

## Master Syllabus

### HIM 2211 - Inpatient Coding

**Division:** Health Sciences

**Department:** Health Information Management

**Credit Hour Total:** 4.0

**Lecture Hrs:** 3.0 **Lab Hrs:** 2.0

**Prerequisite(s):** HIM 2110

**Other Prerequisite(s):** AND Restricted to Majors

**Date Revised:** May 2016

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### Course Description:

Introduction to principles and coding conventions for using ICD-10-CM and ICD-10-PCS for coding inpatient records. Students should possess proficiency in medical terminology and human anatomy and physiology. Additional out-of-class assignments are required. Three classroom, two lab hours per week.

### General Education Outcomes:

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

### Course Outcomes:

#### Knowledge Integration

Demonstrate knowledge of anatomy and physiology, disease processes, procedural terms, and medical terminology to correctly interpret clinical documentation.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** Score at 77% or higher

**Assessment Method:** Simulations  
**Performance Criteria:** Score at 77% or higher

#### American Health Information Management Association's (AHIMA) Standards of Ethical Coding

Demonstrate the ability to correctly apply AHIMA's Standards of Ethical Coding to prove understanding of coding compliance, fraud and abuse.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** Score at 77% or higher

**Assessment Method:** Simulations  
**Performance Criteria:** Score at 77% or higher

#### Professional Behavior

Exhibit the professional behaviors, attitudes, and values consistent with and appropriate to the entry-level HIM professional.

**Assessment Method:** Behavioral observations  
**Performance Criteria:** 77% or higher

**Assessment Method:** Performance appraisals  
**Performance Criteria:** 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:** Score of 77% or higher

**Assessment Method:** Simulations  
**Performance Criteria:** Score of 77% or higher

#### Coding Inpatient Scenarios and Records

Utilize Alphabetic Index and Tabular List of ICD-9-CM or ICD-10-CM and ICD-10-PCS to appropriately assign codes according to Official Guidelines for Coding and Reimbursement for correctly identified diagnoses and procedures.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** Score at 77% or higher

**Assessment Method:** Simulations  
**Performance Criteria:** Score at 77% or higher

#### Encoder Usage

Demonstrate the ability to correctly use the 3M encoder to code inpatient scenarios and records and to utilize the various references, those supplied with the encoder and those on the Internet, to accurately code both diagnoses and procedures.

**Assessment Method:** Locally developed exams  
**Performance Criteria:** Score at 77% or higher

**Assessment Method:** Simulations  
**Performance Criteria:** Score at 77% or higher

**Determination of MS-DRG, Present on Admission (POA), and Hospital Acquired Conditions (HAC)**

Demonstrate the ability to correctly apply POA indicators and analyze sequence of codes according to inpatient coding guidelines to accurately assign MS-DRGs to insure appropriate coding and reimbursement for inpatient facilities.

**Assessment Method:** Locally developed exams

**Performance Criteria:** Score at 77% or higher

**Assessment Method:** Simulations

**Performance Criteria:** Score at 77% or higher

**Outline:**

Introduction to Inpatient Medical Records Guidelines for coding Inpatient Records Present on Admission Indicators (POA) and Hospital Acquired Conditions (HAC) MS-DRG's and Complications and Co-Morbidities (MCC and CC) ICD-9-CM and/or ICD-10-PCS procedural coding Coding of both diagnoses and procedures of inpatient scenarios and medical records Coding Compliance and Fraud and Abuse Recovery Audit Contractor (RAC) Clinical Abstraction and Physician Query Process Clinical Documentation Improvement Programs Discharge Disposition 3M Encoder and references, particularly Coding Clinic American Health Information Management Association's (AHIMA) Standards of Ethical Coding