PEARSON’S COMPREHENSIVE MEDICAL CODING: A PATH TO SUCCESS 2/E

# TEXTBOOK ANSWER KEY

# CHAPTERS 1-24

The words in parentheses ( ) following a code provide the Index entries for the Main Term and subterms of one coding path. Selections for additional characters in the Tabular List are listed after the subterms. Index entries vary among publishers.

To access the navigation pane in Word, press Ctrl-F, then click on the left hand tab.

# CHAPTER 1: YOUR CODING CAREER

## CODING PRACTICE

### Exercise 1.1 What Is Coding?

1. Coding is the process of accurately assigning codes to verbal descriptions of patients’ conditions and the healthcare services provided to treat those conditions.
2. Diagnosis codes describe patient illnesses, diseases, conditions, injuries, or other reason for seeking healthcare services. Procedure codes describe the services healthcare professionals provide to patients.
3. Abstract - determine which elements of the visit require codes

Assign – determine the codes that describe the patient’s condition and services

Arrange – sequence the codes in proper order

### Exercise 1.2 Understanding Patient Encounters

1. after an encounter is completed
2. diagnosis, treatment plan, documentation
3. history, physical examination, testing

### Exercise 1.3 Certification

1. Certification is a voluntary achievement which documents that a coder has attained a certain level of proficiency by passing a rigorous examination.
2. C P C - Certified Professional Coder (physician office coding)

C O C - Certified Outpatient Coder

C P C-P - Certified Professional Coder-Payer

1. C C S – Certified Coding Specialist (hospital inpatient and outpatient coding)

C C S-P – Certified Coding Specialist-Physician

C C A – Certified Coding Associate

### Exercise 1.4 Coding Careers

1. Student answers will vary, so any item from Table 1-3 is acceptable.
2. Student answers will vary and should include the concept that payment for services from insurance companies is based a high degree of accuracy and productivity.
3. 30 to 40 words per minute (w p m) or 9,000 to 12,000 keystrokes per hour (k s p h)
4. Coders must be able to identify medical terms, a skill which includes breaking down unfamiliar words into a prefix, root, and suffix to define the meaning. It is not possible to code accurately without knowing the definition of medical terms used in clinical documentation.

## CONCEPT QUIZ

### Completion

1. Diagnosis
2. abstract, assign, arrange (answers must be in this order)
3. outpatient
4. inpatient
5. ancillary
6. attending
7. career path
8. treatment
9. query
10. Covered entities

### Multiple Choice

1. C
2. D
3. B
4. D
5. B
6. B
7. A
8. B
9. A
10. A

# CHAPTER 1: YOUR CODING CAREER

## INSTRUCTIONAL AND LEARNING OBJECTIVES:

After completing this chapter, students should have the skills to:

* 1. Spell and define the key words, medical terms, and abbreviations related to your coding career. (Remember)
  2. Describe coding, H I P A A-mandated code sets, and coding skills. (Understand)
  3. Explain how patient encounters relate to coding. (Understand)
  4. Describe the types of coding certification. (Understand)
  5. Summarize the career path and performance expectations for a coding career. (Understand)

## CHAPTER OUTLINE

* What is Coding?
* Understanding Patient Encounters
* Certification
* Coding Careers

## RESOURCES

* Student textbook, Chapter 1
* Instructor’s Manual with Lesson Plans
* Chapter 1 PowerPoint Lecture

## DETAILED LESSON PLANS

### Learning Objective 1.1:

Spell and define the key words, medical terms, and abbreviations related to your coding career.

#### Concepts for Lecture:

1. The key terms listed at the beginning of each chapter are important concepts for students to know, and appear in blue boldface type throughout the chapter.
2. Students should also become familiar with the terms listed within tables in the chapter.

### Teaching Notes

#### Teaching Resource:

***Pearson’s Comprehensive Medical Coding:* A Path To Success, Chapter 1**

#### PowerPoint Lecture Slides:

#### In-Class Activities:

Read the Professional Profile of Jennifer Holland, R H I T, C P C, C I R C C, who is a coding audit response specialist.

