

HEALTH INFORMATION TECHNOLOGY MISSISSIPPI CURRICULUM FRAMEWORK

Program CIP: 51.0707- Medical Records Technology/Technician

2021



Published by:

Mississippi Community College Board
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Student Learning Outcomes are from the *Commission on Accreditation for Health Informatics and Information Management (CAHIIM) Curriculum Report* by CAHIIM, 2016, Chicago, IL. Copyright 2021. Reprinted with permission.

The Office of Curriculum and Instruction (OCI) was founded in 2013 under the Division of Workforce, Career, and Technical Education at the Mississippi Community College Board (MCCB). The office is funded through a partnership with The Mississippi Department of Education (MDE), who serves as Mississippi's fiscal agent for state and federal Career and Technical Education (CTE) Funds. The OCI is tasked with developing statewide CTE curriculum, programming, and professional development designed to meet the local and statewide economic demand.

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NATIONAL CERTIFICATION & STANDARDS

American Health Information Management Association (AHIMA)

The American Health Information Management Association (AHIMA) is the premier association of health information management (HIM) professionals worldwide. Serving 52 affiliated component state associations and more than 103,000 health information professionals, it is recognized as the leading source of "HIM knowledge," a respected authority for rigorous professional education and training.

Founded in 1928 to improve health record quality, AHIMA has played a leadership role in the effective management of health data and medical records needed to deliver quality healthcare to the public.

For more information, please visit www.ahima.org.

Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM)

CAHIIM is an independent accrediting organization whose Mission is to serve the public interest by establishing and enforcing quality Accreditation Standards for Health Informatics and Health Information Management (HIM) educational programs.

Permission was granted by the Commission on Accreditation for Health Informatics and Information Management Education to include the competencies and objectives in this curriculum. More information can be found at: www.cahiim.org.

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Registered Health Information Technician (RHIT®)

Professionals holding the RHIT credential are health information technicians who:

- Ensure the quality of medical records by verifying their completeness, accuracy, and proper entry into computer systems.
- Use computer applications to assemble and analyze patient data for the purpose of improving patient care or controlling costs.
- Often specialize in coding diagnoses and procedures in patient records for reimbursement and research. An additional role for RHITs is cancer registrars - compiling and maintaining data on cancer patients.

With experience, the RHIT credential holds solid potential for advancement to management positions, especially when combined with a bachelor's degree.

Although most RHITs work in hospitals, they are also found in other healthcare settings including office-based physician practices, nursing homes, home health agencies, mental health facilities, and public health agencies. In fact, RHITs may be employed in any organization that uses patient data or health information, such as pharmaceutical companies, law and insurance firms, and health product vendors.

For more information, please visit <http://www.ahima.org/certification/RHIT>.

National Workforce Career Association (NWCA)

The National Workforce Career Association (NWCA) is an nationwide organization for career credentialing. With multiple industry and employer partners providing input and review of NWCA credentials, NWCA members can be certain they have the skills necessary for employment. This credential is appropriate for all practitioners in healthcare professions and will benefit the phlebotomist, medical assistant, pharmacy assistant, and others. In addition, this competency is especially important to the medical billing and coding field.

For more information, please visit: <https://nwca.edu2.com/product/3395/medical-terminology-certification>.

INDUSTRY JOB PROJECTION DATA

The Medical Records and Health Information Technicians require an Associate Degree. There is expected to be a 5.9% increase in occupational demand at the state level. A summary of occupational data from https://mdes.ms.gov/media/63514/oep_state.pdf is displayed below:

Table 1: Education Level

Program Occupations	Education Level
MEDICAL RECORDS & HEALTH INFORMATION TECHNICIANS	ASSOCIATE DEGREE

Table 2: Occupational Overview

	Region	State	United States
2016 Occupational Jobs	N/A	2050	N/A
2026 Occupational Jobs	N/A	2170	N/A
Total Change	N/A	120	N/A
Total % Change	N/A	5.9%	N/A
2016 Median Hourly Earnings	N/A	N/A	N/A
2016 Median Annual Earnings	N/A	N/A	N/A
Annual Openings	N/A	140	N/A

Table 3: Occupational Breakdown

Description	2016 Jobs	2026 Jobs	Annual Openings	2016 Hourly Earnings	2026 Annual Earnings 2,080 Work Hours
MEDICAL RECORDS & HEALTH INFORMATION TECHNICIANS	2050	2170	140	N/A	N/A

Table 4: Occupational Change

Description	Regional Change	Regional % Change	State % Change	National % Change
MEDICAL RECORDS & HEALTH INFORMATION TECHNICIANS	N/A	N/A	5.9%	N/A

ARTICULATION

Articulation credit from Secondary Healthcare and Clinical Services to Postsecondary Health Information Technology will be awarded upon implementation of this curriculum by the college. Local agreements and dual credit partnerships are encouraged.

Articulated Secondary Program	Postsecondary Program	Articulated Postsecondary Course
S2015 Healthcare and Clinical Services (CIP:51.0000)	Health Information Technology (CIP:51.0707)	HIT 1213- Medical Terminology

TECHNICAL SKILLS ASSESSMENT

Colleges should report the following for students who complete the program with a career certificate, technical certificate, or an Associate of Applied Science Degrees for technical skills attainment. To use the approved Alternate Assessment for the following programs of study, colleges should provide a Letter of Notification to the Director of Career Technical Education at the MS Community College Board. Please see the following link for further instructions: <http://www.mccb.edu/wkfEdu/CTDefault.aspx>.

CIP Code	Program of Study
51.0707	Health Information Technology
Level	Standard Assessment
Accelerated /15 Hour	
Level	Standard Assessment
Career	Medical Terminology Certification (Offered by NWCA)
Level	Standard Assessment
Technical/AAS	Certified Coding Associate (CCA) and/or the Certified Coding Specialist (CCS) American Health Information Management Association (AHIMA) Registered Health Information Technician (RHIT) Examination

RESEARCH ABSTRACT

In the spring of 2021, the Office of Curriculum, Instruction, and Assessment met with the different industry members who made up the advisory committees for the Health Information Technology program. An industry questionnaire was used to gather feedback concerning the trends and needs, both current and future, of their field. Program faculty, administrators, and industry members were consulted regarding industry workforce needs and trends.

Industry advisory team members from the college involved with this program were asked to give input related to changes to be made to the curriculum framework.

This revision included enhancing the student learning outcomes, course names, and course descriptions as well as aligning the standards to the student learning outcomes. Also, instructors have been given an option of teaching HIT 2123: Alternate Care Systems and HIT 2812 Performance Improvement Techniques or HIT 2823: Quality Management and Compliance. HIT 2142: Electronic Health Records was removed from the curriculum.

REVISION HISTORY:

2010, Revised Research and Curriculum Unit, Mississippi State University

2017, Revised, Office of Curriculum and Instruction, Mississippi Community College Board

2021, Revised, Office of Curriculum, Instruction, and Assessment, Mississippi Community College Board

PROGRAM DESCRIPTION

The Health Information Technology program is a 2-year technical program leading to an associate degree that prepares the individual to work in hospitals and other health care settings managing health information in paper and electronic format. Health Information Technology combines a profession in health care with information technology. Health Information technicians maintain, collect, and analyze data crucial to the delivery of quality patient care. Health Information Technology encompasses medical coding, revenue cycle management, cancer registry, electronic health records, data management, and other areas of health informatics.

Offered as a traditional, hybrid, or online platform, the HIT program may offer opportunities to complete with a career certificate, technical certificate and/or the associate of applied science degree for technical skills attainment.

When accredited by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM), the Health Information Technology program prepares graduates to sit for the national accreditation examination for the Registered Health Information Technician offered by the American Health Information Management (AHIMA).

Graduates who successfully earn the career certificate may qualify to sit for the Medical Terminology Certification exam offered through the National Workforce Career Association (NWCA). Graduates who successfully earn the technical certificate may qualify to sit for the Certified Coding Associate (CCA) and/or the Certified Coding Specialist (CCS) credential offered by the American Health Information Management Association (AHIMA).

OPTION 1

			SCH Breakdown				Program Certifications
Course Number	Course Name	Semester Credit Hours	Lecture	Lab	Clinical	Total Hours	
HIT 1114	Health Record Systems	4	3	2	0	75	AHIMA Registered Health Information Technician (RHIT) Examination
HIT 1213	Medical Terminology	3	3	0	0	45	
HIT 1323	Health Care Law and Ethics	3	3	0	0	45	
HIT 2253	Pathopharmacology I	3	3	0	0	45	
HIT 2914	Health IT Systems	4	3	2	0	60	
HIT 2453	Pathopharmacology II	3	3	0	0	45	
HIT 2512	Professional Practice Experience I	2	0	0	6	90	
HIT 2133	Health Statistics	3	2-3	0-2	0	45-60	
HIT 2713	Health Care Management	3	3	0	0	45	
HIT 2522	Professional Practice Experience II	2	0	0	6	90	
HIT 2633	Revenue Cycle Management	3	3	0	0	45	
HIT 2921	Certification Fundamentals for HIT	1	0	2	0	30	
IST 1263	Microsoft Office Applications*	3	2	2	0	60	
	Coding Systems**	10					
	Quality Management***						
	TOTAL						

* Microsoft Office Applications

Microcomputer Applications (CSC 1123), Business Management and Microcomputer (BAD 2533), or Survey of Microcomputer Applications (CPT 1323) may be taken instead of Microsoft Office Application (IST 1263)/ Fundamentals of Microcomputer Applications (CPT 1113).

