GREAT FALLS COLLEGE

MONTANA STATE UNIVERSITY

HEALTH INFORMATION CODING SPECIALIST PROGRAM

STUDENT HANDBOOK

Revised August 2022

WELCOME!

Welcome to the Great Falls College Montana State University Health Information Coding Specialist program (HICS).

Your course work and clinical experience in health care facilities will become your immediate preparation for your professional career. In the courses you are now about to undertake, you will be concentrating your skills and efforts on the health care field by learning to maintain, organize and produce health care information. This information is of extreme importance to the various health care professionals, the patient, and the management of the health care facility.

This handbook has been prepared to better acquaint you with the HICS program and various program requirements. A good deal of work and dedication will be accomplished through your enrollment in this program. This program has been designed to assist you in dealing with the challenges you will face in your professional career.

Best of luck to each of you in your endeavors as a Health Information Coding Specialist student and in your future career!

STATEMENT OF PHILOSOPHY:

"Learning is a treasure that will follow its owner everywhere."
-- *Chinese Proverb*

Our focus is on the development of critical thinking skills, personal growth, and awareness of global issues essential for lifelong learning in the field of Health Information Technology. Learning occurs both in and out of the classroom, with students and faculty who are challenged to question, analyze and problem solve.

PROGRAM ACCREDITATION:

The Health Information Coding Specialist program is approved by AHIMA (American Health Information Management Association).

DESCRIPTION OF PROFESSION:

Certified Coding Associates, (CCAs), are professionals skilled in classifying medical data from patient records. These coding practitioners review patients' records and assign alphanumeric codes for each diagnosis and procedure. To perform this task, they must possess expertise in the ICD coding system and the CPT coding system. In addition, the CCA is knowledgeable of anatomy & physiology, medical terminology, disease processes, and pharmacology.

Hospitals and medical providers report coded data to insurance companies or the government, in the case of Medicare and Medicaid recipients, for reimbursement of their expenses. Researchers and public health officials also use coded medical data to monitor patterns and explore new interventions. Coding accuracy is thus highly important to healthcare organizations because of its impact on revenues and describing health outcomes. Accordingly, the CCA credential demonstrates tested data quality and integrity skills in a coding practitioner.

GOALS AND OBJECTIVES:

The primary goal of the Health Information Coding Specialty Program at Great Falls College Montana State University is to establish and maintain an educational program that is AHIMA approved and of the highest quality.

HICS Program Goals

- Use computer applications and software in maintaining health information in health records.

- Research and rely on knowledge in medical terminology, anatomy and physiology, pharmacology, and disease processes.
- Identify and apply accurate diagnostic and procedural codes for reimbursement.
- Exhibit professional communication skills in oral, written, and electronic formats.
- Maintain confidentiality of health information, while developing a commitment to adhering to the standards of professional integrity, honesty and fairness.
- Interact professionally in the healthcare environment with healthcare providers, patients/clients and the public, while understanding diversity among cultures and societies.
- Apply knowledge of health information technology to solve problems, while utilizing critical thinking skills.

It is the intent of Great Falls College Montana State University to graduate students who have developed the professional and personal attitude and skills necessary to begin their careers as Health Information Coding Specialists and successfully pass the national examination for CCA.

To achieve this goal, an appropriate curriculum has been developed for the HICS Program, which enables the student to demonstrate the Domains, Tasks, and Subtasks for the Certified Coding Associate (see Appendix).

ADMISSION TO THE HEALTH INFORMATION CODING SPECIALIST PROGRAM:

Admission to the Program follows the accepted practices of Great Falls College Montana State University as stated in the Great Falls College Montana State University catalog.

The following requirements must be met before declaring Health Information Coding Specialty as a major:

- Official college transcripts including transfer credits and waivers must be on file in the Great Falls College Montana State University Registrar's Office. High school diploma or GED score is required as well as proof of 2 MMR (measles, Mumps, and Rubella) shots. Placement scores must be on file in the Great Falls College Montana State University Registrar's Office prior to acceptance into the Health Information Coding Specialty program.

