Course Name: Advanced Diagnosis and Procedure Coding
Course Prefix: HIM
Course Number: 3600
             Submitted by (Name & E-Mail):  Pat Shaw, pshaw@weber.edu

Current Date:  10/25/2013
College: Health Professions
Department:   Health Admin Services
From Term: Fall  2014

Substantive

|  |  |
| --- | --- |
| new   | Current Course Subject N/ACurrent Course Number  |

**New/Revised Course Information:**

|  |  |
| --- | --- |
| Subject:  HIM             Course Number: 3600 | Check all that apply: *This is for courses already approved for gen ed.    Use a* [*different form*](http://documents.weber.edu/catalog/forms.htm) *for proposing a new gen ed designation.*DV  CA  HU  LS  PS  SS EN  AI  QL  TA  TB  TC  TD  TE |

Course Title: Advanced Coding

Abbreviated Course Title: Advanced Coding

|  |  |
| --- | --- |
| Course Type:  | LEL |

Credit Hours:  3  **or** if variable hours:    to

Contact Hours: Lecture   Lab    Other

Repeat Information:  Limit 0   Max Hrs 0

Grading Mode:  standard

|  |  |
| --- | --- |
| This course is/will be: | a required course in a major programa required course in a minor programa required course in a 1- or 2- year programelective |

Prerequisites/Co-requisites:

HIM 2300, HIM 2320, and HIM 2410 or instructor approval

Course description (exactly as it will appear in the catalog, including prerequisites):

This is an advanced coding course designed for students with previous medical coding experience or previous medical coding courses. This course explores the more complex areas of ICD-10-CM, ICD-10-PCS, and CPT coding in hospital, outpatient, and physician based settings. Students will apply coding principles and guidelines related to complex diagnoses and procedures. Coding from actual patient records is emphasized. The use of coding references and coding software is integrated into the course.

**Justification** for the new course or for changes to an existing course. (Note: Justification should emphasize academic rationale for the change or new course. This is particularly important for courses requesting upper-division status.)

This course will build on knowledge gained from previous coding courses (HIM 2300, HIM 2320, and HIM 2410). It also requires students to apply their clinical knowledge of anatomy and physiology, and disease process to read and synthesize patient related documentation to accurately assign all appropriate diagnoses and procedures to ensure appropriate reimbursement for the health care provider. There is a need for formal advanced coding education in our region and the addition of this course will provide individuals with the education necessary to earn expert level coding certifications.

This course will be an elective course for students in the BS degree in HAS: Health Information Management. The addition of this course will provide students who transfer to Weber from other associate degree programs in HIM the opportunity earn upper division credit in their area of interest and concentration. This course will also provide the advanced coding knowledge and expertise to advance career opportunities and earn expert-level certifications. This course will be marketed to graduates from our Institutional Certificate in Health Care Coding and our AAS degree program in Health Information Technology as well as individuals in the healthcare industry.

**INFORMATION PAGE**for substantive proposals only

1. Did this course receive unanimous approval within the Department?

true

If not, what are the major concerns raised by the opponents?

2. If this is a new course proposal, could you achieve the desired results by revising an existing course within your department or by requiring an existing course in another department?

No because this course will assume the student already has the knowledge gained in all of our current coding courses.

3. How will the proposed course differ from similar offerings by other departments? Comment on any subject overlap between this course and topics generally taught by other departments, even if no similar courses are currently offered by the other departments. Explain any effects that this proposal will have on program requirements or enrollments in other department. Please forward letters (email communication is sufficient) from all departments that you have identified above stating their support or opposition to the proposed course.

No other program offers courses in diagnosis or procedure coding.

4. Is this course required for certification/accreditation of a program?

no

If so, a statement to that effect should appear in the justification and supporting documents should accompany this form.

5. **For course proposals**, e-mail a syllabus to Faculty Senate which should be sufficiently detailed that the committees can determine that the course is at the appropriate level and matches the description. **There should be an indication of the amount and type of outside activity required in the course (projects, research papers, homework, etc.)**.

WEBER STATE UNIVERSITY

DUMKE COLLEGE OF HEALTH PROFESSIONS

HEALTH INFORMATION MANAGEMENT

HIM 3600 Advanced Diagnosis & Procedure Coding

Instructor: TBA

Phone/email: TBA

Office Hours: TBA

Texts:

*Clinical Coding Workout,* Chicago, IL: AHIMA.