** Coding Systems: Colleges choose A or B

**A	Course Name	Semester Credit Hours	Lecture	Lab	Clinical	Total Hours	
HIT 2615	Coding Systems I	5	3	4	0	105	
HIT 2625	Coding Systems II	5	3	4	0	105	
	TOTAL	10					

** B	Course Name	Semester Credit Hours	Lecture	Lab	Clinical	Total Hours	
HIT 2414	Introduction to Coding	4	3	2	0	75	
HIT 2543	Intermediate Coding	3	2	2	0	60	
HIT 2643	Advanced Coding	3	2	2	0	60	
	TOTAL	10					

***** Quality Management: Colleges choose A or B**

***A	Course Name	Semester Credit Hours	Lecture	Lab	Clinical	Total Hours	
HIT 2123	Alternate Care Systems	3	2	2	0	60	
HIT 2812	Performance Improvement Techniques	2	1	2	0	45	
	TOTAL	5					

***B	Course Name	Semester Credit Hours	Lecture	Lab	Clinical	Total Hours	
HIT 2823	Quality Management and Compliance	3	2	2	0	60	
	TOTAL	3					

OPTION 2

Career Certificate Courses (Option A)

			SCH Breakdown				Certification Information
Course Number	Course Name	Semester Credit Hours	Lecture	Lab	Clinical	Total Hours	Certification Name
HIT 1114	Health Record Systems	4	3	2	0	75	NWCA
HIT 1213	Medical Terminology	3	3	0	0	45	
HIT 1323	Health Care Law and Ethics	3	3	0	0	45	
HIT 2253	Pathopharmacology I	3	3	0	0	45	
HIT 2615	Coding Systems I	5	3	4	0	105	
HIT 2512	Professional Practice Experience I	2	0	0	6	90	
HIT 2133	Health Statistics	3	2-3	0-2	0	45-60	
	Instructor Approved Courses or Electives per Local Community College	7					
TOTAL		30					

Career Certificate Courses (Option B)

			SCH Breakdown				Certification Information
Course Number	Course Name	Semester Credit Hours	Lecture	Lab	Clinical	Total Hours	Certification Name
HIT 1114	Health Record Systems	4	3	2	0	75	NWCA CCA CCS
HIT 1213	Medical Terminology	3	3	0	0	45	
HIT 1323	Health Care Law and Ethics	3	3	0	0	45	
HIT 2253	Pathopharmacology I	3	3	0	0	45	
HIT 2615	Coding Systems I	5	3	4	0	105	
HIT 2512	Professional Practice Experience I	2	0	0	6	90	
HIT 2133	Health Statistics	3	2-3	0-2	0	45-60	
HIT 2914	Health IT Systems	4	3	2	0	60	
HIT 2921	Certification Fundamentals for HIT	1	0	2	0	30	
HIT 2823	Quality Management and Compliance	3	2	2	0	60	
HIT 2713	Health Care Management	3	3	0	0	45	
HIT 2522	Professional Practice Experience II	2	0	0	6	90	
IST 1263	Microsoft Office Applications*	3	2	2	0	60	
TOTAL		39					

* Microsoft Office Applications

Microcomputer Applications (CSC 1123), Business Management and Microcomputer (BAD 2533), or Survey of Microcomputer Applications (CPT 1323) may be taken instead of Microsoft Office Application (IST 1263)/ Fundamentals of Microcomputer Applications (CPT 1113).

Technical Certificate Courses

			SCH Breakdown				Certification Information
Course Number	Course Name	Semester Credit Hours	Lecture	Lab	Clinical	Total Hours	Certification Name
HIT 2633	Revenue Cycle Management	3	3	0	0	45	CCA CCS
HIT 2453	Phathopharmacology II	3	3	0	0	45	
HIT 2625	Coding II	5	3	4	0	105	
	Instructor Approved Courses or Electives per Local Community College	4					
TOTAL		15					

ELECTIVES

			SCH Breakdown				Contact Hour Breakdown			Certification Information
Course Number	Course Name	Semester Credit Hours	Lecture	Lab	Clinical/ Internship	Total Contact Hours	Lecture	Lab	Clinical/ Internship	Certification Name
SSP 1002	Smart Start Pathway 101	2								
IST 1263	Microsoft Office Applications* Or Microcomputer Applications (CSC 1123), Business Management and Microcomputer (BAD 2533), or Survey of Microcomputer Applications (CPT 1323) may be taken instead of Microsoft Office Application (IST 1263)/ Fundamentals of Microcomputer Applications (CPT 1113).	3								
HIT 2615	Coding Systems I	5								
HIT 2625	Coding Systems II	5								
HIT 2823	Quality Management and Compliance	3								
HIT 2633	Revenue Cycle Management	3								
WBL 191(1-3) WBL 192(1-3) WBL 193(1-3) WBL 291(1-3) WBL 292(1-3) WBL 293(1-3)	Work-Based Learning	(1-6)			3-18	45-270			45-270	
	Any other instructor approved elective per local Community college									

General Education Core Courses

To receive the Associate of Applied Science degree, a student must complete all of the required coursework found in the Career Certificate option, Technical certificate option, and a minimum of 15 semester hours of General Education core. The courses in the General Education Core may be spaced out over the entire length of the program so that students complete some academic and Career Technical courses each semester or provided primarily within the last semester. Each community college will specify the actual courses that are required to meet the General Education Core Requirements for the Associate of Applied Science degree at their college. The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) Section 9 Standard 3 of the *Principles of Accreditation: Foundations for Quality Enhancement*¹ describes the general education core.

Section 9 Standard 3:

3. The institution requires the successful completion of a general education component at the undergraduate level that
 - a) is based on a coherent rationale.
 - b) is a substantial component of each undergraduate degree program. For degree completion in associate programs, the component constitutes a minimum of 15 semester hours of the equivalent; for baccalaureate programs, a minimum of 30 semester hours or the equivalent.
 - c) ensures breadth of knowledge. These credit hours include at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural science/mathematics. These courses do not narrowly focus on those skills, techniques, and procedures specific to a particular occupation or profession.

General Education Courses

			SCH Breakdown			Contact Hour Breakdown		Certification Information
Course Number	Course Name	Semester Credit Hours	Lecture	Lab	Total Contact Hours	Lecture	Lab	Certification Name
	Humanities/Fine Arts	3						
	Social/Behavioral Sciences	3						
	** Math/Science	3						
	** Academic electives	6						
	TOTAL	15						

****Anatomy & Physiology I & II with lab are required supporting body of knowledge for CAHIIM. It is recommended to follow-up with CAHIIM prior to completing these courses.**

¹ Southern Association of Colleges and Schools Commission on Colleges. (2017). *The Principles of Accreditation: Foundations for Quality Enhancement*. Retrieved from <http://www.sacscoc.org/2017ProposedPrinc/Proposed%20Principles%20Adopted%20by%20BOT.pdf>

COURSE DESCRIPTIONS

Course Number and Name: HIT 1114 Health Record Systems

Description: This course is an introduction to health record systems including an overview of health data structure, content and standards, health-care information requirements and standards, and health-care delivery systems.

Hour Breakdown:	Semester Credit Hours	Lecture	Lab	Contact Hours
	4	3	2	75

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Describe healthcare organizations from the perspective of key stakeholders I.1, CCA, CCS
2. Apply policies, regulations, and standards to the management of information I.2, CCA, CCS
3. Identify policies and strategies to achieve data integrity I.3, CCA, CCS
4. Determine compliance of health record content within the health organization 1, 3, 4 NWCA , I.4, CCA, CCS
5. Identify compliance requirements throughout the health information life cycle 1, 3, 4 NWCA , II.3, CCA, CCS

2018 AHIMA Curricula Competencies:

- I.1 Describe healthcare organizations from the perspective of key stakeholders
- I.2 Apply policies, regulations, and standards to the management of information
- I.3 Identify policies and strategies to achieve data integrity
- I.4 Determine compliance of health record content within the health organization
- II.3 Identify compliance requirements throughout the health information life cycle

Certified Coding Associate (CCA®) Competencies:

Domain 3 – Health Record and Data Content

- I.4 Assemble medical records according to healthcare setting
- I.2 Educate providers in regards to health data standards

Domain 4 – Compliance

- I.2 Identify discrepancies between coded data and supporting documentation
- I.4 Validate that codes assigned by provider or electronic systems are supported by proper documentation
- I.2 Research latest coding changes

Domain 5 – Information Technologies

- I.3 Navigate throughout the HER

Domain 6 – Confidentiality and Privacy

- II.3 Recognize and report privacy issues/violations

Certified Coding Specialist (CCS®) Competencies:

Domain 4 – Regulatory Compliance

- I.3 Ensure integrity of health records
- I.2 Apply payer-specific guidelines
- I.2 Ensure compliance with HIPAA guidelines
- I.3 Ensure adherence to AHIMA's Standards of Ethical Coding

Medical Terminology Workplace Tasks Competencies(NWCA):

Professional written and verbal communication including the correct use of:

1. Medical terms with patients
3. 3rd party payers, and
4. Vendors and suppliers.

Course Number and Name: HIT 1213 Medical Terminology

Description: This course is a study of medical language relating to the various body systems including diseases, procedures, clinical specialties, and abbreviations. In addition to term definitions, emphasis is placed on correct spelling and pronunciation.