Equal Opportunity Policy

Great Falls College Montana State University is committed to the provision of equal opportunity for education, employment, and participation in all College programs and activities without regard to race, color, religion, national origin, creed, service in the uniformed services (as defined in state and federal law), veteran status, gender, age, political ideas, marital or family status, physical or mental disability, genetic information, gender identity, gender expression or sexual orientation.

The College's Equal Opportunity Officers are the Executive Director of Human Resources and the Associate Dean of Student Services, 2100 16th Ave South, Great Falls, MT 59405. Telephone: (406) 771-4300.

Health Insurance Requirement:

Program students are strongly advised to carry their own medical health insurance. Students will be financially responsible for their healthcare in they become ill or injured.

All Great Falls College Montana State University students enrolled for 6 or more credits are required to have health insurance. For students without coverage, Great Falls College Montana State University offers a program developed especially for students by Blue Cross & Blue Shield of Montana. See http://www.gfcmsu.edu/students/HealthInsurance/index.html for more information about the plan. **This insurance coverage is subject to change for 2014-2015.*

Please contact Student Central for more information about enrolling in the plan through registration.

Student Central
Great Falls College MSU
Phone: 406-771-4414

CURRICULUM:

A certificate in Health Information Coding Specialty is granted by the College after completion of all the course requirements in the one-year program.

The HICS program is completed online through the use of Desire2Learn, (D2L). It is strongly recommended that students have a good grasp of how to use a computer and the ability to access the Internet.

A minimum grade of "C-" or higher must be earned in coursework to advance in the program and to graduate. Students must complete several prerequisite courses prior to completing some program courses.

This program includes a Professional Practice Experience component for successful

completion. In order to enroll for the Professional Practice course the student must have successfully completed all required prerequisites and/or corequisites for the Professional Practice Experience with an overall average grade point average of at least 2.0.

GRADING SCALE:

The official grading scale for the all Health Information Coding Specialty courses is:

Grading Scale
A---------- 92 – 100%
B---------- 84 – 91%
C---------- 76 − 83%
D---------- 68 − 75%
F---------- 67% and below

ATTENDANCE:

Students are expected to attend all class sessions for which they are registered, except in the case of illness or emergency. Students have the responsibility to notify the instructor of illness or emergency situations so adequate measures can be taken to ensure successful completion of the classes. Instructors have the responsibility of recording and submitting written records of absences from the discussion or dropbox. These records are frequently requested by employers and by agencies that provide financial support.

COMMUNICATION SKILLS:

Effective oral and writing skills are important to the Health Information Coding Specialist. Grades will be based on mechanics as well as content. Grammar, spelling, organization and punctuation will be evaluated on all documents. Course syllabi will list specifics on the point deductions for these types of errors.

TEXTBOOKS AND COURSE MATERIALS:

Course syllabi will list the textbooks required for each HICS course. Exams, quizzes, assignments, and discussions will be given to evaluate student learning. Health information is a professional field; therefore, **consideration should be given to retaining all textbooks and course materials** for use in other classes, for review for the national examination, and for practice in the professional field.

GRADE POINT AVERAGE REQUIREMENT:

An overall 2.0 grade point average must be maintained in all course work leading to graduation with the HICS certificate. It is also required for advancing in the program, students must achieve a "C-" or above for successful completion of each course.

ACADEMIC INTEGRITY/PLAGIARISM:

Academic integrity is expected of all students. Academic integrity means representing oneself and one's work honestly. Academic Misconduct includes cheating, plagiarism, forgery, falsification, facilitation or aiding academic dishonesty; multiple submission, theft of instructional materials or tests; unauthorized access to, manipulation of or tampering with laboratory equipment, experiments, or computer programs without proper authorization; alteration of grades or files; misuse of research data in reporting results; use of personal relationships to gain grades or favors, or otherwise attempting to obtain grades or credit through fraudulent means. Academic misconduct includes, but is not limited to the following:

A. *Cheating*

Giving, using or attempting to use unauthorized materials, information, notes, study aids or other devices in any academic exercise including unauthorized communication of information. Examples of cheating include copying from another student's paper or receiving unauthorized assistance during a quiz, test or examination; using books, notes or other devices such as calculators, unless authorized; acquiring without authorization copies of tests or examinations before the scheduled exercise; or copying reports, laboratory work or computer programs or files from other students.

