SAN JUAN COLLEGE
Success Matters

HITP-266 PROFESSIONAL PRACTICE EXPERIENCE CODING 1 CREDIT

SYLLABUS

CATALOG DESCRIPTION

This course allows students to participate in a professional practice learning experience in an online simulated environment. Coding will be done using the ICD-10 CM, ICD-10-PCS, and CPT-4 classification systems and the application of coding guidelines to accurately assign diagnostic codes in all healthcare settings. This experience requiring 30 hours of participation.

Prerequisites: Faculty Permission Required

Semester Offered: (ALL) Fall Spring & Summer

COMMON STUDENT LEARNING OUTCOMES

Upon successful completion of San Juan College programs and degrees, the student will demonstrate competency in…

BROAD AND SPECIALIZED LEARNING

Students will actively and independently acquire, apply, and adapt skills and knowledge with an awareness of global contexts.

CRITICAL THINKING

Students will think analytically and creatively to explore ideas, make connections, draw conclusions and solve problems.

CULTURAL AND CIVIC ENGAGEMENT

Students will act purposefully, reflectively, and ethically in diverse and complex environments.

EFFECTIVE COMMUNICATION

Students will exchange ideas and information with clarity in multiple contexts.

INFORMATION LITERACY

Students will be able to recognize when information is needed and have the ability to locate, evaluate, and use it effectively.

INTEGRATING TECHNOLOGIES

Students will demonstrate fluency in the application and use of technologies in multiple contexts.

Student work from this class may be randomly selected and used anonymously for assessment of course, program, and/or institutional learning outcomes. For more information, please refer to the Dean of the appropriate School.

COURSE LEARNING OUTCOMES

Upon successful completion of the course, the student will be able to…(numerical references are to AHIMA 2014 Curriculum Competencies for Health Information Management (HIM) Education at the Associate Degree Level

A copy of this approved syllabus is on file in the dean's office.
Updated 12/14/18

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1. Apply diagnosis and procedure codes according to current coding guidelines through coding and coding related duties including coding, record abstracting, and DRG assignment. I.A.1., I.A.2, I.A.3
2. Evaluate the accuracy of diagnosis and procedure codes and grouping. I.A.4
3. Apply and utilize software and computer applications used for coding in the health information management department. III.A.1
4. Apply policies and procedures for the use of data required in MS-DRG's, PPS, and other Prospective Payment Systems. IV.A.1
5. Perform basic audits of different coding scenarios and identify if different cases were appropriately coded. Develop the ability to provide documentation to clarify reasoning if you disagree with the coder. IV.A.2, V.A.3, V.B.1
6. Analyze and evaluate the physician query process. V.A.3, V.D.2
7. Evaluate and identify discrepancies between supporting documentation and coded data. V.B.2, V.D.1, V.D.2

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