Jill Flanigan   CRN: 3100   Fall 2016

Science, Allied Health, Health, & Engineering Department
Medical Coding I Fall Semester 2016
HIM 205 Flanigan CRN 3100
Credit Hours: 3 hrs.
Instructor: Jill Flanigan, MLS, MS, RHIT

Course Location: Online – Blackboard Learn

Course Prerequisites: BIO*112 and MED*125

Meeting Time (day/week): This is a distance learning course and you are required to log into your class on a regular basis to complete assignments. Check "Announcements" and "Messages" whenever you log onto the course.

Course Description:
This course covers ICD-10-CM and ICD-10-PCS medical code sets for diagnoses and procedures and is designed to help students meet the challenge of today's changing government regulations and healthcare reporting. Included in the course are in-depth coding content and practice in diagnosis coding, inpatient procedure coding, HCPCS (Healthcare Common Procedure Coding System) Level II coding and a review of Insurance and Reimbursement topics.

Scope of course:
Accurate coding is an essential part of the successful operation of any healthcare facility or provider's office. Proper coding determines the amount of reimbursement received. Those responsible for assigning and reporting codes in any healthcare setting should possess knowledge of ICD-10-CM, ICD-10-PCS and HCPCS code sets. This course provides understanding and training in these coding concepts. In addition, students will learn and master Encoder software as they will be looking up codes in an online setting.

Program/Discipline Learning Outcomes Contained in Course:
The goal of the Science Division is to incorporate the following learning outcomes into each course:

- Written and oral communication skills
- Critical thinking, problem solving, and analytical skills
- Interpersonal skills and awareness
- Teamwork, team-building, and project focus
- Knowledge of ethical and legal healthcare environment
- Awareness and respect for other perspectives
- Global awareness and diversity
- Flexibility and adaptive to change
- Personal productivity and organizational skills
- Ability to understand your customer
- Understand process management

Importance of Course in Program/Discipline:

The AHIMA Council for Excellence in Education developed competencies for associate degree students with the most recent update in the 2014 Curricula requirements. This program covers the

AHIMA recommended competencies in six domains including (I) Data Content, Structure, and Standards, (II) Information Protection: Access, Disclosure, Archival, Privacy & Security, (III) Informatics, Analytics, and Data Use, (IV) Revenue Management, (V) Compliance, and (VI) Leadership. The following AHIMA competencies are covered in HIM 205 Medical Coding I:

    Domain I: Data Content Structure and Standards
        Subdomain I.A: Classification Systems
            I.A.1: Apply diagnosis/procedure codes according to current guidelines (3)
            I.A.2: Evaluate the Accuracy of Diagnostic and procedural coding (5)
            I.A.3: Apply diagnostic/procedural groupings (3)
            I.A.4: Evaluate the accuracy of diagnostic/procedural groupings (5)
        Subdomain I.B: Health Record Content and Documentation
            I.B.1: Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status (4)
    Domain III: Informatics, Analytics, and Data Use
        Subdomain III.A: Health Information Technologies
            III.A.1: Utilize software in the completion of HIM processes (3)
    Domain V: Compliance
        Subdomain V.B: Coding
            V.B.1: Analyze current regulations and established guidelines in clinical classification systems (4)
            V.B.2: Determine accuracy of computer assisted coding assignment and recommend corrective action (5)
        Subdomain V.D: Clinical Documentation Improvement
            V.D.1: Identify discrepancies between supporting documentation and coded data (3)
            V.D.2: Develop appropriate physician queries to resolve data and coding discrepancies (6)

Learning Outcomes:

The goal of HIM205 is to provide each student with an understanding of medical coding techniques. At the conclusion of this course, students will be able to:

