may leave messages or request appointments via voice mail, regular UAB e-mail, or Blackboard Learn email. Please make your request in advance of your desired appointment time.

**INSTRUCTIONAL METHODS:** Lecture and/or on-line instruction via Blackboard Learn, PowerPoint presentations, assigned readings, on-line quizzes/assignments, and Edudcode lessons.

**PREREQUISITES:** HIM 405 or permission of Program Director and Instructor
REQUIRED TEXT:  

**CPT 2014, Professional Edition**  
American Medical Association, or other current CPT coding book  
ISBN#: 978-1-60359-844-6

Chicago: American Health Information Management Association.  
ISBN #: 9781584264323

**Headset with microphone (for participating online)**

ADDITIONAL REFERENCES:

ICD-9-CM Official Guidelines for Coding and Reporting;  
Section IV: Diagnostic Coding and Reporting Guidelines for Outpatient Services

Chicago: American Health Information Management Association.  
ISBN #: 9781584263593

Any medical dictionary of your choice

**COURSE OBJECTIVES:**

1. Describe the coding/classification systems used to document and report facility and physician services received in the hospital outpatient department, physician offices, and other ambulatory settings.

2. State the origin and describe the development of CPT/HCPCS and cite reasons for their use.

3. Code ambulatory surgical procedures and services according to the American Medical Association's CPT coding guidelines.
4. Code radiology, pathology, and laboratory tests and procedures according to the American Medical Association's CPT coding guidelines.

5. Code evaluation and management services according to the American Medical Association's CPT coding guidelines.

6. Code medicine and anesthesia procedures according to the American Medical Association’s CPT coding guidelines.

7. Follow CMS’ coding and report requirements on the UB-04 (CMS 1450) and the CMS 1500 forms using HCPCS Level II codes for facility and physician billing.

8. Follow CMS' Official Guidelines for Coding and Reporting; Section IV Diagnostic Coding and Reporting Guidelines for Outpatient Services.

9. Understand the Standards of Ethical Coding and apply the standards to ethical problems in coding.

10. **Gain experience with the Quantim Encoder in the AHIMA Virtual lab.**

11. Distinguish between the two setting – Ambulatory Surgery Center and Hospital Outpatient Services and explain the reimbursement methodology used by Medicare for ambulatory surgery procedures.

**KNOWLEDGE CLUSTERS -- DOMAINS, SUBDOMAINS, AND TASK FOR REGISTERED HEALTH INFORMATION ADMINISTRATORS**

1. Domain: Health Data Management
   A. Subdomain: Health Data Structure, Content and Standards
      3. Maintain processes, policies, and procedures to ensure the accuracy of coded data.
   B. Subdomain: Healthcare Information Requirements and Standards
      2. Maintain organizational compliance with regulations and standards.
   C. Subdomain: Clinical Classification Systems
      1. **Select electronic applications for clinical classification and coding.**
      2. Implement and manage applications and processes for clinical classification and coding.

III. Domain: Health Services Organization and Delivery
   B. Subdomain: Healthcare Privacy, Confidentiality, Legal, and Ethical Issues
      6. Apply and promote ethical standards of practice.

**Registered Health Information Administrator (RHIA) Examination Content**

DOMAIN I. Health Data Management
   2. Develop and maintain organizational policies, procedures, and guidelines for management of health information
   4. Manage and/or validate coding accuracy and compliance
   5. Manage the use of clinical data required in reimbursement systems and prospective payment systems (PPS) in healthcare delivery
   6. Code diagnosis and procedures according to established guidelines
COURSE EVALUATION:

State what work products or exams will be graded and state percent of total grade for each assignment or category of assignments.

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<thead>
<tr>
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<tr>
<td>Exam 2</td>
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<tr>
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<td>8/5/14</td>
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<td>Workbook Exercises</td>
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GRADING SCALE:

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POLICIES: GENERAL:

1. Student participation is expected. Students are responsible for completing course assignments and for participating on the course site. Online students should participate via Collaborate Live Classroom.

2. All students should complete assigned practice lessons prior to taking written examination. Review the "view" pictures and review screens within the lessons.

3. The course meets Tuesdays from 5:30 – 8:20 in SHP Room 421. Students enrolled in online sections are expected to attend the orientation class meeting (date posted in UAB Class Schedule) unless prior arrangements have been made with the instructor.

