

Occupational Outline for:
Discipline B Challenge – **Insurance & Coding**

Category I – Insurance & Coding Roles, Responsibilities, and
Basic Knowledge

Sub-Cat 1 – Professional Responsibilities

- a. – definition, function, & purpose of Insurance & Coding
- b. - professional attitude, behavior, and teamwork
- c. - professional appearance; posture, grooming, and clothing
- d. - medical etiquette and ethics
- e. - confidentiality and HIPPA
- e. – reimbursement terminology
- f. – National Correct Coding Initiative
- e. - participate in appropriate continuing education

Sub-Cat 2 – Legal Issues Concerning Medical Records and Insurance
Claims

- a. – contracts; insurance policies, patient payment responsibility, and managed care
- b. – confidentiality; medical records, release of information, and retention of medical records
- c. – court order; subpoena
- d. – insurance claims; guarantor, assignment, time limits, and signature authorization
- e. – insurance claim fraud and abuse; forgery, embezzlement, and audits and reviews
- f. – repayment, penalties, and fines
- f. – credit and collection laws
- g. – appeals
- h. – liability prevention; physician/patient agreement, and termination of a case
- i. – insurance commissioners and state board of medical examiners

Sub-Cat 3 – Anatomy, Terminology, and Pathophysiology

- a. – plains, directions, and positioning
- b. - integumentary system; anatomy/terminology and pathophysiology
- c. - musculoskeletal system; anatomy/terminology and pathophysiology
- d. - respiratory system; anatomy/terminology and pathophysiology
- e. - cardiovascular system; anatomy/terminology and pathophysiology
- f. - female genital system and pregnancy; anatomy/terminology and pathophysiology
- g. – male genital system; anatomy/terminology and pathophysiology
- h. – urinary system; anatomy/terminology and pathophysiology
- i. – digestive system; anatomy/terminology and pathophysiology
- j. – hemic and lymphatic system; anatomy/terminology and pathophysiology
- k. – endocrine system; anatomy/terminology and pathophysiology
- l. – nervous system; anatomy/terminology and pathophysiology
- m. – senses; anatomy/terminology and pathophysiology
- n. – psych terminology

Sub-Cat 4 – General Information

- a. – billable service providers: their similarities and differences (MD, DO, PA, NP, DC, PT, MT, etc.)
- b. - federal, state, regional laws and guidelines for non-physician practitioners
- c. - resident physician vs. attending physician
- d. - medical specialties: neurology, cardiology, etc.

Category II – The Claims Process

Sub-Cat 1 – Basics of Health Insurance and the Claim Form

- a. – the insurance policy; application, provisions, coordination of benefits, and limitations
- b. - health insurance choices and coverage
- c. - basic steps in processing an insurance claim
- d. – handling the claim; patient information sheet, completing the claim form, submitting and tracing, and insurance claims register
- e. – importance of keeping-up-to-date
- f. – types of claims
- g. – abstracting from medical records
- h. – reasons claims are rejected or delayed
- i. – Claim Forms – CMS 1500 and UB04
- j. – optically scanned forms

Sub-Cat 2 – Procedural Coding

- a. – coding of procedures; Current Procedural Terminology (CPT), and HCPCS
- b. – payment methods; Relative Value Studies (RVS), RBRVS, and RVP
- c. – revenue coding (for UB04)
- d. – coding vocabulary
- e. – using the CPT code book; symbols and modifiers
- f. – practical coding; Anesthesia, Radiology, Pathology & Laboratory, Medicine, General Surgery & Integumentary, Musculoskeletal, Respiratory, Cardiovascular, Eye and Ocular Adnexa, Endocrine, Maternity Care & Delivery, Female Genital, Intersex Surgery, Reproductive, Male Genital, Digestive, Diaphragm, Mediastinum, and Hemic and Lymphatic
- g. – schedule variances or Relative Value Scale; conversion factors
- h. – modifier codes
- i. – medicare coding
- j. – laboratory abbreviations

Sub-Cat 3 – Diagnostic Coding

- a. – coding of diseases; ICD-9-CM
- b. - ICD-10; (ICD-9 replacement in 2013)
- c. – ICD-9 coding guidelines
- b. – steps of diagnostic coding and terminology
- c. – E codes
- d. – V codes
- e. - late effects
- f. – infectious and parasitic diseases coding
- g. – neoplasms coding
- h. – endocrine, nutritional, and metabolic diseases and immunity disorders coding
- i. – diseases of blood and blood-forming organs coding
- j. – mental disorders coding
- k. – diseases of nervous system and sense organ coding
- l. – diseases of the circulatory system coding
- m. – diseases of the respiratory system coding
- n. – disease of the digestive system coding
- o. – diseases of the genitourinary system coding
- p. – complications of pregnancy, childbirth, and puerperium coding
- q. – diseases of skin and subcutaneous tissue coding
- r. – diseases of musculoskeletal system and connective tissue coding
- s. – congenital anomalies and conditions originating in prenatal care coding
- t. – symptoms, signs, and ill-defined conditions coding
- u. – injury and poisoning coding
- v. – rules for coding Diabetes Mellitus
- w. – rules for coding pregnancy, delivery, or abortion
- x. – rules for coding admitting diagnoses
- y. – rules for coding burns
- z. – Diagnosis Related Groups; system, physician’s practice, and medical records
- aa. – DRG monitor; outpatient classifications and utilization review
- bb. – Peer Review Organization and Appropriate Evaluation Protocols