- Apply ICD-10-CM, ICD-10-PCS, and HCPCS Level II codes for diagnoses, procedures, supplies, and other services according to current coding guidelines.
- Compare ICD-10-CM, ICD-10-PCS, and HCPCS Level II codes to clinical documentation to identify incorrect code assignment and/or documentation deficiencies.
- Identify prospective payment system groups for diagnosis and procedure codes.
- Determine the accuracy of group assignments according to current coding guidelines.
- Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status.
- Utilize encoding software for code identification and grouping.
- Verify Present on Admission (POA) status of a patient's diagnoses.
- Examine clinical documentation to identify medical necessity criteria for level of care including severity of illness and intensity of services.
- Evaluate the accuracy of computer-assisted coding.
- Identify discrepancies between clinical documentation and coded data.
- Develop physician queries to resolve data and coding discrepancies.

Textbooks and other required readings/computer software/materials/library reserve room:

- 3-2-1 Code It! 5th edition by Michelle Green, Copyright 2015.
- ICD-10-CM Code Book, 2017 Edition
- ICD-10-PCS Code Book, 2017 Edition
- Additionally, code sets will be accessed through EncoderPro (a product of Optum). Temporary access to this product is included in the textbook. Please do not activate the subscription until instructed to do so.

NOTE: Textbook 3-2-1 Code It! 5th Edition by Michelle Green can be purchased from the campus bookstore or through the publisher, Cengage Learning, portal **only**. The class will be using EncoderPro.com expert online encoder software to look up the codes. **The textbook purchased must come with the temporary access code to Optum's EncoderPro software.**

Office Location/Hours: Wheaton Hall Room 313/ Monday (3p-4p), Wednesday (2p-3p), Thursday (10:30-11:30)

Email: Blackboard internal mail is preferred and required. If Blackboard is not available use JFlanigan@trcc.commnet.edu (notice **"trcc"**).

Methods of Instruction:

Learning will be achieved through class lectures, use of online videos, library resources, and web links. Resources will be posted to the Blackboard Course space. Students may submit questions about course materials through online discussion boards or may visit me during office hours. It is important to read all the assigned material and view any video resources posted to the Blackboard Course.

Communication Plan:
Here are my expectations for electronic communication:
- I will remove posts that I determine to be inappropriate or unprofessional.
- Post all questions regarding course readings, assignments, or assessments to the Discussion Boards
- Please use email (course messages) *ONLY* when the subject is of a personal and confidential matter. If the question you ask is of a nature that even one other person in the course could benefit from the answer, post the question in the appropriate discussion board forum.
- I check my email daily Monday through Friday during normal business hours only. You can expect a reply from me via email within 24 hours during the workweek. You *may* get an email reply during the weekend or evening, but that would be an exception not the rule.
- I will also check the discussion forums daily during the workweek. I will be participating in what I hope will be lively discussions and will reply to any discussion comment directed specifically to me.
- Use APA Style for written submissions in this course www.apastyle.org.
- The writing style of discussion boards should be formal and business-appropriate, including citation of sources.

Technology and Social Media:
- Students should not mix personal and academic/professional contacts and accounts when using social media. Students should create social media accounts specifically for professional/academic use to separate their personal online persona from their professional/academic work.
- The college assigns and e-mail account to all students. I will communicate with students through course e-mail or through e-mail directly to the student's Middlesex Community College e-mail address. I will not send mail to personal e-mail accounts.
- I will not accept requests to connect with students from my personal social media accounts. I have a LinkedIn account for professional use and I will accept requests to connect from students who have set up a professional LinkedIn account. I will delete that connection if the LinkedIn activity contains unprofessional content.

Attendance Policy:

This is an online course. Students are expected to log into the course on a regular basis, participate in discussion and submit assignments every week.

