

HITP 212– CODING CLASS SYSTEMS II 3 CREDITS

SYLLABUS

CATALOG DESCRIPTION

This course is a study of ICD 10 CM, ICD 10 PCS, and CPT-4 in coding of source documentation/charts, inpatient and outpatient. Learners will apply skills to the coding of multi-specialty medical records and case studies utilizing ICD 10 CM, ICD 10 PCS, CPT-4, and HCPCS Level II coding systems.

Prerequisites: Faculty Permission Required

Semester Offered: 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)

1. Apply the skills needed to perform coding and coding-related functions within the health information management department of a health care facility. Learn how to code in ICD-10-CM, ICD-10-PCS, and CPT-4 classification utilizing the coding manuals. (I.A.1)
2. Identify the characteristics, conventions, principles, and guidelines of the ICD 10 CM, ICD 10 PCS, and CPT-4 coding systems. (I.A.1)
3. Evaluate the accuracy of diagnostic and procedural coding by using principles and applications of Classification Systems and Auditing. (I.A.2, III.A.1)
4. Apply the diagnostic and procedural groupings which include Diagnostic Related Group (DRG's), Medicare Severity Diagnosis Related Groups (MSDRG), Ambulatory Payment Class (APC), and Resource Utilization Groups (RUGS). (I.A.3, III.A.1)
5. Explain Vendor and Contract management by providing an evaluation of a Computer Assisted Coding Software system. (VI.J.1)
6. Follow existing acceptable guidelines and procedures for coding diagnoses, procedures, and symptoms.
7. Understand the appropriate use of the classification and coding systems in the various service locations. (I.A.3)
8. Identify the characteristics, conventions, principles, and guidelines of the ICD 10 CM, ICD 10 PCS, and CPT-4 coding systems. (I.A.1)
9. Assign ICD 10 CM codes for diagnoses and ICD 10 PCS procedures(I.A.1)
10. Assign CPT-4 procedures codes for facility and professional services. (I.A.1)
11. Abstract, code, and sequence diagnostic information from source documents/health records using ICD 10 CM, ICD 10 PCS, and CPT-4. (I.A.1, III.A.1)
12. Understand the implications of the DRG (Diagnostic Related Group) and APC (Ambulatory Payment Classification) assignment and their relationship to the coding assignment and finances. (I.A.3)

Revised January 15, 2018