

# HEALTH INFORMATION MGMT TECH (HIMT)

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## **HIMT 1000 Medical Terminology (3 Credits)**

Designed to teach students to accurately spell, pronounce and define common medical terms related to major disease processes, diagnostic procedures, laboratory tests, abbreviations, drugs, and treatment modalities. Students will be introduced to controlled vocabularies used in electronic health records. Students will recognize the role of medical language in information standardization and communication in the healthcare setting.

Previous: Legacy Equivalent(s): HIM\* 101

## **HIMT 1030 Pharmacology in Health Information (1 Credits)**

This course emphasizes the principles of pharmacology, including the classifications of drugs, and the effects of selected medications on the human body. Emphasis is placed on understanding the actions of the drugs, such as absorption, distribution, metabolism, and excretion of drugs by the body, and matching drugs to common conditions and laboratory findings.

Previous: Legacy Equivalent(s): HIM\* 213

## **HIMT 1110 Introduction to Health Information Management (3 Credits)**

This course provides students with an introduction to the health information management (HIM) profession. Students will explore the various types of healthcare services and the types of health information produced and maintained in those environments. Students will learn to apply standards for health record documentation. Students will understand the legal environment of healthcare and will apply regulations and standards that protect the privacy and confidentiality of health information. Students will understand the factors in management of a healthcare organization that impact the management of health data.

Previous: Legacy Equivalent(s): HIM\* 105

## **HIMT 1410 Healthcare Access Management (3 Credits)**

This Healthcare Access Management (HAM) course covers the processes and skills required of healthcare professionals providing patient access services. Patient access services include scheduling, admissions, registration, pre-certification, financial counseling, benefit verification, and point of service collections. Patient access professionals must have strong telecommunications skills to coordinate service delivery between ordering providers, patients, and third-party payers. Employers include hospitals, skilled nursing facilities, ambulatory care providers, ambulatory surgery centers, physician offices, clinics, home health agencies, and more. Topics covered in the course include understanding the HAM role in the revenue cycle, patient scheduling, pre-registration, and admission, the patient and family experience, regulatory compliance, bed management, information systems, and resource management.

## **HIMT 2010 Human Diseases and Pathophysiology (3 Credits)**

This course introduces the study of pathophysiology and anatomy, the functional and dysfunctional changes that accompany human diseases, the cause and systemic effects of major diseases, and general health management of disease and injuries across the human lifespan. Knowledge of disease processes will be key to keeping pace with the increasing focus on medical decision making and quality measures. The purpose of this course is to supply the student preparing for an administrative healthcare role with basic understanding of common diseases and disorders by body system which will prepare them for the health care setting.

Prerequisites: MDAS 1025 or BOT 1800 or (HIMT 1000 and BIO 1100) and Eligible for ENG 1010

Previous: Legacy Equivalent(s): HIM\*203

## **HIMT 2110 Health Information Management Principles (3 Credits)**

This course introduces to students the health information management profession and healthcare delivery systems used. Related topics include health care data systems, the patient record, electronic health record (EHR), data management, retention and destruction of medical records, data collection processes, legal aspects of health information management, quality and risk management, and HIPAA regulations related to the medical record.

Prerequisites: eligibility for ENG 1010

Previous: Legacy Equivalent(s): HIM\* 201

## **HIMT 2192 Clinical Coding Professional Practice Experience I (3 Credits)**

Through this course, students will develop an understanding of coding and classification systems to assign valid diagnostic and/or procedure codes. It will include the validation of coded clinical information and case mix/severity of illness data. Students will complete coding case studies utilizing a logic-based encoder and coding references. Medical records coded in this course include cases covering the following body systems and coding categories: integumentary system, musculoskeletal system, digestive system, and respiratory system. Students will identify strategies to ensure data integrity, compliance with documentation requirements, and privacy of health information.