Course Evaluation and Grading

Discussion Boards: Discussion boards have a value of 20 points each. In order to receive full points, you must post early in the week and read and respond to the posts of other students. Completing the work in a timely fashion is essential to active participation in the course. The discussion board rubric includes penalties for late posts. The discussion boards will be graded using the following rubric:

Criteria	Level of Achievement		
	Novice	Competent	Proficient
Citation of Sources (10%)	0% Failure to cite sources.	50% Attribution of sources is present, but not correctly formatted using APA citation style.	100% All referenced sources cited using APA style.
Business Appropriate Communication (10%)	0% Communication is not respectful; not in compliance with standards.	50% Communication is respectful but may be too informal for online communication in a business setting (for example, the use of texting shortcuts like "u" for "you").	100% Communication is always respectful. Professional or business appropriate language used at all times.
Grammar and Spelling (10%)	0% Major spelling or grammatical errors.	50% Minor spelling or grammatical errors.	100% No spelling or grammatical errors.
Initial Post Timing (10%)	0% No post at due date.	50% Posted at the end of the assignment period.	100% Posted early in the assignment period.
Reply Timing (10%)	0% No reply post at due date.	50% Replies posted on due date.	100% Replies span several days.
Initial Post Content (30%)	0% No post or a post that could have been made without completing assigned reading or research.	50% Post demonstrates incomplete understanding of the topic or assigned reading material.	100% Content demonstrated that the student has read and understood the relevant course materials.
Reply Content (20%)	0% No reply or inappropriate reply.	50% Reply does not make a meaningful contribution to the discussion. For example, simply stating agreement (or disagreement) without supporting comments.	100% Reply displays thought about the topic and other posts. the reply moves the conversation forward.

Assignments: Point values for assignments vary by the number of questions/work required to complete. Please see individual assignments for point values. Assignments submitted late will receive a 10% grade reduction each week and any work not submitted by midnight on the **last day of classes (12/8/2016)** will receive a zero.

Tests: There are two tests, each with a 100-point value, in Weeks 6 and 11. Tests must be completed on time; no late submissions will be accepted.

Final Exam: The exam has a value of 200 points and will be comprehensive. The final exam must be completed on time; no late submissions will be accepted.

Discussion Boards:		220
Assignments:	665	(+ 20 Extra Credit)
Tests:	200	
Final Exam:	200	
Total	1285	

The final grade will be evaluated as a percentage and will translate into letter grades as follows:

Letter Grade	Percent Grade	4.0 Scale (BOR Policy)
A	93.0-100.0	7.0
A-	90.0-92.9	3.7
B+	87.0-89.9	3.3
B	83.0-86.9	3.0
B-	80.0-82.9	2.7
C+	77.0-79.9	2.3
C	73.0-76.9	2.0
C-	70.0-72.9	1.7
D+	67.0-69.9	1.3
D	63.0-66.9	1.0
D-	60.0-62.9	0.7
F	Less than 60.0	0.0

Attention Mobile Users:

Some course content as presented in Blackboard Learn is not fully supported on mobile devices at this time. While mobile devices provide a convenient access to check in and read information about your courses, they should not be used to perform work such as taking tests, completing assignments or submitting substantive discussion posts.

IMPORTANT COLLEGE POLICIES!! PLEASE READ CAREFULLY!

For information about the college's policies and procedures regarding academic honesty, accessibility/disability services, attendance, audio-recording in the classroom, grade appeals, plagiarism, religious accommodations, weather and emergency closings, and more, please go to the following website: www.mxcc.edu/catalog/syllabus-policies/ or scan the QR code with your smart phone. Also, please become familiar with the policies regarding nondiscrimination, sexual misconduct, and general student conduct at the following website: www.mxcc.edu/nondiscrimination/.

NONDISCRIMINATION POLICY STATEMENT

Middlesex Community College does not discriminate on the basis of race, color, religious creed, age, sex, national origin, marital status, ancestry, present or past history of mental disorder, learning disability or physical disability, sexual orientation, gender identity and expression or genetic information in its programs and activities. In addition, the College does not discriminate in employment on the additional basis of veteran status or criminal record.

