



## **HITP 212 ADVANCED CODING AND REVENUE CYCLE MANAGEMENT (RM) 3 CREDITS**

### **SYLLABUS**

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#### **CATALOG DESCRIPTION**

This course is a study of ICD-10-CM, ICD-10-PCS, CPT-4, and the management of revenue cycle in coding of medical documentation/charts, inpatient and outpatient. Learners will apply their coding skills to multi-specialty medical records and case studies utilizing ICD-10-CM, ICD-10-PCS, CPT-4, and HCPCS Level II coding systems. Learners will be required to apply revenue cycle management process advanced skills utilizing health information technologies, regulatory requirements, external forces, and regulatory compliance.

Prerequisites: Faculty Permission Required

Semester Offered: (ALL) Fall, Spring & Summer

#### ***GENERAL EDUCATION STUDENT LEARNING OUTCOMES***

*In the New Mexico General Education Curriculum students take courses in a variety of content areas, which may include Communications, Mathematics, Science, Social and Behavioral Sciences, Humanities, and the Creative and Fine Arts. Specific course requirements depend on your program. All general education courses focus on at least three of these skills. Other courses may also develop these skills.*

*Through these courses, students develop five essential skills:*

**COMMUNICATION**

**QUANTITATIVE REASONING**

**CRITICAL THINKING**

**PERSONAL AND SOCIAL RESPONSIBILITY**

**INFORMATION AND DIGITAL LITERACY**

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

## ***PROGRAM LEARNING OUTCOMES***

*Upon successful completion of this program, students will be able to ...*

### **HIT Program Learning Outcomes:**

1. Apply policies, regulations, and standards to the management of information to achieve data integrity. (Domain I)
2. Apply privacy and security strategies and compliance requirements to protect health information. (Domain II)
3. Apply health informatics and data analytics concepts to the management of health information. (Domain III)
4. Apply diagnostic and procedural codes and groupings in accordance with official guidelines. (Domain IV)
5. Apply regulatory requirements and reimbursement methodologies as part of revenue cycle management. (Domain IV)
6. Apply ethical practices, policy, and legal processes impacting health information to ensure compliance with external forces. (Domain V)
7. Utilize appropriate management and leadership principles, strategies, and performance improvement techniques to effectively manage human, physical, and financial resources. (Domain VI)

### **RM Track Outcomes:**

8. Evaluate diagnosis and procedure codes and groupings according to official guidelines. (Domain IV RM)
9. Evaluate compliance with revenue cycle processes, regulatory requirements, and reimbursement methodologies. (Domain IV RM)

## ***COURSE LEARNING OUTCOMES***

*Upon successful completion of the course, students will be able to...* (numerical references are to the 2018 Health Information Management Associate Degree Curriculum Competencies)

1. Identify policies and strategies to achieve data integrity (I.3.)
2. Identify compliance of health record content within the health organization (I.4.)
3. Explain the use of classification systems, clinical vocabularies, and nomenclatures. (I.5.)
4. Utilize technologies for health information management. (III.2.)
5. Summarize regulatory requirements and reimbursement methodologies (IV.3.)
6. Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines (IV.1.)
7. Describe components of revenue cycle management and clinical documentation improvement (IV.2.)
8. Determine diagnosis and procedure codes according to official guidelines (IV.1. RM)
9. Evaluate revenue cycle processes. (IV.2. RM)
10. Evaluate compliance with regulatory requirements and reimbursement methodologies. (IV.3. RM)
11. Demonstrate compliance with external forces. (V.2.)
12. Identify the impact of policy on health care. (V.4.)
13. Utilize financial management processes. (VI.5.)
14. Assess ethical standards of practice. (VI.7.)