



# BROWARD COMMUNITY COLLEGE COURSE OUTLINE

**LAST REVIEW: 2006-2007**  
*(i.e. 2003-2004)*

**NEXT REVIEW: 2011-2012**  
*(i.e. 2008-2009)*

**STATUS: A**  
*(A, I, D)*

**COURSE TITLE: Coding: Advanced**

**COMMON COURSE NUMBER: HIM 2234**

**CREDIT HOURS: 3**

**CONTACT HOUR BREAKDOWN**  
*(per 16 week term)*

**CLOCK HOURS:**  
*(Voc. Course ONLY)*

Lecture: **48**

Lab: **0**

Clinic: **0**

Other: **0**

**PREREQUISITE(S): BSC 1086, BSC 1086L, HIM 2232**

**COREQUISITE(S): HIM 2810**

**PRE/COREQUISITE(S):**

**COURSE DESCRIPTION:** *(750 characters, maximum)*

This is an advanced coding course giving the student extensive "hands-on" experience in coding complex and sophisticated cases from inpatient, outpatient and physician office settings typically handled by the coding specialist on the job. Emphasis will be placed on quality of specific coding, sequencing, coding compliance and billing methodology. Students will be expected to code assigned cases utilizing the ICD-9-CM and CPT coding manuals and automated coder/grouper. All coding exercises will be timed, conducted and verified in the classroom.

**UNIT TITLES**

1. Nomenclatures and Classification Systems
2. Coding Principles Review
3. Advanced Diagnosis & Procedure Coding



# BROWARD COMMUNITY COLLEGE COURSE OUTLINE

**Common Course Number: HIM 2234**

## **UNITS**

### **Unit 1: Nomenclatures and Classification Systems**

#### **General Outcome:**

1.00 Describe the source and use of standard nomenclatures and classification systems.

#### **Specific Measurable Learning Outcomes:**

**Upon successful completion of this unit, the student shall be able to:**

- 1.01 Define nomenclature and classification system, and explain how each may be used to complement the other in recording medical information.
- 1.02 State the purpose, and describe the structure of the code numbers used in each of the following nomenclatures and classification systems: ICD-9-CM, CPT, HCPCS, DSM-III-R, SNOMED, SNVDO/SNOVET, ICD-O
- 1.03 State the purposes of case-mix classifications, and describe the structure of: DRGs, AVGs, RUGs, and Severity of Illness Systems
- 1.04 List some considerations which should be made when selecting an appropriate classification system for use in a healthcare facility.
- 1.05 Identify the strengths and weaknesses of computer assisted encoders.
- 1.06 Understand and apply the Standards of Ethical Coding of the American Health Information Management Association.
- 1.07 Identify the meaning and significance of the following instructional notations: Includes Use additional code if desired, Excludes Code also underlying disease, Omit code
- 1.08 Identify the significance of italicized codes and titles.
- 1.09 Indicate the purpose of notes in the Alphabetical Index.
- 1.10 Appreciate the necessity of consistently utilizing the Tabular List to ensure accurate coding.
- 1.11 Outline procedures for coding suspected or questionable conditions.
- 1.12 Recognize when more than one code is required to adequately code a given condition for retrieval.
- 1.13 Explain the significance of instructions for the coding of underlying conditions.
- 1.14 Appreciate and understand the importance of sequencing the principal diagnosis (Pdx).



**Unit 1: Nomenclatures and Classification Systems continued**

- 1.15 Apply coding guidelines for selecting the principal diagnosis.
- 1.16 Identify the importance of DRG assignment.
- 1.17 Correctly code diagnostic statements and identify those which do not require coding.
- 1.18 Appreciate the importance of reference materials such as Coding Clinics, The Merck Manual, Medical Dictionaries,