The following people have been designated to handle inquiries or complaints regarding non-discrimination policies and practices:

- Primary Title IX Coordinator
  Dr. Adrienne Maslin; Dean of Students/Title IX and Section 504/ADA Coordinator
  amaslin@mxcc.edu; 860-343-5759; Founders Hall Room 123
- Secondary Title IX Coordinator
  Ms. Queen Fordham, Coordinator of the Meriden Center Welcome Desk
  qfordham@mxcc.edu; 203-608-3011.
- Ms. Anastasia Pych, Director of Human Resources and Labor Relations
  apych@mxcc.edu; 860-343-5751; Founder Hall 115

HIM 205 Medical Coding I Schedule:
The following syllabus may be updated at the discretion of the instructor, please refer to Weekly
Assignments and Announcements for any changes during the course.

Week # & Dates	Topics	Outcomes/Learning Objectives	Reading & Assignments
Week 1 8/29-9/4	▪ Introduction ▪ Coding Careers ▪ Nomenclatures and Classification Systems ▪ History of the ICD	▪ Apply ICD-10-CM, ICD-10-PCS, and HCPCS Level II codes for diagnoses, procedures, supplies, and other services according to current coding guidelines.	Read: Chapter 1 Read: Chapter 2B Discussion: D-1 *(20 points)* Introductions Assignment: A-1 *(65 points)* In-Chapter Exercises 1.1-1.5 and Chapter 1 Review Multiple Choice 1-20
Week 2 9/6-9/12 *(9/5 Labor Day No Classes)*	▪ Format and Structure of ICD-10-CM/PCS ▪ ICD-10-CM/PCS Guidelines for Coding and Reporting	▪ Apply ICD-10-CM, ICD-10-PCS, and HCPCS Level II codes for diagnoses, procedures, supplies, and other services according to current coding guidelines. ▪ Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status.	Read: Chapter 3B View: ICD-10 and Clinical Documentation (Centers for Medicare and Medicaid Services, 2015) Discussion: D-2 (20 points) Complete and Accurate Documentation Assignment: A-2 *(50 points)* In-Chapter Exercises 2B.1-2B.2, 2B.3 (1-10 only), 2B.4-2B.6
Week 3 9/13-9/19	▪ ICD-10-CM/PCS Coding Conventions	▪ Apply ICD-10-CM, ICD-10-PCS, and HCPCS Level II codes for diagnoses, procedures, supplies, and other services according to current coding guidelines. ▪ Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status.	Read: Chapter 4B Read: AHIMA ICD-10-CM/PCS Documentation Tips (AHIMA) View: ICD-10 Coding and Diabetes (Centers for Medicare and Medicaid Services, 2015) Discussion D-3 (20 points) Documentation Required for Coding Assignment: A-3 (35 points) Chapter 2B Review Multiple Choice 1-20 and Coding Practice 16-35
Week 4 9/20-9/26	▪ ICD-10-CM/PCS Coding Practice	▪ Apply ICD-10-CM, ICD-10-PCS, and HCPCS Level II codes for diagnoses, procedures, supplies, and other services according to current coding guidelines. ▪ Compare ICD-10-CM, ICD-10-PCS, and HCPCS Level II codes to clinical documentation to identify incorrect code assignment and/or documentation deficiencies.	View: The Body in Motion, Respiratory and Circulatory Systems (The Body in Motion: An Introduction, 2010) Discussion D-4 (20 points) Auditing 1: Comparing the Bill to the Medical Record Assignment: A-4 (60 points) In-Chapter Exercises 3B.1-3B.16