B. *Falsification / fabrication*

The invention or unauthorized alteration of any information or citation in an academic exercise. Examples of fabrication include inventing or counterfeiting data or research procedures to give the appearance of results being achieved from procedures that were not undertaken. Examples of falsification include the false citation of a source of information; altering the record of, or reporting false information about practicum or clinical experiences; altering grade reports or other academic records; submitting a false excuse for absence or tardiness; or altering a returned examination paper and seeking a better grade.

C. *Tampering*

Interfering with, altering or attempting to alter university records, grades, assignments, laboratory experiments or other documents without authorization.

Examples of tampering include using a computer or false-written document to change or affect the grade recorded for a student; forging the signature of a university official on a drop/add sheet or other official university record; erasing or altering records or information of a student; unauthorized access to a university record by computer or unauthorized entry into an office or file; or obtaining information from the university without proper authorization.

D. *Plagiarism*

This is presenting the work of another as one's own without proper acknowledgment. Examples of plagiarism include submitting as one's own work the work of another student, ghost writer or commercial writing service; directly quoting from a source without acknowledgment; paraphrasing or summarizing another's work without acknowledging the source; or using facts, figures, graphs, charts or information without acknowledging the source. Plagiarism may occur orally or in writing and may involve computer programs and files, research designs, distinctive figures of speech, ideas and images or any other information that belongs to another person and is not acknowledged as such. Inadvertent or unintentional misuse or appropriation of another's work (such as relying heavily on source material that is not expressly acknowledged) is still considered plagiarism.

E. *Facilitating academic misconduct*

Giving assistance or attempting to assist another in the commitment of academic misconduct.

F. *Multiple Submission*

Submitting the same paper or oral report for credit in two courses without the instructor's permission; making minor revisions in a paper or report for which credit has already been received and submitting it again as a new piece of work.

G. *Other Academic Misconduct*

Other examples of academic misconduct include allowing another student to copy from one's paper during an examination or test; distributing test questions or substantive information about the material to be covered on a test before the

scheduled exercise; collaborating on work with the knowledge that the collaboration is not authorized or will not be reported; or taking an examination or test for another student or signing a false name on an academic exercise.

Academic misconduct will result in a "0" for the work involved. Repeated or recurrent offenses may result in dismissal from the HICS Program or possible probation, suspension or expulsion from the College.

CONFIDENTIALITY:

All information gained in the HICS Program relating to patients, physicians, or private hospital business is considered confidential information. Disclosure of any confidential information is cause for immediate dismissal from the program and College. Acceptance into the Health Information Coding Specialist program is contingent upon completing the Confidentiality statement. See Appendix for Confidentiality statement**.

****Please note:** A copy of the Confidentiality statement as well as a statement of receipt of this handbook and a short questionnaire on the contents of this handbook will be available in the course shell for all students to sign and upload for grading purposes.

PROFESSIONAL CONDUCT:

Health Information Coding Specialty students at Great Falls College Montana State University, are expected to adhere to the College's Student Code of Conduct (see college catalog); follow the American Health Information Management Association's Code of Ethics (see Appendix); and act in a professional manner at all times. While working or observing in any health care facility, students will respect the confidentiality of any information they might acquire. If a student should participate in any unethical, unprofessional or disruptive behavior, the student will be removed from the internship site and may be dismissed from the program and/or the College.

PROFESSIONAL PRACTICE EXPERIENCE:

The Health Information Coding Specialist program utilizes a virtual practicum.

NATIONAL EXAMINATION (CCA coding certificate):

The national examination for Certified Coding Associate is administered by a professional examination service for the American Health Information Management Association (AHIMA). This exam is offered electronically throughout the year.

Successful completion of this examination permits the individual to use the initials "CCA" or "Certified Coding Associate." Additional information on how to apply and prepare for this exam are located here: http://www.ahima.org/certification/CCA

AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION ACTIVITIES:

Health Information Coding students are eligible for student membership in the American Health Information Management Association (AHIMA). Applications for membership are available at http://www.ahima.org/membership. Membership carries an automatic subscription to the Journal of the AHIMA. It is strongly encouraged that students take advantage of student membership since the resources and networking opportunities available to you through your membership dues is highly advantageous to your future career.