4. Excused absences are determined by the UAB Attendance and Excused Absence Policy for Undergraduate Students. Students may be required to provide documentation to support their request for an excused absence.

5. Educode lessons are meant to supplement the concepts presented via the unit lectures. Please note that the individual lessons now have specific due dates assigned corresponding with the respective units. These lessons MUST BE completed by the assigned due date. Educode lessons completed after the due date will not be computed in the final grade percentage.

6. Course assignments must be submitted for grading through the Assignments tool on the course site. All assignments must be submitted by the scheduled date posted in the syllabus to receive full credit earned. Late assignment submissions received after the assignment drop box deadline will be accepted with a 20% penalty applied each 24-hour period following the due date. Assignments submitted 5 days or more past the assigned due date will not be accepted for credit.

7. Quizzes and examinations will be administered through the course site. Alternate test options are permitted only with prior approval from the course instructor.
8. Students are responsible for maintaining current virus scan software. Files should be scanned before uploaded onto the course site or sent as e-mail attachments. Files containing a virus will be deleted to protect the integrity of the system. **No credit will be given for assignments that cannot be evaluated due to the presence of a virus.**

9. Office hours generally are 10:00 am to 3:00 pm. Appointments (in person) to discuss course assignments or other issues should be scheduled. In addition to the private mail function on the course site, you may leave messages or request appointments via voice mail or regular UAB e-mail. Please make your request at least 24 hours in advance of your desired appointment time.

ATTENDANCE:
The University of Alabama at Birmingham recognizes that the academic success of individual students is related to their class attendance and participation. Each course instructor is responsible for establishing policies concerning class attendance and make-up opportunities. Any such policies, including points for attendance and/or participation, penalties for absences, limits on excused absences, total allowable absences, etc., must be specified in the course syllabus provided to students at the beginning of the course term. Such policies are subject to departmental oversight and may not, by their specific prescriptions, negate or circumvent the accommodations provided below for excused absences. The University regards certain absences as excused and in those instances requires that instructors provide an accommodation for the student who misses assignments, presentations, examinations, or other academic work of a substantive nature by virtue of these excused absences. Examples include the following:

- Absences due to jury or military duty provided that official documentation has been provided to the instructor in a timely manner in advance.
- Absences of students registered with Disabilities Services for disabilities eligible for "a reasonable number of disability-related absences" provided students give their instructors notice of a disability-related absence in advance or as soon as possible.
- Absences due to participation in university-sponsored activities when the student is representing the university in an official capacity and as a critical participant, provided that the procedures below have been followed:
  - Before the end of the add/drop period, students must provide their instructor a schedule of anticipated excused absences in or with a letter explaining the nature of the expected absences from the director of the unit or department sponsoring the activity.
  - If a change in the schedule occurs, students are responsible for providing their instructors with advance written notification from the sponsoring unit or department.
  - Absences due to other extenuating circumstances that instructors deem excused. Such classification is at the discretion of the instructor and is predicated upon consistent treatment of all students. In these instances, instructors must devise a system for reasonable accommodation including, for example, policies allowing for dropped exams/quizzes, make-up exams, rescheduling of student classroom presentations or early or later submission of written assignments.

A copy of the UAB policy on attendance can be found at:
[http://catalog.uab.edu/undergraduate/academicstUDENTRESOURCES/PROGRESSTOWARDADEGREE/#enrollmenttext](http://catalog.uab.edu/undergraduate/academicstUDENTRESOURCES/PROGRESSTOWARDADEGREE/#enrollmenttext)
ACADEMIC MISCONDUCT POLICY:
SHP expects students to maintain an acceptable quality of academic performance and to exhibit appropriate conduct. Students are expected to conduct themselves in a manner similar to accepted standards for practicing health care professionals.

Academic misconduct may include, but is not necessarily limited to, acts such as plagiarism, cheating, misrepresentation, fabrication or giving or receiving unauthorized aid in tests, examinations, or other assigned work, and will be subject to disciplinary action. Any act of dishonesty in academic work constitutes academic misconduct.