Week # & Dates	Topics	Outcomes/Learning Objectives	Reading & Assignments
Week 5 9/27-10/3	▪ Coding Practice ▪ Inpatient Coding	▪ Verify Present on Admission (POA) status of a patient's diagnoses. ▪ Examine clinical documentation to identify medical necessity criteria for level of care including severity of illness and intensity of services. ▪ Compare ICD-10-CM, ICD-10-PCS, and HCPCS Level II codes to clinical documentation to identify incorrect code assignment and/or documentation deficiencies.	Read: Chapter 5B View: The Body in Motion, Skeletal and Muscular Systems (The Body in Motion: An Introduction, 2010) Discussion D-5 (20 points) Auditing 2 Comparing the Bill to the Medical Record Assignment: A-5 *(20 points)* Chapter 3B Review Matching 1-5 and Multiple Choice 6-20
Week 6 10/4-10/10	▪ Coding Practice ▪ Inpatient Coding	▪ Identify prospective payment system groups for diagnosis and procedure codes. ▪ Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status. ▪ Utilize encoding software for code identification and grouping.	View: ICD-10 Quick Clips: How to Use External Cause Codes (WebPT, 2015) View: ICD-10: How to Code Adverse Effects (PPS Plus, 2015) Assignment: A-6 (40.points) In-Chapter Exercises 4B.1-4B.13 Test: T-6 (100 points) Test (Weeks 1-5 and Chapters 1, 2B, 3B)
Week 7 10/11-10/17	▪ Coding Practice ▪ Inpatient Coding ▪ Outpatient Coding	▪ Identify prospective payment system groups for diagnosis and procedure codes. ▪ Determine the accuracy of group assignments according to current coding guidelines.	Read: Chapter 6B Discussion: D-7 (20 points) Principal Diagnosis and the MS-DRG Assignment: A-7 (80 points) In-Chapter Exercises 4B.14-4B.23, Chapter 4B Review Multiple Choice 1-20, and Chapter 4B Review Coding Practice 21-40
Week 8 10/18-10/24	▪ Coding Practice ▪ Inpatient Coding ▪ Outpatient Coding	▪ Compare ICD-10-CM, ICD-10-PCS, and HCPCS Level II codes to clinical documentation to identify incorrect code assignment and/or documentation deficiencies. ▪ Identify prospective payment system groups for diagnosis and procedure codes. ▪ Determine the accuracy of group assignments according to current coding guidelines. ▪ Utilize encoding software for code identification and grouping.	*Activate EncoderPro Subscription* Discussion: D-8 (20 points) Using an Encoder Assignment: A-8a (30 points) In-Chapter Exercises 5B.1-5B.5 Assignment: A-8b (20 points) Prospective Payment System Groups

Week # & Dates	Topics	Outcomes/Learning Objectives	Reading & Assignments
Week 9 10/25-10/31	▪ Coding Practice ▪ Inpatient Coding ▪ Outpatient Coding ▪ HCPCS Level II	▪ Apply ICD-10-CM, ICD-10-PCS, and HCPCS Level II codes for diagnoses, procedures, supplies, and other services according to current coding guidelines.	Read: Chapter 7 Discussion: D-9 (20 points) Using the CMS Website Assignment: A-9a (40 points) Chapter 5B Review Multiple Choice 1-20 and Coding Practice 21-40 Assignment: A-9b (20 points) Present on Admission
Week 10 11/1-11/7	▪ Coding Practice ▪ Inpatient Coding ▪ Outpatient Coding ▪ HCPCS Level II ▪ Modifiers	▪ Compare ICD-10-CM, ICD-10-PCS, and HCPCS Level II codes to clinical documentation to identify incorrect code assignment and/or documentation deficiencies. ▪ Examine clinical documentation to identify medical necessity criteria for level of care including severity of illness and intensity of services.	Read: HCPCS – General Information at CMS.gov, https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html (Centers for Medicare and Medicaid Services, 2016) Discussion: D-10 (20 points) Medical Necessity Assignment: A-10 (60 points) In-Chapter Exercises 6B.1-6B.2, Chapter 6B Review 1-20, and Coding Practice 21-22, 26-27, 31-32, 36-37, 41-42, 46-47, 51-52, 56-57
Week 11 11/8-11/14	▪ Coding and Reimbursement	▪ Identify discrepancies between clinical documentation and coded data.	Read: Chapter 19 Assignment: A-11 (40 points) Chapter 7 Review 1-20 and Coding Practice 21-22, 26-27, 36-37, 41-42, 46-47, 51-52, 56-57, 61-62, 66-67, 71-72, 76-77, 81-82, 86-87, 91-92, 96-97, 99-100, 104-105, 109-110, 114-115 Test: T-11 (100 points) (Weeks 6-10, Chapters 4B, 5B, 6B)
Week 12 11/15-11/21	▪ Physician Queries ▪ Medicare Coverage	▪ Develop physician queries to resolve data and coding discrepancies. ▪ Examine clinical documentation to identify medical necessity criteria for level of care including severity of illness and intensity of services ▪ Identify discrepancies between clinical documentation and coded data.	View: Medicare Coverage Center (Centers for Medicare and Medicaid Services, n.d.) Discussion: D-12 (20 points) Medicare Audit Programs Assignment: A-12a (20 points) NCD LCD Assignment: A-12b *(40 points)* Physician Queries Extra Credit: E-12 (10 extra credit points each) Chapter 7 Coding Practice II 119, 120

