Washtenaw Community College Comprehensive Report

MBC 205 Introductory ICD Coding
Effective Term: Fall 2025

Course Cover

College: Health Sciences
Division: Health Sciences
Department: Health Science
Discipline: Medical Billing and Coding
Course Number: 205
Org Number: 15950
Full Course Title: Introductory ICD Coding
Transcript Title: Introductory ICD 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.
Course description
Pre-requisite, co-requisite, or enrollment restrictions
Outcomes/Assessment
Objectives/Evaluation
Rationale: Update Prereq for BIO 102. BIO 102 is now acceptable as an anatomy and physiology prereq for MBC Program courses. Update course to reflect current course material and to prepare course to move online.
Proposed Start Semester: Fall 2025
Course Description: In this course, students will be introduced to the process of transforming narrative descriptions of diseases and injuries into alphanumeric codes used to report and share patient healthcare information with healthcare providers and insurers. An overview of the International Classification of Diseases - Clinical Modification (ICD-10 CM) coding system will be provided, and students will practice using the coding system. Students will apply ICD-10-CM to complex coding scenarios and examine strategies for implementing coding compliance, auditing, reporting and quality monitoring.

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

No Level Required

Requisites

Prerequisite
BIO 102 minimum grade "C"
or
Prerequisite
BIO 109 minimum grade "C"
or
Prerequisite
BIO 111 minimum grade "C"
and
Prerequisite
HSC 124 minimum grade "C"
and
Corequisite
MBC 215

General Education

Request Course Transfer

Proposed For:

Student Learning Outcomes

1. Recognize the relationship between ICD-10-CM codes and healthcare reimbursement.
   Assessment 1
   Assessment Tool: Outcome-related exam questions
   Assessment Date: Spring/Summer 2025
   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: 75% of students will score 75% or higher.
   Who will score and analyze the data: Departmental faculty

2. Apply the general coding guidelines for ICD-10-CM.
   Assessment 1
   Assessment Tool: Outcome-related exam questions
   Assessment Date: Spring/Summer 2025
   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: 75% of students will score 75% or higher.
   Who will score and analyze the data: Departmental faculty

3. Locate and assign appropriate ICD-10-CM codes for diagnoses and conditions.
   Assessment 1
   Assessment Tool: Outcome-related exam questions
   Assessment Date: Spring/Summer 2025
   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: 75% of students will score 75% or higher.
Who will score and analyze the data: Departmental faculty

4. Identify the structure and organization of the ICD-10-CM code set.

Assessment 1

Assessment Tool: Outcome-related exam questions
Assessment Date: Spring/Summer 2025
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: 75% of students will score 75% or higher.
Who will score and analyze the data: Departmental faculty

Course Objectives

1. Identify the structure of Medicare.
2. Distinguish between Medicare Part A and Part B.
3. Interpret rules of the Health Insurance Portability and Accountability Act (HIPAA).
4. Locate information in the Federal Register.
5. Explain the Resource-Based Relative Value Scale (RBRVS) system.
6. Identify the framework of Medicare Fraud.
7. Identify the major components of managed health care.
8. Explain the development of the ICD-10-CM.
9. Identify the format of the ICD-10-CM.
10. Identify the characteristics of the Alphabetic Index.
11. Identify the characteristics of the Tabular List.
12. Recognize conventions and other official instructional notations.
13. Examine the current Official Guidelines for Coding and Reporting.
14. Apply the Official Guidelines for Coding and Reporting.
15. Explain the organization of the Guidelines.
16. Determine the level of highest specificity.
17. Identify conditions integral to a disease process.
18. Assign multiple codes to a single condition.
19. Report acute and chronic conditions.
20. Demonstrate application of combination codes.
21. Differentiate between residual and late effects.
22. Abstract information that determines if a condition is impending or threatened.
23. Identify infectious and parasitic diseases coding.
24. Analyze the neoplasm coding.
25. Identify the blood conditions.
26. Examine the endocrine, nutritional, and metabolic diseases.
27. Identify the blood conditions, mental, behavioral and neurodevelopmental disorders, nervous system, and sense organs coding.
28. Identify the circulatory system coding.
29. Identify the respiratory system coding.
30. Examine the digestive system coding.
31. Identify skin and subcutaneous tissue coding.
32. Identify musculoskeletal and connective tissue coding.
33. Identify the pregnancy, childbirth, and puerperium coding.
34. Examine the certain conditions originating in the perinatal period coding.
35. Define the rules of symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified.

36. Identify the elements of coding injuries and poisonings, and certain other consequences of external causes.
37. Differentiate among fracture treatment types.
38. Recognize types of traction.
39. Identify services/procedures included in the General subheading.
40. Analyze cast application and strapping procedures.
41. Recognize elements of arthroscopic procedures.
42. Demonstrate the ability to code musculoskeletal services and procedures.
43. Recognize terms that apply to coding respiratory services.
44. Differentiate among codes based on the surgical approach.
45. Identify highlights of nasal procedure coding.
46. Identify the specifics of coding for the sinuses and larynx.
47. Explain the structure of the trachea/bronchi codes.
48. Distinguish the difference amongst the codes assigned to report lungs and pleura services, and procedures.
49. Recognize cardiovascular services across three sections—Surgery, Medicine, and Radiology.
50. Identify cardiovascular coding terminology.
51. Recognize the major differences in the subheadings of the Cardiovascular System subsection (within the Surgery section).
52. Define rules of coding cardiovascular services when codes from the Medicine section are used.
53. Identify the major rules of coding cardiovascular services using the Radiology section codes.
54. Demonstrate ability to code cardiovascular services.
55. Identify the Hemic and Lymphatic Systems subsection format.
56. Recognize the Hemic and Lymphatic Systems subheadings.
57. Recognize the format of the Mediastinum and Diaphragm subsection codes.