Prerequisites: HIMT 2730 , HIMT 2740 , AND BIO 2103 all with a "C" or higher

Corequisite: HIMT 2392 AND HIMT 2792

Previous: Legacy Equivalent(s): HIM\* 215

## **HIMT 2350 Healthcare Informatics (3 Credits)**

Students will learn about the role of information technology in the delivery of healthcare services. The course will begin by addressing the hardware and infrastructure to support the use of information technologies. Students will learn about the lifecycle of information systems and the Health Information Management (HIM) professional's role in system selection, design, and support. Students will apply health informatics concepts to the management of health information. The course will address methods for ensuring the privacy and security of health information along with issues of access and usability including health information exchange. The course will include simulation lab practice using an electronic health record.

Previous: Legacy Equivalent(s): HIM\* 157

**HIMT 2380 Healthcare Statistics (3 Credits)**

Students will learn methods for managing data quality and ensuring the accuracy and integrity of health data. Students will have hands-on practice calculating healthcare statistics and analyzing healthcare data to identify trends. The course will include practice using software to analyze data and create data visualizations. Student will explore publicly available healthcare data complete a research project utilizing the selected data set and statistical tools to analyze data.

Prerequisites: MATH 2200 with a "C" or higher.

Previous: Legacy Equivalent(s): HIM\* 230

**HIMT 2392 Clinical Coding Professional Practice Experience II (3 Credits)**

Through this course, students will develop an understanding of coding and classification systems to assign valid diagnostic and/or procedure codes. It will include the validation of coded clinical information and case mix/severity of illness data. Students will complete coding case studies utilizing a logic-based encoder and coding references. Medical records coded in this course include cases covering the following body systems and coding categories: infectious and parasitic disease; endocrine diseases; nervous system and sense organs; neoplasm; genitourinary system; pregnancy, childbirth, and the puerperium; congenital abnormalities; signs and symptoms; and mental disorders. Students will identify strategies to ensure security of health information. Students will explore the role of health information professionals in risk management and the impact of policy on healthcare. Students will discover leadership opportunities for health information professionals.

Prerequisites: HIMT 2740 AND BIO 2103 both with a "C" or higher  
Corequisite: HIMT 2792

Previous: Legacy Equivalent(s): HIM\* 216

**HIMT 2410 Professional Medical Billing (2 Credits)**

This course provides students with hands-on experience in coding a variety of patient encounters using ICD-10-CM, CPT, and HCPCS Level II codes. Emphasis is placed on the correct application of coding guidelines, including the appropriate use of modifiers. Students will also analyze case scenarios to apply billing policies and procedures, including claim form completion, insurance payment policies, and compliance requirements. The course will include review of essential concepts in medical insurance, reimbursement methodologies, and billing regulations to prepare students to enter the workforce in medical billing roles including preparation for professional certification that includes test-taking tips, study strategies, and practice exam questions.

Prerequisites: HIMT 2732 and HIMT 2745 and (MDAS 1012 or HIMT 2460) all with a "C" or higher.

**HIMT 2460 Healthcare Reimbursement (3 Credits)**

Students will understand the history and development of payment systems and insurance models and their impact on health, access to care, and quality of healthcare. Students will summarize regulatory requirements and reimbursement methodologies for different types of healthcare organizations. Students will be able to describe components of revenue cycle management and clinical documentation improvement. Students will articulate the impact of health insurance models and payment systems on access to healthcare and health disparities.

Prerequisites: Eligible for MATH 1200

Previous: Legacy Equivalent(s): HIM\* 113

**HIMT 2492 Clinical Coding Lab (Professional Practice Experience) (4 Credits)**

In this course, students will complete authentic coding cases utilizing encoding software in a virtual lab professional practice experience environment. The course will focus on facility coding. The virtual lab software will enable students to explore prospective payments system models and their impact on coding and reimbursement. Throughout the course, students will apply coding guidelines to real-world cases and utilize coding references to justify code assignment.

