Western Technical College

10530165 Intermediate Coding

Course Outcome Summary

Course Information

Description	Prepares students to assign ICD and CPT/HCPCS codes supported by medical documentation and official coding guidance to support appropriate reimbursement. Students will participate in CDI activities, including preparation of appropriate physician queries in accordance with compliance guidelines.
Career Cluster	Health Science
Instructional Level	Associate Degree Courses
Total Credits	3
Total Hours	72

Pre/Corequisites

Prerequisite	10530199 ICD Procedure Coding
Prerequisite	10530197 ICD Diagnosis Coding
Prerequisite	10530184 CPT Coding
Prerequisite	10530159 Healthcare Revenue Management

Textbooks

Clinical Coding Workout 2024: Practice Exercises for Skill Development. Copyright 2024. American Health Information Management Association. Publisher: American Health Information Management Association. **ISBN-13**: 978-1-58426-942-7. Required.

ICD-10-CM: Expert for Physicians 2023. Copyright 2022. Optum360. Publisher: Cengage Learning. **ISBN-13**: 978-1-62254-828-6. Required.

Basic ICD-10-CM and ICS-10-PCs Coding 2022. Copyright 2022. Schrafenberger, Lou Ann. Publisher:

American Health Information Management Association. **ISBN-13**: 978-1-58426-839-0. Required.

Basic CPT and HCPCS Coding - with Access. Copyright 2021. Smith, Gail. Publisher: American Health Information Management Association. **ISBN-13**: 978-1-58426-825-3. Required.

Health Information Management Technology: An Applied Approach with Student Member Package - Bundled with AHIMA/WHIMA Membership. 6th Edition. Copyright 2020. Sayles, Nanette B. Publisher: American Health Information Management Association. **ISBN-13:** 978-1-58426-774-4. Required.

Learner Supplies

Internet and E-mail access, Microsoft Office (Word, PowerPoint, Access, Excel). Free access with Western student email address from https://login.microsoftonline.com/. **Vendor:** To be discussed in class. Required.

American Health Information Management Association Virtual Lab Subscription. **Vendor:** http://www.ahima.org/education/vlab. Required.

Success Abilities

1. Cultivate Passion: Increase Self-Awareness
2. Live Responsibly: Develop Resilience
3. Refine Professionalism: Improve Critical Thinking
4. Refine Professionalism: Participate Collaboratively

Program Outcomes

1. HIT - Apply coding and reimbursement systems
2. HIT - Apply organizational management techniques

Course Competencies

1. ASSIGN reportable diagnosis and procedure codes for cases with moderate to advanced clinical complexity

Assessment Strategies

1.1. Coding case study or medical record

Criteria

1.1. your code assignment is supported by medical documentation
1.2. multiple codes are sequenced to ensure maximum allowable reimbursement
1.3. your code assignment and sequencing complies with official coding guidelines/conventions and reimbursement rules
1.4. your code assignment and sequencing complies with national standards of ethical coding (e.g., AHIMA, AAPC, ACDIS)

Learning Objectives

1.a. Identify medical documentation that may be used for code assignment.
1.b. Identify which code sets to use when coding various services (i.e. ICD vs CPT/HCPCS).
1.c. Determine the sequence for multiple codes to ensure maximum allowable reimbursement.

1.d. Apply coding guidelines and conventions to determine the correct codes.
1.e. Perform code assignment manually or electronically.
1.f. Apply ethical coding practices to select proper codes.

2. INTERPRET coding advice (Coding Clinic, CPT Assistant, Clinical indicators, etc.) in the process of coding cases with moderate to advanced clinical complexity

Assessment Strategies

2.1. Coding case study or medical record

Criteria

2.1. you identify all pertinent guidance for the given scenario
2.2. you apply the guidance for the given scenario
2.3. your code assignment and sequencing complies with official coding guidance/conventions and reimbursement rules

Learning Objectives

2.a. Use the index and encoder search functions for the AHA Coding Clinic and CPT Assistant.
2.b. Interpret the guidelines that apply to given scenarios.
2.c. Determine how the guideline differs from the given scenario.
2.d. Apply the guideline(s) to the given scenario.
2.e. Demonstrate the ability to use coding guidelines (AHA Coding Clinic, CPT Assistant, etc.).
2.f. Analyze coding guidelines and conventions to determine the correct codes.