* Discuss the following questions as a class or in small groups:
  + What steps did Jennifer take in her career that enabled her to achieve her goals?
  + What advice does she offer to medical coding students?

#### Teaching Notes/Tips:

1. Section One: Foundations of Coding consists of two chapters that lay the foundation for this course. It acquaints students with the medical coding field, potential career opportunities, and how coding relates to reimbursement and payment.
2. The Professional Profile on the section opener page is about a coder who worked her way up in coding and is now working as a coding audit response specialist. Many students are interested in the many job opportunities that are available to an experienced medical coder. Jennifer’s profile introduces students to one of those future careers and describes both the professional challenges and the everyday processes for the coding audit response specialist. Encourage students to identify a realistic plan that will enable them to achieve professional goals at the appropriate time in their careers.
3. Refer to Chapter 57 of this text for more information about careers, professionalism, and patient relations.

### Learning Objective 1.2:

Describe coding, H I P A A-mandated code sets, and coding skills. (Understand)

#### Concepts for Lecture:

1. Coding is the process of accurately assigning codes to verbal descriptions of patients’ conditions and the health care services provided to treat those conditions.
2. The health care system in the United States uses several distinct systems of medical codes, called code sets, for different purposes.
3. The various systems were developed by different organizations and follow different guidelines for their use.
4. Accurate coding requires three major skills: abstracting, assigning, and arranging.
5. To abstract, coders read the medical record and determine which elements of the encounter require codes. They identify the reason for the encounter, diagnostic statements from the physician, complications and co-existing conditions, and the services provided.
6. To assign codes, coders select codes that accurately describe the information documented in the medical record and accurately describe the patient’s condition and services. Locate the Main Term in the Index, then verify the code in the Tabular List. Each code must reflect the highest level of specificity possible and contain the correct number of characters for that code.
7. To arrange codes, coders must organize or sequence codes in a specific order, based on the official coding guidelines and instructional notes. Codes that are not sequenced properly are not considered to be correct.

### Teaching Notes

#### Teaching Resource:

***Pearson’s Comprehensive Medical Coding: A Path To Success*, Chapter 1**

#### PowerPoint Lecture Slides for Chapter 1

#### Tables:

* 1. H I P A A-Mandated Code Sets

#### Teaching Notes/Tips:

1. Stress that students do not need to memorize individual codes but should memorize the rules and steps of the coding process.
2. Show students copies of the coding manual for each of the H I P A A-mandated code sets.
3. The term *abstract* also describes a task in health information management in which inpatient coders review the medical record and cull data required for reporting, such as patient demographics and length of stay.

#### Homework Assignment:

Coding Practice, Exercise 1.1, What Is Coding?, #1–3

### Learning Objective 1.3:

Explain how patient encounters relate to coding. (Understand)

#### Concepts for Lecture:

1. Coders assign diagnosis and procedure codes to a patient encounter after it has been completed, based on physician documentation.
2. Patient encounters are generally classified by the location of the encounter because different coding and billing rules apply to each category.
3. Outpatient encounters are physician interactions with patients who receive services and who have not been formally admitted to a health care institution, such as an acute care hospital, long-term care facility, or rehabilitation facility.
4. Inpatient encounters are physician interactions with patients who have been formally admitted to a health care facility, such as an acute care hospital, long-term care facility, or rehabilitation facility.
5. Each encounter generally involves three steps: diagnosis, treatment, and documentation.
6. Establishing or updating a diagnosis involves a history, a physical examination, and testing.
7. Refer to the Guided Example throughout this chapter to learn more about patient encounters.
8. The Guided Example of a Physician Diagnosis demonstrates how physicians diagnose conditions.
9. The treatment plan may include medication, surgery, lifestyle changes, or therapy.
10. Physicians may treat symptoms to provide relief to the patient until they determine the underlying cause.
11. The Guided Example of a Treatment Plan demonstrates how physicians determine the treatment plan.
12. When physicians document the encounter, they record the reason they saw the patient, the diagnostic techniques used, tests or treatments planned, and their overall assessment of the patient.
13. Physicians may treat symptoms to provide relief to the patient until they determine the underlying cause.
14. The Guided Example of Documentation demonstrates how the patient encounter is documented.

