### Coding Specialty Track HIM Curriculum Competencies

Concepts to be interwoven throughout all levels of the curricula include:
- **CRITICAL THINKING**: For example the ability to work independently, use judgment skills effectively, be innovative by thinking outside of the box
- **PERSONAL BRANDING**: For example personal accountability, reliability, self-sufficiency

Specialty Track Student Learning Outcomes are derived from the CCS/CCS-P credentialing exam content and are generally at a higher taxonomic level than similar learning outcomes from the associate level curriculum competencies as the intent of the specialty track is to build on the HIM academic foundation.

Completion of this specialty track does not alone enable a student to meet the CCS/CCS-P exam eligibility criteria. However, the content when combined with work experience and other required education (where applicable), should assist in preparing students for the successful completion of the credentialing exam. See current [CCS/CCS-P](#) eligibility requirements for additional information.

<table>
<thead>
<tr>
<th>Student Learning Outcomes</th>
<th>Bloom’s Level</th>
<th>Curricular Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain I. Data Content Structure and Standards</strong></td>
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<tr>
<td><strong>DEFINITION</strong>: Academic content related to diagnostic and procedural classification and terminologies; health record documentation requirements; characteristics of the healthcare system; data accuracy and integrity; data integration and interoperability; respond to customer data needs; data management policies and procedures; information standards.</td>
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<tr>
<td><strong>Subdomain I.A Classification Systems</strong></td>
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</tbody>
</table>
| 1. Evaluate the accuracy of diagnostic and procedural coding. | 5 | • Principles and applications of classification, taxonomies, nomenclatures, terminologies, clinical vocabularies, auditing  
• ICD-9-CM/ICD-10-CM/ICD-10-PCS Official Guidelines for Coding and Reporting  
• Uniform Hospital Discharge Data Set  
• AHIMA Standards of Ethical Coding | |
| 2. Manage diagnostic/procedural groupings | 5 | • Principles and applications of diagnostic and procedural grouping  
• DRG, MSDRG, APC, RUGS  
• Other groupers – APR-DRGs, Medicaid’s version of APR-DRGs, payer specific groupings such as TriCare  
• AHIMA Standards of Ethical Coding  
• CMS | |
<p>| 3. Evaluate the accuracy of diagnostic/procedural coding. | 5 | • Principles and applications of diagnostic and procedural coding | |</p>
<table>
<thead>
<tr>
<th>Subdomain I.B. Health Record Content and Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interpret health record documentation using knowledge of anatomy, physiology, clinical disease processes, pharmacology, and medical terminology to identify codeable diagnoses and/or procedures.</td>
</tr>
<tr>
<td>2. Analyze the documentation in the health record to ensure quality and completeness of coding.</td>
</tr>
<tr>
<td>3. Determine when additional clinical documentation is needed to assign the diagnosis and/or procedure code(s).</td>
</tr>
</tbody>
</table>

- Uniform Hospital Discharge Data Set
- AHIMA Standards of Ethical Coding

4. Consult reference materials to facilitate code assignment

5. Principles and applications of diagnostic and procedural grouping
- Uniform Hospital Discharge Data Set

1 This is the curriculum content floor, but not the ceiling.

Final Date: June 11, 2014
Rev. March 2, 2015
| 4. | Differentiate the roles and responsibilities of various providers and disciplines, to support documentation requirements, throughout the continuum of healthcare. | 5 | • Health Information Systems as it relates to the roles and responsibilities of healthcare providers  
• Administrative (patient registration, ADT, billing) and Clinical (lab, radiology, pharmacy).  
• Medical Staff Rules and Regulations/Medical Staff Bylaws  
• CMS Conditions of Participation  
• State Regulations governing the Medical Staff and Medical Record Completion. |
| 5. | Engage with physicians and other healthcare providers to obtain further clinical documentation to assist with code assignment. | 5 | • Soft skills  
• Professionalism  
• Diplomacy  
• AHIMA February 2013 “Guidelines for Achieving a Compliant Query Practice |
| 6. | Differentiate patient encounter type | 5 | • Inpatient  
• Outpatient  
• Emergency  
• Observation  
• Impact on coding for different patient encounter types |
| 7. | Determine and post charges for healthcare services based on documentation. | 4 | • Charge Description Master  
• HCPCS CPT-4 Evaluation and Management Guidelines  
• National Correct Coding Initiative Edits |
| 8. | Determine and resolve coding edits such as Correct Coding Initiative (CCI), Medicare Code Editor (MCE) and Outpatient Code Editor (OCE). | 5 | • National Correct Coding Initiative Edits  
• Outpatient Code Editor  
• www.cms.gov/Medicare/Medicare.html |

**Subdomain I.C. Data Governance**

| 1. | Access the quality of coded data | 5 | • Data stewardship  
• Data and data sources for patient care  
• Management, billing reports, registries, and/or databases  
• Data Integrity concepts and standards  
• Data Sharing  
• Data interchange standards  
• X2, HL-7  
• Application of policies  
• By-laws |
2. Determine the accuracy of abstracted data elements for database integrity and claims processing.  5  
- National Correct Coding Initiative Edits
- Outpatient Code Editor
- www.cms.gov/Medicare/Medicare.html

3. Facilitate healthcare providers' education regarding reimbursement methodologies, documentation rules, and regulations related to coding.  5  
- AHIMA February 2013 "Guidelines for Achieving a Compliant Query Practice
- National Correct Coding Initiative Edits
- Outpatient Code Editor
- www.cms.gov/Medicare/Medicare.html

**Domain II. Information Protection: Access Disclosure Archival Privacy and Security**

**Definition:** Understand healthcare law (theory of all healthcare law to exclude application of law covered in Domain V); develop privacy, security, and confidentiality policies, procedures and infrastructure; educate staff on health information protection methods; risk assessment; access and disclosure management.

