

Washtenaw Community College Comprehensive Report

MBC 215 Introductory Procedural Coding Effective Term: Spring/Summer 2017

Course Cover

Division: Health Sciences

Department: Allied Health

Discipline: Medical Billing and Coding

Course Number: 215

Org Number: 15900

Full Course Title: Introductory Procedural Coding

Transcript Title: Intro Procedural Coding

Is Consultation with other department(s) required: No

Publish in the Following: College Catalog , Time Schedule , Web Page

Reason for Submission: Course Change

Change Information:

Consultation with all departments affected by this course is required.

Pre-requisite, co-requisite, or enrollment restrictions

Rationale: To update the prerequisites required by this course.

Proposed Start Semester: Spring/Summer 2017

Course Description: In this course, students will be introduced to the principles and application of procedure coding systems such as ICD-10-CM Volume III and ICD-10-PCS, CPT 4 and HCPCS.

Students will also learn about procedural groupings such as APC and RUGs. This course was previously HIT 215.

Course Credit Hours

Variable hours: No

Credits: 3

Lecture Hours: Instructor: 45 Student: 45

Lab: Instructor: 0 Student: 0

Clinical: Instructor: 0 Student: 0

Total Contact Hours: Instructor: 45 Student: 45

Repeatable for Credit: NO

Grading Methods: Letter Grades

Audit

Are lectures, labs, or clinicals offered as separate sections?: NO (same sections)

College-Level Reading and Writing

College-level Reading & Writing

College-Level Math

Requisites

Prerequisite

BIO 109 minimum grade "C"

or

Prerequisite

BIO 111 minimum grade "C"
and

Prerequisite

HSC 124 minimum grade "C"

Corequisite

MBC 205

General Education**Request Course Transfer**

Proposed For:

Student Learning Outcomes

1. Perform basic hands-on encoding of procedures from narratives and other sources of information about patient care and treatment.

Assessment 1

Assessment Tool: Practical exam

Assessment Date: Winter 2017

Assessment Cycle: Every Three Years

Course section(s)/other population: All sections

Number students to be assessed: All students

How the assessment will be scored: Answer Key/Checklist

Standard of success to be used for this assessment: 75% of students will score 75% or higher on exam.

Who will score and analyze the data: Departmental Faculty

2. Demonstrate principles of, distinguish, and accurately apply ICD-10-PCS, CPT-4, and HCPCS procedure coding systems.

Assessment 1

Assessment Tool: Practical exam

Assessment Date: Winter 2017

Assessment Cycle: Every Three Years

Course section(s)/other population: All sections

Number students to be assessed: All students

How the assessment will be scored: Answer Key/Checklist

Standard of success to be used for this assessment: 75% of students will score 75% or higher on exam.

Who will score and analyze the data: Departmental Faculty

3. Use official coding guidelines and reporting requirements for code assignment.

Assessment 1

Assessment Tool: Practical exam

Assessment Date: Winter 2017

Assessment Cycle: Every Three Years

Course section(s)/other population: All sections

Number students to be assessed: All students

How the assessment will be scored: Answer Key/Checklist

Standard of success to be used for this assessment: 75% of students will score 75% or higher on exam.

Who will score and analyze the data: Departmental Faculty

Course Objectives

1. Practice standards of ethical procedural coding.
2. Identify the importance of documentation on code assignment and the subsequent reimbursement impact.
3. Interpret procedural coding guidelines for accurate code assignment.
4. Demonstrate knowledge of anatomy, disease, and medical terminology to interpret clinical documentation.
5. Recognize and apply procedural groupings such as APC, RUGs, and DRGs.
6. Assign appropriate modifiers to procedures to receive the appropriate maximum reimbursement.
7. Utilize CPT-4 and HCPCS coding manuals to accurately assign procedure codes.
8. Describe the major sections and symbols of the CPT-4 manual.
9. Assign complex codes from the Evaluation and Management, Anesthesia, Surgery, Radiology, Pathology and Laboratory, and Medicine Sections of the CPT-4.
10. Distinguish between CPT, national, and local codes.
11. Assign proper HCPCS codes and explain in which settings to use HCPCS codes.
12. Explain bundling and unbundling codes.
13. Define the coders role in coding compliance.

New Resources for Course

Course Textbooks/Resources

Textbooks

Manuals

Periodicals

Software

Equipment/Facilities

Reviewer

Action

Date

Faculty Preparer:

Kelly Shew

Faculty Preparer

Nov 30, 2016

Department Chair/Area Director:

Connie Foster

Recommend Approval

Dec 05, 2016

Dean:

<i>Valerie Greaves</i>	<i>Recommend Approval</i>	<i>Dec 12, 2016</i>
Curriculum Committee Chair:		
<i>David Wooten</i>	<i>Recommend Approval</i>	<i>Jan 10, 2017</i>
Assessment Committee Chair:		
<i>Ruth Walsh</i>	<i>Recommend Approval</i>	<i>Jan 11, 2017</i>
Vice President for Instruction:		
<i>Bill Abernethy</i>	<i>Approve</i>	<i>Jan 12, 2017</i>