

**Northwest Arkansas Community College**  
Division of Health Professions  
Health Information Management

**Discipline Code**

HIM

**Course Number**

2243

**Course Title**

ICD 10 CM/PCS

**Catalog Description**

International Classification of Diseases (ICD) code assignment. Use of appropriate coding guidelines and federal, state, and local compliance standards for diagnoses and procedures. Application of diagnostic and procedural codes for inpatient, outpatient, and ambulatory settings. Introduction of references and software to assist in code assignment.

**Prerequisites**

Acceptance into the HIM Program and Prerequisites: BIOL 2214 Prerequisites or Corequisite: BIOL 2224 HIM 1213 HIM 1403

**Credit Hours**

3 credit hours

**Contact hours**

30 lecture 30 lab

**Load hours**

5 load hours

**Semesters Offered**

Spring

**ACTS Equivalent**

None

**Grade Mode**

A-F (HIM Program Grading Scale)

## Learning Outcomes

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

1. Conduct analysis to ensure that documentation in the health record supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status
2. Apply diagnosis/in-patient procedure codes according to current nomenclature
3. Ensure accuracy of diagnostic/procedural groupings such as DRG, MSDRG, APC and so on to current regulations and established guidelines in code assignment
4. Validate coding accuracy using clinical information found in the health record
5. Describe the applications and processes to support other clinical classification systems
6. Resolve discrepancies between coded data and supporting documentation
7. Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems in healthcare delivery
8. Apply policies and procedures to comply with the changing regulations among various payment systems for healthcare services such as Medicare, Medicaid, managed care and so forth.
9. Support accurate billing through coding, chargemaster, claims management, and bill reconciliation processes.
10. Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative
11. Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements such as outpatient prospective payment systems.
12. Ensure accuracy of diagnostic/procedural groupings such as DRG, APC, and so on.

## General Education Outcomes Supported

- Students develop higher order thinking skills.
- Students can write clear, coherent, well-organized documents, substantially free of errors.
- Students can use computers proficiently.
- Students demonstrate information literacy.

## Standard Practices

### HIM Grading Scale:

A=93-100

B=85-92

C=77-84

D=69-76

F=< 69