Washtenaw Community College Comprehensive Report

MBC 215 Introductory Procedural Coding
Effective Term: Fall 2025

Course Cover

College: Health Sciences
Division: Health Sciences
Department: Health Science
Discipline: Medical Billing and Coding
Course Number: 215
Org Number: 15950
Full Course Title: Introductory Procedural Coding
Transcript Title: Intro Procedural Coding
Is Consultation with other department(s) required: No
Publish in the Following:
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
Rationale: Update Prereq for BIO 102. BIO 102 is now acceptable as an anatomy and physiology prereq for MBC Program courses.
Proposed Start Semester: Fall 2025
Course Description: In this course, students will learn the basic principles of procedure coding utilizing Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS). Through practice exercises, students will assign procedure codes and apply guidelines. Additionally, students will learn basic concepts for using modifiers.

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
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"
Corequisite
MBC 205

General Education

Request Course Transfer
Proposed For:

Student Learning Outcomes

1. Apply the rules, basic principles, and conventions of HCPCS level I and CPT level II classification systems.
   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: 75% of students will score 75% or higher.
   Who will score and analyze the data: Departmental faculty

2. Extract accurate coding data from provider documentation, including operative reports, case studies, scenarios, and validate coding accuracy using clinical information found in the health record to code and sequence procedures and/or services from all sections of the HCPCS and CPT.
   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: 75% of students will score 75% or higher.
   Who will score and analyze the data: Departmental faculty

3. Accurately apply coding guidelines when assigning procedure/s and service/s from the CPT and HCPCS classification systems which support accurate and ethical billing through coding.
   Assessment 1
   Assessment Tool: Outcome-related final exam questions
   Assessment Date: Spring/Summer 2024
   Assessment Cycle: Every Three Years
   Course section(s)/other population:

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. Code physician services that include evaluation and management, medicine, pathology, laboratory, radiology, surgery, and anesthesia.
2. Explain the guidelines for section, subsection, subheading and category elements of the CPT.
3. Abstract necessary information from provider documentation to apply codes for services, procedures and supplies provided.
4. Code procedures related to all major body systems using CPT.
5. Interpret health information protection policies and regulations under the Health Insurance Portability and Accountability Act (HIPAA).
6. Recognize how to use and define CPT level I and HCPCS.
7. Identify the purpose of modifiers.
8. Sequence multiple codes using the coding and reporting guidelines.
9. Identify where coding information related to the introduction, procedural section, guidelines and index are located in the CPT manual.

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*	*Apr 14, 2025*
Assessment Committee Chair:		
Jessica Hale	*Recommend Approval*	*Apr 17, 2025*
Vice President for Instruction:		
Brandon Tucker	*Approve*	*Apr 23, 2025*

Washtenaw Community College Comprehensive Report

MBC 215 Introductory Procedural Coding
Effective Term: Winter 2024

Course Cover

College: Health Sciences
Division: Health Sciences
Department: Health Science
Discipline: Medical Billing and Coding
Course Number: 215
Org Number: 15950
Full Course Title: Introductory Procedural Coding
Transcript Title: Intro Procedural Coding
Is Consultation with other department(s) required: No
Publish in the Following:
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: Winter 2024
Course Description: In this course, students will learn the basic principles of procedure coding utilizing Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS). Through practice exercises, students will assign procedure codes and apply guidelines. Additionally, students will learn basic concepts to using modifiers. 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

Requisites
Prerequisite
BIO 109 minimum grade "C"
or
Prerequisite
BIO 111 minimum grade "C"
and
Prerequisite
HSC 124 minimum grade "C"
Corequisite
MBC 205

General Education

Request Course Transfer
Proposed For:

Student Learning Outcomes

1. Apply the rules, basic principles, and conventions of HCPCS level I and CPT level II classification systems.
   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 the students will score 80% or higher on the outcome related questions.
   Who will score and analyze the data: Departmental faculty

2. Conduct examination of provider documentation to extract accurate coding data, including operative reports, case studies, scenarios, and validate coding accuracy using clinical information found in the health record to code and sequence procedures and/or services from all sections of the HCPCS and CPT.
   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 the students will score 80% or higher on the outcome related questions.
   Who will score and analyze the data: Departmental faculty

3. Accurately apply coding guidelines when assigning procedure/s and service/s from the CPT and HCPCS classification systems which support accurate and ethical billing through coding.
   Assessment 1
   Assessment Tool: Outcome-related final exam questions
   Assessment Date: Spring/Summer 2024
   Assessment Cycle: Every Three Years
   Course section(s)/other population:

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 the students will score 80% or
higher on the outcome related questions.
Who will score and analyze the data: Departmental faculty

Course Objectives

1. Code physician services that include evaluation and management, medicine, pathology, laboratory, radiology, surgery, and anesthesia.
2. Establish a good understanding of section, subsection, subheading, and category guidelines.
3. Abstract necessary information from provider documentation to apply codes for services, procedures and supplies provided.
4. Code procedures related to all major body systems using CPT.
5. Interpret health information protection policies and regulations under HIPAA.
6. Recognize how to use and define CPT level I and HCPCS.
7. Identify the purpose of modifiers.
8. Sequence multiple codes using the coding and reporting guidelines.
9. Identify where coding information related to the introduction, procedural section, guidelines and index are located in the CPT manual.