New Resources for Course

Course Textbooks/Resources

Textbooks
Manuals
Periodicals
Software

Equipment/Facilities

Reviewer	Action	Date
Faculty Preparer:		
Kiela Samuels	*Faculty Preparer*	*Jan 22, 2025*
Department Chair/Area Director:		
Valerie Greaves	*Recommend Approval*	*Jan 27, 2025*
Dean:		
Shari Lambert	*Recommend Approval*	*Jan 28, 2025*
Curriculum Committee Chair:		
Randy Van Wagnen	*Recommend Approval*	*Mar 30, 2025*
Assessment Committee Chair:		
Jessica Hale	*Recommend Approval*	*Apr 13, 2025*
Vice President for Instruction:		
Brandon Tucker	*Approve*	*Apr 15, 2025*

Washtenaw Community College Comprehensive Report

MBC 205 Introductory ICD Coding
Effective Term: Winter 2021

Course Cover

Division: Health Sciences
Department: Health Science
Discipline: Medical Billing and Coding
Course Number: 205
Org Number: 15900
Full Course Title: Introductory ICD Coding
Transcript Title: Introductory ICD Coding
Is Consultation with other department(s) required: No
Publish in the Following: College Catalog , Time Schedule , Web Page
Reason for Submission: Three Year Review / Assessment Report
Change Information:
Consultation with all departments affected by this course is required.
Course description
Outcomes/Assessment
Objectives/Evaluation
Rationale: Update Master Syllabus
Proposed Start Semester: Fall 2020
Course Description: In this course, students will be introduced to the concept of International Classification of Diseases - Clinical Modification (ICD-10 CM) coding, including the identification of conditions to be coded. Students will learn how to apply taxonomies, nomenclatures, conventions, guidelines, and clinical vocabularies, such as the Systematized Nomenclature of Medicine - Clinical Terms (SNOMED-CT). They will be introduced to the process of transforming narrative descriptions of diseases into alphanumeric codes used to report patients' health condition/s and sequence these codes according to the guidelines. Students will develop skills on how to navigate the ICD-10 CM manual and identify uses of the alphabetic index and tabular list. They will be able to recognize and explain the sensitivities of privacy and security of patients' health information (PHI). Some materials 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

No Level Required

Requisites

Prerequisite
BIO 109 minimum grade "C"
or
Prerequisite
BIO 111 minimum grade "C"
and
Prerequisite
HSC 124 minimum grade "C"
and
Corequisite
MBC 215

General Education

Request Course Transfer

Proposed For:

Student Learning Outcomes

1. Apply the official coding guidelines and use of the 3M coding software to report diseases from descriptions of symptoms and diagnoses.
   Assessment 1
   Assessment Tool: Outcome-related exam questions
   Assessment Date: Winter 2021
   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 75% or higher on exam.
   Who will score and analyze the data: Departmental faculty

2. Classify relationships among data and items within medical billing and coding scenarios.
   Assessment 1
   Assessment Tool: Outcome-related exam questions
   Assessment Date: Winter 2021
   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 75% or higher on exam.
   Who will score and analyze the data: Departmental faculty

3. Recognize laws and theories, including issues relating to the Health Insurance Portability and Accountability Act (HIPAA)and confidentiality.
   Assessment 1
   Assessment Tool: Outcome-related exam questions
   Assessment Date: Winter 2021

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 75% or higher on exam.
Who will score and analyze the data: Departmental faculty

4. Interpret medical billing and coding scenarios to make proper coding selection.
   Assessment 1
   Assessment Tool: Outcome-related exam questions
   Assessment Date: Winter 2021
   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 75% or higher on exam.
   Who will score and analyze the data: Departmental faculty

Course Objectives

1. Summarize the purpose and function of the International Classification of Diseases (ICD) coding systems.
2. Utilize the ICD-10 coding manual and 3M software to accurately assign diagnostic codes.
3. Interpret diagnostic coding guidelines for accurate code assignment.
4. Interpret clinical documentation based on knowledge of anatomy, disease and medical terminology.
5. Interpret and/or apply classifications, taxonomies, nomenclatures, terminologies, and clinical vocabularies such as Systematized Nomenclature of Medicine - Clinical Terms (SNOMED-CT).
6. Describe diagnostic groupings.
7. Review other diagnosis coding systems or code sets including DSM 5 and ICD-10-CM.
8. Define the coder's role in coding compliance.
9. Identify the characteristics and conventions of ICD-10-CM through class exercises and exams.
10. Differentiate between disease-specific and organ-specific coding guidelines.
11. Complete ambulatory and physician-based case study coding exercises using the principles of ICD-10-CM.
12. Identify crucial roles that Physician documentation plays in the coding process.
13. Identify codable services.
14. Describe the purpose and impact of the Health Insurance Portability and Accountability Act (HIPAA).
15. Define HIPAA compliance and other related regulations as well as the role of healthcare documentation workers in preserving patient confidentiality and managing risk.

New Resources for Course

Course Textbooks/Resources

Textbooks
Manuals
Periodicals
Software

Equipment/Facilities

Reviewer	Action	Date
Faculty Preparer:		
Ladonna Caviness	*Faculty Preparer*	*Jun 03, 2020*

Department Chair/Area Director:		
Rene Stark	*Recommend Approval*	*Jun 03, 2020*
Dean:		
Valerie Greaves	*Recommend Approval*	*Jul 12, 2020*
Curriculum Committee Chair:		
Lisa Veasey	*Recommend Approval*	*Oct 26, 2020*
Assessment Committee Chair:		
Shawn Deron	*Recommend Approval*	*Oct 27, 2020*
Vice President for Instruction:		
Kimberly Hurns	*Approve*	*Oct 27, 2020*