

NORTHWESTERN CONNECTICUT COMMUNITY COLLEGE

COURSE SYLLABUS

Course Title: Advanced Medical Coding /Coding 2

Course #: HIM * 211

HIM* 206

Course Description: ADVANCED MEDICAL CODING (3 credits)

This course focuses on CPT coding, while incorporating HCPCS Level II, ICD-10-CM and PCS medical coding procedures at an advanced level. Coding applications are considered by specialty and body system, incorporating medical terminology, anatomy and physiology. Students will gain hands on coding skills through data abstracting, chart note auditing, and medical record coding exercises. This course covers common coding terminologies, nomenclatures and classification systems used in healthcare delivery, electronic health records, reporting and management, such as International Classification of Diseases (ICD), Healthcare Common Procedures Coding Systems (HCPCS), Current Procedural Terminology (CPT), National Drug Codes (NDC), Systematized Nomenclature of Medicine Clinical Terms (SNOMED), Procedure Coding System (PCS), and Diagnosis Related Groups (DRG) and LOINC. Prerequisites: HIM* 210, and BIO* 110 or higher both with a grade of "C" or better.

Goals:

- To develop the coding competencies necessary to be a competent medical coder.
- To examine the roles and responsibilities of a medical coder in the healthcare environment.
- To apply logical, critical and analytical processes in identifying problems, alternative solutions and making informed decisions related to the billing and coding in the healthcare environment

Importance of Course in Program/Discipline

American Health Information Management Association (AHIMA) Curriculum Competencies:

The AHIMA Council for Excellence in Education developed competencies for associate degree students with the most recent update in the 2014 Curricula requirements. This program covers the AHIMA recommended competencies in six domains including (I) Data Content, Structure, and Standards, (II) Information Protection: Access, Disclosure, Archival, Privacy & Security, (III) Informatics, Analytics, and Data Use, (IV) Revenue Management, (V) Compliance, and (VI) Leadership. This course addresses the following AHIMA competencies (learning level this course/program goal):

Domain I: Data Content Structure and Standards

Subdomain I.A Classification Systems

I.A.1. Apply diagnosis/procedure codes according to current guidelines (3/3)

I.A.2. Evaluate the accuracy of diagnostic and procedural coding (3/5)

Subdomain I.B. Health Record Content and Documentation

I.B.1. Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status (4/4).

Domain V: Compliance

Subdomain V.B. Coding

V.B.1 Analyze current regulations and established guidelines in clinical classification systems (2/4)

Domain VI: Leadership

Subdomain VI.H. Ethics

VI.H.1. Comply with ethical standards of practice (3/5)

HIM Learning Outcomes (Competencies):

At the conclusion of this course, the Health Information Management Student will be able to:

- Use the CPT code set to assign correct codes.
- Use the HCPCS Level II code set to assign correct codes.
- Use clinical classification systems including SNOMED.
- Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status.
- Explain current regulations and established guidelines in clinical classification systems including NDC, RxNorm, LOINC, and SNOMED.
- Apply the Standards of Ethical Coding
- Describe the purpose, conventions, format and use of the most current CPT system
- Perform procedural and diagnostic coding.
- Differentiate between disease specific and organ specific coding guidelines.
- Define common coding terminology