APPENDIX

PCAP Model Coding Curriculum Checklist

Model Coding Curriculum Checklist

Coding Certificate Programs have five domains of learning: Life Sciences Content, Clinical Coding Content, Reimbursement Content, Health Information & Delivery Systems Content, and Legal & Compliance Content. There are 7 sub-domains, with numerous knowledge clusters in each (class topics). In addition to Domains of Learning, there are Job Competencies which make up the expected body of knowledge for a beginning coder with a CCA credential.

Check off in which courses the KCs & Competencies are covered, coverage in multiple courses is common and expected.

Course Numbers Listed Here:	CAPP 131	AHMS 144	BIOH 112	AHMS 201	HTH 180	AHMS 164	AHMS 213	AHMS 160	AHMS 212	AHMS 157	AHMS 108	AHMS 158	AHMS 285
Domain: Life Sciences Content													
Anatomy and Physiology													
Study of the structure and function of the human body – full body systems			X										
Emphasis on anatomical orientation			X										
Anatomical online lookup (Adam, etc.)			X										
Anatomical plate work			X										
Medical Terminology													
Spell, define, and pronounce (through supplemental CD tools), medical terms as well as understanding the concepts of root/suffix/prefix word builds.		X											
Common medical terms of major disease processes, diagnostic procedures, laboratory tests, abbreviations, drugs, and treatment modalities.		X											
Pathopharmacology													

Course Numbers Listed Here:	CAPP 131	AHMS 144	BIOH 112	AHMS 201	HTH 180	AHMS 164	AHMS 213	AHMS 160	AHMS 212	AHMS 157	AHMS 108	AHMS 158	AHMS 285
Pathophysiology:													
Specific disease processes				X									
By human body system				X									
For each disease, identify: Cause, diagnosis, and treatment				X									
Study of disease causes				X									
Pharmacology													
Study of drug action - absorption, distribution, metabolism, excretion					X								
Drug classifications				X	X								
Most commonly prescribed drugs					X								
What is a formulary					X								
Matching drugs to common conditions				X	X								
Matching drugs to lab findings					X								
Domain: Clinical Coding Content													
ICD Coding Part 1													
Hands on encoder use						X							
Automated code book software systems						X							
Natural Language processing coding systems						X							
Principles and application of coding systems (International Classification of Diseases ICD-9-CM and ICD-10-CM)						X	X						
Diagnostic groupings						X	X						

Course Numbers Listed Here:	CAPP 131	AHMS 144	BIOH 112	AHMS 201	HTH 180	AHMS 164	AHMS 213	AHMS 160	AHMS 212	AHMS 157	AHMS 108	AHMS 158	AHMS 285
Classifications, taxonomies, nomenclatures, terminologies, and clinical vocabularies such as SNOMED-CT						X	X						
Review/discuss other diagnosis coding systems or code sets including: DSM-IV, ICD-O						X	X						
Use of official coding guidelines and reporting requirements						X	X						
CPT Coding Part 1													
Principles and application of coding systems (ICD-9-CM Volume III and ICD-10-PCS, CPT 4, HCPCS								X	X				
Procedural groupings (APC, RUGs)								X	X				
Review/discuss other procedure coding systems								X	X				
ICD Coding Part 2													
Case mix analysis							X		X	X			X
Severity of illness systems							X		X	X			X
Coding compliance strategies, auditing, and reporting (such as CCI, plans)							X		X				X
Coding quality monitors reporting							X		X				X
Case studies using more complex code assignments with ICD-9-CM and ICD-10-CM. Includes PPS application examples for ICD coding (DRG, RUGS, HHRG, etc.)							X						X
Compare and contrast ICD-9-CM and ICD-10-CM code assignments and conventions						X	X						