Academic misconduct will result in a grade of zero on the assignment/exam and may result in disciplinary action. A student who feels he or she has been unfairly disciplined should contact the program director or department chair to request a review of the disciplinary decision. A more detailed description of the Grievance Procedures for Violations of Academic Standards is available from the Office of the Assistant Dean for Academic and Student Affairs, or at the following website:

http://catalog.uab.edu/undergraduate/academicstudentresources/progresstowardadegree/#conductcomplainttext

http://www.uab.edu/shp/home/images/PDF/SHP_Student_Academic_Conduct.pdf

NON-ACADEMIC MISCONDUCT POLICY:
“The University is a community of scholars and learners; therefore, all participants are expected to maintain conduct which (1) facilitates the institution's pursuit of its educational objectives, (2) exhibits a regard for the rights of other members of the academic community, and (3) provides safety to property and persons. Through appropriate due process procedures, disciplinary action will be taken in response to conduct that violates these principles. A more detailed description of non-academic misconduct can be found in the UAB student handbook, Direction. It is the student’s responsibility to be fully aware of the policies and procedures described in this document, which may be obtained from the SHRP Office of the Associate Dean for Academic and Student Affairs (SHP Building, Room 230)

Several UAB-wide policies apply to students. The following policies or policy summaries are included on the UAB Policies page of the catalog. Students are expected to comply with the UAB DIRECTION Student Handbook. Additional information on Non-Academic Conduct can be found at the following website:

http://catalog.uab.edu/undergraduate/academicstudentresources/progresstowardadegree/#conductcomplainttext

TURNITIN POLICY:
Students are expected to demonstrate academic integrity in all assignments. Plagiarism is one form of academic misconduct, and will not be tolerated. Please incorporate referenced content appropriately in written assignments and cite all references, Internet or otherwise, using APA format. Plagiarism on any assignment will result in a grade of zero (failing) for the assignment and may result in disciplinary action. Written papers submitted for grading may be reviewed using the online plagiarism monitoring software, Turnitin.com. If a TurnItIn submission is required, papers also must be submitted via the Assignment tool in Blackboard Learn for feedback and grade assignment. Failure to follow submission guidelines will result a 20% penalty.

Plagiarism is academic misconduct that will result in a grade of zero on the plagiarized assignment and may result in dismissal from the School of Health Professions and the University (see DIRECTION or SHP
**Grievance Procedures for Violations of Academic Standards.** All papers submitted for this course may be reviewed using the online plagiarism monitoring software, Turnitin.com. Also, please note that all documents submitted to Turnitin.com are added to their database of papers that is used to screen future assignments for plagiarism.

**DISABILITY SUPPORT SERVICES:**

**How to Register for DSS Support Services**

Contact DSS at (205) 934-4205 (voice) or (205) 934-4248 (TDD), or visit 516 Hill University Center. You must present documentation of disability to receive DSS services. After DSS receives your completed documentation, you will meet individually with a member of the staff to discuss your accommodations. It’s best to register with DSS when you apply to UAB. For more information about Disability Services, please feel free to contact the office directly or visit their website for more information.

Disability Support Services  
9th Ave. Office Building  
1701 9th Ave. South  
(205) 934-4248 (TDD)  
Fax: (205) 934-8170  
Email: dss@uab.edu

Students who may need course accommodations should make an appointment with the instructor to discuss their needs. Students with disabilities must be registered with Disability Support Services (DSS) and provide an accommodation request letter before receiving academic adjustments. Appointments or additional information is available on the UAB website at:

https://www.uab.edu/students/services/disability-support-services/

**COURSE OUTLINE AND CALENDAR**

I. Describe the coding/classification systems used to document and report facility and physician services in the hospital outpatient, physician offices, and ambulatory care settings.  
   A. Differentiate between nomenclature and classification and coding.  
   B. Identify purposes of coding.  
   C. Identify the coding systems in use for the inpatient and outpatient facilities, and physician offices.

II. State the origin and describe the development of CPT/HCPCS and cite reasons for their use.  
   A. List three levels of HCPCS and identify the organization responsible for the development.  
   B. Identify the legislation that specifies the federal laws governing Medicare and identify the requirements for coded data on Medicare patients.  
   C. Describe the CPT manual by summarizing the development and organizational structure, identifying the six major sections, category/subsections, subcategory and headings of each section of the CPT manual.  
   D. Identify the coding system used for the reporting of the reason for visit or encounter.  
   E. Identify and describe the standard billing documents used for submitting claims on paper for Medicare Part A and Part B.  
   F. Specify the conditions that must be met before a procedure or service is included in the CPT manual.  
   G. Interpret the coding conventions and reference terms used in CPT.  
   H. Determine circumstances in which the assignment of a modifier is appropriate and inappropriate.  
   I. Distinguish between hospital and physician use of modifiers.
J. Outline the general rules for CPT Coding.

