

## Course Number and Title: HIM 120 Coding I

**Campus Location:**

Wilmington

**Effective Date:**

2022-51

**Prerequisite:**

BIO 108, HIM 100, SSC 100 or concurrent

**Co-Requisites:**

None

**Course Credits and Hours:**

3.00 credits

2.00 lecture hours/week

2.00 lab hours/week

**Course Description:**

This is the first course in a three-course sequence. Principles and guidelines are introduced for using the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) and Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) to code diagnoses and procedures in outpatient and inpatient setting. Emphasis is placed on assigning the correct code to a diagnostic or procedural statement and sequencing diagnoses and procedures.

**Required Text(s):**

Obtain current textbook information by viewing the [campus bookstore - https://www.dtcc.edu/bookstores](https://www.dtcc.edu/bookstores) online or visit a campus bookstore. Check your course schedule for the course number and section.

**Additional Materials:**

Allied Health/Science Department Program Student Policy Manual

Health Information Management Program Policy Manual

Instructor Handouts

**Schedule Type:**

Classroom Course

Video Conferencing

Web Conferencing

Hybrid Course

**Disclaimer:**

AHIMA Virtual Lab is used for this course

**Core Course Performance Objectives (CCPOs):**

1. Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines for common healthcare classification systems: International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM); International Classification of Diseases, Revision, Procedure Coding System (ICD-10-PCS); Current Procedural Terminology (CPT); and the Healthcare Common Procedure Coding System (HCPCS). (CCC 1; HIM PGC 1, 6)
2. Determine diagnosis and procedure codes according to official guidelines. (CCC 1; HIM PGC 1, 6)
3. Describe the use of technology to support the coding process. (CCC 1; HIM PGC 1)
4. Comply with ethical standards of coding and health information practice. (CCC 4; HIM PGC 6)

See Core Curriculum Competencies and Program Graduate Competencies at the end of the syllabus. CCPOs are linked to every competency they develop.

## Measurable Performance Objectives (MPOs):

Upon completion of this course, the student will:

1. Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines for common healthcare classification systems: International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM); International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS); Current Procedural Terminology (CPT); and the Healthcare Common Procedure Coding System (HCPCS).
  1. Describe the format and code structure of the ICD-10-CM, ICD-10-PCS, CPT, and HCPCS systems.
  2. Distinguish the ICD-10-CM, ICD-10-PCS, CPT, and HCPCS systems.
  3. Explain the relationship between the CPT and HCPCS systems.
  4. Explain the use of modifiers in the CPT and HCPCS systems.
  5. Explain how the common code sets are used in various healthcare settings.
    1. Acute inpatient
    2. Hospital outpatient
    3. Physician office
  6. Discuss the guidelines for selection of codes within the common code sets.
  7. Distinguish among rules, conventions, instructions, and guidelines as they pertain to the common code sets.
  8. Explain how to determine principal and secondary diagnoses.
  9. Explain how to determine principal and secondary procedures.
2. Determine diagnosis and procedure codes according to official guidelines.
  1. Select ICD-10-CM diagnosis codes for all chapters for inpatient and outpatient settings using patient health records information.
  2. Select codes for the following conditions and diseases.
    1. Infectious and parasitic diseases
    2. Neoplasms
    3. Endocrine, nutritional and metabolic diseases, and immunity disorders
    4. Diseases of the blood and blood-forming organs
    5. Mental, behavioral, and neurodevelopmental disorders
    6. Diseases of the nervous system
    7. Diseases of the eye and adnexa
    8. Diseases of the ear and mastoid process
    9. Diseases of the circulatory system
    10. Diseases of the digestive system
    11. Diseases of the genitourinary system
    12. Diseases of the skin and subcutaneous tissue
    13. Diseases of the musculoskeletal system and connective tissue
    14. Pregnancy, childbirth, and the puerperium
    15. Certain conditions originating in the perinatal period
    16. Congenital malformations, deformations, and chromosomal abnormalities
    17. Symptoms, signs and abnormal clinical, and laboratory findings
  3. Select codes for the following reasons for encountering the healthcare system:
    1. Injury, poisoning, and certain other consequences of external causes
    2. External causes of morbidity
    3. Factors influencing health status and contact with health services
  4. Select CPT procedure codes for all types of services for inpatient and outpatient settings using patient health records information.
    1. Select codes for the following:
      1. Evaluation and management services
      2. Anesthesia services
      3. Surgery services
      4. Radiology, nuclear medicine, and diagnostic ultrasound
      5. Pathology and laboratory services
      6. Medicine services
    2. Select Category II codes.
    3. Select Category III codes.
    4. Given a selected CPT code, identify any appropriate modifiers from the appendices.
  5. Select HCPCS service codes for all types of services for inpatient and outpatient settings using patient health records information.
    1. Select permanent national codes.
    2. Select miscellaneous codes.
    3. Select temporary national codes.
3. Describe the use of technology to support the coding process.
  1. Explain the purpose of an encoder.
  2. Explain the purpose of a grouper.
  3. Describe computer assisted coding.
4. Comply with ethical standards of coding and health information practice.
  1. Distinguish fraud and abuse in coding.
  2. Define *upcoding*.
  3. Identify lack of compliance with ethical coding standards.
  4. Explain how ethical coding conforms to professional standards of practice.

