

Course Description

HIM2222L | Basic ICD Coding Lab | 3 credits

This course is designed to apply diagnoses and operations into numerical designations (codes) utilizing the International Classification of Diseases and Procedures. Students will learn correct sequencing, analysis of clinical disease processes, diagnosis and procedural terminology, and application of pharmacology in current coding systems. Encoding software is utilized. Laboratory fee. (6 hr. lab.)

Course Competencies

Competency 1: The student will demonstrate and apply ICD-10-CM/PCS coding conventions, rules, and guidelines for the collection of diseases, injuries, surgeries, and procedures; competency in applying UHDDS rules, the importance of coding using supplementary classifications, and extracting codeable health data from the health record in both inpatient and outpatient coding is addressed integrating laboratory and radiology findings by:

- a. Interpreting key terms for purposes of coding health information
- b. Identifying the use and purpose of ICD-10-CM/PCS coding classification
- c. Tracing device and approach codes in ICD-10 PCS
- d. Choosing steps to obtain and assign ICD-10-CM/PCS codes using Official Coding Guidelines
- e. Identifying characteristics of ICD-10-CM/PCS coding
- f. Investigating and applying coding rules to supplementary codes
- g. Identifying subdivisions of the main classification structure of Volume 1 of ICD-10-CM
- h. Discovering the difference in ICD-10 coding from the Classification of Diseases and Injuries, Supplementary Chapters
- i. Explaining Volume 2 alphabetization rule and indentation pattern of entries
- j. Applying ICD-10-CM/PCS conventions such as instructional notes, abbreviations, cross-reference notes, punctuation marks
- k. Explaining relational expressions used in diagnosing
- l. Determining the purpose of UHDDS in coding
- m. Applying UHDDS definitions to coding statements, case scenarios, and the health record
- n. Applying coding guidelines using UHDDS guidelines
- o. Classifying UHDDS definitions for reporting significant procedures
- p. Adhering to ethical coding and reporting of ICD-10-CM codes
- q. Describing steps in coding diagnoses and procedures
- r. Abstracting health data from the source document
- s. Converting health information into ICD-10-CM/PCS codes
- t. Demonstrating ability to sequence codes as principal, first-listed, and secondary diagnosis/procedure
- u. Indexing entries from the Alphabetic Index of Disease nonspecific abnormal test results or findings
- v. Providing codes to classify symptoms, abnormal findings, and ill-defined and unknown causes of Morbidity and Mortality reported with a medical statement
- w. Locating "Z" codes for contact with health services, explaining health encounters, and factors influencing healthcare
- x. Assigning "Y" codes reporting external causes of injury.

Learning Outcomes

- Communicate effectively using listening, speaking, reading, and writing skills.
- Formulate strategies to locate, evaluate, and apply information.
- Demonstrate knowledge of ethical thinking and its application to issues in society.

Competency 2: The student will demonstrate mastery of basic knowledge of coding specific diseases and disorders referenced under the human body system addressing integrating laboratory and radiology findings by:

- a. Infectious and Parasitic Diseases
- b. Reviewing pathology of common infectious and parasitic diseases
- c. Identifying, selecting, and properly sequencing code(s) for AIDS, AIDS-like, AIDS-related, HIV, HIV-related, and unconfirmed HIV medical statements
- d. Maintaining body site, severity of disease, causative organism, etiology, and signs/symptoms/manifestation of infectious and parasitic disease
- e. Applying coding guidelines to complete coding of tuberculosis
- f. Determining proper code selection of sepsis, severe sepsis, SIRS, and septic shock
- g. Identifying the need to code “Z” code for drug-resistant infections
- h. Matching accurate laboratory and radiological findings to infectious diseases
- i. Assigning ICD-10-CM disease codes to reflect stages of diseases and late effects/sequelae
- j. Selecting appropriate ICD-10 PCS choosing characters for the treatment of Infectious and parasitic diseases
- k. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders
- l. Reviewing basic disease processes of diabetes mellitus and metabolic disorders
- m. n. Distinguishing typical manifestations and complications
- n. o. Applying and assigning code categories, fourth/fifth digit subcategories, and subclassifications using ICD 10-CM/PCS (six/seventh character) coding and UHDDS guidelinesp.
- o. Interpreting medical documentation reflected in documented treatment modalities
- p. Sequencing appropriately encounters codes of diarrhea and dehydration
- q. Comparing insulin dependent to non-insulin dependent and Type 1 to Type II Diabetes
- r. Examining documentation and choose code for the specificity of obesity
- s. Selecting appropriate laboratory tests to confirm endocrine and metabolic diseases
- t. Selecting appropriate ICD-10-CM/PCS procedures for diagnosis and treatment of endocrine disease
- Neoplasms
- u. Defining the five behavior groups of neoplasms classification
- v. Differentiating between the various types of neoplasms (e.g., malignant, neuroendocrine, benign, carcinoma in situ, uncertain, behavior, and unspecified nature
- w. Demonstrating methods for locating and assigning neoplasm codes using ICD alphabetic index and the neoplasm table
- x. Identifying Categories for Stages for Tumor (T), Node (N), and Metastasis (M) 2.17 Stating the purpose and the assignment of morphology codes
- y. Describing and selecting codes to reflect diagnostic statements of “metastatic site”
- aa. Determining the coding sequence of neoplastic disease and therapy directed admission
- bb. Assigning codes for hematopoietic and lymphatic system malignancies
- z. Identifying and assigning ICD-10 CM codes for terms of secondary sites and neoplasm-related pain
- aa. Sequencing neoplasm codes according to rules and Official Guidelines for Coding and Reporting Neoplasm
- ab. Identifying and assignment ICD-10 PCS codes related to neoplastic procedures

