SECTION HEADING

HIMC 1130: Advanced Coding

Description

Advanced Coding demonstrates the application, analysis and evaluation of coding principles, guidelines, and conventions from CPT, HCPCS, and ICD coding manuals. Students will use the principles of ICD-10-CM, ICD-10-PCS, and CPT/HCPCS coding to ensure proficiency in coding using actual patient charts and advanced concepts of coding. Students will apply current regulations and established guidelines in coding assignment. Students will use AHIMA Find-A-Code Encoder to apply codes and adhere to guidelines and conventions.

Credits

3

Prerequisite

HIMC 1100, HIMC 1110, HIMC 1120

Topics to be Covered

1. Application of Current Procedural Terminology (CPT) codes

2. Application of the International Classification of Disease (ICD-10-CM) diagnostic codes

3. Application of the International Classification of Disease (ICD-10-PCS) procedure coding system codes

4. Appropriately apply codes and guidelines in medical setting

5. Support accurate billing through coding

6. Computer assisted coding, encoder

Learning Outcomes

1. Evaluate denials by analyzing documentation and application of guidelines and policies.

2. Evaluate various coding references for ICD-CM, ICD-PCS, and CPT/HCPCS in code selection and assignment

3. Assess coding compliance by auditing coded encounters.

4. Validate assignment of diagnostic and procedure codes and groupings in accordance with official guidelines.

5. Analyze the documentation in the health record to ensure it supports the diagnosis and confirms the patient's progress and clinical findings through discharge status.

6. Determine diagnosis and procedure codes and groupings according to official guidelines.

7. Assess ethical standards of practice

8. Utilize information technologies in the assignment of diagnostic and procedure codes.

9. Develop physician queries.

10. Evaluate code assignment and sequencing using National Correct Coding Initiative (NCCI).

Credit Details

Lecture: 3

Lab: 0

OJT: 0