Diagnostic & Procedural Coding Credit by Exam:

Course (10-530-155):

The Diagnostic and Procedural Coding course provides the opportunity for the learner to acquire knowledge of medical coding using the International Classification of Diseases (ICD-10-CM) and Current Procedural Terminology (CPT) coding systems with emphasis on coding skills, use of these classifications in health care settings, and their application for statistical and reimbursement purposes.

The Diagnostic and Procedural Coding course is a basic overview of ICD-10-CM, CPT, and HCPCS Level II coding, and provides a glimpse of ICD-10-PCS coding.

The learner must have a strong background in medical terminology and have knowledge of anatomy, physiology, and disease processes in order to enroll in this course. Prerequisites to the Diagnosis and Procedural Coding course are the following: Medical Terminology and Human Body in Health and Disease.

The textbook required for this course is: *Step-by-Step Medical Coding* from Elsevier. ISBN: 9780323609494.

The Exam:

This exam includes 40 questions: 11 matching (included as 1 question), 5 true/false, and 34 multiple choice questions.

- It has a time limit of 4 hours.
- Bathroom breaks are not allowed during the exam. Use the restroom before you begin the exam.
- This exam will be proctored in an approved testing facility (NWTC Assessment Center). The person supervising your exam (proctor) will not be able to answer any content related questions for you.
- This exam is an online exam. Test takers are not allowed to bring any resources or materials. The following items will be required to complete

the exam but will be provided by the proctor (test-takers cannot use their own coding books):

- ICD-10-CM coding book, current year/issue
- CPT coding book, current year/issue
- HCPCS Level II coding book, current year/issue
- Pen or pencil
- Plain scratch paper
- In addition to the required supplies above, the proctor will provide you with a computer to access the online exam. The proctor will enter a password to access the exam for you.

Exam Guide for Test-Takers:

The Assessment will review the following topics:

- Acronyms and meanings of Healthcare Reimbursement Terms.
- Who uses what codes and what prospective payment system is used for various providers (physicians, outpatient hospitals, inpatient hospitals)
- Understand linking diagnoses to procedures for medical necessity
- Basic medical terminology, diseases processes, and medical/surgical procedures.
- General information regarding ICD-10-PCS coding.
- Basic guidelines for ICD-10-CM, CPT, and HCPCS Level II coding. Many questions will require the test taker to code scenarios using current coding books (ICD-10-CM, CPT, and HCPCS Level II).

Below are some guidelines that will be covered:

ICD-10-CM: Pregnancy, Late Effects, Signs/Symptoms, Z-codes (basic), External cause codes (basic), Guidelines for Selecting Principal Diagnosis

CPT/HCPCS: Evaluation & Management, Maternity, Modifiers, Basic Surgical Coding (separate procedures, add-on codes, etc), Injections of drugs, Professional/Technical components of diagnostic tests/procedures.