3. ABSTRACT data elements for the purpose of coding, reimbursement, and data collection

Assessment Strategies

3.1. Coding case study or medical record

Criteria

3.1. abstract is complete
3.2. abstracted data is accurate
3.3. abstracted data complies with reporting and reimbursement guidelines

Learning Objectives

3.a. Describe the purpose of abstraction.
3.b. Demonstrate the process of data abstraction.
3.c. Identify reportable data elements based on UHDDS reporting guidelines.
3.d. Determine the relationship between abstracting for data collection versus billing.
3.e. Compare abstracting and billing requirements for various healthcare providers (i.e. UB-92 vs CMS-1500).
3.f. Identify examples of data elements collected by facilities that are not required for billing.
3.g. Apply facility specific guidelines for data collection and billing.

4. PERFORM coding and grouping processes using electronic applications for cases with moderate to advanced clinical complexity

Assessment Strategies

4.1. Coding case study or medical record

Criteria

4.1. your code assignment is supported by medical documentation
4.2. multiple codes are sequenced to ensure maximum allowable reimbursement
4.3. your code assignment and sequencing complies with official coding guidelines/conventions and reimbursement rules
4.4. your code assignment reflects application of national standards of ethical coding (e.g., AHIMA, AAPC, ACDIS)

Learning Objectives

4.a. Interpret health record documentation to identify codeable diagnoses, procedures and services.
4.b. Determine proper code(s) in terms of specificity, totality, and sequencing.
4.c. Demonstrate the ability to apply the symbols and respond to various edit messages generated by the encoder/grouper software.
4.d. Differentiate encoder, grouper and computer assisted coding.
4.e. Demonstrate the process for finding diagnosis and procedure codes using the encoder.

4.f. Demonstrate ability to use the reference tools available through the encoder/grouper software.
4.g. Identify the minimum necessary data elements for using the grouper software.
4.h. Identify the DRG and reimbursement as assigned by the grouper.
4.i. Identify the data elements that are driving the DRG assignment for any given scenario.
4.j. Analyze the DRG using the grouper edits and tools.

5. VALIDATE the accuracy of coding (coder/CAC), abstraction and grouping of cases with moderate to advanced clinical complexity

Assessment Strategies

5.1. Coding case study or medical record

Criteria

5.1. you resolve coding, grouping, and abstracting discrepancies
5.2. you determine the root cause of coding errors
5.3. you evaluate the financial impact of coding errors
5.4. you provide recommendation to improve coding, abstraction and grouping quality

Learning Objectives

5.a. Examine the effects of incorrect reimbursement group assignment on reimbursement (DRG, APC, OPPS).
5.b. Evaluate codes and other abstracted data elements of the given scenario(s) for accuracy.
5.c. Compare results of code assignment using manual, electronic encoder or computer assisted coding systems.
5.d. Evaluate the impact of encoders and computer assisted coding on individual coding skills.
5.e. Determine the cause of coding and abstraction errors that have been made in the given scenario.
5.f. Assess the potential impact of the coding and abstraction errors on reimbursement and data integrity.
5.g. Identify data elements that affect the assignment of DRG/MS-DRGs.
5.h. Compare reimbursement for cases in various settings (eg Critical Access vs OPPS hospital).

6. CONDUCT clinical documentation improvement activities

Assessment Strategies

6.1. Coding case study or medical record

Criteria

6.1. you identify scenarios that require a physician query
6.2. your query complies with regulatory guidelines (e.g., AHIMA, ACDIS, CMS)

Learning Objectives

6.a. Examine facility based clinical documentation improvement projects (queries, policy and procedures, CDI certification, system projects, etc.).
6.b. Describe the circumstances that warrant a physician query.
6.c. Examine the importance of ongoing clinical documentation improvement.
6.d. Define elements of a proper physician query.
6.e. Explain what is meant by "leading" a physician.
6.f. Comply with regulations as they relate to the physician query process (Medicare, POA).
6.g. Construct a compliant query.