

Common Course Outline

HIIT 210

Advanced Clinical Coding

3 Credits

The Community College of Baltimore County

Description

HIIT 210 – 3 credits -- Advanced Clinical Coding introduces students to advanced healthcare concepts that influence code assignments for complex medical records. Students learn advanced disease processes and the associated treatments and medications, including drug classifications, trade names, generic names, and chemical names. Other topics include prospective payment systems (PPS) such as DRGs, APR-DRGs, and APCs and how they relate to reimbursement. 3 credits; 3 lecture hours, 1 lab hour per week. *Prerequisites: BIOL 109 with a grade of C or higher, HIIT 201, and HIIT 202.*

Overall Course Objectives

Upon successful completion of this course, students will be able to:

1. describe the pathophysiology of common diseases;
2. identify predisposing factors of various diseases;
3. discuss the typical progression and management of common diseases and disorders as related to major body systems;
4. describe how body systems are affected by the different stages of life;
5. identify drug classifications;
6. distinguish between drugs used for acute care and chronic care;
7. summarize provisions of pharmaceutical legislation and federal regulations;
8. explain restrictions on OTC, legend drug, and controlled substances;
9. describe variables that may affect the action of drugs;
10. describe and code drug effects, with particular emphasis on drug-related adverse effects and poisonings;
11. correlate common disease states with the appropriate pharmacology;
12. evaluate health care websites;
13. recognize the different types of prospective payment systems as they apply to different healthcare settings, such as: DRGs, APR-DRGs, RBRVS, RUGs, and APCs;
14. analyze multidimensional clinical scenarios and supporting documentation in simulated medical records;
15. investigate new health care scenarios, diagnoses, or procedures that will require new codes;
- 16. code medical records using ICD-10-CM and ICD-10-PCS classifications systems;
and**

17. using Encoder software, determine appropriate diagnostic and procedural codes with DRG and APR-DRG assignment.

Major Topics

- I. Introduction to human disease, disease genesis, and disease progression
- II. Signs and systems of common diseases of all body systems
- III. Diagnostic tests for common human diseases
- IV. Drugs used to treat diseases
- V. Generic names of drugs
- VI. Trade names of drugs
- VII. Over-the-counter drugs
- VIII. Drug Classifications
- IX. Coding classifications for diseases and drugs
- X. Consumer Safety and Drug Regulations and Legislation
- XI. FDA, DEA, and Controlled Substances Act of 1970
- XII. National Drug Code
- XIII. Legal and Ethical Issues
- XIV. HIPAA Compliance
- XV. ICD-10-CM and ICD-10-PCS Classification Systems**
- XVI. Prospective Payment Systems, such as: APCs, DRGs, APR-DRGs, severity index

Course Requirements

Grading: Grading procedures will be determined by the individual faculty member but will include the following:

1. At least six quizzes
2. Written research paper, minimum 500 words
3. Field trip to Coordination and Maintenance Committee Annual Meeting at Centers for Medicaid and Medicare Services (CMS)
4. Annotated website portfolio
5. At least 8 coding projects
6. Final Exam

Required Text(s)

Textbook choice pending.

HIPAA for Medical Office Personnel, Dan Krager/Carole Krager
Legal Aspects of Health Information Management, 2nd Ed., Dana C. McWay