Course Numbers Listed Here:	CAPP 131	AHMS 144	BIOH 112	AHMS 201	HTH 180	AHMS 164	AHMS 213	AHMS 160	AHMS 212	AHMS 157	AHMS 108	AHMS 158	AHMS 285
Introduction to Systematized Nomenclature of Medicine (SNOMED) – Includes a brief overview of its role in the healthcare delivery system as the basis for an electronic health record – outline its relationship to the administrative code sets currently used for billing and statistical reporting						X	X	X	X				
Authentic coding							X		X				X
CPT Coding Part 2													
Principles and application of coding systems (ICD-9-CM Volume III and ICD-10-PCS, CPT 4, HCPCS)								X	X				X
Procedural groupings (APC, RUGS)								X	X				
RBRVS, APCs, ASC examples used including professional fee billing examples in coding (Evaluation and Management services, surgical services, etc.)								X	X				X
Case studies and more complex code assignments using CPT and HCPCS Level II codes									X				X
Domain: Reimbursement Content													
Commercial, managed care, and federal insurance plans										X	X		
Compliance strategies and reporting										X	X		
Payment methodologies and systems (such as capitation, prospective payment systems, RBRVS)										X			
Billing processes and procedures (such as claims, EOB, ABN, electronic data interchange)										X			
Chargemaster maintenance										X			

Course Numbers Listed Here:	CAPP 131	AHMS 144	BIOH 112	AHMS 201	HTH 180	AHMS 164	AHMS 213	AHMS 160	AHMS 212	AHMS 157	AHMS 108	AHMS 158	AHMS 285
Regulatory guidelines										X			
Reimbursement monitoring and reporting										X			
Domain: Health Information & Delivery Systems Content													
Structure and use of health information											X		
Health record data collection tools											X		
Data sources											X		
Healthcare data sets											X		
Health record documentation											X		
Data quality and integrity											X		
Healthcare organizations structure and operation											X		
External standards, regulations, and initiatives												X	
Healthcare providers and disciplines											X		
Computer concepts											X		
Communication and internet technologies											X		
Health information systems											X		
Health information specialty systems (coding)											X		
Document archival, retrieval, and imaging systems											X		
Data retrieval and maintenance											X		
Data security concepts											X	X	

Course Numbers Listed Here:	CAPP 131	AHMS 144	BIOH 112	AHMS 201	HTH 180	AHMS 164	AHMS 213	AHMS 160	AHMS 212	AHMS 157	AHMS 108	AHMS 158	AHMS 285
Data integrity and security processes and monitoring											X	X	
Domain: Legal and Compliance Content													
Legislative and regulatory												X	
Health information/record laws and regulations (such as retention, patient rights/advocacy, advanced directives, privacy)												X	
Confidentiality, privacy, and security policies, procedures and monitoring												X	
Ethical issues												X	

Job Competencies

Job Competencies are the functions new coders should be able to perform upon hire. In the table below, check off in which courses the competencies are covered, coverage in multiple courses is common and expected.

Course Numbers Listed Here:	CAPP 131	AHMS 144	BIOH 112	AHMS 201	HTH 180	AHMS 164	AHMS 213	AHMS 160	AHMS 212	AHMS 157	AHMS 108	AHMS 158	AHMS 285
Assign correct ambulatory payment classification (APC)								X	X				X
Interpret healthcare data for code assignment						X	X	X	X				X
Incorporate clinical vocabularies and terminologies used in health information systems											X		
Abstract pertinent information from medical records											X		
Consult reference materials to facilitate code assignment							X		X				X
Apply inpatient coding guidelines						X	X						X
Apply outpatient coding guidelines								X	X				X

Course Numbers Listed Here:	CAPP 131	AHMS 144	BIOH 112	AHMS 201	HTH 180	AHMS 164	AHMS 213	AHMS 160	AHMS 212	AHMS 157	AHMS 108	AHMS 158	AHMS 285
Apply physician coding guidelines						X	X	X	X				X
Assign inpatient codes						X	X						X
Assign outpatient codes								X	X				X
Assign physician codes						X	X	X	X				X
Assign correct diagnosis related group (DRG)						X	X						X
Evaluate NCCI (National Correct Coding Initiative) edits									X	X			
Reconcile NCCI edits									X	X			
Validate medical necessity using LCD (local coverage determinations) and NCD national coverage determinations									X	X			
Submit claim forms										X			
Communicate with financial departments										X			
Evaluate claim denials										X			
Respond to claim denials										X			
Re-submit denied claim to the payer source										X			
Communicate with the physician to clarify documentation							X		X				X
Retrieve medical records											X		
Analyze medical records qualitatively for deficiencies											X		
Perform data abstraction											X		