Hour Breakdown:

Semester Credit Hours	Lecture	Lab	Contact Hours
3	3	0	45

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Recognize and discuss word components, terms, procedures, and abbreviations related to the various body systems. ^{NWCA, CCA}
 - a. Identify combining forms, suffixes, and prefixes related to the various body systems.
 - b. Identify and discuss disease terms related to the various body systems.
 - c. Identify diagnostic imaging, clinical, surgical, and laboratory procedures related to the various body systems.
 - d. Identify abbreviations related to the various body systems.
 - e. Define, spell, pronounce, and use terms related to the various body systems.

2018 AHIMA Standard

Supporting Body of Knowledge

Certified Coding Associate (CCA®) Competencies:

Domain 1 – Clinical Classification Systems

1a, b, c, d, e Incorporate clinical vocabularies and terminologies used in health information systems

Medical Terminology Workplace Tasks Competencies (NWCA):

Professional written and verbal communication including the correct use of:

1a, b, c, d, e Medical terms with patients

Course Number and Name: HIT 1323 Health Care Law and Ethics

Description: This course is a study of the principles of law as applied to health information systems with emphasis on health records, release of information, confidentiality, consents, and authorizations.

Hour Breakdown:

Semester Credit Hours	Lecture	Lab	Contact Hours
3	3	0	45

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Apply privacy strategies to health information II.1, CCA, CCS
2. Apply security strategies to health information II.2, CCA, CCS
3. Apply legal processes impacting health information 3, 4 NWCA, V.1, CCA, CCS
4. Assess ethical standards of practice 3, 4 NWCA, VI.7, CCA, CCS

2018 AHIMA Curricula Competencies:

II.1 Apply privacy strategies to health information
II.2 Apply security strategies to health information
V.1 Apply legal processes impacting health information
VI.7 Assess ethical standards of practice

Certified Coding Associate (CCA®) Competencies:

Domain 2 – Reimbursement Methodologies

V.1 Communicate with financial departments
V.1 Evaluate claim denials
V.1 Respond to claim denials
VI.7 Communicate with the physician to clarify documentation

Domain 4 – Compliance

V.1 Identify discrepancies between coded data and supporting documentation
VI.7 Validate that codes assigned by provider or electronic systems are supported by proper documentation
VI.7 Perform ethical coding

Domain 6 – Confidentiality and Privacy

II.1 Ensure patient confidentiality
II.1 Educate healthcare staff on privacy and confidentiality issues
II.1 Recognize and report privacy issues/violations
II.2 Maintain a secure work environment
II.2 Utilize pass codes
II.1 Access only minimal necessary documents/information
II.1 Release patient-specific data to authorized individuals
II.2 Protect electronic documents through encryption
II.2 Transfer electronic documents through secure sites
II.1 Retain confidential records appropriately
II.1 Destroy confidential records appropriately

Certified Coding Specialist (CCS®) Competencies:

Domain 4 – Regulatory Compliance

II.1 Ensure integrity of health records
V.1 Ensure compliance with HIPAA guidelines
VI.7 Ensure adherence to AHIMA's Standards of Ethical Coding

Medical Terminology Workplace Tasks Competencies (NWCA):

Professional written and verbal communication including the correct use of:

3. 3rd party payers, and
4. Vendors and suppliers.

Course Number and Name: HIT 2253 Pathopharmacology I

Description: This course covers structural and functional changes caused by disease in tissues and organs, clinical manifestations, and principles of treatment with emphasis on general concepts and diseases affecting the body as a whole. In addition, common medications used to treat disease processes will be addressed.

Hour Breakdown:	Semester Credit Hours	Lecture	Lab	Contact Hours
	3	3	0	45

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Discuss general concepts of disease and principles of diagnosis. ^{1 NWCA}
2. Classify the structure and function of cells and tissues in health and disease.
3. Identify the inflammation process and its role in disease and injury.
4. Discuss cell-mediated and humoral immunity.
5. Discuss the role of pathogenic microorganisms and animal parasites in disease.
6. Recognize communicable diseases' transmission and control.
7. Identify congenital and hereditary diseases' causes and manifestations.
8. Discuss the types and characteristics of neoplasms, principal modalities of treatment, and incidence and survival rates for various types of malignant tumors.
9. Identify abnormalities of blood coagulation and circulatory disturbances.
10. Indicate common medications used to treat major disease processes in each body system.

2018 AHIMA Standard

Supporting Body of Knowledge

Medical Terminology Workplace Tasks Competencies (NWCA):

Professional written and verbal communication including the correct use of:

1. Medical terms with patients

Course Number and Name: HIT 2123 Alternate Care Systems

Description: This course is a study of health record systems in alternative settings; cancer program records; medical staff organization; and regulatory, accreditation, and licensure standards.

Hour Breakdown:

Semester Credit Hours	Lecture	Lab	Contact Hours
3	2	2	60

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Describe healthcare organizations from the perspective of key stake holders. I.1, CCA, CCS
2. Apply policies, regulations, and standards to the management of information. I.2, CCA, CCS
3. Determine compliance of health record content within the health organization. I.4, CCA, CCS
4. Identify processes of workforce training for healthcare organizations. VI.9, CCA, CCS

2018 AHIMA Standard

- I.1 Describe healthcare organizations from the perspective of key stake holders.
- I.2 Apply policies, regulations, and standards to the management of information.
- I.4 Determine compliance of health record content within the health organization.
- VI.9 Identify processes of workforce training for healthcare organizations.

Certified Coding Associate (CCA®) Competencies:

Domain 1 – Clinical Classification Systems

- I.1 Interpret healthcare data for code assignment

Domain 2 – Reimbursement Methodologies

- I.4 Link diagnoses and CPT codes according to payer specific guidelines

Domain 3 – Health Record and Data Content

- VI.9 Educate providers in regards to health data standards

Domain 4 – Compliance

- I.4 Identify discrepancies between coded data and supporting documentation
- I.4 Validate that codes assigned by provider or electronic systems are supported by proper documentation
- I.4 Clarify documentation through physician query

Domain 5 – Information Technologies

- VI.9 Navigate throughout the EHR
- VI.9 Utilize encoding and grouping software
- VI.9 Utilize practice management and HIM systems
- VI.9 Utilize CAC software that automatically assigns codes based on electronic text
- VI.9 Validate the codes assigned by CAC software

Certified Coding Specialist (CCS®) Competencies:

Domain 4 – Regulatory Compliance

- I.4 Apply payer-specific guidelines
- I.4 Recognize patient safety indicators (PSIs) and hospital-acquired conditions (HACs) based on documentation
- I.4 Ensure compliance with HIPAA guidelines
- I.4 Ensure adherence to AHIMA's Standards of Ethical Coding
- I.4 Apply the Uniform Hospital Discharge Data Set (UHDDS)

Course Number and Name: HIT 2133 Health Statistics

Description: This course includes sources and use of health data, definitions of statistical terms, and computation of commonly used rates and percentages used by health-care facilities.

Hour Breakdown:

Semester Credit Hours	Lecture	Lab	Contact Hours
3	2	2	60
3	3	0	45

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Calculate statistics for healthcare operations III.3, CCA, CCS
2. Describe research methodologies used in healthcare III.5, CCA, CCS
3. Calculate math statistics used in research and data analytics CCA, CCS

*Math Statistics: For health information management programs that do not offer Math Statistics as a separate course, 50 percent of the program's health data statistics course must be comprised of Math Statistics content. (For AHIMA accredited programs)

2018 AHIMA Standard

Supporting Body of Knowledge

2018 AHIMA Curricula Competencies:

III.3 Calculate statistics for healthcare operations

III.5 Describe research methodologies used in healthcare

Certified Coding Associate (CCA®) Competencies:

Domain 3 – Health Record and Data Content

III.3 Analyze medical records quantitatively for completeness

III.3 Perform data abstraction

III.5 Educate providers in regards to health data standards

III.3 Generate reports for data analysis

Domain 4 – Compliance

III.3 Identify discrepancies between coded data and supporting documentation

III.5 Research latest coding changes

Certified Coding Specialist (CCS®) Competencies:

Domain 3 – Provider Queries

III.5 Determine if a provider query is compliant

III.5 Analyze current documentation to identify query opportunities

Course Number and Name: HIT 2414 Introduction to Coding

Description: This course provides a basic introduction on how to transform narrative descriptions of diseases and injuries into alphanumeric diagnostic ICD-10-CM codes and/or ICD-10-PCS. The course is designed to provide the student with knowledge of diagnostic and/or procedural coding applications and how they pertain to all aspects of medical care, research, data analysis, and financial implications.

