

Common Course Outline

HIIT 210

Advanced Clinical Coding

3 Credits

Community College of Baltimore County

Description

HIIT 210 – Advanced Clinical Coding introduces students to advanced healthcare concepts that influence code assignments for complex medical records. Students code complex medical records and are assessed for accuracy and efficiency. Students learn advanced disease processes and associated treatments and medications, including drug classifications, trade names, generic names, and chemical names. Students also learn how prospective payment systems and value-based purchasing relate to reimbursement.

3 Credits: 3 lecture hours; 1 lab hour

Prerequisites: HIIT 202, HIIT 205, and BIOL 260

Overall Course Objectives

Upon 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. correlate common disease states with the appropriate pharmacology;
7. distinguish between drugs used for acute care and for chronic care;
8. summarize provisions of pharmaceutical legislation and federal regulation;
9. describe variables that may affect the action of drugs;
10. code drug effects, with particular emphasis on drug-related adverse effects and poisonings;
11. discuss the different types of prospective payment systems and value-based purchasing as they apply to different healthcare settings;
12. evaluate multidimensional clinical scenarios and supporting documentation in simulated medical records;
13. analyze new healthcare scenarios, diagnoses, and procedures that will require new codes; and
14. determine appropriate diagnostic and procedural codes with Medicare Severity Diagnosis Related Groups (MS-DRG) and All Patient Diagnosis Related Groups (APR-DRG) assignment using the Encoder program.

Major Topics

- I. Body Systems and Common Diseases
- II. Drug Names and Classifications
- III. Coding Classifications for Diseases and Drugs
- IV. Diagnostic Related Groups (DRG)
 - A. Diagnostic Related Groups (DRG)
 - B. Medicare Severity Diagnosis Related Groups (MS-DRG)
 - C. All Patient Diagnosis Related Groups (APR-DRG)
- V. National Correct Coding Initiative (NCCI)
- VI. Consumer Safety and Privacy Regulations
- VII. Drug Legislation and Regulations
- VIII. Prospective Payment Systems
 - A. DRG
 - B. MS-DRG
 - C. APR-DRG
 - D. Ambulatory Payment Classification
- IX. Value-Based Purchasing
 - A. Physician Quality Reporting System
 - B. Merit-Based Incentive Payment System
- X. Encoder and Other HIM Software Programs

Course Requirements

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

Grading/exams

- A minimum of 5 weekly coding assignments with timed assessments
- A minimum of 2 graded discussion board assignments
- A minimum of quizzes
- Comprehensive coding project
- Midterm
- Comprehensive final exam