

MCOD218C : Advanced Hospital Coding

Provides more complex cases using medical record reports. Students must read and interpret data utilizing prior learned skills. The 3M computerized encoding and grouping system will be employed to provide experience in utilizing technology to select codes and to calculate DRG payments for prospective payment systems. The student will expand on and apply the principles of reimbursement and coding derived from Introduction to Hospital Diagnosis Coding and Introduction to Hospital Procedure Coding at an advanced level. The student will use the AHA Official Inpatient Coding Guidelines to accurately identify and sequence the principal diagnosis and procedure. Coding discussions will include determining which diagnoses or procedures should be included as secondary.

Credits 3

Lab/Practicum/Clinical Hours 0

Lecture Hours 3

Prerequisites

Students are required to pass prerequisite courses with a grade of C or higher. Exceptions apply; please consult your department chair.

MCOD119C

Learning Outcomes

- Apply International Classification of Diseases Clinical Modification and Procedure Coding System concepts to inpatient cases.
- Evaluate diagnosis-related groups and relate them to hospital reimbursement.
- Differentiate between principal and secondary diagnoses and procedures in the inpatient setting.
- Calculate case mix indexes and explain how they are used by hospital administration in determining resource allocation and statistically predicting outcomes.
- Describe the present on admission indicators and their impact on diagnosis related groups calculation.