**Evaluation Criteria/Policies:**

The grade will be determined using the Delaware Tech grading system:

90	-	100	=	A
80	-	89	=	B
70	-	79	=	C
0	-	69	=	F

Students should refer to the [Student Handbook - https://www.dtcc.edu/handbook](https://www.dtcc.edu/handbook) for information on the Academic Standing Policy, the Academic Integrity Policy, Student Rights and Responsibilities, and other policies relevant to their academic progress.

**Final Course Grade:**

Calculated using the following weighted average

Evaluation Measure	Percentage of final grade
Class Participation (Formative)	15%
Homework Quizzes (Formative)	20%
Test Your Knowledge (TYK) (Summative)	20%
CPT / HCPCS Assignments (Summative)	20%
Midterm Exam: 1 exam weighted at 10% (summative)	10%
Final Exam: 1 exam weighted at 15% (summative)	15%
TOTAL	100%

**Core Curriculum Competencies (CCCs are the competencies every graduate will develop):**

1. Apply clear and effective communication skills.
2. Use critical thinking to solve problems.
3. Collaborate to achieve a common goal.
4. Demonstrate professional and ethical conduct.
5. Use information literacy for effective vocational and/or academic research.
6. Apply quantitative reasoning and/or scientific inquiry to solve practical problems.

**Program Graduate Competencies (PGCs are the competencies every graduate will develop specific to his or her major):**

AHTAASHIM Program Graduate Competencies:

1. Synthesize knowledge of medical sciences, clinical classification systems, vocabularies, and terminologies to effectively use, apply, and interpret health data.
2. Analyze data to identify trends through the use of health information technologies.
3. Apply legal, regulatory, privacy, and security standards to employ policies and procedures for health information collection, access, and disclosure.
4. Synthesize knowledge of health data and payment methodologies to evaluate the efficiency and effectiveness of revenue cycle processes.
5. Interpret regulatory, coding, legal, and clinical documentation standards to develop, implement, and evaluate compliance.
6. Consistently demonstrate leadership through the appropriate interpretation and evaluation of professional behaviors and ethical standards.

**Disabilities Support Statement:**

The College is committed to providing reasonable accommodations for students with disabilities. Students are encouraged to schedule an appointment with the campus Disabilities Support Counselor to request an accommodation needed due to a disability. A listing of campus Disabilities Support Counselors and contact information can be found at the [disabilities services - https://www.dtcc.edu/disabilitysupport](https://www.dtcc.edu/disabilitysupport) web page or visit the campus Advising Center.