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

**Can be taking as a Prerequisite or Corequisite.*

© 2026 Minnesota State Community and Technical College.
We reserve the right to periodically update information without notice.
The information in this publication should not be regarded as contractual in nature.