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| **Institution:** | Lamar State College Port Arthur | **Program Award Title and Level:** | AAS Medical Coding Specialist |

| **Key Activities to WECM Courses Matrix** |
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| **Key Activity #/Statement** | **WECM Course Rubric, Number and Title** |
| POFM 1300 Basic Medical Coding | POFM 1302 Medical Software Applications | HITT 1313 Coding and Insurance | MDCA 1205 Medical Law and Ethics | POFM 2310 Intermediate Medical Coding | HITT 2346 Advanced medical Coding | HPRS 2331 General Health Professions Management | HITT 1301 Health Data Content and Structure |       |       |       |       |
| (1) Properly applies diagnosis and procedure codes to medical charts, records and related documents |   |   |   |   |   |   |   |   |   |   |   |   |
| 1.1 Enters or confirms code(s) associated with medical diagnosis(es), procedures, and services  | x |   | x |   | x | x |   |   |   |   |   |   |
| 1.2 Ensures medical codes reflect medical record documentation | x |   | x |   | x | x |   |   |   |   |   |   |
| (2) Supports documentation of care for services provider reimbursement process to ensure timely and accurate payment |   |   |   |   |   |   |   |   |   |   |   |   |
| 2.1 Ensures accuracy of diagnosis/procedural groups such as DRG (Diagnosis Related Group), MSDRG (Medical Severity), APC (Ambulatory Payment Classification), etc. |   |   |   |   |   |   |   | x |   |   |   |   |
| 2.2 Communicates with physicians or other care providers to ensure appropriate documentation |   |   | x |   |   |   |   |   |   |   |   |   |
| 2.3 Applies policies and procedures to comply with changing regulations among various payment systems for healthcare services, such as Medicare, Medicaid, managed care, etc. |   |   | x |   |   |   |   |   |   |   |   |   |
| 2.4 Applies policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery |   |   | x |   |   |   |   | x |   |   |   |   |
| 2.5 Supports accurate billing through coding, charge master, claims management and bill reconciliation processes |   |   | x |   |   |   |   |   |   |   |   |   |
| 2.6 Ensures accuracy of diagnostic/procedural groupings such as DRG and APC |   |   | x |   |   |   |   |   |   |   |   |   |
| 2.7 Resolves discrepancies between coded data and supporting documentation |   |   |   |   |   | x |   |   |   |   |   |   |
| (3) Maintains accurate and complete patient health records |   |   |   |   |   |   |   |   |   |   |   |   |
| 3.1 Compiles patient data and performs data quality reviews to validate code assignment and compliance with reporting requirements |   |   | x |   |   |   |   | x |   |   |   |   |
| 3.2 Ensures that medical records are complete, including medical history, care or treatment plans, tests ordered, test results, diagnosis and medications taken  |   | x |   |   |   |   |   |   |   |   |   |   |
| 3.3 Verifies consistency between diagnosis and treatment plans, procedures and services |   |   | x |   |   |   |   |   |   |   |   |   |
| (4) Ensures compliance with healthcare law, regulations and standards related to information protection, privacy, security and confidentiality. |   |   |   |   |   |   |   |   |   |   |   |   |
| 4.1 Participates in compliance (fraud and abuse), HIPAA (Health Insurance Portability and Accountability Act of 1996), and other organization specific training |   |   |   | x |   |   |   |   |   |   |   |   |
| 4.2 Validates coding accuracy using clinical information found in the health record | x |   | x |   | x | x |   |   |   |   |   |   |
| 4.3 Adheres to current regulations and establish guidelines in code assignment (focus on assignment of principle diagnosis, principle procedure, and sequencing as well as other clinical coding guidelines) |   |   | x |   |   | x |   |   |   |   |   |   |
| 4.4 Uses established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative and others.  |   |   | x |   |   | x |   |   |   |   |   |   |
| Job 5. Maintains appropriate technology solutions including health information systems to support health care delivery and organizational priorities |   |   |   |   |   |   |   |   |   |   |   |   |
| 5.1 Specifies, refines, updates, produces, and makes available a formal approach to implement information and communication technology solutions necessary to develop and operate the health information system architecture in support of the organization |   |   |   |   |   |   | x | x |   |   |   |   |
| 5.2 Stays apprised of innovative solutions for integration of new technology into existing products, applications or services |   | x |   |   |   |   | x |   |   |   |   |   |
| 5.3 Identifies and clarifies user needs (internal and external customers) and organizational policies to ensure system architecture and applications are in line with business requirements |   | x |   |   |   |   |   | x |   |   |   |   |
| 5.4 Uses and maintains applications and process to support other clinical classification and nomenclature as appropriate (e.g. DSM-V-Diagnostic and Statistical manual of Mental Disorders - SNOMED-CT - Systemized Nomenclature of Medicine - Clinical terms, etc.) |   |   | x |   |   |   |   | x |   |   |   |   |
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