Prerequisites: HIMT 2711 and HIMT 2750 with a "C" or higher

*Additional fees may apply*

**HIMT 2540 Health Law and Compliance (3 Credits)**

Students will learn about the legal and ethical issues affecting healthcare today, including legislative and regulatory processes. Students will explore the health information management (HIM) professional's role in risk management and organizational compliance. Special attention will be devoted to issues of electronic record systems from the legal and ethical perspective including strategies for applying the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules. Students will study health information/record laws and regulations (such as retention, patient rights/advocacy, advanced directives, and HIPAA) along with other regulatory standards that affect the healthcare environment and workforce.

Prerequisites: HIMT 1110 or HIMT 2110 with a "C" or higher.

Previous: Legacy Equivalent(s): HIM\* 160

**HIMT 2650 Quality Management (3 Credits)**

This course covers topics of leadership, supervision, and quality management. Students will learn common quality improvement processes in healthcare organizations, and discuss topics related to accreditation, licensure, teamwork, change management, project management, data analysis and other quality measures. Students will also perform financial management tasks such as budgeting, accounting, and variance analysis. Employee recruitment and employment law will be explored, along with creating an environment that supports a culture of diversity.

Prerequisites: HIMT 1110 with a "C" or higher.

Previous: Legacy Equivalent(s): HIM\* 220

**HIMT 2711 Professional Coding and Auditing (3 Credits)**

This course provides an in-depth examination of professional coding across diverse healthcare environments. Through case analysis and hands-on coding exercises, students will apply coding conventions, assess modifier usage, and verify accurate reimbursement under different payment systems. Students will explore auditing methodologies, including statistical sampling and audit process steps. By the end of the course, students will be equipped to perform professional coding, audit coding accuracy, and uphold ethical standards in professional coding practice.

Corequisite: (BIO 2103 or BIO 1023 or HIMT 2010) AND HIMT 2732 AND HIMT 2745 all with a "C" or higher.

**HIMT 2732 Introduction to Diagnosis Coding (2 Credits)**

This Introduction to Diagnosis Coding course equips students with the skills needed to assign diagnosis codes utilizing the current U.S. edition of the International Classification of Disease ("ICD"). Students will explore key terminology, coding guidelines, compliance principles, and the role of diagnosis coding in healthcare reimbursement. Students will practice applying diagnosis codes from medical documentation and learn to avoid common coding mistakes.

Prerequisites: BOT 1800, or MDAS 1025, or HIMT 1000 with a "C" or higher.

**HIMT 2734 Inpatient Procedure Coding (2 Credits)**

This course is a comprehensive study of inpatient procedure coding. Students will apply their knowledge of anatomy & physiology and medical terminology as they interpret medical documentation and identify the key elements required for inpatient code assignment. There will be a focus on identifying and differentiating between root operations. Authentic coding scenarios will prepare students to perform accurate inpatient coding in compliance with guidelines and regulatory standards.

Prerequisites: ((BIO 1100 and BIO 1100L) or BIO 1111 or BIO 2112)) and (BOT 1800, MDAS 1025 or HIMT 1000) all with a grade of "C" or higher.

**HIMT 2745 Healthcare Coding for Services & Supplies (2 Credits)**

This course introduces students to coding medical procedures, services, and supplies for reimbursement utilizing Current Procedural Terminology ("CPT") and the Healthcare Common Procedure Coding System Level II ("HCPCS Level II"). Students will review medical documentation for a variety of outpatient services and practice code selection. These practical exercises will include the application of coding guidelines, Medicare regulations, and other third-party payer regulations.

Prerequisites: BOT 1800, OR MDAS 1025, OR HIMT 1000 with a "C" or higher.

