

**Hagerstown Community College**  
**Coding & Reimbursement Certificate Program**  
**Curriculum Map**

<b>Program Outcome</b>	<b>Course Outcome</b>	<b>Course Outcome</b>	<b>Course Outcome</b>	<b>Course Outcome</b>	<b>Course Outcome</b>
<b>Upon completion of the Reimbursement &amp; Coding certificate program, the graduate will be able to:</b>	<b>BIO 116 Human Anatomy and Physiology for Allied Health</b>	<b>CSC 102 Introduction to Information Technology</b>	<b>MAP 110 Introduction to Health Sciences Professions and Technology</b>	<b>MAP 102 Medical Terminology</b>	<b>MAP 105 Medical office Management &amp; Billing</b>
<b>1. Competently perform routine reimbursement and coding procedures.</b>	Apply physiological and anatomical principles to the diseased state.			Demonstrate basic knowledge of medical terminology associated with body systems, signs and symptoms, diseases, disorders, treatments, procedures, and devices.	Demonstrate basic knowledge of fiscal and administrative management of the medical office including health information management, insurance and reimbursement.
<b>2. Exhibit professionalism in all communications and encounters with patients and the health care team.</b>			Recognize basic concepts of professional communication in health care.		Demonstrate ability to utilize appropriate oral, written, and electronic communication skills with appropriate medical language for patient care, documentation, and education.
<b>3. Make critical decisions related to reimbursement and coding.</b>		Critically evaluate data through technology resources.			Demonstrate the ability to manage administrative requirements of the physician practice including health information management and fiscal management.
<b>4. Practice within the ethical and legal framework of the profession.</b>			Describe basic understanding of ethical/legal guidelines for healthcare practice.	Select appropriate terminology and usage when communicating with patients, families, and colleagues.	Demonstrate knowledge of legal and regulatory guidelines for maintaining patient confidentiality and for accurate and correct coding and billing of patient encounters.

<b>Program Outcome</b>	<b>Course Outcome</b>	<b>Course Outcome</b>	<b>Course Outcome</b>
<b>Upon completion of the medical assistant certificate program, the graduate will be able to:</b>	<b>MAP 108 Medical Records Analysis &amp; Coding</b>	<b>MAP 206 Advanced Coding</b>	<b>MAP 211 Coding Simulation &amp; Certification Preparation</b>
<b>1. Competently perform routine reimbursement and coding procedures.</b>	Utilize current ICD, CPT and HCPCS code books to accurately convert physician practice medical record source document information into codes for purposes of billing and reimbursement.	Utilize current ICD, CPT and HCPCS code books to accurately convert medical specialty and hospital medical record source document information into codes for purposes of billing and reimbursement.	Demonstrate coding competency by achieving a minimum score of 70% for each required coding competency in preparation for successful completion of AAPC/AHIMA coding certifications.
<b>2. Exhibit professionalism in all communications and encounters with patients and the health care team.</b>			
<b>3. Make critical decisions related to reimbursement and coding.</b>	Utilize knowledge of concepts of medical necessity, correct coding initiative guidelines, and documentation requirements to develop accurate and appropriate coding for various clinical situations.	Apply concepts of medical necessity, correct coding initiative guidelines, local coverage determinations and documentation requirements to develop accurate and appropriate coding in both hospital and non-hospital settings.	Apply of concepts of medical necessity, correct coding initiative guidelines, local coverage determinations and documentation requirements to develop accurate and appropriate coding in both hospital and non-hospital settings.
<b>4. Practice within the ethical framework of the profession.</b>	Apply knowledge of CMS reimbursement methodologies and documentation regulations to develop accurate and appropriate coding for various clinical situations.	Apply knowledge of CMS reimbursement methodologies and documentation regulations to develop accurate and appropriate coding for various clinical situations.	Apply knowledge of CMS reimbursement methodologies and documentation regulations to develop accurate and appropriate coding for various clinical situations.