# Course Competency

**HIM 2234L ADVANCED CODING AND REIMBURSEMENT SYSTEMS LABORATORY**

## Course Description

This course is designed to apply and compute Prospective Payment Systems categories. Students will learn to apply health record documentation to identify and validate correct code and payment assignments. Focus is on computation of MS-DRGs, APCs and Case-Mix Index using encoderm, grouper, and electronic billing software for reimbursement. Prerequisites: HIM 2222, HIM 2222L; Corequisite: HIM 2234. (2 hr. lab)

| Course Competency | Learning Outcomes |
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| **Competency 1:** The student will demonstrate knowledge of compiling a case-mix index by: | 1. Numbers / Data |
| 1. Defining DRG and list basic components<br>2. Calculating relative weights<br>3. Computing data totals to derive the case mix index | |
| **Competency 2:** The student will demonstrate competency in applying the Official Guidelines for Coding and Reporting and ICD-10 CM/PCS coding placing emphasis on UHDDS definitions, proper sequencing of principal diagnosis code, and verifying through clinical documentation by: | 1. Information Literacy |
| 1. Adhering clinical vocabularies and recognizing its impact on the coding process<br>2. Researching the Unified Medical Language System as it applies to the health record<br>3. Applying the principles of classification and Uniform Hospital Discharge Data Set (UHDDS) and Uniform Ambulatory Core Data Set (UACDS) definitions as they apply to coding using ICD-10 and CPT/ HCPCS | |

| Competency 3: The student will demonstrate knowledge and apply skills as a health information technician in monitoring coding data quality by: | 1. Computer / Technology Usage |
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| 1. Adhering to compliance standards for external reporting<br>2. Validating code assignments through encoder/grouper software under quality indicators<br>3. Describing the infrastructure databases used in Data Quality Improvement Program and Coding Compliance Plan | |

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