

## HITM1220 - Foundations of Medical Coding

Credits:	3 (2/1/0)
Description:	This course introduce students to coding and classification systems used in the delivery of health care, along with the basic rules and regulations of coding.
Prerequisites:	<ul style="list-style-type: none"> <li>• HITM1151</li> <li>• HLTH1116</li> </ul>
Corequisites:	
Pre/Corequisites*:	
Competencies:	<ol style="list-style-type: none"> <li>1. Identify and describe the differences between the various classification systems utilized for diagnosis coding.</li> <li>2. Identify and describe the differences between the various classification systems utilized for procedure coding.</li> <li>3. Understand which classification system is utilized for various health care settings.</li> <li>4. Explain the purpose of general equivalence mapping.</li> <li>5. Recognize expressions, symbols and terms used in the field of medicine.</li> <li>6. Explain the function of the Standard Nomenclature of Medicine-Clinical Terminology (SNOMED CT).</li> <li>7. Assess compliance with American Health Information Management Association (AHIMA) standards of ethical coding.</li> <li>8. Identify available coding guideline resources.</li> <li>9. Determine which coding guidelines to apply to various clinical documentation.</li> <li>10. Define the role of a medical coder.</li> <li>11. Identify software used in the assignment of diagnostic and procedural codes.</li> </ol>
MnTC goal areas:	None

\*Can be taking as a Prerequisite or Corequisite.