

CATALOG ADDENDUM: DECEMBER 2021

Below are listed additions and corrections to the 2021-22 Bucks County Community College Catalog since its publication. All corrections listed below have been made in the main online catalog sections to which they apply. They do not appear, however, in the PDF version of the full catalog.

SECTION 2: MAJORS AND CERTIFICATE PROGRAMS

Majors and Certificate Programs: Descriptions

<u>Guided Studies</u>, <u>Associate of Arts (Curriculum Code No. 1202)</u>: On the list of concentration electives within the Words, Texts, and Communication, "Any course with the prefix COMP" has been changed to "COMP courses with numbers higher than 110."

Medical Coding/Billing, Certificate Program (Curriculum Code No. 3174): The program has been updated:

Medical Coding/Billing CERTIFICATE PROGRAM

Students pursuing programs in the medical office laboratory area are required to complete an <u>Essential Functions form</u> prior to registering for courses.

This major is primarily designed for job preparedness. Students who are considering transferring to a baccalaureate institution should be aware that decisions on transferability of courses are made by the baccalaureate institutions and differ from school to school. Students should contact the Transfer Services Office early in their academic program to determine which courses will transfer to the college of their choice.

Health Sciences

Founders Hall 112 • Phone 215-968-8353 (option 3) Curriculum Code No. **3174**

The Medical Coding/Billing Certificate program prepares graduates for positions as ambulatory care coders (Current ICD Curriculum, CPT/HCPCs), as well as billers, patient accounts representatives, and other support

positions in medical offices, hospitals, and other health care facilities. Upon program completion, graduates are qualified to take the Certified Coding Specialist - Physician's Office - National Certification Examination conducted by the American Health Information Management Association (AHIMA), and the Certified Professional Coder (CPC) National Certification Examination conducted by the American Academy of Professional Coders.

Graduates of this program are able to:

- Identify diagnoses and procedures provided in patient information;
- Assign appropriate diagnoses and procedure codes for patient care, population health statistics and billing purposes;
- Integrate information for cost control, quality management, statistics, marketing, and planning;
- Monitor governmental and non-governmental standards;
- Design system controls to monitor patient information security; and
- Communicate effectively with patients, members of the health care team, and billing offices, both face-to-face and via telehealth

<u>Labor Market Analysis</u> **Medical Coding & Billing Certificate**

Learn about the job market, average salary, and necessary level of training you can expect to encounter in the workforce after completing this program based on data from the PA Department of Labor.

CERTIFICATE REQUIREMENTS

Course

Medical Terminology A

COLL101 College Success Seminar	1 credit
MEDA140 Keyboarding and Document Processing ^A	3 credits
BIOL115 Basic Human Anatomy	3 credits
MEDA120	3 credits

Course

HITT190 3 credits

Introduction to Health Information Technology

HITT105 3 credits

Legal Aspects of Health Information Technology

HITT217 3 credits

Medical Insurance & Reimbursement B

HITT285 3 credits

Medical Coding/Billing Externship ^C

HITT297 3 credits

Medical Coding ^B

HITT298 3 credits

Advanced Procedural Coding B

HITT299 3 credits

Advanced Diagnostic Coding B

Total Credit Hours 31 credits

Since the individual circumstances and backgrounds of students vary, all students planning to complete this certificate program must meet with their assigned academic advisor to develop a planned sequence of courses to meet their individual needs.

Suggested Semester Sequence

^A Open for credit by examination.

^B Course requires prerequisite or corequisite.

^C Completion of all other HITT courses and permission of the Department of Health Sciences.

Course Credits	Credits
COLL101 College Success Seminar	1
MEDA120 Medical Terminology ^A	3
HITT190 Introduction to Health Information Technology	3
BIOL115	3
Basic Human Anatomy ^B	
HITT297	3
Medical Coding B	0
Total Credit Hours	13

SPRING I

Course	Credits
HITT105 Legal Aspects of Health Information Technology	3
<u>HITT217</u>	
Medical Insurance and Reimbursement ^B	3
<u>HITT298</u>	3
Advanced Procedural Coding ^B	

Course	Credits
<u>HITT299</u>	3
Advanced Diagnostic Coding ^B	
MEDA140	
College Keyboarding and Document Processing ^A	3
Total Credit Hours	15

SUMMER I

Course	Credits
HITT285 Medical Coding/Billing Externship D	3
Total Credit Hours	3

SECTION 3: COURSE DESCRIPTIONS

Legal Aspects of Health Information Technology (HITT105): Section VII, A Course Learning Goals of the Master Course Outline has been updated:

Students will:

- Describe components of HIPAA as they apply to Medical Coding/Billing
- Discuss privacy and security issues impacting Health Information Technology;
- Explain legal principles impacting Health Information Technology; and

^A Open to Credit by Examination.
^B Course requires prerequisite or corequisite

^C Placement testing required

^D Completion of other HITT courses and permission of the Department of Health Sciences.

• Identify the role of the health information professional in legal healthcare compliance.