**Subdomain II.B. Data Privacy Confidentiality and Security**

1. Comply with policies and procedures for access and disclosure of personal health information.  5  
- Internal and external standards, regulations and initiatives
- State and federal privacy and security laws
- Patient verification
- Medical identity theft
- Data security concepts
- Security processes and monitoring

2. Determine/report privacy issues/problems  5  
- Security processes and policies
- Data/information standards

**Subdomain III. H. Information Integrity and Data Quality**
1. Ensure data integrity and validity using software of hardware technology reliability. | 5 | • Quality assessment and improvement  
• Process, collection tools, data analysis, reporting techniques  
• Disease management process  
• Case management/care coordination  
• Data reliability  
• Physical aspects of data integrity (ie hardware security, safeguarding hardware from damage (water, temperature, food etc)

Domain V. Compliance  
**Definition:** COMPLIANCE activities and methods for all health information topics. For example, how to comply with HIPAA, Stark Laws, Fraud and Abuse, etc.; coding auditing; severity of illness; data analytics; fraud surveillance; clinical documentation improvement.

**Subdomain V.A. Regulatory**

1. Analyze policies and procedures to ensure organizational compliance with regulations and standards | 4 | • Internal and External standards regulations and initiatives  
• HIPAA, ARRA, The Joint Commission, Quality Integrity Organizations, meaningful use  
• Risk management and patient safety

2. Collaborate with staff in preparing the organization for accreditation, licensure, and/or certification. | 4 | • Accreditation, licensure, certification

**Subdomain V.B. Coding**

1. Analyze current regulations and established guidelines in clinical classification systems | 4 | • Severity of illness systems  
• Present on admission  
• UHDDS guidelines  
• Official Coding Guidelines  
• Risk of Mortality

2. Determine accuracy of computer assisted coding assignment and recommend corrective action | 5 | • Coding specialty systems  
• Encoder  
• AHIMA Computer-Assisted coding Toolkit

3. Determine the diagnoses and procedures that | 5 | • ICD-9-CM/ICD-10-CM/ICD-10-PCS Official Guidelines for

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|require coding according to the current coding and reporting requirements for acute care (inpatient) and outpatient services. | Coding and Reporting  
Uniform Hospital Discharge Data Set |
|---|---|
|4. Interpret conventions, formats, instructional notations, tables, and definitions of the classification system and/or nomenclature to select diagnoses, conditions, problems or other reasons for the encounter that require coding to include the procedures/services that require coding. | 5  
Uniform Hospital Discharge Data Set |
|5. Determine sequence of diagnoses and other reasons for encounter according to notations and conventions of the classification system and standard data set definitions (such as Uniform Hospital Discharge Data Set (UHDDS)). | 5  
Uniform Hospital Discharge Data Set |
|6. Determine the sequence of procedures according to notations and conventions of the classification system/nomenclature and standard data set definitions (such as UHDDS). | 5  
Uniform Hospital Discharge Data Set |
|7. Comply with the official classification systems coding guidelines (ICD9 and ICD10) | 5  
Uniform Hospital Discharge Data Set |
|8. Comply with the official CPT/HCPCS Level II coding guidelines. | 5  
AHA Coding Clinic for HCPS  
AMA CPT Assistant  
AMA CPT Coding Guidelines |
|9. Take Part in the development of institutional coding policies to ensure compliance with official coding rules and guidelines. | 4  
Uniform Hospital Discharge Data Set |
|10. Evaluate the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards. | 5  
Medical Staff Rules and Regulations/Medical Staff Bylaws  
Medicare Conditions of Participation  
State Regulations governing the Medical Staff and Medical Record Completion.  
The Joint Commission Standards |
|11. Evaluate compliance with organization wide health record documentation and coding guidelines. | 5  
Medical Staff Rules and Regulations/Medical Staff Bylaws  
Medicare Conditions of Participation |
<table>
<thead>
<tr>
<th>Subdomain</th>
<th>Activity</th>
<th>Level</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>V.D. Clinical Documentation Improvement</td>
<td>Examine discrepancies between supporting documentation and coded data</td>
<td>4</td>
<td>Clinical outcomes measures and monitoring.</td>
</tr>
</tbody>
</table>
|   | 2. Develop appropriate physician queries to resolve data and coding discrepancies | 6 | • AHIMA CDI tool box kit  
• Professional communication skills  
• Clinical documentation improvements  
• Physician Role, HIM Role in CDI  
• AHIMA February 2013 "Guidelines for Achieving a Compliant Query Practice  
|   | 3. Develop documentation improvement projects. | 4 |   
|   | 4. Create a chain of command for resolving unanswered queries. | 6 | • AHIMA February 2013 "Guidelines for Achieving a Compliant Query Practice  
|   | 5. Create consequences for non-compliance to queries or lack of responses to queries in collaboration with providers | 6 | • AHIMA February 2013 "Guidelines for Achieving a Compliant Query Practice  
• Medical Staff Rules and Regulations/Medical Staff Bylaws/Medical Staff Bylaws  
|   | 6. Develop CDI policies and procedures in accordance with AHIMA practice briefs. | 6 | • AHIMA CDI toolkit1/2014  