Hour Breakdown:

Semester Credit Hours	Lecture	Lab	Contact Hours
4	3	2	75

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Explain the use of classification systems, clinical vocabularies, and nomenclatures I.5, CCA, CCS
2. Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines IV.1, CCA, CCS
3. Determine diagnosis and procedure codes according to official guidelines IV.1 RM, CCA, CCS

2018 AHIMA Curricula Competencies:

I.5 Explain the use of classification systems, clinical vocabularies, and nomenclatures

IV.1 Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines

IV.1 RM Determine diagnosis and procedure codes according to official guidelines

Certified Coding Associate (CCA®) Competencies:

Domain 1 – Clinical Classification Systems

I.5 Interpret healthcare data for code assignment

I.5 Incorporate clinical vocabularies and terminologies used in health information systems

IV.1 Abstract pertinent information from medical records

IV.1 Consult reference materials to facilitate code assignment

IV.1 Apply inpatient coding guidelines

IV.1 Apply outpatient coding guidelines

IV.1 Apply physician coding guidelines

IV.1 Assign inpatient codes

IV.1 Assign outpatient codes

IV.1 Assign physician codes

IV.1 Sequence codes according to healthcare setting

Certified Coding Specialist (CCS®) Competencies:

Domain 1 – Coding Knowledge and Skills

I.5 Apply diagnosis and procedure codes based on provider's documentation in the health Record

IV.1 Determine principal/primary diagnosis and procedure

IV.1 Apply coding conventions/guidelines and regulatory guidance

IV.1 Apply CPT®/HCPCS modifiers to outpatient procedures

Course Number and Name: **HIT 2453** **Pathopharmacology II**

Description: This course is a continuation of Pathophysiology and Pharmacology I with emphasis on conditions relating to specific body systems, manifestations, and principles of treatment. In addition, common medications used to treat disease processes will be addressed.

Hour Breakdown:	Semester Credit Hours	Lecture	Lab	Contact Hours
	3	3	0	45

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Discuss general concepts of disease and principles of diagnosis.
2. Classify the structure and function of cells and tissues in health and disease.
3. Identify the inflammation process and its role in disease and injury.
4. Discuss cell-mediated and humoral immunity.
5. Discuss the role of pathogenic microorganisms and animal parasites in disease.
6. Recognize communicable diseases' transmission and control.
7. Identify congenital and hereditary diseases' causes and manifestations.
8. Discuss the types and characteristics of neoplasms, principal modalities of treatment, and incidence and survival rates for various types of malignant tumors.
9. Identify abnormalities of blood coagulation and circulatory disturbances.
10. Indicate common medications used to treat major disease processes in each body system.

2018 AHIMA Standard

Supporting Body of Knowledge

Course Number and Name: HIT 2512 Professional Practice Experience I

Description: In this course, students rotate through health information management areas in hospitals and other health facilities for application of principles and procedural practice to attain competency and/or complete assignments virtually through the utilization of software that simulates healthcare environments related to HIM. Specific content is dependent on placement in curriculum and site availability.

Hour Breakdown:	Semester Credit Hours	Lecture	Lab	Clinical	Contact Hours
	2	0	0	6	90

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Describe healthcare organizations from the perspective of key stakeholders 2 NWCA , 1.1, CCA, CCS
2. Apply policies, regulations, and standards to the management of information 1.2, CCA, CCS
3. Identify policies and strategies to achieve data integrity 1.3, CCA, CCS
4. Determine compliance of health record content within the health organization 1.4, CCA, CCS
5. Explain the use of classification systems, clinical vocabularies, and nomenclatures 1 NWCA , 1.5, CCA, CCS
6. Describe components of data dictionaries and data sets 1.6, CCA, CCS
7. (DM ONLY) Evaluate data dictionaries and data sets for compliance with governance standards 1.6, CCA, CCS
8. Apply privacy strategies to health information 11.1, CCA, CCS
9. Apply security strategies to health information 11.2, CCA, CCS
10. Identify compliance requirements throughout the health information life cycle 11.3, CCA, CCS
11. Apply health informatics concepts to the management of health information 111.1, CCA, CCS
12. Utilize technologies for health information management 111.2, CCA, CCS
13. Calculate statistics for healthcare operations 111.3, CCA, CCS
14. Report health care data through graphical representations 111.4, CCA, CCS
15. Describe research methodologies used in healthcare 111.5, CCA, CCS
16. Describe the concepts of managing data 111.6, CCA, CCS
17. Summarize standards for the exchange of health information 111.7, CCA, CCS
18. (DM ONLY) Manage data within a database system 111.6, CCA, CCS
19. (DM ONLY) Identify standards for exchange of health information 111.7, CCA, CCS
20. Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines 11.1, CCA, CCS
21. Describe components of revenue cycle management and clinical documentation improvement 1, 2, 3, 4 NWCA, IV. 2, CCA, CCS
22. Summarize regulatory requirements and reimbursement methodologies 11. 3, CCA, CCS
23. (RM ONLY) Determine diagnosis and procedure codes according to official guidelines 11.1, CCA, CCS
24. (RM ONLY) Determine diagnosis and procedure codes according to official guidelines 11.1, CCA, CCS
25. (RM ONLY) Evaluate revenue cycle processes 1, 2, 3, 4 NWCA, IV. 2, CCA, CCS
26. (RM ONLY) Evaluate compliance with regulatory requirements and reimbursement methodologies 11.3, CCA, CCS
27. Apply legal processes impacting health information 11.1, CCA, CCS
28. Demonstrate compliance with external forces 11.2, CCA, CCS
29. Identify the components of risk management related to health information management 11.3, CCA, CCS
30. Identify the impact of policy on health care 11.4, CCA, CCS
31. Demonstrate fundamental leadership skills 11.1, CCA, CCS

32. Identify the impact of organizational change^{VI.2, CCA, CCS}
33. Identify human resource strategies for organizational best practices^{VI.3, CCA, CCS}
34. Utilize data-driven performance improvement techniques for decision making^{VI.4, CCA, CCS}
35. Utilize financial management processes^{VI.5, CCA, CCS}
36. Examine behaviors that embrace cultural diversity^{VI.6, CCA, CCS}
37. Assess ethical standards of practice^{VI.7, CCA, CCS}
38. Describe consumer engagement activities^{VI.8, CCA, CCS}
39. Identify processes of workforce training for healthcare organizations^{VI.9, CCA, CCS}

CAHIIM Domain

- I.1 Describe healthcare organizations from the perspective of key stakeholders
- I.2 Apply policies, regulations, and standards to the management of information
- I.3 Identify policies and strategies to achieve data integrity
- I.4 Determine compliance of health record content within the health organization
- I.5 Explain the use of classification systems, clinical vocabularies, and nomenclatures
- I.6 Describe components of data dictionaries and data sets
- I.6 (DM ONLY) Evaluate data dictionaries and data sets for compliance with governance standards
- II.1 Apply privacy strategies to health information
- II.2 Apply security strategies to health information
- II.3 Identify compliance requirements throughout the health information life cycle
- III.1 Apply health informatics concepts to the management of health information
- III.2 Utilize technologies for health information management
- III.3 Calculate statistics for healthcare operations
- III.4 Report health care data through graphical representations
- III.5 Describe research methodologies used in healthcare
- III.6 Describe the concepts of managing data
- III.7 Summarize standards for the exchange of health information
- III.6 (DM ONLY) Manage data within a database system
- III.7 (DM ONLY) Identify standards for exchange of health information
- IV.1 Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines
- IV. 2 Describe components of revenue cycle management and clinical documentation improvement
- IV. 3 Summarize regulatory requirements and reimbursement methodologies
- IV.1 (RM ONLY) Determine diagnosis and procedure codes according to official guidelines
- IV.1 (RM ONLY) Determine diagnosis and procedure codes according to official guidelines
- IV. 2 (RM ONLY) Evaluate revenue cycle processes
- IV.3 (RM ONLY) Evaluate compliance with regulatory requirements and reimbursement methodologies
- V.1 Apply legal processes impacting health information
- V.2 Demonstrate compliance with external forces
- V.3 Identify the components of risk management related to health information management
- V.4 Identify the impact of policy on health care
- VI.1 Demonstrate fundamental leadership skills
- VI.2 Identify the impact of organizational change
- VI.3 Identify human resource strategies for organizational best practices
- VI.4 Utilize data-driven performance improvement techniques for decision making
- VI.5 Utilize financial management processes
- VI.6 Examine behaviors that embrace cultural diversity
- VI.7 Assess ethical standards of practice
- VI.8 Describe consumer engagement activities
- VI.9 Identify processes of workforce training for healthcare organizations

Certified Coding Associate (CCA®) Competencies:

Domain 1 – Clinical Classification Systems

- IV.1 Apply inpatient coding guidelines
- IV.1 Apply outpatient coding guidelines
- IV.1 Apply physician coding guidelines
- IV.1 Assign inpatient codes
- IV.1 Assign outpatient codes
- IV.1 Assign physician codes

Domain 2 – Reimbursement Methodologies

- IV.3 Sequence codes for optimal reimbursement
- IV.3 Link diagnoses and CPT codes according to payer specific guidelines

