

<b>Course Outcomes Guide</b>
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**Course/Program Title: MAP 211 Advanced Coding**

**Date: SP 18**

**Course/Program Team: Melinda McIntire**

**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% (5/5 students) completed course with a grade of 75% or higher. A-1 B-4

**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

- The outcomes assessments in Moodle did not break up these points for Spring 2018.

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. 87%

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. 80%

CO 3. Apply knowledge of CMS reimbursement methodologies and documentation regulations to develop accurate and appropriate coding for various clinical situations. 90%

**Follow-up**

Based on the above % for each of the three outcomes, there is improvement noted overall. The instructor will continue to assist students in the accurate coding and reimbursement procedures with current information.

**Number of students assessed:** 5

**Budget Justification:** None