

## Washtenaw Community College Comprehensive Report

### MBC 220 Intermediate/Advanced Procedural Coding Effective Term: Winter 2024

#### Course Cover

**College:** Health Sciences

**Division:** Health Sciences

**Department:** Health Science

**Discipline:** Medical Billing and Coding

**Course Number:** 220

**Org Number:** 15950

**Full Course Title:** Intermediate/Advanced Procedural Coding

**Transcript Title:** Inter/Adv Proc Cdng

**Is Consultation with other department(s) required:** No

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

**Reason for Submission:** New Course

**Change Information:**

**Consultation with all departments affected by this course is required.**

**Course description**

**Outcomes/Assessment**

**Objectives/Evaluation**

**Rationale:** Update Master Syllabus for full approval of course (conditionally approved Fall 2016).

**Proposed Start Semester:** Winter 2024

**Course Description:** In this course, students will build on their knowledge of medical billing by working through advanced case studies to enhance their coding skills. Students will utilize the Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) to assign codes for other services and procedures. Application of coding principles may be presented to students through media sources such as interactive programs, YouTube videos, webinars, and presentations.

#### 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**

MBC 215

**General Education****Request Course Transfer****Proposed For:****Student Learning Outcomes**

1. Utilize the standards of CPT, and HCPCS to complete advanced physician-based case study coding exercises.

**Assessment 1**

Assessment Tool: Outcome-related final exam questions

Assessment Date: Spring/Summer 2024

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

Standard of success to be used for this assessment: 80% of students will score 80% or higher on outcome-related questions.

Who will score and analyze the data: Departmental faculty

2. Evaluate the accuracy and completeness of inpatient and outpatient services and make necessary code selection relative to modifier, CPT/HCPCS Level II, and evaluation and management (E/M) code assignments.

**Assessment 1**

Assessment Tool: Outcome-related final exam questions

Assessment Date: Spring/Summer 2024

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

Standard of success to be used for this assessment: 80% of students will score 80% or higher on outcome-related questions.

Who will score and analyze the data: Departmental faculty

3. Abstract, code, and sequence information from patient health records using advanced methods of CPT and HCPCS II coding systems while referencing manual and electronic resources.

**Assessment 1**

Assessment Tool: Outcome-related final exam questions

Assessment Date: Spring/Summer 2024

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

Standard of success to be used for this assessment: 80% of students will score 80% or higher on outcome-related questions.

Who will score and analyze the data: Departmental faculty

**Course Objectives**

1. Accurately assign, CPT, and HCPCS codes for diagnoses, procedures, and medical services as part of the insurance reimbursement process.

2. Apply coding conventions and guidelines when assigning diagnoses and procedure codes.
3. Provide practical application of coding operative reports and evaluation and management services.
4. Recognize the crucial roles of the Physician Documentation in the coding process.
5. Interpret healthcare taxonomies, clinical vocabularies, terminologies/nomenclatures used in the organization's health information systems.
6. Recognize the proper use of modifiers from a reimbursement perspective.
7. Define "bundling" regarding surgical coding.
8. Identify the "global period" for major surgery.
9. Describe the principles and applications of coding systems including those used in the electronic health record and paper records.

## **New Resources for Course**

### **Course Textbooks/Resources**

Textbooks  
Manuals  
Periodicals  
Software

### **Equipment/Facilities**

<b><u>Reviewer</u></b>	<b><u>Action</u></b>	<b><u>Date</u></b>
<b>Faculty Preparer:</b> <i>Kiela Samuels</i>	<i>Faculty Preparer</i>	<i>Aug 17, 2023</i>
<b>Department Chair/Area Director:</b> <i>Rene Stark</i>	<i>Recommend Approval</i>	<i>Aug 17, 2023</i>
<b>Dean:</b> <i>Shari Lambert</i>	<i>Recommend Approval</i>	<i>Aug 17, 2023</i>
<b>Curriculum Committee Chair:</b> <i>Randy Van Wagnen</i>	<i>Recommend Approval</i>	<i>Nov 28, 2023</i>
<b>Assessment Committee Chair:</b> <i>Jessica Hale</i>	<i>Recommend Approval</i>	<i>Nov 29, 2023</i>
<b>Vice President for Instruction:</b> <i>Brandon Tucker</i>	<i>Approve</i>	<i>Dec 03, 2023</i>