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Competency 3: The student will demonstrate basic knowledge of encoder software, coding specific diseases and disorders referenced under the human body system of digestive, nervous, special senses, and mental; both inpatient and outpatient coding is addressed by:

- a. Digestive System Diseases
- b. Digestive System Diseases Labeling basic anatomy and common diseases affecting the digestive system
- c. Understanding the rules for selecting appropriate digestive system disease diagnosis for inpatient and outpatient coding
- d. Reviewing the coding guidelines for approaches (i.e., exploratory laparotomy)
- e. Selecting appropriate code(s) for significant inpatient diagnosis and procedures
- f. Assigning ICD-10-CM diagnostic codes for outpatient coding
- g. Interpreting documentation for coding of ulcers of stomach and small intestine, complications of gastrointestinal –ostomies, adhesions, hernias of abdominal cavity, and various types of code assignment for diarrhea
- h. Interpreting listing of appendicitis
- i. Choosing appropriate adverse effect and T-code medications
- j. Assigning ICD-10 codes and characters for endoscopic procedures and repairing hernias
- k. Nervous System and Sense Organs
- l. Reviewing the anatomy and physiology of the nervous system & sense organ and common pathological diseases
- m. Explaining coding rational for sequencing of dual coding of inflammatory or degenerative disorders/diseases
- n. Examining and code correctly specific types of cerebrovascular accident by interpreting medical documentation
- o. Selecting ICD-10CM codes for epilepsy
- p. Identifying and know the anatomy and function of the sense organs
- q. Selecting codes according to documentation in medical record for blindness, cataract glaucoma, deafness, otitis, etc. Mental Disorders
- r. Naming and describing common mental disorders
- s. Describing the role of DSM-V in mental disorders coding
- t. Identifying and properly coding types of behavioral disturbances in dementia (aggressive, violent, wandering off, or combative)
- u. Identifying code categories that require appropriate characters.
- v. Selecting principal diagnosis code according to Coding Clinic guidelines based on circumstances of abuse/dependency admission.
- w. Reviewing documentation pattern of substance use in medical records to determine fifth digits for abuse or dependency disorders.
- x. Selecting procedural ICD-10-CM code rehab/detox and/or alcohol/drug therapy.
- y. Comparing manually coded diagnoses and procedures to automated coding systems using the Encoder and Grouper software

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Competency 4: The student will demonstrate coding referencing diseases and disorders of the circulatory, blood-forming, and respiratory systems in the human body system, comparing manual and automated coding by:

- a. Reviewing Circulatory System, Blood, and Blood-Forming Organs
- b. Reviewing the anatomy, function, and common pathological disorders of the circulatory system, blood, and blood-forming organs
- c. Determining through documentation whether rheumatic fever is acute or quiescent
- d. Selecting appropriate site and occurrence of myocardial infarction
- e. Listing and explaining the Official Coding guidelines for coding heart failure
- f. Sequencing ICD-10-CM codes according to coding rules for circumstances related to cerebrovascular disorders, ischemia, hypertension manifestations
- g. Stating the importance of the hypertension table listed in Disease of circulatory system
- h. Discussing impact of comorbidities, complications, operative, and non-operative procedures have on code assignment and reimbursement
- i. Explaining distinction between conditions diagnosed “with” another condition in contrast to a condition diagnosed “due to” another condition
- j. Describing and applying coding rules for reporting cardiac catheterization, angioplasty, and coronary bypass surgery
- k. Applying knowledge of coding principles by assigning accurate and precise codes to report diagnoses and procedures Respiratory System Diseases
 - l. Reviewing the respiratory system anatomy and discuss common pathological diseases
- m. Distinguishing between simple and complex pneumonias
- n. Examining health record documentation for proper coding of specific or unspecific pneumonia
- o. Assigning proper coding for Chronic Obstructive Respiratory Diseases (COPD, Asthma, etc.)
- p. Matching coding guidelines for designating the principal or secondary diagnosis coding of respiratory failure
- q. Verifying and assigning ICD-10-CM/PCS procedure codes for respiratory biopsies, tracheostomies, ventilation assistances, and sinus procedures.

