

Master Syllabus

HIM 1201 - Introductory Medical Office Coding

Division: Health Sciences

Department: Health Information Management

Credit Hour Total: 4.0

Lecture Hrs: 4.0

Prerequisite(s): HIM 1101 AND BIO 1121

Date Revised: February 2018

Course Description:

Introduction to principles, guidelines and conventions for assigning ICD-10-CM diagnostic codes and CPT procedure codes to patient encounters for physician services. Additional out-of-class assignments are required.

General Education Outcomes:

- ▣ Critical Thinking/Problem Solving Competency
- ▣ Values/Citizenship/Community Competency
- ▣ Information Literacy Competency
- ▣ Oral Communication Competency

Course Outcomes:

Current Procedural Terminology (CPT) Coding System

Demonstrate the ability to correctly apply the rules, principles, and conventions of the CPT coding system in order to appropriately assign codes for the billing of physician services.

Assessment Method: Locally developed exams
Performance Criteria:

Correctly answer exam questions at 77% or higher

Assessment Method: Simulations
Performance Criteria:

Correctly answer coding scenarios at 77% or higher

Clinical Information Analysis

Apply national guidelines to identify what clinical information is appropriate to code.

Assessment Method: Locally developed exams
Performance Criteria:

Correctly answer exam questions at 77% or higher

Assessment Method: Simulations
Performance Criteria:

Correctly answer coding scenarios at 77% or higher

Knowledge Integration

Demonstrate knowledge of anatomy, disease process, and medical terminology to correctly interpret clinical documentation.

Assessment Method: Locally developed exams
Performance Criteria:

Correctly answer exam questions at 77% or higher

Assessment Method: Simulations
Performance Criteria:

Correctly answer coding scenarios at a 77% or higher

Diagnostic Coding

Utilize Alphabetic Index and Tabular List of ICD-10-CM to appropriately assign codes for correctly identified diagnoses.

Assessment Method: Locally developed exams
Performance Criteria:

Correctly answer exam questions at 77% or higher

Assessment Method: Simulations
Performance Criteria:

Correctly answer coding scenarios at 77% or higher

Professional Behavior

Exhibit the professional behaviors, attitudes, and values consistent with and appropriate to the entry-level Health Information Management (HIM) professional.

Assessment Method: Performance appraisals
Performance Criteria:

77% or higher

Outline:

Introduction to medical coding with general coding guidelines for diagnoses using ICD-10-CM and procedures using CPT. ICD-10-CM coding content areas include coding signs, symptoms, and ill-defined conditions, external causes, diseases of the blood and blood-forming organs, diseases of the skin and subcutaneous tissue injuries, diseases of the musculoskeletal system, and diseases of the respiratory, circulatory and genitourinary systems. CPT coding content includes Evaluation and Management coding, introduction to service and procedural coding for radiology, pathology and laboratory services, medicine, integumentary system, surgery coding and surgical modifiers, plus an introduction to HCPCS codes.