CERTIFICATE C: Healthcare Coding Certificate (Prepares for CPC & CCA Examinations)

Course Title	Credits	Notes
Core	13-18	
Recommended Course Name: International Classification of Disease (ICD) Coding (ICD 10)	3-4	See Statewide Healthcare Coding Competencies
Recommended Course Name: Introduction to Health Information	3	See Statewide Healthcare Coding Competencies
Recommended Course Name: Reimbursement Methodologies (Physician)	3-4	See Statewide Healthcare Coding Competencies
Recommended Course Name: Healthcare Coding Practicum	2-3	See Statewide Healthcare Coding Competencies
Recommended Course Name: Current Procedural Terminology (CPT) Coding	2-3	See Statewide Healthcare Coding Competencies
Recommended Course Name: ICD 10 Procedural Coding System	3	Competencies to be available soon
Information Technology/Computer	3	*Existing college offering*
Total Healthcare Coding Credits from Competencies	19-23	
Institutional Specific electives (may include Pharmacology)	0-12 credits	
Total Credits	**up to 53**	

Healthcare Coding Competencies for Courses

Aligned Competencies

	CPT

1. Explain the use of the CPT manual.
2. Explain the use of the HCPCS Manual.
3. Apply CPT symbols and section guidelines.
4. Assign Body and Ancillary Systems Coding
5. Assign evaluation and management codes.
6. Explain global procedures and bundled coding
7. Assign CPT/HCPCS modifiers
8. Assign HCPCS codes
9. Identify current issues regarding medical coding rules and regulations
10. Link CPT code to the appropriate ICD diagnosis code

	INTRODUCTION TO HEALTH INFORMATION

1. Summarize the history and evolution of health information profession
2. Defend the purpose, uses and functions of the health record
3. Assemble the content and structure of the health record in various settings

4.   Analyze the content for completeness of the health record in various settings
5.   Explore the concept and evolution of the electronic health record (EHR)
6.   Compare and contrast the purposes and importance of current healthcare data sets
7.   Distinguish among the typical functions performed by the Health Information Management Department
8.   Contrast healthcare delivery systems and services and the factors that influence their development
9.   Analyze the major types of information system applications
10.   Evaluate compliance to the standards for health record documentation
11.   Follow the standards of ethical practice
12.   Describe secondary data sources available in healthcare
13.   Assist in preparing the organization for accrediting, licensing or certification surveys

INTERNATIONAL CLASSIFICATION OF DISEASE (ICD) CODING

1.   Differentiate the structure and use of the volumes in ICD
2.   Apply correct coding conventions in ICD
3.   Assign diagnosis codes according to current guidelines
4.   Sequence diagnosis codes according to current guidelines
5.   Assign procedure codes according to current guidelines
6.   Sequence procedure codes according to current guidelines
7.   Consult reference materials to facilitate code assignment
8.   Apply the ICD Official Guidelines for Coding and Reporting
9.   Identify discrepancies between coded data and supporting documentation
10.   Follow the standards of ethical coding

REIMBURSEMENT METHODOLOGIES

1.   Analyze significant health record data for accurate reimbursement
2.   Apply coding and payment methodologies utilized for reimbursement
3.   Analyze third-party reimbursement for healthcare services
4.   Explain the significance of the health record in the revenue cycle
5.   Query physicians to ensure accurate reimbursement
6.   Identify the importance of coding quality in compliance
7.   Distinguish among the various auditing methods
8.   Examine legal and ethical dilemmas in the reimbursement process
9.   Utilize resources to stay current with changing reimbursement practices

PRACTICUM

1.   Analyze inpatient and outpatient health records to determine significant patient diagnoses and procedures
2.   Assign diagnosis and procedure codes to inpatient and outpatient records
3.   Verify diagnosis and procedure codes to inpatient and outpatient records
4.   Sequence diagnosis and procedure codes to inpatient and outpatient records
5.   Validate inpatient and outpatient data for appropriate reimbursement
6.   Interact with other ancillary services, healthcare professionals, and customers
7.   Demonstrate professional behaviors
8.   Adhere to legal and ethical practices
9.   Use electronic applications to support clinical classification and coding