COURSE NO. AND TITLE:

HCM 468-3 Health Care Coding Procedures II

COURSE DESCRIPTION:

Advanced course in medical coding and auditing. This course examines coding audits associated with regulatory bodies such as OIG, DOJ, CMS, and RAC. Students will learn to extract specific clinical data and utilize it for quality improvement initiatives, data analytics, patient marketing, reporting mechanisms, audits, and managerial decision making. Emphasis is placed on calculating and reporting healthcare outcomes and the legalities/ethical challenges of accurate medical coding for HER, physician practices, hospitals, hospice, and other organizations that provide health care services. Not for graduate credit.

PREREQUISITES TO: HCM 368 with a grade of C or better.


COURSE OBJECTIVES:

Upon completion of this course, the student will be able to:

- Identify regulatory bodies and auditing processes.
- Design mechanisms to both avoid and prepare for audits.
- Audit medical records for completeness and appropriate levels of documentation.
- Understand the value and how to conduct internal auditing programs.
- Identify key areas where healthcare audits occur.
- Understand how auditing is for performance improvement, collecting clinical information for decision making purposes, and compliance.
- Work successfully with physicians and other care givers to assure compliance.
- Identify, resolve, and educate coding errors, challenges, and areas for improvement.
- Work with care givers to articulate and document medical necessity.
- Articulation the impact of MU, HER, PQRS, and other related mechanisms.

COURSE DELIVERABLES (may vary based on instructor): Article Summaries, Auditing Project, Exams, Quizzes, Assignments, Exercises.
GRADING SCALE (may vary based on instructor): A= 1000-900; B=899-800; C=799-700; D=699-600; F=599 and below

LEARNING/ASSESSMENT METHOD(S): Pre-Post Test, Final Grade Allocation, Successful Completion of Auditing Project

TOPICAL OUTLINE:

<table>
<thead>
<tr>
<th>Topics</th>
<th>Percentages</th>
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<tbody>
<tr>
<td>I. The Medical Record</td>
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<tr>
<td>II. Red Flags and Compliance Issues</td>
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<td>III. Surviving the Inevitable Audit and Identifying Major Players</td>
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<td>IV. Audit Processes and Outcomes</td>
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<td>V. Auditing for Performance Improvement in Clinical Environments</td>
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<td>VI. Using Medical Coding Mechanisms to Improve Operations and Patient Care Outcomes</td>
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<td>VII. Decision Making that is Data Driven</td>
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