

# Course Competency

## HIM 0280C Physician Coding

### Course Description

This course will examine coding, data quality, and physician services billing. Students learn to read and interpret physician office documentation. Special emphasis is placed on assigning Evaluation and Management (E/M) codes, outpatient diagnostic coding guidelines, Current Procedural Terminology (CPT), Health Care Financing Administration Common Procedure Coding Systems (HCPCS) codes, and local codes, Prerequisite: HIM 0250; Corequisites: HIM 0271, HIM 0271L. Special fee. (60 contact hrs.)

Course Competency	Learning Outcomes
<p><b>Competency 1:</b> The student will demonstrate knowledge of the principles of risk adjustment and accurate diagnosis coding by:</p>	<p>1. Critical thinking</p>
<ol style="list-style-type: none"> <li>1. Explaining how hierarchical condition category (HCC) coding is designed to estimate future health care costs for patients.</li> <li>2. Comparing the U.S. Department of Health and Human Services (HHS) risk adjustment model with the Centers for Medicare and Medicaid Services (CMS) risk adjustment model.</li> <li>3. Applying official ICD-10-CM coding guidelines</li> </ol>	
<p><b>Competency 2:</b> The student will demonstrate knowledge of predictive modeling and its impact on risk adjustment and quality of care by:</p>	<p>1. Critical thinking</p>
<ol style="list-style-type: none"> <li>1. Identifying the type of patients with a high probability of transitioning (either upward to a more expensive group or downward to a less expensive group) through predictive modeling.</li> <li>2. Listing examples of how predictive modeling serves as a cornerstone of modern value-based healthcare.</li> <li>3. Explaining how the use of predictive modeling helps identify people at high risk</li> </ol>	

<p>of unplanned hospitalization and improves patient experiences</p>	
<p><b>Competency 3:</b> The student will demonstrate knowledge of acceptable provider types of medical record requirements and medical record deficiencies by:</p>	<p>1. Critical thinking</p>
<ol style="list-style-type: none"> <li>1. Identifying documentation elements of the medical record and coding guidelines for risk adjustment code review.</li> <li>2. Identifying documentation deficiencies for diagnosis risk adjustment coding.</li> <li>3. Listing the most common conditions in risk adjustment and how to properly code them ICD-10-CM.</li> </ol>	

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