HIM-HEALTH INFO MANAGEMENT (HIM)

HIM 1211 Basic Health Information Technology (3 Credits)
This course offers an overview of health information technology and management. The main topics include general systems environment, project and change management, aspects of patient centered care, and privacy and security including healthcare cybersecurity strategies. Although the focus is on medical practice management, the concepts apply in all healthcare environments. The curriculum prepares students to complete the Professional Association of Health Care Office Management (PAHCOM) Health Information Technology Certified Manager – Physician Practice (HITCM-PP) industry exam.

HIM 1273 Medical Insurance & Coding I (3 Credits)
This course offers students a complete foundation for physician office coding and billing. The emphasis of this course is on the medical office reimbursement process from start to finish.

HIM 1433 Concepts of Disease (3 Credits)
This course introduces the nature, cause and treatment of human diseases enabling students to extract, analyze and classify information within the medical (health) record. Common pharmacological treatments for various diseases are also discussed.

HIM 2012 Medicolegal Aspects of Records (3 Credits)
This course covers healthcare information requirements and standards from internal and external sources. These requirements include fraud and abuse regulations, healthcare privacy, confidentiality, and legal and ethical requirements. Issues related to the health information infrastructure are also addressed.

HIM 2214 Healthcare Statistics (3 Credits)
This course will provide instruction in healthcare data collection, maintenance, and reporting. Data capture tools that enable data visualization of performance measures are introduced and opportunities for quality improvement processes are explored. Concepts of descriptive statistics, common research methodologies, and data analytics are presented.

HIM 2253 CPT-4 Coding & Reimbursement (3 Credits)
Students are shown how to analyze source documents and properly use the CPT manual to accurately select all professional procedure codes applicable to any medical, health, or surgical encounter. Special emphasis is placed upon the relationship between reimbursement and CPT coding. It is recommended that the student complete an anatomy and physiology course or its equivalent prior to enrolling in this course. A minimum of 3 hours of structured lab time per week is required.

HIM 2410 ICD Coding 1 (3 Credits)
This course, the first in a two-course sequence, introduces principles and guidelines for using the current international classification of diseases system to code diagnoses in all healthcare settings and procedures in an acute care setting. Examples of patient records, and exercises using coding manuals and software tools, provide practice in coding and sequencing diagnoses and procedures. History and development of clinical vocabularies and classifications systems are introduced. Application of coding principles to electronic record systems is explored.

HIM 2412 ICD Coding 2 (3 Credits)
This course is a continuation of HIM 2410 and builds on skills in using the International Classification Of Diseases CM and PCS system to code diagnoses and acute care procedures. Coding of conditions and related procedures not addressed in the previous course are covered. Reimbursement methodologies for acute care and other healthcare settings, as well as coding ethics, data quality and integrity are explored. Examples of patient records, and exercises using coding manuals and software tools provide practice in coding and sequencing diagnoses and procedures.

HIM 2442 Pharmacology & Laboratory Analysis (1 Credit)
This course will introduce HIM students to the most common drugs and laboratory tests utilized in medicine. Students will learn how to abstract key information from the medical record to assist in improving physician documentation and to ensure all valid conditions are coded.

HIM 2810 PPE: Revenue Cycle Functions (1 Credit)
Students will demonstrate coding knowledge and skills including application of coding conventions and guidelines, modifiers, coding edits, reimbursement classifications and status indicators. Students will review health record documentation, identify discrepancies and appropriately query clinicians. They will demonstrate knowledge of hospital (in and outpatient) and physician revenue cycles including the value-based reimbursement models. Students will also demonstrate knowledge of legal and ethical practices. This course is partly virtual and partly on-site in a medical practice or hospital setting.