Domain 3 – Health Record and Data Content

- I.4 Retrieve medical records
- I.4 Assemble medical records according to healthcare setting
- I.4 Analyze medical records quantitatively for completeness
- I.4 Analyze medical records qualitatively for deficiencies

Domain 4 – Compliance

- II.3 Identify discrepancies between coded data and supporting documentation
- I.4 Validate that codes assigned by provider or electronic systems are supported by proper documentation
- II.3 Perform ethical coding

Domain 5 – Information Technologies

- III.2 Navigate throughout the EHR
- III.2 Utilize practice management and HIM systems

Certified Coding Specialist (CCS®) Competencies:

Domain 1 – Coding Knowledge and Skills

- III.2 Apply diagnosis and procedure codes based on provider's documentation in the health Record
- III.2 Abstract pertinent data from health record

Domain 2 – Coding Documentation

- III.2 Review health record to assign diagnosis and procedure codes for an encounter
- II.3 Review and address health record discrepancies

Medical Terminology Workplace Tasks Competencies (NWCA):

Professional written and verbal communication including the correct use of:

1. Medical terms with patients
2. Medical Personnel
3. 3rd party payers, and
4. Vendors and suppliers.

Course Number and Name: HIT 2522 Professional Practice Experience II

Description: In this course, students rotate through health information management areas in hospitals and other health facilities for application of principles and procedural practice to attain competency and/or complete assignments virtually through the utilization of software that simulates healthcare environments related to HIM. Specific content is dependent on placement in curriculum and site availability.

Hour Breakdown:	Semester Credit Hours	Lecture	Lab	Clinical	Contact Hours
	2	0	0	6	90

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Describe healthcare organizations from the perspective of key stakeholders ^{1.1, CCA, CCS}
2. Apply policies, regulations, and standards to the management of information ^{1.2, CCA, CCS}
3. Identify policies and strategies to achieve data integrity ^{1.3, CCA, CCS}
4. Determine compliance of health record content within the health organization ^{1.4, CCA, CCS}
5. Explain the use of classification systems, clinical vocabularies, and nomenclatures ^{1.5, CCA, CCS}
6. Describe components of data dictionaries and data sets ^{1.6, CCA, CCS}
7. (DM ONLY) Evaluate data dictionaries and data sets for compliance with governance standards ^{1.6, CCA, CCS}
8. Apply privacy strategies to health information ^{II.1, CCA, CCS}
9. Apply security strategies to health information ^{II.2, CCA, CCS}
10. Identify compliance requirements throughout the health information life cycle ^{II.3, CCA, CCS}
11. Apply health informatics concepts to the management of health information ^{III.1, CCA, CCS}
12. Utilize technologies for health information management ^{III.2, CCA, CCS}
13. Calculate statistics for healthcare operations ^{III.3, CCA, CCS}
14. Report health care data through graphical representations ^{III.4, CCA, CCS}
15. Describe research methodologies used in healthcare ^{III.5, CCA, CCS}
16. Describe the concepts of managing data ^{III.6, CCA, CCS}
17. Summarize standards for the exchange of health information ^{III.7, CCA, CCS}
18. (DM ONLY) Manage data within a database system ^{III.6, CCA, CCS}
19. (DM ONLY) Identify standards for exchange of health information ^{III.7, CCA, CCS}
20. Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines ^{IV.1, CCA, CCS}
21. Describe components of revenue cycle management and clinical documentation improvement ^{IV. 2, CCA, CCS}
22. Summarize regulatory requirements and reimbursement methodologies ^{IV. 3, CCA, CCS}
23. (RM ONLY) Determine diagnosis and procedure codes according to official guidelines ^{IV.1, CCA, CCS}
24. (RM ONLY) Determine diagnosis and procedure codes according to official guidelines ^{IV.1, CCA, CCS}
25. (RM ONLY) Evaluate revenue cycle processes ^{IV. 2, CCA, CCS}
26. (RM ONLY) Evaluate compliance with regulatory requirements and reimbursement methodologies ^{IV.3, CCA, CCS}
27. Apply legal processes impacting health information ^{V.1, CCA, CCS}
28. Demonstrate compliance with external forces ^{V.2, CCA, CCS}
29. Identify the components of risk management related to health information management ^{V.3, CCA, CCS}
30. Identify the impact of policy on health care ^{V.4, CCA, CCS}

31. Demonstrate fundamental leadership skills ^{VI.1, CCA, CCS}
32. Identify the impact of organizational change ^{VI.2, CCA, CCS}
33. Identify human resource strategies for organizational best practices ^{VI.3, CCA, CCS}
34. Utilize data-driven performance improvement techniques for decision making ^{VI.4, CCA, CCS}
35. Utilize financial management processes ^{VI.5, CCA, CCS}
36. Examine behaviors that embrace cultural diversity ^{VI.6, CCA, CCS}
37. Assess ethical standards of practice ^{VI.7, CCA, CCS}
38. Describe consumer engagement activities ^{VI.8, CCA, CCS}
39. Identify processes of workforce training for healthcare organizations ^{VI.9, CCA, CCS}

CAHIIM Domain

- I.1 Describe healthcare organizations from the perspective of key stakeholders
- I.2 Apply policies, regulations, and standards to the management of information
- I.3 Identify policies and strategies to achieve data integrity
- I.4 Determine compliance of health record content within the health organization
- I.5 Explain the use of classification systems, clinical vocabularies, and nomenclatures
- I.6 Describe components of data dictionaries and data sets
- I.6 (DM ONLY) Evaluate data dictionaries and data sets for compliance with governance standards
- II.1 Apply privacy strategies to health information
- II.2 Apply security strategies to health information
- II.3 Identify compliance requirements throughout the health information life cycle
- III.1 Apply health informatics concepts to the management of health information
- III.2 Utilize technologies for health information management
- III.3 Calculate statistics for healthcare operations
- III.4 Report health care data through graphical representations
- III.5 Describe research methodologies used in healthcare
- III.6 Describe the concepts of managing data
- III.7 Summarize standards for the exchange of health information
- III.6 (DM ONLY) Manage data within a database system
- III.7 (DM ONLY) Identify standards for exchange of health information
- IV.1 Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines
- IV. 2 Describe components of revenue cycle management and clinical documentation improvement
- IV. 3 Summarize regulatory requirements and reimbursement methodologies
- IV.1 (RM ONLY) Determine diagnosis and procedure codes according to official guidelines
- IV.1 (RM ONLY) Determine diagnosis and procedure codes according to official guidelines
- IV. 2 (RM ONLY) Evaluate revenue cycle processes
- IV.3 (RM ONLY) Evaluate compliance with regulatory requirements and reimbursement methodologies
- V.1 Apply legal processes impacting health information
- V.2 Demonstrate compliance with external forces
- V.3 Identify the components of risk management related to health information management
- V.4 Identify the impact of policy on health care
- VI.1 Demonstrate fundamental leadership skills
- VI.2 Identify the impact of organizational change
- VI.3 Identify human resource strategies for organizational best practices
- VI.4 Utilize data-driven performance improvement techniques for decision making
- VI.5 Utilize financial management processes
- VI.6 Examine behaviors that embrace cultural diversity
- VI.7 Assess ethical standards of practice
- VI.8 Describe consumer engagement activities
- VI.9 Identify processes of workforce training for healthcare organizations

- I.1 Describe healthcare organizations from the perspective of key stakeholders
- I.2 Apply policies, regulations, and standards to the management of information
- I.3 Identify policies and strategies to achieve data integrity
- I.4 Determine compliance of health record content within the health organization
- I.5 Explain the use of classification systems, clinical vocabularies, and nomenclatures
- I.6 Describe components of data dictionaries and data sets
- I.6 (DM ONLY) Evaluate data dictionaries and data sets for compliance with governance standards
- II.1 Apply privacy strategies to health information
- II.2 Apply security strategies to health information
- II.3 Identify compliance requirements throughout the health information life cycle
- III.1 Apply health informatics concepts to the management of health information
- III.2 Utilize technologies for health information management
- III.3 Calculate statistics for healthcare operations
- III.4 Report health care data through graphical representations
- III.5 Describe research methodologies used in healthcare
- III.6 Describe the concepts of managing data
- III.7 Summarize standards for the exchange of health information
- III.6 (DM ONLY) Manage data within a database system
- III.7 (DM ONLY) Identify standards for exchange of health information
- IV.1 Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines
- IV. 2 Describe components of revenue cycle management and clinical documentation improvement
- IV. 3 Summarize regulatory requirements and reimbursement methodologies
- IV.1 (RM ONLY) Determine diagnosis and procedure codes according to official guidelines
- IV.1 (RM ONLY) Determine diagnosis and procedure codes according to official guidelines
- IV. 2 (RM ONLY) Evaluate revenue cycle processes
- IV.3 (RM ONLY) Evaluate compliance with regulatory requirements and reimbursement methodologies
- V.1 Apply legal processes impacting health information
- V.2 Demonstrate compliance with external forces
- V.3 Identify the components of risk management related to health information management
- V.4 Identify the impact of policy on health care
- VI.1 Demonstrate fundamental leadership skills
- VI.2 Identify the impact of organizational change
- VI.3 Identify human resource strategies for organizational best practices
- VI.4 Utilize data-driven performance improvement techniques for decision making
- VI.5 Utilize financial management processes
- VI.6 Examine behaviors that embrace cultural diversity
- VI.7 Assess ethical standards of practice
- VI.8 Describe consumer engagement activities
- VI.9 Identify processes of workforce training for healthcare organizations

