A. COURSE DESCRIPTION

Credits: 3
Lecture Hours/Week: 3
Lab Hours/Week: *.*
OJT Hours/Week: *.*

Prerequisites:
This course requires the following prerequisite
MEDS 1627 - Introduction to ICD Coding (Number of Years Valid: 5)

Corequisites: None
MnTC Goals: None

This course is a continuation of the in depth study of International Classification of Diseases (ICD) coding and reimbursement in healthcare delivery systems. Emphasis is placed on complex code assignments from case studies involving prospective payment systems for the physician's office and/or hospital. Electronic coding software is also applied to the coding process. Prerequisite: MEDS1627

B. COURSE EFFECTIVE DATES: 05/16/2011 - Present

C. OUTLINE OF MAJOR CONTENT AREAS

1. Overview ICD coding structure.
2. Understand volume organization.
3. Describe conventions, and steps in coding.
4. Discuss coding guidelines.
5. Code utilizing encoder software.
6. Apply coding concepts to reimbursement practices.
7. Identify and code procedural ICD codes.

D. LEARNING OUTCOMES (General)

1. The learner will be familiar with diagnostic coding systems and their relationship to reimbursement procedures in physician’s office and hospital settings. They will be able to apply professional ethical standards to the preparation and use of medical documentation in coding, reimbursement, compliance, and statistical analysis.
2. The learner will demonstrate knowledge of the unique roles of various diagnostic coding systems: ICD-9-CM, ICD-10-CM, ICD-10-PCS, and SNOMED. The student will apply specific conventions and guidelines for accurate coding in each scenario
3. The learner will demonstrate the ability to implement ICD-9-CM codes from Volumes 1, 2, and 3, both manually and with encoder software based on medical case studies.

E. Minnesota Transfer Curriculum Goal Area(s) and Competencies

None

F. LEARNER OUTCOMES ASSESSMENT

As noted on course syllabus
G. SPECIAL INFORMATION

None noted