

# Course Competency

## HIM 0817 Professional Practice Experience

### Course Description

This course is an advanced coding/billing professional practice. Students will learn advanced coding and abstracting of actual inpatient and outpatient health records, with an emphasis on compliance and improving accuracy and productivity. Prerequisite: HIM 0228C, HIM 0250C, HIM 0290C. (114 contact hours)

Course Competency	Learning Outcomes
<p><b>Competency 1:</b> The student will demonstrate knowledge of coding to solve unique or complex cases resulting in the assignment and sequencing of diagnosis and procedure codes by:</p>	<p>1. Critical thinking</p>
<ol style="list-style-type: none"> <li>1. Assigning appropriate procedure and diagnosis codes to assigned cases and actual health records.</li> <li>2. Analyzing the documentation in the health record to ensure it supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status.</li> <li>3. Utilizing proper sequencing techniques of ICD-10-CM/PCS to select and code the principal diagnosis and the principal procedure.</li> </ol>	
<p><b>Competency 2:</b> The student will demonstrate knowledge of the essential references and coding assignment support provided by the 3M™ Coding and Reimbursement System (CRS) and computer assisted coding by:</p>	<p>1. Critical thinking</p>
<ol style="list-style-type: none"> <li>1. Utilizing the 3M Coding Clinic for ICD-10-CM/PCS software to assign and sequence correct diagnosis and procedure codes to complex health records.</li> <li>2. Evaluating the health record coding compliance with regulatory requirements and reimbursement methodologies.</li> <li>3. Navigating the computer assisted coding software and utilizing the coding and</li> </ol>	

<p>grouping tools to assign inpatient and outpatient diagnosis and procedure codes to complex health records.</p>	
<p><b>Competency 3:</b> The student will demonstrate knowledge of the American Health Information Management Association Standards of Ethical Coding (AHIMA) by:</p>	<p>1. Critical thinking</p>
<ol style="list-style-type: none"> <li>1. Constructing appropriate queries to physicians for questions concerning documentation.</li> <li>2. Assigning only the codes and data that are clearly and consistently supported by health record documentation in accordance with applicable code set and abstraction conventions, and requirements.</li> <li>3. Using current and/or appropriate resource tools that assist with proper sequencing and reporting to stay in compliance with existing reporting requirements as outlined in the AHIMA Standards of Ethical coding.</li> </ol>	

Updated: FALL TERM 2022