

Career Studies Certificate: Hospital Facility Coding – Direct Assessment Competency-Based

AREA: Hospital Facility Coding*

PURPOSE: To prepare individuals for full-time employment upon completion of the community college program. The program is beneficial for individuals seeking career advancement and the Certified Coding Specialist (CCS) national coding certification sponsored by American Health Information Management Association (AHIMA).

OCCUPATIONAL OBJECTIVES: Hospital facility coding specialist, medical coding assistant, medical billing specialist or medical insurance coding specialist.

PROGRAM REQUIREMENTS: This program prepares the student for inpatient and ambulatory surgery coding positions and provides course preparation for the CCS national certification. Prior to non-clinical internships or student employment, satisfactory completion of criminal background search and drug screen may be required. Upon satisfactory completion of the program, the graduate will be awarded a Career Studies Certificate in Hospital Facility Coding.

CERTIFICATION: Students enrolled in the program may apply for the AHIMA CCS exam (at the student's expense).

***ACCEPTANCE PREREQUISITE:** Must have completed coursework required in Medical Billing/Coding certificate program and/or hold an active CPC certification or CPC-H (AAPC) certification or CCA certification (AHIMA).

COMPETENCIES: The following competencies are required for completion of this direct assessment, competency-based education program:

I: Health Data Management

I.A. Health Data Structure, Content, and Standards

1. Apply policies and procedures to ensure the accuracy of health data.
2. Collect and maintain health data (such as data elements, data sets, and databases).
3. Conduct analysis to ensure that documentation in the health record supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status.
4. Verify timeliness, completeness, accuracy, and appropriateness of data and data sources for patient care, management, billing reports, registries, and/or databases.

I.B. Healthcare Information Requirements and Standards

1. Apply policies and procedures to ensure organizational compliance with regulations and standards.
2. Assist in preparing the organization for accreditation, licensing, and/or certification surveys.
3. Maintain the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards.
4. Monitor and apply organization-wide health record documentation guidelines.

I.D. Reimbursement Methodologies

1. Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery.
2. 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.
3. Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements, such as outpatient prospective payment systems.
4. Ensure accuracy of diagnostic/procedural groupings such as DRG, APC, and so on.
5. Support accurate billing through coding, chargemaster, claims management, and bill reconciliation processes.
6. Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative.

II. Health Statistics, Biomedical Research, and Quality Management

II.A. Healthcare Statistics and Research

1. Collect, maintain, and report data for clinical indices/databases/registries to meet specific organization needs such as medical research and disease registries.
2. Collect, organize, and present data for quality management, utilization management, risk management, and other related studies.
3. Comprehend basic descriptive, institutional, and healthcare vital statistics.

III. Health Services Organization and Delivery

III.A. Healthcare Delivery Systems

1. Apply current laws, accreditation, licensure, and certification standards related to health information initiatives from the national, state, local, and facility levels.
2. Differentiate the roles of various providers and disciplines throughout the continuum of healthcare and respond to their information needs.

III.B. Healthcare Privacy, Confidentiality, Legal, and Ethical Issues

1. Adhere to the legal and regulatory requirements related to the health information infrastructure.
2. Apply and promote ethical standards of practice.
3. Apply policies and procedures for access and disclosure of personal health information.
4. Maintain user access logs/systems to track access to and disclosure of identifiable patient data.
5. Release patient-specific data to authorized users.

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IV. Information Technology & Systems

IV.A. Information and Communication Technologies

1. Apply policies and procedures to the use of networks, including intranet and Internet applications, to facilitate the electronic health record (EHR), personal health record (PHR), public health, and other administrative applications.
2. Participate in the planning, design, selection, implementation, integration, testing, evaluation, and support for EHRs.
3. Use common software applications such as spreadsheets, databases, word processing, graphics, presentation, e-mail, and so on in the execution of work processes.
4. Use specialized software in the completion of HIM processes such as record tracking, release of information, coding, grouping, registries, billing, quality improvement, and imaging.
5. Use technology, including hardware and software, to ensure data collection, storage, analysis, and reporting of information.

IV.B. Data Storage and Retrieval

1. Apply retention and destruction policies for health information.
2. Query and generate reports to facilitate information retrieval using appropriate software.
3. Use appropriate electronic or imaging technology for data/record storage.

IV.C. Data Security

1. Apply confidentiality and security measures to protect electronic health information.
2. Apply departmental and organizational data and information system security policies.

3. Protect data integrity and validity using software or hardware technology.
4. Use and summarize data compiled from audit trails and data quality monitoring programs.

V. Organizational Resources

V.A. Human Resources

1. Apply the fundamentals of team leadership.
2. Comply with local, state, and federal labor regulations.
3. Conduct orientation and training programs.
4. Monitor and report staffing levels and productivity standards for health information functions.
5. Participate in and work in teams and committees.
6. Use tools and techniques to monitor, report, and improve processes.

V.B. Financial and Resource Management

1. Contribute to work plans, policies, procedures, and resource requisitions in relation to job functions.
2. Make recommendations for items to include in budgets and contracts.
3. Monitor and order supplies needed for work processes.
4. Monitor coding and revenue cycle processes.
5. Recommend cost-saving and efficient means of achieving work processes and goals.

VI. Other

1. Pharmacotherapy - Common prescription and over the counter medications by body system
2. Orientation to Health Information Management (SDV 101) Competencies