Certified Coding Associate (CCA®) Competencies:

Domain 1 – Clinical Classification Systems

- IV.1 Apply inpatient coding guidelines
- IV.1 Apply outpatient coding guidelines
- IV.1 Apply physician coding guidelines
- IV.1 Assign inpatient codes
- IV.1 Assign outpatient codes
- IV.1 Assign physician codes

Domain 2 – Reimbursement Methodologies

- IV.3 Sequence codes for optimal reimbursement
- IV.3 Link diagnoses and CPT codes according to payer specific guidelines

Domain 3 – Health Record and Data Content

- I.4 Retrieve medical records
- I.4 Assemble medical records according to healthcare setting
- I.4 Analyze medical records quantitatively for completeness
- I.4 Analyze medical records qualitatively for deficiencies

Domain 4 – Compliance

- II.3 Identify discrepancies between coded data and supporting documentation
- I.4 Validate that codes assigned by provider or electronic systems are supported by proper documentation
- II.3 Perform ethical coding

Domain 5 – Information Technologies

- III.2 Navigate throughout the EHR
- III.2 Utilize practice management and HIM systems

Certified Coding Specialist (CCS®) Competencies:

Domain 1 – Coding Knowledge and Skills

- III.2 Apply diagnosis and procedure codes based on provider's documentation in the health Record
- III.2 Abstract pertinent data from health record

Domain 2 – Coding Documentation

- III.2 Review health record to assign diagnosis and procedure codes for an encounter
- II.3 Review and address health record discrepancies

Course Number and Name: HIT 2543 Intermediate Coding

Description: This course is a continuation of Introduction to Coding. The course will continue to focus on how to transform narrative descriptions of diseases and injuries into alphanumeric diagnostic ICD-10-CM codes and also how to build ICD-10-PCS procedure codes. The course is designed to provide the student with knowledge of diagnostic and procedural coding applications and how they pertain to all aspects of medical care, research, data analysis, and financial implications. The student will practice coding guidelines by applying the ICD-10-CM and ICD-10-PCS codes to coding cases and scenarios using the code books and encoder software.

Hour Breakdown:	Semester Credit Hours	Lecture	Lab	Contact Hours
	3	2	2	60

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Explain the use of classification systems, clinical vocabularies, and nomenclatures I.5, CCA, CCS
2. Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines IV.1, CCA, CCS
3. Determine diagnosis and procedure codes according to official guidelines IV.1 RM, CCA, CCS

2018 AHIMA Curricula Competencies:

I.5 Explain the use of classification systems, clinical vocabularies, and nomenclatures

IV.1 Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines

IV.1 RM Determine diagnosis and procedure codes according to official guidelines

Certified Coding Associate (CCA®) Competencies:

Domain 1 – Clinical Classification Systems

I.5 Incorporate clinical vocabularies and terminologies used in health information systems

IV.1 Consult reference materials to facilitate code assignment

IV.1 Apply inpatient coding guidelines

IV.1 Apply outpatient coding guidelines

IV.1 Apply physician coding guidelines

IV.1 Assign inpatient codes

IV.1 Assign outpatient codes

IV.1 Assign physician codes

Certified Coding Specialist (CCS®) Competencies:

Domain 1 – Coding Knowledge and Skills

IV.1 Apply diagnosis and procedure codes based on provider's documentation in the health Record

IV.1 Determine principal/primary diagnosis and procedure

IV.1 Sequence diagnoses and procedures

Domain 2 – Coding Documentation

IV.1 Review health record to assign diagnosis and procedure codes for an encounter

Course Number and Name: HIT 2615 Coding Systems I

Description: This course provides a basic introduction on how to transform narrative descriptions of diseases and injuries into alphanumeric diagnostic ICD-10-CM codes and/or ICD-10-PCS. The course is designed to provide the student with knowledge of diagnostic and/or procedural coding applications and how they pertain to all aspects of medical care, research, data analysis, and financial implications.

Hour Breakdown:	Semester Credit Hours	Lecture	Lab	Contact Hours
	5	3	4	105

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Explain the use of classification systems, clinical vocabularies, and nomenclatures¹ NWCA, I.5, CCA, CCS
2. Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines^{2, 3, 4} NWCA, IV.1, CCA, CCS
3. Determine diagnosis and procedure codes according to official guidelines^{2, 3, 4} NWCA, IV.1 RM, CCA, CCS

2018 AHIMA Curricula Competencies:

I.5 Explain the use of classification systems, clinical vocabularies, and nomenclatures

IV.1 Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines

IV.1 RM Determine diagnosis and procedure codes according to official guidelines

Certified Coding Associate (CCA®) Competencies:

Domain 1 – Clinical Classification Systems

I.5 Incorporate clinical vocabularies and terminologies used in health information systems

IV.1 Consult reference materials to facilitate code assignment

IV.1 Apply inpatient coding guidelines

IV.1 Apply outpatient coding guidelines

IV.1 Apply physician coding guidelines

IV.1 Assign inpatient codes

IV.1 Assign outpatient codes

IV.1 Assign physician codes

Certified Coding Specialist (CCS®) Competencies:

Domain 1 – Coding Knowledge and Skills

IV.1 Apply diagnosis and procedure codes based on provider's documentation in the health Record

IV.1 Determine principal/primary diagnosis and procedure

IV.1 Sequence diagnoses and procedures

Domain 2 – Coding Documentation

IV.1 Review health record to assign diagnosis and procedure codes for an encounter

Medical Terminology Workplace Tasks Competencies (NWCA):

Professional written and verbal communication including the correct use of:

1. Medical terms with patients
2. Medical Personnel
3. 3rd party payers, and
4. Vendors and suppliers.

Course Number and Name: HIT 2625 Coding Systems II

Description: This course is a continuation of Coding Systems I. The course will continue to focus on how to transform narrative descriptions of diseases and injuries into alphanumeric diagnostic ICD-10-CM codes and also how to build ICD-10-PCS and/or CPT/HCPCS procedure codes. The course is designed to provide the student with knowledge of diagnostic and procedural coding applications and how they pertain to all aspects of medical care, research, data analysis, and financial implications. They will practice coding guidelines by applying the ICD-10-CM and ICD-10-PCS and/or CPT/HCPCS codes to coding cases and scenarios using the code books and encoder software.

Hour Breakdown:	Semester Credit Hours	Lecture	Lab	Contact Hours
	5	3	4	105

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Explain the use of classification systems, clinical vocabularies, and nomenclatures I.5, CCA, CCS
2. Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines IV.1, CCA, CCS
3. Determine diagnosis and procedure codes according to official guidelines IV.1 RM, CCA, CCS

2018 AHIMA Curricula Competencies:

I.5 Explain the use of classification systems, clinical vocabularies, and nomenclatures

IV.1 Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines

IV.1 RM Determine diagnosis and procedure codes according to official guidelines

Certified Coding Associate (CCA®) Competencies:

Domain 1 – Clinical Classification Systems

I.5 Incorporate clinical vocabularies and terminologies used in health information systems

IV.1 Consult reference materials to facilitate code assignment

IV.1 Apply inpatient coding guidelines

IV.1 Apply outpatient coding guidelines

IV.1 Apply physician coding guidelines

IV.1 Assign inpatient codes

IV.1 Assign outpatient codes

IV.1 Assign physician codes

Certified Coding Specialist (CCS®) Competencies:

Domain 1 – Coding Knowledge and Skills

IV.1 Apply diagnosis and procedure codes based on provider's documentation in the health Record

IV.1 Determine principal/primary diagnosis and procedure

IV.1 Sequence diagnoses and procedures

Domain 2 – Coding Documentation

IV.1 Review health record to assign diagnosis and procedure codes for an encounter

Course Number and Name: HIT 2633 Revenue Cycle Management

Description: This course is designed to identify the uses of coded data and health information in reimbursement and payment systems appropriate to all health-care settings and managed care.

Hour Breakdown:

Semester Credit Hours	Lecture	Lab	Contact Hours
3	3	0	45

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Describe components of revenue cycle management and clinical documentation improvement ^{IV, CCA, CCS}
2. Summarize regulatory requirements and reimbursement methodologies ^{IV. 3, CCA, CCS}
3. Evaluate revenue cycle processes ^{IV. 2 RM, CCA, CCS}
4. Evaluate compliance with regulatory requirements and reimbursement methodologies ^{IV.3 RM, CCA, CCS}

2018 AHIMA Curricula Competencies:

IV. 2 Describe components of revenue cycle management and clinical documentation improvement

IV. 3 Summarize regulatory requirements and reimbursement methodologies

IV. 2 RM Evaluate revenue cycle processes

IV.3 RM Evaluate compliance with regulatory requirements and reimbursement methodologies

Certified Coding Associate (CCA®) Competencies:

Domain 2 – Reimbursement Methodologies

IV.3 Sequence codes for optimal reimbursement

IV.2 Communicate with financial departments

IV.2 Evaluate claim denials

IV.2 Communicate with the physician to clarify documentation

Certified Coding Specialist (CCS®) Competencies:

Domain 1 – Coding Knowledge and Skills

IV.2 Assign reimbursement classifications

Domain 4 – Regulatory Compliance

IV.3 Apply payer-specific guidelines

Course Number and Name: HIT 2643 Advanced Coding

Description: Students will receive instruction in CPT/HCPCS conventions, guidelines and coding principles. The student will practice coding guidelines by applying CPT/HCPCS codes to procedural coding cases and scenarios. introduction to coding with the Health Care Financing Administration's Common Procedural Coding System (HCPCS) with emphasis on Current Procedural Coding (CPT); and review of current reimbursement mechanisms.