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1. **Domain VI: Leadership**

**Definition:** Leadership models, theories, and skills; critical thinking; change management; workflow analysis, design, tools and techniques; human resource management; training and development theory and process; strategic planning; financial management; ethics and project and management

**Subdomain: VI.A Leadership Roles**

|   | 1. Ensure affiliation with professional organizations devoted to the accuracy of diagnosis coding and reporting. | 5 | • AHIMA  
• AHA  
• NCHS  
• CMS  
|   | 2. Advocate CDI efforts throughout the organization | 5 | • Leadership  
• Soft skills  
• Professionalism  
• Diplomacy  
|   | 3. Collaborate working relationship with CDI team | 4 | • Leadership  

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<thead>
<tr>
<th>Subdomain VI.E., Training and Development</th>
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<tbody>
<tr>
<td>4. Collaborate with physician champions to promote CDI initiatives</td>
<td>4</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Subdomain VI.H. Ethics</th>
<th></th>
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<tbody>
<tr>
<td>1. Comply with ethical standards of practice</td>
<td>5</td>
</tr>
<tr>
<td>2. Evaluate the consequences of a breach of healthcare ethics</td>
<td>5</td>
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<tr>
<td>3. Assess how cultural issues affect health, healthcare quality, cost, HIM</td>
<td>5</td>
</tr>
<tr>
<td>4. Create programs and policies that support a culture of diversity</td>
<td>6</td>
</tr>
</tbody>
</table>

**Supporting Body of Knowledge (Pre-requisite or Evidence of Knowledge)**

<table>
<thead>
<tr>
<th>Pathophysiology and Pharmacology</th>
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<tbody>
<tr>
<td>Anatomy and Physiology</td>
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</tr>
<tr>
<td>Medical Terminology</td>
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<tr>
<td>Computer Concepts and Applications</td>
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## BLOOM’S TAXONOMY – REVISED FOR AHIMA CURRICULA MAPPING

<table>
<thead>
<tr>
<th>Taxonomy Level</th>
<th>Category</th>
<th>Definition</th>
<th>Verbs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Remember</td>
<td>Recall facts, terms, basic concepts of previously learned material</td>
<td>Choose, Define, Find</td>
</tr>
<tr>
<td>2</td>
<td>Understand</td>
<td>Determine meaning and demonstrate clarity of facts and ideas</td>
<td>Collect, Depict, Describe, Explain, Illustrate, Recognize, Summarize</td>
</tr>
<tr>
<td>3</td>
<td>Apply</td>
<td>Use differing methods, techniques and information to acquire knowledge and/or solve problems</td>
<td>Adhere to, Apply, Demonstrate, Discover, Educate, Identify, Implement, Model, Organize, Plan, Promote, Protect, Report, Utilize, Validate</td>
</tr>
<tr>
<td>4</td>
<td>Analyze</td>
<td>Contribute to the examination of information in part or aggregate to identify motives and causes</td>
<td>Analyze, Benchmark, Collaborate, Examine, Facilitate, Format, Map, Perform, Take part in, Verify</td>
</tr>
<tr>
<td>5</td>
<td>Evaluate</td>
<td>Make judgments in support of established criteria and/or standards</td>
<td>Advocate, Appraise, Assess, Compare, Comply, Contrast, Determine, Differentiate, Engage, Ensure, Evaluate, Interpret, Leverage, Manage, Mitigate, Oversee, Recommend</td>
</tr>
<tr>
<td>6</td>
<td>Create</td>
<td>Generate new knowledge through innovation and assimilation of data and information</td>
<td>Build, Compile, Conduct, Construct, Create, Design, Develop, Forecast, Formulate, Govern, Integrate, Lead, Master, Propose</td>
</tr>
</tbody>
</table>

The layout for the levels and categories was adapted from Lorin W. Anderson and David R. Krathwohl's *A Taxonomy For Learning, Teaching, and Assessing*, Abridged edition, Allyn and Bacon, Boston, MA 2001.
Editorial Revisions made on 3.2.15
- Updated the title of the document.
- Added verbiage to top of the document: Completion of this specialty track does not alone enable a student to meet the CCS/CCS-P exam eligibility criteria. However, the content when combined with work experience and other required education (where applicable), should assist in preparing students for the successful completion of the credentialing exam.