



Course Description

HIM2813 | Professional Practice Experience | 2.00 credits

This course is an advanced coding/billing professional practice. Students will learn advanced coding and abstracting of actual inpatient and outpatient health records, with an emphasis on compliance and improving accuracy and productivity.

Course Competencies:

Competency 1: The student will demonstrate knowledge of coding to solve unique or complex cases resulting in the assignment and sequencing of diagnosis and procedure codes by:

1. Assigning appropriate procedure and diagnosis codes to assigned cases and actual health records
2. Analyzing the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status
3. Utilizing proper sequencing techniques of ICD-10-CM/PCS to select and code the principal diagnosis and procedure

Competency 2: The student will demonstrate knowledge of the essential references and coding assignment support provided by the 3M™ Coding and Reimbursement System (CRS) and computer-assisted coding by:

1. Utilizing the 3M Coding Clinic for ICD-10-CM/PCS software to assign and sequence correct diagnosis and procedure codes to complex health records
2. Evaluating the health record coding compliance with regulatory requirements and reimbursement methodologies
3. Navigating the computer-assisted coding software and utilizing the coding and grouping tools to assign inpatient and outpatient diagnosis and procedure codes to complex health records

Competency 3: The student will demonstrate knowledge of the American Health Information Management Association Standards of Ethical Coding (AHIMA) by:

1. Constructing appropriate queries to physicians for questions concerning documentation
2. Assigning only the codes and data clearly and consistently supported by health record documentation by applicable code sets, abstraction conventions, and requirements
3. Using current and appropriate resource tools that assist with proper sequencing and reporting to comply with existing reporting requirements outlined in the AHIMA Standards of Ethical Coding

Competency 4: The student will ensure documentation supports the level and type of service billed in compliance with the billing regulations, provider documentation, procedures, and coding guidelines by:

1. Using authoritative resources such as AHA Coding Clinic and AMA CPT Assistant to determine appropriate codes
2. Evaluating compliance with regulatory requirements and reimbursement methodologies
3. Analyzing the medical record for completeness, consistency, and compliance with all regulatory requirements

Learning Outcomes:

- Solve problems using critical and creative thinking and scientific reasoning
- Formulate strategies to locate, evaluate, and apply information