III. Code Ambulatory Surgical procedures and services according to the American Medical Association's CPT Coding Guidelines.
   A. Describe the organization of the Surgery section of CPT.
   B. Explain the importance and location of "notes".
   C. Differentiate between (global) services for major and minor and endoscopic surgeries.
   D. Distinguish between the CPT definition of "surgical package" and Medicare's definition.
   E. Define the National Correct Coding Initiative (NCCI or CCI).
   F. Interpret the meaning of the following symbols and terms:
      1. surgical package
      2. separate procedure
      3. reduced services
      4. concurrent care
      5. levels of service
      6. counseling
      7. coordination of care
   G. Describe how to assign modifiers to surgical CPT codes systems.
   H. Code ambulatory surgical procedures in the following:
      1. Integumentary System
      2. Musculoskeletal System
      3. Respiratory System
      4. Cardiovascular System
      5. Digestive System
      6. Genitourinary System
      7. Nervous System
      8. Eye and Ocular Adnexa and Auditory System

IV. Code radiology, pathology, and laboratory tests and procedures according to the American Medical Association's CPT coding guidelines.
   A. Radiology
      1. Describe the chargemaster and explain the HIM Department's role in the chargemaster review process.
      2. State the meaning of the phrase "radiological supervision and interpretation".
      3. Apply modifiers associated with radiological procedures (-26, -TC).
      4. Locate the various radiological procedures in the alphabetical index.
      5. Recognize names of contrast materials used in radiology and describe how to report for billing.
      6. Identify the four types of ultrasounds.
      7. Define the use of measurement in radiation therapy (rad, Gy).
      8. Define the following terms:
         a. external radiation therapy
         b. internal radiation therapy
         c. radiation treatment management
         d. clinical brachytherapy
         e. hypothermia treatment
   B. Pathology and Laboratory
      1. Apply physician billing guidelines for coding laboratory services.
      2. Distinguish between quantitative and qualitative tests.
      3. Apply coding guidelines when reporting organ and/or disease-oriented panels.
      4. Define evocative and suppression testing and be able to assign codes for this type of testing.
      5. Apply coding guidelines when reporting chemistry, hematology and coagulation testing.
      6. Identify the term for the unit of service in pathology and distinguish between gross and microscopic examination.
V. Code evaluation and management services according to the American Medical Association's CPT Coding Guidelines.
   A. Describe the categories of the Evaluation and Management Services section.
   B. Differentiate between a new and established patient.
   C. Define concurrent care.
   D. Identify the seven components of care that must be considered when selecting the E&M service code.
   E. List the three key components for levels of E/M services.
   F. Describe the documentation requirements for E/M key components.
   G. State the circumstances when "time" is a key factor in determining the E/M level of service.
   H. Distinguish between the types of histories and examinations, and levels of medical decision making used to determine the appropriate E/M service code.
   I. Identify the five types of presenting problems.
   J. Explain the process involved in assigning modifier to the E&M codes.

VI. Code Medicine and Anesthesia procedures according to the American Medical Association's CPT coding guidelines, using HCPCS when appropriate.
   A. Medicine
      1. Describe how to report immunizations and when to assign an additional E&M code.
      2. Distinguish between codes available for hydration, prophylactic and diagnostic injections and infusions.
      3. Describe how chemotherapy administration is coded and how it differs from coding diagnostic infusions.
      4. Define partial hospitalization and diagnostic interview examination and apply coding guidelines that are applicable.
      5. Define hemodialysis and peritoneal dialysis and apply coding guidelines for dialysis.
      6. Define the "new" and "established" patient when assigning ophthalmology services.
      7. Describe how to reflect the service for prescription and supply of contact lenses and glasses correctly in CPT coding.
      8. Assign multiple codes correctly when coding cardiovascular procedures (PTCA, stents placements, etc.)
      9. List the major components coded in a cardiac catheterization procedure.
     10. Differentiate between allergy sensitivity tests and immunotherapy.
   B. Anesthesia
      1. Describe the components of routine anesthesia services.
      2. Describe the importance of reporting time for reimbursement when coding anesthesia services.
      3. Identify the physical status modifiers used in reporting anesthesia services.
      4. Describe the two different methods for reporting and coding of anesthesia services for reimbursement.
      5. Define "qualifying circumstances" and state how these codes are reported for reimbursement.

