I. Basic Course Information

A. Course Number and Title: HITC-156 Advanced Coding

B. New or Modified Course: Modified

C. Date of Proposal: Semester: Fall Year: 2012

D. Sponsoring Department: Health Science Education

E. Semester Credit Hours: 3

F. Weekly Contact Hours: Lecture: 3

G. Prerequisites: HITC-152 Basic ICD Coding

HITC-154 Basic CPT Coding

H. Laboratory Fees: No

I. Department Chair: Patrice Case pcase@raritanval.edu

II. Catalog Description

Prerequisites: HITC-152 Basic ICD Coding

HITC-154 Basic CPT Coding

This advanced course will cover medical necessity, coding issues for specific body systems, and for general conditions. Students should already possess a fundamental understanding of the CPT, ICD, and HCPCS coding principles at the start of this course. Intensive coding application will be achieved through the use of real medical records, case studies, and scenarios. Application will include the use of an encoder. MSDRGs, APCs, RUGs, RBRVs, and the Correct Coding Initiative (CCI) will also be covered in this class. This coding class requires hands-on coding skills, knowledge of basic use of applicable codebooks are essential.

III. Statement of Course Need
A. This course fulfills the “knowledge cluster content and competency” required by the American Health Information Management Association. Earning a credential validates one’s competence as a professional in the health information management industry to employers and the public. Students must successfully complete and meet the learning objectives as defined for this course in order to qualify to take the coding certification examination.

B. There is no lab component

C. This course is not designed to transfer.

IV. Place of Course in College Curriculum

A. Free Elective
B. This course does not serve as General Education course.
C. This course meets a program requirement for the Health Information Technology A.A.S. degree program and the Medical Coding Certificate program.
D. Course transferability; for New Jersey schools go to the NJ Transfer website, www.njtransfer.org. For all other colleges and universities go to their individual websites.

V. Outline of Course Content

A. Diagnosis Coding Review
B. Procedure Coding Review
C. Demonstration and Practice
D. Resources and Reimbursement Requirements

VI. Educational Goals and Learning Outcomes

A. Educational Goals

The student will develop industry-valued coding knowledge and skills:
1. Use and maintain electronic applications and work processes to support clinical classification and coding.
2. Apply diagnosis/procedure codes according to current nomenclature.
3. Ensure accuracy of diagnostic/procedural groupings such as DRG,MSDRG, APC, and so on.
4. Adhere to current regulations and established guidelines in code assignment.
5. Validate coding accuracy using clinical information found in the health record.
6. Use and maintain applications and processes to support other clinical classification and nomenclature systems (ex. DSM IV, SNOMED-CT).
7. Resolve discrepancies between coded data and supporting documentation.
B. Learning Outcomes

The student will be able to:
1. Locate and apply appropriate diagnostic codes through the use of basic coding steps.
2. Locate and apply appropriate procedure codes through the proper use of basic coding steps for operations/procedures.
3. Follow basic guidelines for coding, which have been established by the American Hospital Association, American Health Information Management Association, and others.
4. Apply the Uniform Hospital Discharge Data Set (UHDDS) in selecting the principal diagnosis.
5. Use and interpret medical source documents when coding principal diagnoses, co-morbidities, and operations/procedures.
6. Evaluate codes for accuracy and completeness.
7. Apply the National Correct Coding Initiative (NCCI).
8. Identify and sequence the principal diagnosis and principal operation/procedure codes to obtain appropriate reimbursement for the health care facility and physician.
9. Input coding data into the computerized encoder to accurately determine the Medical Diagnostic Category (MDC).
10. Apply the basic coding guidelines for free-standing outpatient services and physician services to obtain appropriate reimbursement.
11. Describe and explain the prohibited coding practices that are in violation of Federal regulations.
12. Identify a variety of severity of illness measures.
13. Use a severity of illness system to describe a facility's patient population.
14. Define and calculate DRGs, MSDRGs, APCs, RUGs, RBRVS and skilled nursing datasets.
15. Use case mix data to describe a facility's patient population.

VII. Modes of Teaching and Learning

A. lecture/discussion
B. computer-assisted instruction
C. independent study

VIII. Papers, Examinations, and other Assessment Instruments

A. Quizzes
B. Exams
C. Case assignments

IX. Grade Determinants
A. Assignments
B. Examinations

X. Texts and Materials

Suggested textbook(s):

Clinical Coding Workout, current edition, AHIMA

HCPCS Level II Professional, current edition, Ingenix

ICD Coding Expert, current edition, Ingenix


XI. Resources

None.

XII. Honors Option: None