National Guidelines for Apprenticeship Standards

Health Information Technician

DISTRICT 1199C
**Training &
Upgrading
Fund**

Health Information Technician

Job Description:

Compile, process, and maintain medical records of hospital and clinic patients in a manner consistent with medical, administrative, ethical, legal, and regulatory requirements of the healthcare system. Classify medical and healthcare concepts, including diagnosis, procedures, medical services, and equipment, into the healthcare industry's numerical coding system. Includes medical coders.

Appendix A-1: Work Process Schedule

O*NET–SOC CODE: 29–2072.00   RAPIDS CODE: 1114

1. Perform clerical work in medical settings.	Approximate Hours
A. Release information to persons or agencies according to regulations.	100
B. Retrieve patient medical records for physicians, technicians, or other medical personnel.	100
C. Scan patients' health records into electronic formats.	100
D. Transcribe medical reports.	100
Total Hours	**400**

2. Code data or other information	Approximate Hours
A. Identify, compile, abstract, and code patient data, using standard classification systems.	100
Total Hours	**100**

3. Process healthcare paperwork.	Approximate Hours
A. Process and prepare business or government forms.	100
B. Process patient admission or discharge documents.	100
C. Scan patients' health records into electronic formats.	100
Total Hours	**300**

4. Classify materials according to standard systems.	Approximate Hours
A. Assign the patient to diagnosis-related groups (DRGs), using appropriate computer software.	200
Total Hours	**200**

5. Collect medical information from patients, family members, or other medical professionals.	Approximate Hours
A. Identify, compile, abstract, and code patient data, using standard classification systems.	100
Total Hours	**100**

6. Communicate with management or other staff to resolve problems.	Approximate Hours
A. Resolve or clarify codes or diagnoses with conflicting, missing, or unclear information by consulting with doctors or others or by participating in the coding team's regular meetings.	100
Total Hours	**100**

7. Enter patient or treatment data into computers.	Approximate Hours
A. Enter data, such as demographic characteristics, history and extent of disease, diagnostic procedures, or treatment into computer.	100
Total Hours	**100**

8. Maintain medical facility records.	Approximate Hours
A. Maintain or operate a variety of health record indexes or storage and retrieval systems to collect, classify, store, or analyze information.	100
Total Hours	**100**

9. Maintain medical or professional knowledge.	Approximate Hours
A. Consult classification manuals to locate information about disease processes.	100
Total Hours	**100**

10. Maintain security.	Approximate Hours
A. Protect the security of medical records to ensure that confidentiality is maintained.	100
Total Hours	**100**

11. Monitor medical facility activities to ensure adherence to standards or regulations.	Approximate Hours
A. Review records for completeness, accuracy, and compliance with regulations.	100
Total Hours	**100**

12. Prepare official health documents or records.	Approximate Hours
A. Process and prepare business or government forms.	100
Total Hours	**100**

13. Process medical billing information.	Approximate Hours
A. Post medical insurance billings.	100
Total Hours	**100**

14. Record patient medical histories.	Approximate Hours
A. Compile and maintain patients' medical records to document condition and treatment and to provide data for research or cost control and care improvement efforts.	100
Total Hours	**100**

Grand Total Hours	**2,000**

Appendix A-2: Related Technical Instruction

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Class Number	Class Name	Credits	Hours
ALHT181	**MEDICAL TERMINOLOGY** This course will introduce the student to: 1) medical combining forms, prefixes, suffixes, and abbreviations; 2) anatomy and physiology basics of body systems; 3) pathologies and associated signs and symptoms; 4) procedures, therapeutics, and healthcare specialties; and, 5) associated pharmacology. **COURSE OBJECTIVES:** Upon completion of this course, the apprentice will be able to: • Identify the basic structure of medical words, including prefixes, suffixes, roots, combining forms, and plurals. • Identify medical terminology as it relates to the anatomy and physiology of the human body. • Describe the rules of building medical terms and a connection between the term and its relationship to anatomy and physiology	2	30

Class Number	Class Name	Credits	Hours
HIT218	**HIT218 HEALTHCARE REIMBURSEMENT (4 CREDITS)** This course covers health insurance products and managed care approaches to the financing and delivery of healthcare services. Students explore reimbursement and payment methodologies. Students examine forms, processes, practices, and the roles of health information professionals. **COURSE OBJECTIVES:** Upon completion of this course, the apprentice will be able to: • Apply policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery. • Support accurate billing through coding, chargemaster, claims management, and bill reconciliation processes. • Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative. • Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements such as outpatient prospective payment systems. • Apply policies and procedures to comply with the changing regulations among various payment systems for healthcare services such as Medicare, Medicaid, managed care, and so forth. • Monitor coding and revenue cycle processes.	3	45
HIT220	**ICD-10-CM CODING** Gives students in-depth instruction on key terms, code sets, conventions, and guidelines, as well updates on current codes, for ICD-10-CM. **COURSE OBJECTIVES:** Upon completion of this course, the apprentice will be able to: • Apply guidelines unique to ICD-10-CM and incorporate vocabulary and data used in health information systems. • Consult medical references, medical dictionaries, professional journals, and official coding references. • Interpret healthcare data and apply inpatient/outpatient coding guidelines to code and sequence diagnosis and procedures. • Assign ICD-10-CM codes. • Apply data set definitions to select the first-listed and principal diagnoses, complications and comorbidities, secondary diagnoses, and procedures. • Define and assign DRGs and define major diagnostic categories, principal diagnosis, complication, and comorbidity.	3	45
HIT225	**CPT/OUTPATIENT CODING** This course will emphasize the American Medical Association's Current Procedural Terminology (CPT) coding system. Course work will focus on introductory outpatient coding with emphasis on evaluation and management, and surgery. Coding exercises will reference documentation guidelines and application of coding and reporting guidelines for outpatient services. **COURSE OBJECTIVES:** Upon completion of this course, the apprentice will be able to: • Locate and identify medical procedures, supplies, and services by translating them into CPT and HCPCS codes. • Demonstrate understanding of correct coding guidelines by completing coding simulations and reviews. • Build their information database	3	45
	TOTAL	11	165

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