

## **Syllabus**

**Course Number: HIM 350**

**Course Title: Disease Classification Systems**

### **Course Description:**

Introduces the development and use of various disease classification systems and reimbursement regulations. Emphasizes ICD coding and the diagnosis related groups (DRG) systems for inpatient reimbursement. Explores coding management issues. Discusses medications in conjunction with each body system and disease.

### **Prerequisite Courses:**

HIM 310 - Medical Terminology (or equivalent)  
Anatomy and Physiology I and II with labs

### **Course Outcomes:**

Upon completion of this course, learners should be able to:

- Apply appropriate coding principles and to assign diagnostic/procedure codes using ICD-9-CM, ICD-10-CM/CS, CPT and other coding systems.
- Interpret the content of the medical record.
- Abstract information from patient records for research, reimbursement, disease/procedure/physician indices, registries, QA/UM/RM, and other uses.
- Define ICD-9-CM and ICD-10-CM/PCS, CPT coding, and key terms related to coding.
- Demonstrate familiarity with computerized coding systems.
- Validate diagnostic and procedure coding.
- Understand abstracting information from patient records for research, reimbursement, disease/procedure/physician indices, registries, and other uses.
- Discuss reimbursement systems and the future impact on the coding function.
- Identify source documents used for collecting healthcare data.
- Validation of coding accuracy using clinical information found in the health record
- Identification and utilization of coding references used in the assignment and reporting of codes. (i.e. Coding Clinic)
- Interpretation of coding compliance guidelines.
- Identify and utilize coding references used in the assignment and reporting of codes (i.e. Coding Clinic, CMS Communiqués, etc.).

## Course Materials:

### *Required Texts:*

Schraffenberger, L.A. (2017). Basic ICD-10-CM and ICD-10-PCS Coding. AHIMA Press, Chicago, IL Product Code: AC200516m ISBN: 9781584265429

### *Technology Tools:*

AHIMA Virtual Lab

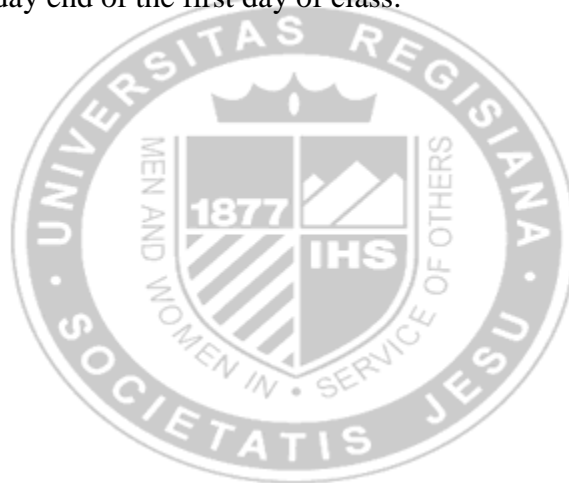
## Pre-Assignment:

**Online Format:** Sign on to D2L (Home Page) and become familiar with the course navigation of the Web Curriculum.

Complete registration and purchase of AHIMA Virtual Lab Access

## Pre-Assignment Due Dates:

**Online Format:** By day end of the first day of class.



## Course Assignments and Activities:

	Topics	Readings	Activities Assignments and Associated Points
1	Introduction to ICD-10	Basic ICD-10-CM/PCS Chapters 1 and 3	<b>Coding Activity 1</b> (25) <b>Discussion:</b> (15) Introductions The Coding Profession
2	ICD-10-PCS & ICD-10-CM A00-D49	Basic ICD-10-CM/PCS Chapters 02, 4 & 5	<b>Coding Activity 2</b> (20) <b>Discussion:</b> (15)
3	ICD-10-CM/PCS D50-G99	Basic ICD-10-CM/PCS Chapters 6-9	<b>Coding Activity 3</b> (25) <b>Discussion:</b> (15)
4	ICD-10-CM/PCS H00-I99	Basic ICD-10-CM/PCS Chapters 10-12	<b>Coding Activity 4</b> (20) <b>Discussion:</b> (15)
5	ICD-10-CM/PCS J00-L99	Basic ICD-10-CM/PCS Chapters 13-15	<b>Coding Activity 5</b> (20) <b>Discussion:</b> (15)
6	ICD-10-CM/PCS M00-P96	Basic ICD-10-CM/PCS Chapters 16-19	<b>Coding Activity 6</b> (25) <b>Discussion:</b> (15)
7	ICD-10-CM/PCS Q00-T88	Basic ICD-10-CM/PCS Chapters 20, 21, 22A & 22B	<b>Coding Activity 7</b> (25) <b>Discussion:</b> (15)
8	ICD-10-CM/PCS V00-Z99 & CPT Coding	Basic ICD-10-CM/PCS Chapters 23-24	<b>Coding Activity 8</b> (20) <b>Discussion:</b> (15) <b>Final Exam</b> (100)
			<b>Maximum Points Possible: 400</b>