*CPT Coding Manual.* Chicago, IL: AMA

*ICD-10-CM Coding Manual*

*ICD-10-PCS Coding Manual*

Software:

*Practicode* Software purchased from WSU bookstore

Access to WSU Virtual Lab for 3M encoder software

Supplemental texts: *Certified Coding Specialist Exam preparation; or Certified Coding Specialist-Physician Based Exam preparation:* Chicago, IL;AHIMA

Course Description:

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Course Objectives:

1. Interpretation of health-record documentation using your knowledge of anatomy, physiology, clinical disease processes, and medical terminology.
2. Evaluate the effect of code selection on Medicare-Severity Diagnosis Related Group (MS-DRG) assignment, and verify MS-DRG assignment based on Prospective Payment System (PPS) definitions.
3. Determine proper use of Modifiers, CPT vs. HCPCS Level II codes, and Medical Necessity (linking diagnosis to procedure or service)
4. Understand reimbursement methodologies and documentation rules and regulations
5. Understand the Charge Master and its components
6. Understand the CPT guidelines, with special emphasis on Evaluation and Management (E & M) and surgery coding
7. Use approved coding guidelines to assign and sequence the correct diagnosis and procedure codes for hospital inpatient services
8. Clarify conflicting, ambiguous, or nonspecific information appearing in a health record by consulting the appropriate physician
9. Participate in quality assessment to ensure continuous improvement in ICD-10-CM, ICD-10-PCS, and CPT coding and collection of accurate health data
10. Demonstrate ability to recognize potential coding-quality issues from an array of data
11. Apply policies and procedures on health-record documentation and coding that are consistent with official coding guidelines
12. Contribute to the development of facility-specific coding policies and procedures.
13. Preparation for the Certified Coding Specialist—Physician-based (CCS-P) or Certified Coding Specialist is included in this program

COURSE OUTLINE

Modules 1-3

a. Intermediate Coding Cases Hospital, Outpatient, and Physician office settings

 b. Evaluation and Management (E/M Services)

 c. Query, clarify, and consult of physician documentation

Modules4-6

a. Use of Electronic Coding and Assignment of Reimbursement methodologies.

b. Apply coding principles using encoder software.

c. Assign reimbursement methodologies to various cases using encoder software.

Modules 7-10

 a. Practice use of encoder software in miscellaneous cases studies

b. Advance coding Cases Hospital, Outpatient, and Physician office settings

 c. Practice exam in either CCS or CCS-P, review

Modules 11-14

a. Conduct Audit Reviews in Hospital, Outpatient, and Physician office settings.

b. Quality Assessment review to ensure coding and collection of accurate health data.

c. Policy and procedure writing

Module 15

 a. Preparation for the CCS-P or CCS examination

Weber State University Policy on cheating:

Failure to maintain academic ethics/academic honesty including the avoidance of cheating,  plagiarism collusion, and falsification will result in a E in the course, and may result in charges being issued, hearings being held and/or sanctions being imposed.

 ADA Statement: Any student requiring accommodations or services due to a disability must contact Services for Students with Disabilities (SSD) in room 181 of the Student Services center.

AHIMA Cognitive Domains:

Validate coding accuracy using clinical information found in the health record.

Assign diagnosis/procedure codes using ICD-9-CM.

Assign procedure codes using CPT/HCPCS.

Evaluation of coding quality (coding audit)

Students will show respect for peers and faculty during class and presentations. Harsh criticism, excessive talking during discussions, vulgar language, sleeping, and other unlawful actions will not be allowed in class towards instructor or peers and will receive a zero on attendance

Grading and percentages are decided by our department are included on each syllabus. Also, note stating that the student must receive a ‘C’ or better or the class will need to be retaken. The student has only one try at this (retaking course).

HAS/HIM GRADING SYSTEM

94%-100% A

 90%-93% A-

 87%-89% B+

 84%-86/% B

 80%-83% B-

 77%-79% C+

 73%-76% C

 69%-72% C-

 66%-68% D+

 63%-65% D

 60%-62% D-

 Below 60% will result in a failing grade or incomplete

To pass this course successfully within the HIM/HAS program you must receive a ‘C’ grade or better.