

HITP 266 – PROFESSIONAL PRACTICE EXPERIENCE CODING 1 CREDIT

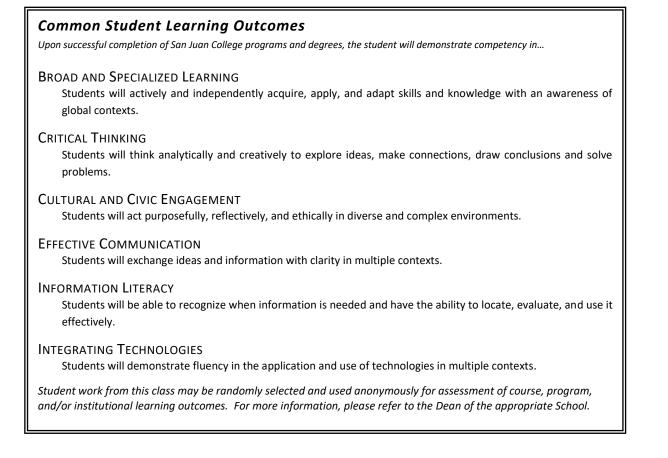
SYLLABUS

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



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 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)
- 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)

Revised June 6, 2018