Learning Outcomes

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Competency 5: The student will demonstrate basic knowledge of coding specific diseases and disorders referenced under the human body system by:

- a. Genitourinary System Diseases
- b. Identifying and discussing genitourinary (gu) anatomy and common diseases processes
- c. Assigning codes for diseases and gu manifestations
- d. Selecting ICD-10-CM/PCS procedure codes for various types of renal dialysis, shunts, and catheters
- e. Identifying codes describing the numerous approaches used for prostatectomies
- f. Locating diagnosis and procedure codes for male & female disorders
- g. Explaining rationale of selecting complication or “Z” codes as principal diagnosis with breast implant(s) status
- h. Naming various types of mastectomies and structures removed
- i. Collect, analyze, and generate reports on coding to make an organizational decision

- j. Complications of Pregnancy, Childbirth, and the Puerperium
- k. Discussing the gestational period and associated abbreviations (LMP, ECC)
- l. Applying coding rules to ectopic, molar pregnancy, abortive outcomes and complications
- m. Describing the characters subclassification with regard to coding and reporting antepartum, labor & delivery, and postpartum conditions
- n. Reciting the phases of birth and outcome (Z-code) of delivery
- o. Discussing and code comorbidities, complications associated with the gestational and puerperium period
- p. Recognizing common malposition's of fetus
- q. Listing various birthing methods
- r. Describing impact of proper sequencing of obstetrical diagnoses and procedural coding
- s. Conditions in the Perinatal Period and Congenital Anomalies
- t. Defining term of newborn, infant, neonate, well-baby, and congenital anomaly
- u. Explaining purpose of Apgar score
- v. Recognizing proper usage of appropriate characters in occurrence of birth
- w. Determining mother's health forms found in infant record
- x. Applying codes of maternal causes of perinatal morbidity and mortality
- y. Assigning code for prematurity, low birth weight, and post maturity
- z. Determining proper usage of "Z" codes for infant routine vaccination, encounters, observation, evaluation, and classification of birth
- aa. Describing coding rule associated with HIV positive newborns, Septicemia, and SIRS Learning Outcomes:

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2. Formulate strategies to locate, evaluate, and apply information.
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Competency 6: The student will demonstrate intermediate use of encoder software in coding specific diseases and disorders of the skin, musculoskeletal, injuries, poisoning, adverse effects, and complications; focus compliance on outpatient setting by:

- a. Skin and Subcutaneous Tissue Diseases
- b. Identifying and recall the layers and function of the integumentary system
- c. Assigning codes for adverse reaction or poisoning affecting the skin and subcutaneous tissue
- d. Explaining various forms of skin ulcerations and associated complications
- e. Locating ICD-10-CM code for abscess/cellulitis
- f. Assigning correct procedure code by interpreting documentation for debridement
- g. Coding most common types of skin lesions and match levels of excision or destruction procedures
- h. Stating coding guidelines for biopsy and excision of tissue
- i. Selecting 10-PCS procedural codes for skin repairs and grafts
- j. Listing skin conditions medically necessary for hospital admissions
- k. Musculoskeletal System and Connective Tissue Diseases
- l. Reviewing the anatomy, physiology, and common pathological diseases of the musculoskeletal system
- m. Identifying and dual code common manifestations of arthritis
- n. Applying code categories to joint derangement (current or recurrent)
- o. Recognizing and select code for fractures (stress, pathological, traumatic, compression, late effect)
- p. Explaining the three basic approaches of spinal fusion or re-fusion

- q. Reviewing medical reports to determine level of hip-replacement Injury, Poisoning, and Adverse Effects
- r. Defining injury, poisoning, other effects of external causes, complication of trauma and medical/surgical care and late effects
- s. Justifying usage of abuse coding through documentation verification
- t. Distinguishing documentation of coding fracture, dislocation (open vs closed) and procedures related to diagnose and treat fractures
- u. Describing and properly assigning appropriate subclassification codes and encounter character for fractures and injuries
- v. Determining other fractures (pathological, compression, birth injuries)
- w. Identifying “rules of nine” for estimating total body surface area burns
- x. Differentiating between first-, second-, and third-degree burns
- y. Investigating depth of burn through documentation and sequence codes for burns
- z. Stating rules of coding for posttraumatic wound infection
- aa. Applying coding guidelines to pre-existing conditions and/or additional diagnoses
- bb. Assigning “Y” codes for activities leading to injuries and place of occurrence
- cc. Classifying poisoning from adverse effects by using decision tree to choose appropriate principal and secondary diagnoses
- dd. Assigning appropriate “T” code from the Table of Drugs and Chemicals
- ee. Applying sequelae coding guidelines
- ff. Distinguishing between excisional and non-excisional debridement Complications
- gg. Defining complications, time frame, sequela rules in ICD-10 classifications
- hh. Differentiating between residual condition and complication
- ii. Distinguishing the complication categories of between mechanical, infection, or specified types
- jj. Understanding coding rule of external cause X and Y codes with use of complication code Outpatient
- kk. Examining the differences in outpatient diagnosis coding and inpatient coding as it pertains to Official Coding Guidelines of Coding and Reporting
- ll. Assigning supplemental Z-codes for unconfirmed diagnosis in the outpatient setting.

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