**Common Course Number: HIM 2234**

**Unit 2: Coding Principles Review**

**General Outcome:**

2.00 The student shall be able to apply ICD-9-CM coding principles.

**Specific Measurable Learning Outcomes:**

**Upon successful completion of this unit, the student shall be able to:**

- 2.01 Define coding and delineate the purposes it serves.
- 2.02 Describe the purpose and characteristics of a statistical classification of diseases.
- 2.03 Trace the historical development of the International Classification of Disease
- 2.04 Describe the purpose of the Official Addendum to the ICD-9-CM and the importance of updated code books.
- 2.05 Describe the principle of collapsibility of the Disease and Procedure Classification.
- 2.06 Identify the significance of coding errors.
- 2.07 Appreciate the necessity of maintaining consistently accurate coding in the health information department to facilitate comprehensive retrieval and appropriate reimbursement.
- 2.08 Delineate the requirements which must be met to accurately code a health record.
- 2.09 Delineate the contents of each volume of ICD-9-CM
- 2.10 Explain the significant of category, subcategory and sub classification codes.
- 2.11 Describe the use of residual subcategory decimal digits .8 and .9 in the disease classification.
- 2.12 Explain by fifth digits were added to ICD-9-CM and identify the four places where instructions for their use may appear.
- 2.13 Identify the meaning of “NEC”, “NOS,” “SEE.” “SEE ALSO,” and “SEE CATEGORY.”
- 2.14 Identify the meaning and significance of the punctuation and symbols used in ICD-9-CM.
- 2.15 Identify and use coding resources, including Coding Clinic, drug and disease references.
- 2.16 Understand and apply Official Coding Guidelines



**Common Course Number: HIM 2234**

**Unit 3: Advanced Diagnosis and Procedure Coding**

**General Outcome:**

3.00 The students should be able to apply ICD-9-CM principles to the coding of diagnoses and procedures at the advanced level.

**Specific Measurable Learning Outcomes:**

**Upon successful completion of this unit, the student shall be able to:**

- 3.01 Apply coding instructions to the following areas to completely and correctly code assigned problems: diseases of the blood and blood-forming organs, mental disorders, diseases of the nervous system and sense disorders, diseases of the circulatory, respiratory digestive, musculoskeletal and genitourinary systems, diseases of skin and subcutaneous tissue and congenital anomalies and certain conditions originating in the perinatal period, signs, symptoms, and ill-defined conditions.
- 3.02 Identify categories of procedures which should be coded.
- 3.03 Describe the structure of procedure codes.
- 3.04 Delineate the primary classification axis in the Classification of Procedures.
- 3.05 Identify the Principal Procedure (Ptx)
- 3.06 Apply coding instructions to completely and correctly code assigned procedures.
- 3.07 Code "late effects"
  - 3.07.1 Define and give examples of "late effects."
  - 3.07.2 Identify the nature of a "late effect" and its cause in the diagnostic statement.
  - 3.07.3 Distinguish between current and "late effects" of injuries in diagnostic statement.
- 3.08. Code factors including health status and contact with health services
  - 3.08.1 Describe the contents of the Supplementary Classification V codes.
  - 3.08.2 Explain the necessity of using operative code numbers with disease classification code numbers that appear to indicate a procedure.
- 3.09. Code Neoplasms
  - 3.09.1 Utilize the neoplasm table
  - 3.09.2 Identify when to code the primary malignancy as the Pdx and when to code secondary malignancies as the Pdx.
  - 3.09.3 Utilize special V codes appropriately to describe the different states of treatment or prophylaxis of malignant neoplasms.
  - 3.09.4 Explain the meaning of the morphology codes.
- 3.10. Code Circulatory System Cases
  - 3.10.1 Identify the meaning of the term "hypertensive" as used in ICD-9-CM.
  - 3.10.2 Utilize the hypertension table.



**Unit 3: Advanced Diagnosis and Procedure Coding continued**

- 3.11 Code Complications of Pregnancy, childbirth, and the puerperium
  - 3.11.1 Describe how the episode of care in obstetrical conditions is delineated and the significance of this information.
  - 3.11.2 Identify and utilize appropriate codes available for conditions usually classified elsewhere which interact with the pregnancy state.
  - 3.11.3 Identify the limitations which apply to the use of Code 650 "Delivery in a Completely Normal Case."
  - 3.11.4 Utilize codes in category 655 to identify the basis for an abortion as known or suspected abnormality.
  
- 3.12 Code Poisonings and Complications
  - 3.12.1 Differentiate between reactions due to adverse effects and poisonings by pharmaceutical.
  - 3.12.2 Explain how adverse effects and poisoning codes are referenced.
  - 3.12.3 Utilize American Hospital Formulary Service numbers to locate code numbers for drugs which are not specifically listed in the table.
  
- 3.13 Code External Causes of Injury and Other Adverse Effects
  - 3.13.1 Describe what E codes classify and how E codes are located.
  - 3.13.2 Identify the E code category whose use is mandatory.
  - 3.13.3 Identify the two categories of E codes whose use is encouraged with caution.