### Teaching Notes

#### Teaching Resource:

***Pearson’s Comprehensive Medical Coding: A Path To Success*, Chapter 1**

#### PowerPoint Lecture Slides for Chapter 1

#### Tables

1. Examples of Outpatient Encounters

#### Teaching Notes/Tips:

1. This text uses the terms “physician” and “provider” interchangeably to refer to any health care professional who provides services that are billed with I C D-10 codes.
2. Stress that coders do not code for everything pertaining to a given patient.

* Code for the services provided by your employer, such as the hospital, the surgeon, or the physical therapist.
* Code for the diagnoses that describe why the patient received these particular services, but do not code for unrelated diagnoses.
* Code for services provided during the encounter, but not for previous services or planned services.

#### Homework Assignment:

Coding Practice, Exercise 1.2, Understanding Patient Encounters, #1–3

### Learning Objective 1.4:

Describe the types of coding certification. (Understand)

#### Concepts for Lecture:

1. Certification is a voluntary achievement which documents that a coder has attained a certain level of proficiency by passing a rigorous examination.
2. Certification is offered by professional organizations and is an additional step beyond a formal educational degree.
3. Certification is not mandated by the government and is not a legal requirement.
4. Founded in 1988, A A P C has historically focused on physician-based and outpatient coders.
5. Certified Professional Coder (C P C®) certification focuses on coding of services, procedures, and diagnoses for physician offices.
6. Certified Professional Coder–Hospital (C P C-H®) certification focuses on outpatient hospital services.
7. Certified Professional Coder–Payer (C P C-P®) certification focuses on coding and reimbursement skills needed by payers.
8. Certified Professional Coder–Apprentice (C P C-A®) certification is for coders with less than 2 years of experience, or 1 year of experience in addition to formal education.
9. A H I M A has historically focused on hospital coders.
10. Certified Coding Specialist (C C S) certification focuses on hospital inpatient and outpatient coding.
11. Certified Coding Specialist–Physician (C C S-P) certification focuses on physician-based coding.
12. The Certified Coding Apprentice (C C A) credential is geared toward entry-level coders with little or no job experience.

### Teaching Notes

#### Teaching Resource:

***Pearson’s Comprehensive Medical Coding: A Path To Success*, Chapter 1**

#### PowerPoint Lecture Slides for Chapter 1

#### In-Class Activities:

1. Invite an A A P C or A H I M A member to talk to the class about certification and career progression.
2. Refer again to the opening Professional Profile of Jennifer Holland. Discuss the following questions as a class or in small groups:

* What certifications did Jennifer earn?
* How do you think these certifications helped her reach her goal of moving upward in her medical coding career?

#### Teaching Notes/Tips:

1. Encourage students to join A A P C or A H I M A and participate in local chapter meetings.
2. Students are often intensely interested in the details of certification. Refer to the Web sites of A A P C ([www.aapc.com](http://www.aapc.com/)) and A H I M A ([www.ahima.org](http://www.ahima.org/)) for current information on certification requirements for new graduates.