<u>Introduction to Health Information Technology (HITT190)</u>: Section VII, A Course Learning Goals of the Master Course Outline has been updated:

Students will:

- Identify the regulators of healthcare, including government and nongovernment entities;
- Describe the role of the federal, state, and local governments in the provision of health care;
- Analyze Health Information Technology systems in terms of their support of organizational operations;
- Explain the relationship of the acute care medical record to the development of the organization-wide information management plan;
- Abstract medical records using the Uniform Hospital Discharge Data Set guidelines; and
- Analyze medical records to determine adherence to all state and federal guidelines.

<u>Health Insurance and Reimbursement (HITT217)</u>: Section VII, A Course Learning Goals of the Master Course Outline has been updated:

Students will:

- Analyze the impact medical insurance products and services have on the healthcare delivery system;
- Explain the role of healthcare providers, insurers, and integrated delivery systems in the medical insurance marketplace;
- Explain pay-for-performance systems and the Centers for Medicare and Medicaid Services model: and
- Discuss health insurance, public funding programs, managed care contracting, and how services are paid.

<u>Medical Coding/Billing Externship (HITT285)</u>: The Master Course Outline has been updated:

- I. Course Number and Title
 HITT285 Medical Coding/Billing Externship
- II. Number of Credits 3
- III. Instructional Minutes 6750
- IV. Pre-req Completion of all courses in the Medical Coding/Billing Certificate program with a C or better and permission of the Department of Health Sciences

V. Other Pertinent Information

Students must meet with the Department Clinical Coordinator. Site placement could be based on CGPA. Prior to Externship placement, students must submit:

- 1. Request for federal and state background checks
- 2. Child Abuse Clearance Form
- 3. Certification of Health Status
- 4. Certification in CPR: Healthcare Provider

VI. Course Description

Medical Coding/Billing Certificate students will apply coding/billing principles in a health care provider setting. Students will gain experience in International Classification of Diseases Coding Modifiers (current ICD curriculum) and Current Procedural Terminology (CPT) coding systems and related activities.

VII. Required Course Content

A. Course Learning Goals

Students will:

- Process health information while maintaining confidentiality and security;
- Manage information for cost control in a healthcare setting;
- Assign appropriate diagnostic and procedure codes for patient care, population health statistics and billing purposes;
- Communicate effectively with patients, members of the health care team, and billing offices, both face-to-face and via telehealth
- Analyze professional demeanor and behavior; and
- Effectively collaborate with healthcare team members to successfully triage multiple priorities.

B. Sequence of Topics

- 1. Diagnostic Coding
- 2. Procedural coding
- 3. Analysis of Health Information Technology Systems
- 4. Abstraction of Records
- 5. Health care statistics
- 6. Revenue Cycle Management
- 7. Health Information Security
- 8. Certification Exam Prep
- 9. Communication skills
- 10. Record keeping
- 11. Scope of practice for a variety of health care team members
- 12. Conflict resolution
- 13. Providing/receiving constructive criticism
- 14. HIPAA
- 15. Professional organizations
- 16. Professional development after graduation
- 17. Resume development

- 18. Interview skills
- 19. Attributes of a successful employee
- 20. Teamwork in the workplace

C. Assessment Methods

The assessment of course learning goals will be based on classroom discussions, written exams, assignments, papers, and/or performance-based tasks and projects.

D. Reference

See course syllabus

Medial Coding (HITT297): Sections VII, A Course Learning Goals and Planned Sequence of Topics and/or Learning Activities of the Master Course Outline has been updated:

A. Course Learning Goals

Students will:

- Explain CPT Coding Techniques; and
- Interpret codes using the alphabetic and tabular structures of the ICD official Codebook.

B. Sequence of Topics

- Introduction to CPT and Healthcare Common Procedural Coding System (HCPCS) codes
- 2. Introduction to ICD codes
- 3. Evaluation and management
- 4. Anesthesia and surgery codes
- 5. Radiology and Pathology/Laboratory codes
- 6. Medicine codes
- 7. Coding guidelines
- 8. Third-party reimbursement

Advanced Procedural Coding (HITT298): Section VII, A Course Learning Goals of the Master Course Outline has been updated:

Students will:

- Apply procedural coding guidelines to clinical situations involving varied diagnoses;
- Apply the HCPCS Levels I, II, and III coding system;
- Apply correct modifiers in the HCPCS Levels I, II, and III coding system; and
- Explain the coding initiative for current ICD official Procedural Codebook.

Advanced Diagnostic Coding (HITT299): Section V Course Description and VII, A Course Learning Goals of the Master Course Outline have been updated:

VI. Course Description

This advanced course covers Current Procedural Terminology (CPT), International Classification of Diseases (current ICD curriculum), Health Care Procedural Coding Systems (HCPCS), modifier applications, evaluation and management services, and coding issues for specific body systems.

VII. Required Course Content

A. Course Learning Goals

Students will:

- Apply diagnostic codes using the alphabetic and tabular structures of the official code book;
- Identify both principal and secondary current ICD diagnoses; and
- Explain coding issues and concerns using the official ICD Codebook and Handbook