New Resources for Course

Course Textbooks/Resources

Textbooks
Manuals
Periodicals
Software

Equipment/Facilities

Reviewer	Action	Date
Faculty Preparer:		
Valerie Greaves	*Faculty Preparer*	*Jul 20, 2023*
Department Chair/Area Director:		
Rene Stark	*Recommend Approval*	*Jul 29, 2023*
Dean:		
Shari Lambert	*Recommend Approval*	*Aug 15, 2023*
Curriculum Committee Chair:		
Randy Van Wagnen	*Recommend Approval*	*Nov 02, 2023*
Assessment Committee Chair:		
Jessica Hale	*Recommend Approval*	*Nov 06, 2023*
Vice President for Instruction:		
Brandon Tucker	*Approve*	*Nov 07, 2023*

MBC 215 Introductory Procedural Coding
Effective Term: Spring/Summer 2017

Course Cover

Division: Health Sciences
Department: Allied Health
Discipline: Medical Billing and Coding
Course Number: 215
Org Number: 15900
Full Course Title: Introductory Procedural Coding
Transcript Title: Intro Procedural 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.
    Pre-requisite, co-requisite, or enrollment restrictions
Rationale: To update the prerequisites required by this course.
Proposed Start Semester: Spring/Summer 2017
Course Description: In this course, students will be introduced to the principles and application of procedure coding systems such as ICD-10-CM Volume III and ICD-10-PCS, CPT 4 and HCPCS. Students will also learn about procedural groupings such as APC and RUGs. This course was previously HIT 215.

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
BIO 109 minimum grade "C"
or

Prerequisite
BIO 111 minimum grade "C"
and
Prerequisite
HSC 124 minimum grade "C"
Corequisite
MBC 205

General Education

Request Course Transfer
Proposed For:

Student Learning Outcomes

1. Perform basic hands-on encoding of procedures from narratives and other sources of information about patient care and treatment.
    Assessment 1
    Assessment Tool: Practical exam
    Assessment Date: Winter 2017
    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/Checklist
    Standard of success to be used for this assessment: 75% of students will score 75% or higher on exam.
    Who will score and analyze the data: Departmental Faculty

2. Demonstrate principles of, distinguish, and accurately apply ICD-10-PCS, CPT-4, and HCPCS procedure coding systems.
    Assessment 1
    Assessment Tool: Practical exam
    Assessment Date: Winter 2017
    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/Checklist
    Standard of success to be used for this assessment: 75% of students will score 75% or higher on exam.
    Who will score and analyze the data: Departmental Faculty

3. Use official coding guidelines and reporting requirements for code assignment.
    Assessment 1
    Assessment Tool: Practical exam
    Assessment Date: Winter 2017

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/Checklist
Standard of success to be used for this assessment: 75% of students will score 75% or higher on exam.
Who will score and analyze the data: Departmental Faculty

Course Objectives

1. Practice standards of ethical procedural coding.
2. Identify the importance of documentation on code assignment and the subsequent reimbursement impact.
3. Interpret procedural coding guidelines for accurate code assignment.
4. Demonstrate knowledge of anatomy, disease, and medical terminology to interpret clinical documentation.
5. Recognize and apply procedural groupings such as APC, RUGs, and DRGs.
6. Assign appropriate modifiers to procedures to receive the appropriate maximum reimbursement.
7. Utilize CPT-4 and HCPCS coding manuals to accurately assign procedure codes.
8. Describe the major sections and symbols of the CPT-4 manual.
9. Assign complex codes from the Evaluation and Management, Anesthesia, Surgery, Radiology, Pathology and Laboratory, and Medicine Sections of the CPT-4.
10. Distinguish between CPT, national, and local codes.
11. Assign proper HCPCS codes and explain in which settings to use HCPCS codes.
12. Explain bundling and unbundling codes.
13. Define the coders role in coding compliance.

New Resources for Course

Course Textbooks/Resources

Textbooks
Manuals
Periodicals
Software

Equipment/Facilities

Reviewer	Action	Date
Faculty Preparer:		
Kelly Shew	*Faculty Preparer*	*Nov 30, 2016*
Department Chair/Area Director:		
Connie Foster	*Recommend Approval*	*Dec 05, 2016*
Dean:		

Valerie Greaves   *Recommend Approval*   *Dec 12, 2016*
Curriculum Committee Chair:
David Wooten   *Recommend Approval*   *Jan 10, 2017*
Assessment Committee Chair:
Ruth Walsh   *Recommend Approval*   *Jan 11, 2017*
Vice President for Instruction:
Bill Abernethy   *Approve*   *Jan 12, 2017*