Hour Breakdown:

Semester Credit Hours	Lecture	Lab	Contact Hours
3	2	2	60

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Explain the use of classification systems, clinical vocabularies, and nomenclatures I.5, CCA, CCS
2. Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines IV.1, CCA, CCS
3. Determine diagnosis and procedure codes according to official guidelines IV.1 RM, CCA, CCS

2018 AHIMA Curricula Competencies:

I.5 Explain the use of classification systems, clinical vocabularies, and nomenclatures

IV.1 Validate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines

IV.1 RM Determine diagnosis and procedure codes according to official guidelines

Certified Coding Associate (CCA®) Competencies:

Domain 1 – Clinical Classification Systems

I.5 Incorporate clinical vocabularies and terminologies used in health information systems

IV.1 Consult reference materials to facilitate code assignment

IV.1 Apply inpatient coding guidelines

IV.1 Apply outpatient coding guidelines

IV.1 Apply physician coding guidelines

IV.1 Assign inpatient codes

IV.1 Assign outpatient codes

IV.1 Assign physician codes

Certified Coding Specialist (CCS®) Competencies:

Domain 1 – Coding Knowledge and Skills

IV.1 Apply diagnosis and procedure codes based on provider's documentation in the health Record

IV.1 Determine principal/primary diagnosis and procedure

IV.1 Sequence diagnoses and procedures

Domain 2 – Coding Documentation

IV.1 Review health record to assign diagnosis and procedure codes for an encounter

Course Number and Name: HIT 2713 Health Care Management

Description: This course includes basic principles of management and leadership with emphasis on the health information setting.

Hour Breakdown:

Semester Credit Hours	Lecture	Lab	Contact Hours
3	3	0	45

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Demonstrate fundamental leadership skills ^{VI.1, CCA, CCS}
2. Identify the impact of organizational change ^{VI.2, CCA, CCS}
3. Identify human resource strategies for organizational best practices ^{VI.3, CCA, CCS}
4. Utilize financial management processes ^{VI.5, CCA, CCS}
5. Examine behaviors that embrace cultural diversity ^{VI.6, CCA, CCS}
6. Identify processes of workforce training for healthcare organizations ^{VI.9, CCA, CCS}

2018 AHIMA Curricula Competencies:

- VI.1 Demonstrate fundamental leadership skills
- VI.2 Identify the impact of organizational change
- VI.3 Identify human resource strategies for organizational best practices
- VI.5 Utilize financial management processes
- VI.6 Examine behaviors that embrace cultural diversity
- VI.9 Identify processes of workforce training for healthcare organizations

Certified Coding Associate (CCA®) Competencies:

Domain 2 – Reimbursement Methodologies

- VI.1 Communicate with financial departments
- VI.1 Communicate with the physician to clarify documentation

Domain 4 – Compliance

- VI.6 Educate providers on compliant coding
- VI.9 Assist in preparing the organization for external audits

Certified Coding Specialist (CCS®) Competencies:

Domain 4 – Regulatory Compliance

- VI.3 Ensure integrity of health records

Course Number and Name: HIT 2812 Performance Improvement Techniques

Description: This course covers principles of performance improvement techniques in health-care facilities; trends in utilization and risk management; and the use of quality monitors in the health information department.

Hour Breakdown:

Semester Credit Hours	Lecture	Lab	Contact Hours
2	1	2	45

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Report Health care data through graphical representations. III.4, CCA
2. Describe research methodologies used in healthcare III.5, CCA
3. Describe the concepts of managing data III.6, CCA
4. Manage data within a database system III.6, CCA

2018 AHIMA Standard

III.4 Report Health care data through graphical representations

III.5 Describe research methodologies used in healthcare

III.6 Describe the concepts of managing data

III.6 Manage data within a database system

Certified Coding Associate (CCA®) Competencies:

Domain 3 – Health Record and Data Content

III.4 Generate reports for data analysis

Domain 5 – Information Technologies

III.6 Navigate throughout the EHR

III.6 Utilize encoding and grouping software

III.6 Utilize practice management and HIM systems

Course Number and Name: HIT 2914 Health IT Systems

Description: This course is an overview of computer use in health-care facilities with an emphasis on applications for health information systems, including the electronic health record. This course covers the aspects of electronic health records (EHR) in the health-care environment. In addition, it explores implementation of EHR in various health-care settings.

Hour Breakdown:	Semester Credit Hours	Lecture	Lab	Contact Hours
	4	3	2	75

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Describe components of data dictionaries and data sets I.6, CCA
2. Apply health informatics concepts to the management of health information III.1, CCA
3. Utilize technologies for health information management III.2, CCA
4. Describe the concepts of managing data III.6, CCA
5. Summarize standards for the exchange of health information III.7, CCA
6. Describe consumer engagement activities VI.8, CCA
7. Evaluate data dictionaries and data sets for compliance with governance standards I.6 DM, CCA
8. Manage data within a database system III.6 DM, CCA
9. Identify standards for exchange of health information III.7 DM, CCA

2018 AHIMA Curricula Competencies:

I.6 Describe components of data dictionaries and data sets
III.1 Apply health informatics concepts to the management of health information
III.2 Utilize technologies for health information management
III.6 Describe the concepts of managing data
III.7 Summarize standards for the exchange of health information
VI.8 Describe consumer engagement activities
I.6 DM Evaluate data dictionaries and data sets for compliance with governance standards
III.6 DM Manage data within a database system
III.7 DM Identify standards for exchange of health information

Certified Coding Associate (CCA®) Competencies:

Domain 3 – Health Record and Data Content

Domain 5 – Information Technologies

I.6 Navigate throughout the EHR
III.2 Utilize encoding and grouping software
III.2 Utilize practice management and HIM systems
III.6 Utilize CAC software that automatically assigns codes based on electronic text
III.7 Validate the codes assigned by CAC software

Course Number and Name: HIT 2921 Certification Fundamentals for HIT

Description: This course is an in-depth study and review of material covered in the HIT curriculum. It is designed to prepare students for the national registry exam.

Hour Breakdown:	Semester Credit Hours	Lecture	Lab	Contact Hours
	1	0	2	30
	1	1	0	15

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Prepare students to register for the RHIT exam offered through AHIMA by passing a mock exam. CCA, CCS
2. Review domain content in the current AHIMA RHIT Exam Content outline to prepare for the RHIT examination. CCA, CCS
 - Domain 1: Data Content, Structure, and Information Governance
 - Domain 2: Access, Disclosure, Privacy, and Security
 - Domain 3: Data Analytics and Use
 - Domain 4: Revenue Cycle Management
 - Domain 5: Compliance
 - Domain 6: Leadership

Certified Coding Associate (CCA®) Competencies:

Domain 1 – Clinical Classification Systems
Domain 2 – Reimbursement Methodologies
Domain 3 – Health Record and Data Content
Domain 4 – Compliance
Domain 5 – Information Technologies
Domain 6 – Confidentiality and Privacy

Certified Coding Specialist (CCS®) Competencies:

Domain 1 – Coding Knowledge and Skills
Domain 2 – Coding Documentation
Domain 3 – Provider Queries
Domain 4 – Regulatory Compliance

Course Number and Name: HIT 2823 Quality Management and Compliance

Description: This course focuses on the study of issues inherent in the management of quality and PI programs in healthcare to include trends in utilization and risk management, analysis and presentation of performance improvement data, the effect of key legislation on quality initiatives, and compliance with external forces.

Hour Breakdown:

Semester Credit Hours	Lecture	Lab	Contact Hours
3	2	2	60

Prerequisite: Instructor Approved

Student Learning Outcomes:

1. Report health care data through graphical representations III.4, CCA, CCS
2. Demonstrate compliance with external forces V.2, CCA, CCS
3. Identify the components of risk management related to health information management V.3, CCA, CCS
4. Identify the impact of policy on health care V.4, CCA, CCS
5. Utilize data-driven performance improvement techniques for decision making VI.4, CCA, CCS

2018 AHIMA Curricula Competencies:

III.4 Report health care data through graphical representations

V.2 Demonstrate compliance with external forces

V.3 Identify the components of risk management related to health information management

V.4 Identify the impact of policy on health care

VI.4 Utilize data-driven performance improvement techniques for decision making

Certified Coding Associate (CCA®) Competencies:

Domain 4 – Compliance

VI.4 Assist in preparing the organization for external audits

Certified Coding Specialist (CCS®) Competencies:

Domain 4 – Regulatory Compliance

V.2 Ensure integrity of health records

V.2 Apply payer-specific guidelines

V.2 Ensure compliance with HIPAA guidelines

V.2 Ensure adherence to AHIMA's Standards of Ethical Coding

APPENDIX A: RECOMMENDED TOOLS AND EQUIPMENT

Capitalized Items

1. Networked computer lab (1 per program with minimum 15 computers)
2. Computer tables/desks/workstations (minimum 15 per program)
3. Printer, laser (with classroom networking)
4. Data (LCD) projector and screen
5. Filing system, HIPAA compliant (minimum of 1 per program)

*Other equipment items can be added when deemed appropriate by the community college industry craft committee or by industry/business training requirements.