VII. Follow CMS' coding and reporting requirements on the UB-92 (CMS 1450), UB-04 and the CMS 1500 forms using HCPCS Level II codes for facility and physician billing.
   A. HCPCS
      1. Define HCPCS and describe the following for Level I(CPT) and Level II (National): name, development, purpose and structure.
      2. Describe the arrangement of the HCPCS Level II code book and how you would search for a supply code.
      3. Describe the use of HCPCS II modifiers.
      4. Describe the method using for coding pharmaceuticals (drugs) using HCPCS II.
   B. Centers for Medicare and Medicaid Services (CMS) Billing Forms
      1. UB-04(CMS 1450)
      2. CMS 1500
VIII. ICD-9-CM Official Guidelines for Coding and Reporting
   A. List the topics included in Section IV Diagnostic Coding and Reporting Guidelines for Outpatient Services.
   B. Describe the major differences between reporting diagnoses for inpatient vs outpatients.
IX. Understand the Standards of Ethical Coding and apply the standards along the principles of management/quality improvement by performing internal audits on encounter forms and ambulatory surgery records to determine accuracy and completeness of the codes (Clinical assignment).
   A. AHIMA Standards of Ethical Coding
   B. Define the Outpatient Code Editor (OCE).
   C. Identify the four basic functions of the OCE.
   D. List the six actions that can result from codes being edited by the OCE.
   E. Identify the actions that can be taken as a result of codes being edited through the NCCI edits.
   E. AHIMA Professional Coding Ethics
X. Differentiate between the reimbursement methodologies used by CMS to reimburse OP Services.
   A. OPPS (APCs)
      1. Describe the OPPS and define APCs.
      2. Define APC status indicators used in the OPPS.
   B. RBRVS
      1. Identify the three standard relative values used with the RBRVS to determine physician reimbursement.

CALENDAR:

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<tr>
<th>Week 1 5/6/14</th>
<th>CLASS TOPICS</th>
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<td>Orientation</td>
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<td>Introduction to CPT and HCPCS</td>
<td>Smith – Chapters 1 and 2</td>
<td>Chapter 2 Review Due 5/20/14</td>
<td>See Lesson Plan for Unit 1 for specific Educode Lessons</td>
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<td>Smith – Chapter 3 and 4 (pp. 53-83)</td>
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<td>WEEK 4 5/27/14</td>
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| Ambulatory Surgical Procedures  
  • Musculoskeletal  
  • Respiratory  
  • Digestive  
  • Urinary | Smith – Chapter 4  
  (pp. 84 – 105)  
  (pp. 118 - 138) | Exercise 4.17  
  Exercise 4.22  
  Exercise 4.29  
  Exercise 4.40  
  Exercise 4.44  
  Due 6/3/14 | See Lesson Plan for Unit 3 for specific Educode Lessons |

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| Ambulatory Surgical Procedures  
  • Cardiovascular  
  • Male Genital  
  • Female Genital  
  • Endocrine  
  • Nervous  
  • Eye and Ocular Adnexa  
  • Auditory | Smith – Chapter 4  
  (pp. 105-117)  
  (pp. 139-170) | Exercise 4.33  
  Exercise 4.48  
  Exercise 4.52  
  Exercise 4.56  
  Chapter 4 Review: Coding for Facility | Due 6/10/14  
  See Lesson Plan for Unit 4 for specific Educode Lessons |

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<tr>
<th>WEEK 6 6/10/14</th>
<th>CLASS TOPICS</th>
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| Radiology, Pathology, & Laboratory Services | Smith – Chapter 5 and Chapter 6 | Chapter 5 Review  
  Chapter 6 Review | Due 6/24/14  
  See Lesson Plan for Unit 5 for specific Educode Lessons |
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<td>See Lesson Plan for Unit 6 for specific Educode Lessons</td>
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<td><strong>WEEK 9</strong></td>
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<td>Smith – Chapter 7</td>
<td>Chapter 7 Review</td>
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<td>Chapter 8 Review</td>
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<td>Chapter 9</td>
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<td><strong>WEEK 12</strong></td>
<td>HCPCS Level II and HCPCS Modifiers</td>
<td>Smith – Chapter 10</td>
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<td>See Lesson Plan for Unit 8 for specific Educode Lessons</td>
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<td><strong>Week 13</strong></td>
<td>Quantum Encoder Reimbursement in the Ambulatory Setting</td>
<td>Chapter 11</td>
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