MOHAWK VALLEY COMMUNITY COLLEGE, UTICA-ROME, NY

SCHOOL OF HEALTH SCIENCES
HEALTH INFORMATION TECHNOLOGY

COURSE OUTLINE

I. COURSE DESCRIPTION:

HM121 ICD-10-CM and ICD-10-PCS Coding   **C-3, P-3, Cr-4**

This course includes a study of the ICD-10-CM and ICD-10-PCS clinical classification systems and the inpatient prospective payment system (IPPS), which utilizes Medicare- severity diagnosis-related groups (MS-DRGs). Topics covered include the assignment of ICD-10-CM and ICD-10-PCS codes according to the Centers for Medicare and Medicaid Services (CMS) official coding guidelines, assign of DRGs and MS-DRGs, encoder software and references (e.g., AHA *Coding Clinic*), accuracy of coding and DRG assignment, and physician query process. (Online Only)

Three class hours and three lab hours weekly.

Prerequisites: BI110 Survey of Anatomy and Physiology <u>or</u> BI216 Human Anatomy and Physiology I; HM100 Medical Terminology for Health Professionals; HM101 Health Information Management Introductory Concepts.

Corequisites: HM120 Pathophysiology and Pharmacology.

II. MATERIALS:

Text and Learning Materials: Green, Michelle. *3-2-1 Code It! 2020,* ISBN: 9780357362648. Cengage. *ICD-10-CM for Hospital Professionals with Guidelines 2020.* ISBN: 9781622545209. Optum360. *ICD-10-PCS Professional 2020.* ISBN: 9781622545469. Optum360.

III. EVALUATION METHODS:

Students will be evaluated in the following manner:
Written Assignment/Project	25%
Exams	25%
Final Comprehensive Exam	25%
Attendance /Assignments	25%

IV. STUDENT LEARNING OUTCOMES:

Upon completion of this course the student will be able to:
1. Utilize technologies for health information management.
2. Determine ICD-10-CM diagnosis and ICD-10-PCS procedure codes according to official guidelines.
3. Evaluate compliance with regulatory requirements and reimbursement methodologies.
4. Determine diagnosis-related groups (DRGs) for hospital inpatient cases.
5. Determine accuracy of computer-assisted coding assignment and recommend corrective action.
6. Develop appropriate physician queries to resolve data and coding discrepancies.

V. <u>MAJOR TOPICS</u>:

1. Overview of Coding: Documentation as a Basis of Coding
2. Introduction to ICD-10-CM and ICD-10-PCS Coding
3. Physician Query Process
4. Use of Encoders and References
5. ICD-10-CM and ICD-10-PCS Coding Conventions
6. ICD-10-CM and ICD-10-PCS Coding Guidelines
7. ICD-10-CM and ICD-10-PCS Inpatient Coding
8. Inpatient Prospective Payment System (MS-DRGs, DRGs)
9. Uniform Hospital Discharge Data Set (UHDDS)
10. ICD-10-CM Outpatient Coding
11. Diagnostic Coding Guidelines for Outpatient Services
12. Intensity of Services and Severity of Illness (ISSI) and Case Mix Management
13. Accuracy of Coding, DRG, and CAC Assignment