Medical Coding & Billing (Proc 24)

PRE-TEST/POST-TEST TEKS BLUEPRINT

Pre-Test/Post-Test Development Overview

TEKS Addressed Selection Process

The Texas Essential Knowledge & Skills (TEKS) included in the course pre-test and post-test were selected for their direct relevance to the course content. This selection process was guided by the goal of assessing learners' understanding of specific topics and skills that are integral to the course. As a result, TEKS related to general employability skills or broader topics were often excluded. This focus ensures that the assessments accurately measure students' mastery of the subject matter, allowing educators to gain a clear insight into areas where students excel or may need additional support. By concentrating on content-specific TEKS, the tests provide a more precise evaluation of the students' knowledge and understanding of the core material.

Test Question Development Process

The questions created for the pre-test and post-test were designed using psychometric principles to ensure they are of high quality and fairness. This approach helps to accurately assess student understanding. These principles guide the development of questions to be reliable, valid, and free from bias, ensuring that they effectively measure the knowledge and skills the students are expected to acquire in the course.

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Knowledge & Skills Statement	Student Expectation	iCEV Lesson Title
(2) The student explores career opportunities in revenue cycle management. The student is expected to:	(B) demonstrate ethical billing and coding practices as outlined by professional associations guidelines; and (I)	Legal and Ethical Responsibilities in Medical Coding and Billling
(3) The student explains the ethical and legal responsibilities of personnel in medical billing and coding. The student is expected to:	(A) identify major administrative agencies that affect billing and coding such as Centers for Medicare and Medicaid Services (CMS) and the Office of the Inspector General (OIG);	Legal and Ethical Responsibilities in Medical Coding and Billing
(3) The student explains the ethical and legal responsibilities of personnel in medical billing and coding. The student is expected to:	(B) identify major laws and regulations that impact health information, including HIPAA, the Stark Law, the Fair Debt Collection Practices Act, and the False Claims Act;	Legal and Ethical Responsibilities in Medical Coding and Billing
(3) The student explains the ethical and legal responsibilities of personnel in medical billing and coding. The student is expected to:	(C) analyze legal and ethical issues related to medical billing and coding, revenue cycle management, and documentation within the medical record;	Legal and Ethical Responsibilities in Medical Coding and Billing
(3) The student explains the ethical and legal responsibilities of personnel in medical billing and coding. The student is expected to:	(D) research compliance laws;	Legal and Ethical Responsibilities in Medical Coding and Billing
(3) The student explains the ethical and legal responsibilities of personnel in medical billing and coding. The student is expected to:	(E) identify appropriate documentation required for the release of patient information	Legal and Ethical Responsibilities in Medical Coding and Billing
(3) The student explains the ethical and legal responsibilities of personnel in medical billing and coding. The student is expected to:	(F) differentiate between informed and implied consent;	Legal and Ethical Responsibilities in Medical Coding and Billing
(3) The student explains the ethical and legal responsibilities of personnel in medical billing and coding. The student is expected to:	(G) compare and contrast use of information and disclosure of information; and	Legal and Ethical Responsibilities in Medical Coding and Billing
(3) The student explains the ethical and legal responsibilities of personnel in medical billing and coding. The student is expected to:	(H) evaluate cases for insurance fraud and abuse.	Legal and Ethical Responsibilities in Medical Coding and Billing
(4) The student identifies the body systems to support proficiency in billing and coding. The student is expected to:	(A) explain the sections and organizations of the International Classification of Diseases and Related Health Problems, 10th Revision, Clinical Modification (ICD-10-CM) and Current Procedural Terminology (CPT) coding manuals by identifying the anatomy and physiology of body systems and how they apply to medical billing and coding, including:	Medical Coding and Billing: Integumentary System
(4) The student identifies the body systems to support proficiency in billing and coding. The student is expected to:	(B) identify mental, behavioral, and neurodevelopmental disorders and how they apply to medical billing and coding.	Medical Coding and Billing: Mental Behavioral and Neurodevelopmental Disorders
(5) The student demonstrates proficiency in the use of the ICD 10-CM, CPT, and Healthcare Common Procedure Coding System (HCPCS) coding systems. The student is expected to:	(A) apply coding conventions and guidelines for appropriate charge capture;	Coding Systems
(5) The student demonstrates proficiency in the use of the ICD 10-CM, CPT, and Healthcare Common Procedure Coding System (HCPCS) coding systems. The student is expected to:	(B) describe the process to update coding resources;	Coding Systems
(5) The student demonstrates proficiency in the use of the ICD 10-CM, CPT, and Healthcare Common Procedure Coding System (HCPCS) coding systems. The student is expected to:	(C) assign and verify diagnosis and procedure codes to the highest level of specificity, and, as applicable, HCPCS level II codes and modifiers in accordance with official guidelines;	Coding Systems
(5) The student demonstrates proficiency in the use of the ICD 10-CM, CPT, and Healthcare Common Procedure Coding System (HCPCS) coding systems. The student is expected to:	(D) describe the concepts of disease groupings and procedure-code bundling; and	Coding Systems
(5) The student demonstrates proficiency in the use of the ICD 10-CM, CPT, and Healthcare Common Procedure Coding System (HCPCS) coding systems. The student is expected to:	(E) identify coding compliance, including medical necessity.	Coding Systems
(6) The student understands revenue cycle management. The student is expected to:	(A) define revenue cycle management	Revenue Management Cycle
(6) The student understands revenue cycle management. The student is expected to:	(B) differentiate between various types of employer-sponsored and government-sponsored insurance models, including health maintenance organization (HMO), preferred-provider organization (PPO), Medicare, Medicaid, TRICARE, high deductible health plans, and workers' compensation;	Health Insurance Models

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(6) The student understands revenue cycle management. The student is expected to:	(C) define Medicare Administrative Contractors (MACs) and investigate the administrative services provided by the MAC for Texas;	Health Insurance Models
(6) The student understands revenue cycle management. The student is expected to:	(D) describe the patient scheduling and check-in process, including verifying insurance eligibility, obtaining pre authorization, and processing appropriate patient authorization and referral forms;	Patient Scheduling and Check-In Process
(6) The student understands revenue cycle management. The student is expected to:	(E) describe the sections of the CMS-1500 form to prepare and submit mock clean claims electronically or manually;	Health Insurance Claims
(6) The student understands revenue cycle management. The student is expected to:	(F) differentiate between primary and secondary insurance plans to initially process crossover claims;	Health Insurance Claims
(6) The student understands revenue cycle management. The student is expected to:	(G) interpret remittance advice to determine financial responsibility of insurance company and patient, including a cash-paying patient;	Health Insurance Models
(6) The student understands revenue cycle management. The student is expected to:	(H) analyze reason for insurance company denials or rejections and determine corrections or appeals required; and	Health Insurance Models
(6) The student understands revenue cycle management. The student is expected to:	(I) analyze an aging report and how it relates to the revenue cycle.	Revenue Management Cycle