Course Numbers Listed Here:	CAPP 131	AHMS 144	BIOH 112	AHMS 201	HTH 180	AHMS 164	AHMS 213	AHMS 160	AHMS 212	AHMS 157	AHMS 108	AHMS 158	AHMS 285
Request patient-specific documentation from other sources (for example, ancillary departments, physician's office, etc.)											X		
Retrieve patient information from master patient index											X		
Educate providers in regards to health data standards											X		
Perform ethical coding						X	X	X	X			X	X
Clarify documentation through physician query							X		X				X
Research latest coding changes							X		X				X
Implement latest coding changes						X	X	X	X				X
Update fee/charge ticket based on latest coding changes										X			
Educate providers on compliant coding							X		X				X
Assist in preparing the organization for external audits										X			
Utilize practice management and HIM (Health Information Management) systems											X		
Utilize CAC (computer assisted coding) software that automatically assigns codes based on electronic text							X		X				X
Validate the codes assigned by computer assisted coding software							X		X				X
Ensure patient confidentiality											X	X	
Educate healthcare staff on privacy and confidentiality issues											X	X	
Recognize and report privacy issues/violations												X	

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Course Numbers Listed Here:	CAPP 131	AHMS 144	BIOH 112	AHMS 201	HTH 180	AHMS 164	AHMS 213	AHMS 160	AHMS 212	AHMS 157	AHMS 108	AHMS 158	AHMS 285
Maintain a secure work environment												X	
Utilize pass codes												X	
Access only minimal necessary documents/information												X	
Release patient-specific data to authorized individuals												X	
Protect electronic documents through encryption												X	
Transfer electronic documents through secure sites												X	
Retain confidential records appropriately												X	
Destroy confidential records appropriately												X	

GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY
HIT/HICS PROGRAMS
STATEMENT OF PROFESSIONAL CONDUCT AND ETHICAL STANDARDS
(Student Confidentiality Statement)

I, the undersigned, agree to abide by the Code of Ethics established by my Professional Organization (American Health Information Management Association) at all times.

I will be professional in performing any Health Information related skills. I understand that confidentiality of any medical information obtained by any experience provided through my training and education as a Health Information professional is privileged. A breach of confidentiality will result in dismissal from the program. Similarly, any break of conduct with respect to the Honor Code, as it is described in the Great Falls College Montana State University catalog will also result in expulsion from the program, without opportunity for re-entry.

Student Name _____

Date _____

Code of Ethics 2011 Ethical Principles

The following ethical principles are based on the core values of the American Health Information Management Association and apply to all AHIMA members and certificants.

A health information management professional shall:

1. ***Advocate, uphold, and defend the individual's right to privacy and the doctrine of confidentiality in the use and disclosure of information.***

2. ***Put service and the health and welfare of persons before self-interest and conduct oneself in the practice of the profession so as to bring honor to oneself, their peers, and to the health information management profession.***

3. ***Preserve, protect, and secure personal health information in any form or medium and hold in the highest regards health information and other information of a confidential nature obtained in an official capacity, taking into account the applicable statutes and regulations.***

4. ***Refuse to participate in or conceal unethical practices or procedures and report such practices.***

5. ***Advance health information management knowledge and practice through continuing education, research, publications, and presentations.***

6. ***Recruit and mentor students, peers and colleagues to develop and strengthen professional workforce.***

7. ***Represent the profession to the public in a positive manner.***

8. ***Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.***

9. ***State truthfully and accurately one's credentials, professional education, and experiences.***

10. ***Facilitate interdisciplinary collaboration in situations supporting health information practice.***

11. ***Respect the inherent dignity and worth of every person.***