Non-Capitalized Items

1. Cabinet, file (4 per program)
2. Scanner (1 per program)
3. Anatomy visual aids (models, charts, etc.)

*Other equipment items can be added when deemed appropriate by the community college industry craft committee or by industry/business training requirements.

SOFTWARE

1. Microsoft Office Suite – Word, Access, Excel, PowerPoint, VISIO
2. Cancer Registry software
3. Encoder Software package
4. Health Information System Application packages (1 per computer)
5. Library search tools
6. Statistical
7. Electronic Health Record software

* Additional equipment may be needed as certification requirements change.

* Other equipment items can be added when deemed appropriate by the community college industry craft committee or by industry/business training requirements.

RECOMMENDED INSTRUCTIONAL AIDS

It is recommended that instructors have access to the following items:

1. Copier
2. DVD player
3. Smartboard
4. Webcam
5. Pen Tablet

APPENDIX B: CURRICULUM DEFINITIONS AND TERMS

Course Name – A common name that will be used by all community colleges in reporting students

Course Abbreviation – A common abbreviation that will be used by all community and junior colleges in reporting students

Classification – Courses may be classified as the following:

- a. Career Certificate Required Course – A required course for all students completing a career certificate.
- b. Technical Certificate Required Course – A required course for all students completing a technical certificate.
- c. Technical Elective – Elective courses that are available for colleges to offer to students.

Description – A short narrative that includes the major purpose(s) of the

Prerequisites – A listing of any courses that must be taken prior to or on enrollment in the course

Corequisites – A listing of courses that may be taken while enrolled in the course

Student Learning Outcomes – A listing of the student outcomes (major concepts and performances) that will enable students to demonstrate mastery of these competencies

The following guidelines were used in developing the program(s) in this document and should be considered in compiling and revising course syllabi and daily lesson plans at the local level:

The content of the courses in this document reflects approximately 75% of the time allocated to each course. The remaining 25% of each course should be developed at the local district level and may reflect the following:

Additional competencies and objectives within the course related to topics not found in the state framework, including activities related to specific needs of industries in the community college district

Activities that develop a higher level of mastery on the existing competencies and suggested objectives

Activities and instruction related to new technologies and concepts that were not prevalent at the time the current framework was developed or revised

Activities that include integration of academic and career–technical skills and course work, school-to-work transition activities, and articulation of secondary and postsecondary career–technical programs

Individualized learning activities, including work-site learning activities, to better prepare individuals in the courses for their chosen occupational areas.

Sequencing of the course within a program is left to the discretion of the local college. Naturally, foundation courses related to topics such as safety, tool and equipment usage, and other fundamental skills should be taught first. Other courses related to specific skill areas and related academics, however, may be sequenced to take advantage of seasonal and climatic conditions, resources located outside of the school, and other factors. Programs that offer an Associate of Applied Science Degree must include all of the required Career Certificate courses, Technical Certificate courses **AND** a minimum of 15 semester hours of General Education Core Courses. The courses in the General Education Core may be spaced out over the entire length of the program so that students complete some academic and Career Technical courses each semester. Each community college specifies the actual courses that are required to meet the General Education Core Requirements for the Associate of Applied Science Degree at their college.

In order to provide flexibility within the districts, individual courses within a framework may be customized by doing the following:

Adding new student learning outcomes to complement the existing competencies and suggested objectives in the program framework.

Revising or extending the student learning outcomes

Adjusting the semester credit hours of a course to be up 1 hour or down 1 hour (after informing the Mississippi Community College Board [MCCB] of the change)

APPENDIX C: COURSE CROSSWALK

Course Crosswalk					
Health Information Technology (CIP: 51.0707)					
<i>Note: Courses that have been added or changed in the 2021 curriculum are highlighted.</i>					
Existing			Revised		
2017 MS Curriculum Framework			2021 MS Curriculum Framework		
Course Number	Course Title	Hours	Course Number	Course Title	Hours
HIT 1114	Health Record Systems	4	HIT 1114	Health Record Systems	4
HIT 1213	Medical Terminology	3	HIT 1213	Medical Terminology	3
HIT 1323	Health Care Law and Ethics	3	HIT 1323	Health Care Law and Ethics	3
HIT 2123	Alternate Care Systems	3	HIT 2123	Alternate Care Systems	3
HIT 2133	Health Statistics	3	HIT 2133	Health Statistics	3
HIT 2142	Electronic Health Records	2		HIT 2142 was removed.	
HIT 2253	Pathophysiology & Pharmacology I	3	HIT 2253	Pathopharmacology I	3
HIT 2414	Introduction to Coding	4	HIT 2414	Introduction to Coding	4
HIT 2453	Pathophysiology & Pharmacology II	3	HIT 2453	Pathopharmacology II	3
HIT 2512	Professional Practice Experience I	2	HIT 2512	Professional Practice Experience I	2
HIT 2522	Professional Practice Experience II	2	HIT 2522	Professional Practice Experience II	2
HIT 2543	Intermediate Coding	3	HIT 2543	Intermediate Coding	3
HIT 2913	Computers in Health Care	3	HIT 2914	Health IT Systems	4
HIT 2615	Coding Systems I	5	HIT 2615	Coding Systems I	5
HIT 2625	Coding Systems II	5	HIT 2625	Coding Systems II	5
HIT 2633	Reimbursement Methodologies	3	HIT 2633	Revenue Cycle Management	3
HIT 2643	Advanced Coding	3	HIT 2643	Advanced Coding	3
HIT 2713	Health Care Supervision	3	HIT 2713	Health Care Management	3
HIT 2812	Performance Improvement Techniques	2	HIT 2812	Performance Improvement Techniques	2
			HIT 2823	Quality Management and Compliance	3
HIT 2921	Certification Fundamentals for HIT	1	HIT 2921	Certification Fundamentals for HIT	1

APPENDIX D: RECOMMENDED TEXTBOOK LIST

Recommended Textbook List CIP: 51.0707- Medical Records Technology/Technician		
Book Title	Author(s)	ISBN
MindTap: Essentials of Health Information Management: Principles and Practices (2 Terms + Loose-leaf Book) 4 th edition	Bowie	9781337553674
Health Information Management Case Studies 2 nd edition	Foley	9781584267690
Health Information Management Technology: An Applied Approach w/ Adaptive Learning Tool 6 th edition	Sayles	9781584268086
MindTap for Legal and Ethical Aspects of Health Information Management (2 Terms + Loose-Leaf Book) 5 th edition	McWay	9780357361542
Medical Terminology for Health Professionals 9 th edition	Ehrlich and Schroeder	9781305634350
Understanding ICD-10-CM and ICD-10-PCS: A Worktext 6 th ed.	Bowie	9780357516942
Optum ICD-10-CM Expert for Hospitals (Spiral)		9781622545230
Introduction to Information Systems for Health Information Technology 4th ed.	Sayles and Burke	9781584266266
Pathopharmacology 1 st edition	Colbert and Pierce	9781337395892
Optum ICD-10-PCS Expert (Spiral)		9781622545445
MindTap: Basic Allied Health Statistics and Analysis 5 th edition	Koch	9780357516843
Quality and Performance Improvement in Healthcare 7 th edition	Shaw	9781584266631
Management for the Health Information Professional 2 nd ed.	Kelly and Greenston	9781584266815
Understanding Current Procedural Terminology and HCPCS Coding Systems with Mindtap 8 th edition	Bowie	9780357516980
Principles of Healthcare Reimbursement 6 th edition	Casto	9781584266464
Medical Terminology An Illustrated Guide; 8th edition	Barbara J. Cohen	
An Introduction to Human Disease, 10 th edition	Leonard Crowley	
Fundamentals of Law for Health Informatics and Information Management, 3 rd edition	Melanie Brodnik	
Medical Coding in the Real World; 2nd edition	Elizabeth Roberts	
Medical Coding in the Real World, Student Workbook; 2 nd edition	Elizabeth Roberts	
ICD-10-CM Code Book	Anne B. Castro	

ICD-10-PCS Code Book, Professional Edition	Anne B. Castro	
Calculating and Reporting Healthcare Statistics; 6 th edition	Susan White	
MED, RHIA, FAHIMA; Quality and Performance Improvement in Healthcare; 7 TH edition	Patricia Shaw	
Principles of Healthcare Reimbursement, 5 th edition	Anne Castro	
Registered Health Information Technician (RHIT) Exam Preparation 8 th edition	Carter and Shaw	9781584267058