

HIMC - MEDICAL CODE/BILLER LECTURE/LAB

HIMC 1000 Introduction to Health Information Management

Credit Hours: 3

Prerequisites: Limited Access Program

Acceptance to program required. This hybrid course introduces the student to health information technology both as a work-based, task-oriented function and as part of a larger profession of health information management. The course begins with a view of the health care industry delivery systems continuing to the basic elements of health information technology, and a study of record keeping practices in the hospital and physician's office. Emphasis is placed on hospital and medical staff organization, patient record content, procedures in filing, numbering and retention of patient records, quantitative analysis, release of patient information, Health Insurance Portability and Accountability Act of 1996 (HIPAA), Ethics, forms control and design, indexes and registers, coding and reimbursement, regulatory and accrediting agencies, and alternate healthcare delivery systems.

HIMC 1222 Introduction to ICD Coding Principles

Credit Hours: 3

Prerequisites: Limited Access Program

Acceptance to program required. This hybrid course is designed to introduce the student to the mechanics of using International Classification of Diseases (ICD). Topics include the purpose and use of the ICD-10-CM classification system, coding conventions, coding principles, and the CMS official guidelines (inpatient and outpatient). Students will be required to assign ICD-10-CM/PCS codes to diagnosis/procedure statements, and case abstracts.

HIMC 1253 CPT Coding Principles and Practice

Credit Hours: 3

Prerequisites: Limited Access Program

Acceptance to program required. This hybrid course provides a study and practice of the principles of Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) classification systems. This course provides a foundation using CPT/HCPCS coding conventions, rules, methodology and sequencing, data sets, documentation requirements, coding resources and ethics. Students will be required to assign CPT/HCPCS codes to procedural statements and case studies.

HIMC 1255 Advanced Coding

Credit Hours: 3

Prerequisites: HIMC 1222 and HIMC 1253 with a grade of "C" or higher

This is a combined lecture/laboratory hybrid course providing an advanced continuation of International Classification of Diseases, 10th Revision, Clinical Modification (ICD), Current Procedural Terminology (CPT), and Healthcare Common Procedural Coding System (HCPCS) coding. Simulation of inpatient and outpatient coding, including ambulatory surgery, diagnostic testing and procedures, and physician services, using patient records and encoder software. Emphasis is placed on the use of official coding guidelines and compliance. In this course, the student is assigned physician office charts, outpatient hospital charts, and inpatient hospital charts to code. This course will prepare the student to work with reimbursement methodologies and issues, such as Ambulatory Payment Classifications (APCs). This intuitive approach begins with diagnosis coding before progressing to more in-depth coding of procedures and services. Separate chapters differentiate inpatient and outpatient coding as well as general and specific coding guidelines. Memorable examples, clearly defined terms and hundreds of printed and digital practice opportunities help master concepts. Also work with computer-assisted coding cases and professional tools in preparation for professional coding credentials. A workbook and MindTap resources help further prepare for coding success.

HIMC 1273 Computerized Physician Office/Billing

Credit Hours: 3

Prerequisites: HIMC 1222 and HIMC 1253 with a grade of "C" or higher

This hybrid course introduces the students to common administrative procedures performed in both small and large medical practices. Students learn the conceptual framework both for medical billing and use of electronic health records in medical documentation and patient management. Students will learn to input patient information, bill insurance companies using CMS-1500 claim form, manage the accounts receivable, and run financial reports important to the day-by-day financial operations of the medical practice.