**HIMT 2750 Healthcare Facility Coding Lab (2 Credits)**

In this experiential learning course, students will engage in simulation lab activities focused on facility coding, utilizing authentic patient cases in a virtual lab environment. Students will learn to identify codes for inpatient and outpatient facility cases while applying official coding guidelines and utilizing coding references. The course will cover key topics such as Uniform Hospital Discharge Data Set (UHDDS), medical necessity, and the National Correct Coding Initiative (NCCI) to ensure accurate and compliant coding practices.

Prerequisites: HIMT 2732, HIMT 2734, and HIMT 2745 with a "C" or higher

**HIMT 2792 Clinical Coding Professional Practice Experience III (3 Credits)**

Through this course, students will develop an understanding of coding and classification systems to assign valid diagnostic and/or procedure codes. It will include the validation of coded clinical information and case mix/severity of illness data. Students will complete coding case studies utilizing a logic-based encoder and coding references. Medical records coded in this course include cases covering the following body systems and coding categories: circulatory system, injury and poisoning, and factors influencing health status. Students will recommend strategies for compliance with regulatory requirements and managing the revenue cycle.

Prerequisites: HIMT 2730 , HIMT 2740 , and BIO 2103 all with a grade of "C" or higher

Corequisite: HIMT 2392 AND HIMT 2192

Previous: Legacy Equivalent(s): HIM\* 217

**HIMT 2870 Facility Coding Career (1 Credits)**

Students completing the AHIMA-approved Clinical Coding Certificate at Middlesex are eligible to sit for the American Health Information Management Association (AHIMA) Certified Coding Specialist (CCS) and/or Certified Coding Specialist-Physician-based (CCS-P) certification exams. This course will prepare students for the CCS/CCS-P certification exams by providing test-taking tips and study strategies. Students will review exam content including data structure, content, and information governance, information protection, informatics, analytics, and data use, revenue cycle management, health law and compliance, and organizational management and leadership. Students will receive assistance in registering for certification exams and will complete practice tests. Students will have the opportunity to explore career goals and prepare a resume.

Prerequisites: HIMT 2711 and HIMT 2750 with a "C" or higher

Previous: Legacy Equivalent(s): HIM\* 290

**HIMT 2875 Professional Coding Career (1 Credits)**

This course provides practice with essential coding concepts including diagnosis coding, outpatient and physician procedure coding, compliance, auditing, and revenue cycle management in a professional medical scenario context. Students will prepare to enter the workforce as professional coders including preparation for professional certification that includes test-taking tips, study strategies, and practice exams.

Prerequisites: HIMT 2732 and HIMT 2745 with a "C" or higher

Prerequisite or corequisite: HIMT 2711

**HIMT 2880 Registered Health Information Technician Certification Exam Preparation (1 Credits)**

Students completing the CAHIM-accredited HIM associate degree program at Middlesex are eligible to sit for the American Health Information Management Association (AHIMA) Registered Health Information Technician (RHIT) certification exam. This course will prepare students for the RHIT certification exam by providing test-taking tips and study strategies. Students will review exam content including data structure, content, and information governance, information protection, informatics, analytics, and data use, revenue cycle management, health law and compliance, and organizational management and leadership. Students will receive assistance in registering for certification exams and will complete practice tests.

Prerequisites: Admission to the Health Information Technology - Data Management, AS (HITD-AS) program.

Previous: Legacy Equivalent(s): HIM\* 289

**HIMT 2892 Health Information Professional Practice Experience (1 Credits)**

Students will participate in the health information professional's work environment through a 40-50 hour externally supervised professional practice experience (PPE). In preparation for the externally supervised experience, students will explore career goals, networking, professional organizations, and prepare a resume. After the PPE, students will deliver a presentation describing the activities they engaged in during the PPE.

Prerequisites: HIMT 2350, HIMT 2460, HIMT 2540, HIMT 2730 , and HIMT 2740 all with a grade of "C" or higher. Admission to the Health Information Technology - Data Management, AS (HITD-AS) program.

Previous: Legacy Equivalent(s): HIM\* 280