Week # & Dates	Topics	Outcomes/Learning Objectives	Reading & Assignments
Week 13 11/22, 11/26-12/1 *(11/23-11/25 Thanksgiving Break No Classes)*	▪ Computer-Assisted Coding	▪ Evaluate the accuracy of computer-assisted coding. ▪ Identify discrepancies between clinical documentation and coded data.	Discussion: D-13 (20 points) Computer-Assisted Coding and the Role of the Coder Assignment: A-13a (25 points) Chapter 19 Review Multiple Choice 1-25 Assignment: A-13b (20 points) Auditing Computer-Assisted Coding
Week 14 12/2-12/6, 12/7-12/8 *(12/7, 12/9 Reading Days No Classes)*	▪ Review	▪ Compare ICD-10-CM, ICD-10-PCS, and HCPCS Level II codes to clinical documentation to identify incorrect code assignment and/or documentation deficiencies. ▪ Determine the accuracy of group assignments according to current coding guidelines. ▪ Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status. ▪ Verify Present on Admission (POA) status of a patient's diagnoses. ▪ Examine clinical documentation to identify medical necessity criteria for level of care including severity of illness and intensity of services. ▪ Evaluate the accuracy of computer-assisted coding. ▪ Identify discrepancies between clinical documentation and coded data.	Assignment: Review for comprehensive final exam

Week # & Dates	Topics	Outcomes/Learning Objectives	Reading & Assignments
Finals Week 12/10-12/16 *(12/17 Exam Make-Up Day)*	▪ Final Exam	▪ Apply ICD-10-CM, ICD-10-PCS, and HCPCS Level II codes for diagnoses, procedures, supplies, and other services according to current coding guidelines. ▪ Compare ICD-10-CM, ICD-10-PCS, and HCPCS Level II codes to clinical documentation to identify incorrect code assignment and/or documentation deficiencies. ▪ Identify prospective payment system groups for diagnosis and procedure codes. ▪ Determine the accuracy of group assignments according to current coding guidelines. ▪ Analyze the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status. ▪ Utilize encoding software for code identification and grouping. ▪ Verify Present on Admission (POA) status of a patient's diagnoses. ▪ Examine clinical documentation to identify medical necessity criteria for level of care including severity of illness and intensity of services. ▪ Evaluate the accuracy of computer-assisted coding. ▪ Identify discrepancies between clinical documentation and coded data.	Exam: Final Exam (200 points) is Comprehensive (Weeks 1-14 and Chapters 1, 2B, 3B, 4B, 5B, 6B, 7, and 19)

Bibliography

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        2016, from YouTube: https://www.youtube.com/watch?v=S07Et1HCNY8