Course Outcomes Guide

Course/Program Title: MAP 206 Advanced Coding

Date: FA 18

Course/Program Team: Melinda McIntire, Michele Buzard

Expected Learning Outcomes:

1. 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.
2. 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.
3. Apply knowledge of CMS reimbursement methodologies and documentation regulations to develop accurate and appropriate coding for various clinical situations.

Assessment

Course completion: Number passing at 75% or greater.
Course Outcomes: Common final exam for item analysis:

CO 1   Complex wound repair
CO 1   History of Breast Cancer
CO 1   CPT code breast mass
CO 2   Type of Fracture
CO 2   Fracture unsuccessful reduction
CO 2   Ambulance Services
CO 3   Bronchoscopy w/Fluoroscopy
CO 3   Modifier multiple hospital OP depts. One day
CO 3   Fracture manipulation

Validation

Course Completion:

Completion of course with an average grade of 75% or greater.

Course Outcomes:

Course outcome target final exam questions will be answered correctly by 75% of the students.

Results

Course Completion:

100% (6/6 students) completed course with a grade of 75% or higher. A-5 B-1

Course Outcomes:

CO 1   Complex wound repair
CO 1   History of Breast Cancer
CO 1   CPT code breast mass
CO 2   Type of Fracture
CO 2   Fracture unsuccessful reduction
CO 2   Ambulance Services
CO 3   Bronchoscopy w/Fluoroscopy
CO 3   Modifier multiple hospital OP depts. One day
CO 3   Fracture manipulation

CO 1. 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.   100%
CO 2. 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. 72%
CO 3. Apply knowledge of CMS reimbursement methodologies and documentation regulations to develop accurate and appropriate coding for various clinical situations. 83%

Follow-up
Based on the above % for each of the three outcomes, there have been slight decreases in CO2 and CO3. The instructor will continue to assist students in the accurate coding and reimbursement procedures with current information and study guides.

Number of students assessed: 6

Budget Justification: None