

Domain 1 – Diagnosis Coding (24-26%)

Tasks:

1. Review medical record documentation and accurately assign ICD-10-CM codes
2. Apply ICD-10-CM conventions and guidelines to accurately code to the highest level of specificity

Domain 2 – Procedure Coding (28-32%)

Tasks:

1. Review medical record documentation and accurately assign CPT/HCPCS codes
2. Apply appropriate E/M coding guidelines for all categories
3. Assign appropriate CPT/HCPCS modifiers
4. Apply appropriate CPT/HCPCS coding guidelines
5. Demonstrate appropriate use of National Correct Coding Initiative (NCCI) edits and guidelines

Domain 3 – Research (6-10%)

Tasks:

1. Differentiate and apply physician-based coding rules based on federal, state, and third-party guidelines
2. Determine appropriate authoritative/governing source to facilitate correct coding
3. Recognize the use of natural language processing in data analysis (e.g. artificial intelligence, machine learning, computer assisted coding, etc.)

Domain 4 – Compliance (18-22%)

Tasks:

1. Evaluate if a query is appropriate based on existing documentation and apply a non-leading, ethical query
2. Review medical records to identify documentation that is permissible to support code assignment
3. Apply ethical coding guidelines and standards (OIG, CMS, AHIMA, LCD, CPT, etc.)
4. Ensure medical record signature requirements are met
5. Audit medical records for compliance with coding and documentation guidelines
6. Demonstrate an understanding of HIPAA privacy and security regulations
7. Develop and deliver education for providers and ancillary staff
8. Identify the appropriate place of service
9. Ensure ‘incident-to’ billing guidelines are met where applicable
10. Understand when it is appropriate to have an ABN signed

Domain 5 – Revenue Cycle (14-18%)

Tasks:

1. Ensure the data elements are complete and accurate before submitting claims to the payor
2. Interpret the insurance responses to identify the appropriate course of action
3. Demonstrate the financial impacts of Resource Based Relative Value Scale (RBRVS)
4. Associate the diagnosis code to the appropriate procedure
5. Understand the Hierarchical Condition Categories (HCCs)
6. Apply accurate code assignments for risk adjustment in ICD-10-CM
7. Differentiate types of denials

Medical Scenarios

1. Evaluation and Management (33.3%)
2. Surgery (33.3%)
3. Medicine (33.3%)