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: May 2016

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-9-CM or 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 Coding with General Coding Guidelines for DiagnosesSteps in ICD-9-CM or ICD-10-CM Coding Signs, Symptoms, and Ill-Defined ConditionsIntroduction to Service and Procedural Coding with CPTEvaluation and Management SectionRadiology and Laboratory Diseases of the Skin and Subcutaneous TissueInjuries, including BurnsSurgery - Integumentary System Endocrine, Nutritional, and Metabolic Diseases Diseases of the Blood and Blood-forming Organs Diseases of the Musculoskeletal System Surgery - Musculoskeletal System Disease of the Respiratory System Diseases of the Circulatory System V Codes HCPCS/Vaccinations in CPT