## CC&IS Grading Scale

Letter Grade	Percentage	Grade Point
A	93 to 100	4.00
A–	90 to less than 93	3.67
B+	87 to less than 90	3.33
B	83 to less than 87	3.00
B–	80 to less than 83	2.67
C+	77 to less than 80	2.33
C	73 to less than 77	2.00
C–	70 to less than 73	1.67
D+	67 to less than 70	1.33
D	63 to less than 67	1.00
D-	60 to less than 63	.67
F	Less than 60	0

Additional information about grading can be found in the latest edition of the University Catalog, available at <http://www.regis.edu/Academics/Course%20Catalog.aspx>.

### CC&IS Policies and Procedures

Each of the following CC&IS Policies & Procedures is incorporated here by reference. Students are expected to review this information each term, and agree to the policies and procedures as identified here and specified in the latest edition of the University Catalog, available at <http://www.regis.edu/Academics/Course%20Catalog.aspx> or at the link provided.

- The CC&IS Academic Integrity Policy.
- The Student Honor Code and Student Standards of Conduct.
- Incomplete Grade Policy, Pass / No Pass Grades, Grade Reports.
- The Information Privacy policy and FERPA. For more information regarding FERPA, visit the [U.S. Department of Education](http://www.ed.gov).
- The HIPAA policies for protected health information. The complete Regis University HIPAA Privacy & Security policy can be found here: <http://www.regis.edu/About-Regis-University/University-Offices-and-Services/Auxiliary-Business/HIPAA.aspx>.
- The Human Subjects Institutional Review Board (IRB) procedures. More information about the IRB and its processes can be found here: <http://regis.edu/Academics/Academic-Grants/Proposals/Regis-Information/IRB.aspx>.

The CC&IS Policies & Procedures Syllabus Addendum summarizes additional important policies including, Diversity, Equal Access, Disability Services, and Attendance & Participation that apply to every course offered by the College of Computer & Information Sciences at Regis University. A copy of the CC&IS Policies & Procedures Syllabus Addendum can be found here: <https://in2.regis.edu/sites/ccis/policies/Repository/CCIS%20Syllabus%20Addendum.docx>.

## Health Information Management Domains:

This course contains the following domains, subdomains, and learning outcomes recommended in the accreditation guidelines of the Commission on Accreditation for Health Informatics and Information Management Education.

### I. Domain: Health Data Management

- Subdomain I.A: Health Data Data Structure, Content and Standards
  - I.A.1. Manage health data (such as data elements, data sets, and dababases).
  - I.A.2. Ensure that documentation in the health record supports the diagnosis and reflects the patient’s progress, clinical findings and discharge status.
  - I.A.3. Maintain processes, policies, and procedures to ensure the accuracy of coded data.
  - I.A.4. Monitor use of clinical vocabularies and terminologies used in the organization’s health information systems
- Subdomain I.C: Clinical Classification Systems
  - I.C.1. Select electronic applications for clinical classification and coding
  - 1.C.2. Implement and manage applications and processes for clinical classification and coding.
- Subdomain I.D: Reimbursement Methodologies
  - 1.D.1. Manage the use of clinical data required in prospective payment systems (PPS) in healthcare delivery
  - I.D.2. Manage the use of clinical data required in other reimbursement systems in healthcare delivery
  - 1.D.4. Implement and manage processes for compliance and reporting such as the National Correct Coding Initiative

### II. Domain: Health Statistics, Biomedical Research and Quality Management

- Subdomain II.B. Quality Management and Performance Improvement
- II.B.2. Analyze clinical data to identify trends.
- II.B.3. Analyze and present data for healthcare decision-making (such as demonstrating quality, safety and effectiveness of healthcare).

### III. Domain: Health Services Organization and Delivery

- Subdomain III.B. Healthcare Privacy, Confidentiality, Legal and Ethical Issues
  - III.B.6. Apply and promote ethical standards of practice.

### V Domain: Organization and Management

- Subdomain V.B. Financial and Resource Management
  - V.B.4. Manage organization-wide coding and revenue cycle processes