#### Homework Assignment:

Coding Practice, Exercise 1.3, Certification, #1–3

### Learning Objective 1.5:

Summarize the career path and performance expectations for a coding career. (Understand)

#### Concepts for Lecture:

1. Students are wise to begin learning about their career path and job performance expectations for accuracy and productivity.
2. A career path is the progression of jobs and responsibilities throughout one’s working life.
   1. Most coders look for an entry-level job upon graduation in order to gain basic skills, become familiar with the health care field, and establish excellent work habits.
   2. A mid-level job allows coders to expand their skills, learn new specialties, assume more independence, and take on more responsibility.
   3. After 5 or so years of proven experience, coders can progress to an advanced-level job, which requires a solid track record of good performance.
   4. When coders are ready to change jobs and advance their careers, they may seek a new job internally, within their current organization, or they may choose to look externally, for a job with a different company.
3. Performance expectations are the outcomes employers need coders to achieve in order to demonstrate competence in the job.
   1. Coding jobs have high expectations because securing payment for services from insurance companies requires a high degree of accuracy and productivity by coders.
   2. The average expectation for coding accuracy areas is 95% to 98%.
   3. High levels of speed and accuracy in keyboarding are essential, with common minimums of 30–40 words per minute (w p m) or 9,000–12,000 keystrokes per hour (k s p h).
   4. Case production standards, the number of cases to be coded each day, are based on the type of record being coded; whether coders are assigning diagnosis codes, procedure codes, or both; whether coders work from paper or electronic charts; and what other responsibilities, such as billing, coders do at the same time.

### Teaching Notes

#### Teaching Resource:

***Pearson’s Comprehensive Medical Coding: A Path To Success*, Chapter 1**

#### PowerPoint Lecture Slides for Chapter 1

#### Tables:

1. Examples of Types of Organizations that May Require Coding Skills
2. Examples of Job Titles that May Require Coding Skills
3. Examples of a Coding Career Path

#### In-Class Activities:

1. Refer to Table 1-3 Examples of Types of Organizations that May Require Coding Skills.
2. Discuss the following question as a class or in small groups:

* What are the names of specific organizations in your community that fall into each category identified in this table? For example, identify the names of nearby hospitals, physician offices, and clinics.
* If using small groups, divide the list into sections and assign each group a different section. Combine students’ suggestions into a list to which they can refer and add as they begin job hunting.

1. Refer again to the opening Professional Profile of Jennifer Holland. Discuss the following questions as a class or in small groups:

* What was Jennifer’s entry-level job?
* What was Jennifer’s mid-level job?
* What was Jennifer’s advanced-level job?
* How did each job prepare her for the next one?

#### Teaching Notes/Tips:

1. In addition to career information provided by your school’s admissions department and career services department, you also look to coding instructors for more specific information about the coding and billing profession.
2. Help students understand that in coding, like most careers, new graduates do not start at the top; they start at a basic level and work their way up, with greater responsibility and more skills at each level. Consider sharing highlights of your own career path as an example.
3. Take time to review Table 1-5 Examples of a Coding Career Path to help students understand the variety of career opportunities available to them.
4. Stress the importance of strong alphanumeric keyboarding skills. Many employers require a keyboarding test before they will conduct interviews with new graduates. If possible, contact your career services department to learn what keyboarding rates are common for employers in your area.

#### Homework Assignment:

Coding Practice, Exercise 1.4, Coding Careers, #1–3

## CHAPTER 1 REVIEW

### Concepts for Lecture:

1. Coding is the process of accurately assigning codes to verbal descriptions of patients’ conditions and the health care services provided to treat those conditions.
2. The three skills of an “Ace” coder are abstracting, assigning, and arranging (sequencing).
3. Coders assign diagnosis and procedure codes to patient encounters after the encounter is completed.
4. Certification is a voluntary achievement that documents a coder’s having attained a certain level of proficiency by passing a rigorous examination offered by A A P C or A H I M A.
5. A career path is the progression of jobs and responsibilities throughout one’s career.
6. Performance expectations are the outcomes employers need coders to achieve in order to demonstrate competence in the job.

### Teaching Notes

#### Teaching Resource:

***Pearson’s Comprehensive Medical Coding: A Path To Success*, Chapter 1**

#### Homework Assignment:

Concept Quiz, Completion, #1–10

Concept Quiz, Multiple Choice, #1–10