Sub-Cat 4 – Electronic Data Interchange (EDI)

- a. – computer claims systems; carrier-direct, clearinghouse, electronic claims processor
- b. – electronic data interchange; signature requirements, Worker’s Compensation, eligibility verification, electronically completing the claim, inquiry and status, explanation of benefits
- c. – computer confidentiality; confidentiality statement and security measures
- d. – records storage

Sub-Cat 5 – Delinquent Claims and Problem Solving

- a. – state insurance commissioners; commission’s role, types of problems, commission inquiries
- b. – claim management; claims register, payment histories, tickler file
- c. – problem claims; delinquent, pending, suspense, denied, down coding, and partial payment
- d. – rebilling
- e. – review and appeal; CHAMPUS review, Medicare review, and Medigap
- f. – external auditing, repayment, penalties, and fines

Category III – Health Care Payers

Sub-Cat 1 – Managed Care and Special Plan Systems

- a. – managed care systems; HMOs, IPA, PPOs, CHAMPUS and managed care, Medicare and managed care, Medicaid and managed care, Point of Service Plans, Physician Provider Groups, and Triple Option Health Plan
- b. - medical review; professional review organizations
- c. - managing the plans; contracts, prior authorization, manage care guide, and statements of remittance
- d. – special plans; Individual Responsibility Plan and Optometric Service Plans

Sub-Cat 2 – Blue Cross and Blue Shield Plans

- a. – types of Blue Cross and Blue Shield contracts; service benefit contracts and indemnity benefit contracts
- b. - methods of payment; UCR payment program, fee schedules
- c. - physician participation
- d. – out-of-area program
- e. – Blue Cross and Blue Shield and Medicare; Part B Carrier
- f. – managed care; PPOs, HMOs, and Point of Service Programs
- g. – preadmission testing, ambulatory surgery, and second opinions
- h. – explanation of benefits
- i. – provider number
- j. – federal employee health benefits program; non-benefits, ID card, claim procedure, time limit, and explanation of benefits

Sub-Cat 3 – Medicaid and Other State Programs *(There are a lot of variances between states. Questions should be broad enough to provide consistency.)*

- a. – Medicaid eligibility and benefits
- b. - claim procedure; ID card, copayment, prior approval, time limit, reciprocity, explanation of benefits, appeals, third-party liability, Medicaid and HMOs, Medicaid and CHAMPUS/CHAMPVA, Medicaid and Medicare, and Medicaid and Aliens
- c. - Maternal and Child Health Program; eligibility and claims procedure

Sub-Cat 4 – Medicare

- a. – Medicare program; eligibility, fiscal intermediaries and agents, and Aliens on Medicare
- b. - Medicare payments; Civil Monetary Penalties Law and the Medicare Health Insurance Card
- c. - Coverage; hospital benefits, medical benefits, employed elderly health care coverage
- d. – Medigap
- e. – Medicare/Medicaid; benefits and claim procedure
- f. – prior authorization
- g. – Medicare coding; claim form, electronic submission, fraud and abuse, and posting payments
- h. – Medicare Fraud and Abuse

Sub-Cat 4 – Medicare

- a. – Medicare program; eligibility, fiscal intermediaries and agents, and Aliens on Medicare
- b. - Medicare payments; Civil Monetary Penalties Law and the Medicare Health Insurance Card
- c. - Coverage; hospital benefits, medical benefits, employed elderly health care coverage
- d. – Medigap
- e. – Medicare/Medicaid; benefits and claim procedure
- f. – prior authorization
- g. – Medicare coding; claim form, electronic submission, fraud and abuse, and posting payments

Sub-Cat 5 – CHAMPUS and CHAMPVA

- a. – CHAMPUS; description, eligibility, Defense Enrollment Eligibility Reporting System, providers, ID cards, and inpatient and outpatient benefits and coverage
- b. - CHAMPVA; description, eligibility and preauthorization
- c. - Privacy Act of 1974
- d. – CHAMPUS/CHAMPVA claims procedure; participating and non-participating providers, explanation of benefits, dual or double coverage, third-party liability, and inquires and appeals
- e. – Tricare Prime; primary care manager and copayment
- f. – Tricare Extra; identification, copayment, network provider, quality assurance, and claims procedure

Sub-Cat 6 – Workers Compensation

- a. – workers compensation; purpose and benefits
- b. – coverage of federal laws
- c. – coverage of state laws; funding, minimum number of employees, working periods, types of benefits
- d. – types of claims; nondisability, temporary disability, and permanent disability
- e. – fraud and abuse; employee, employer, insurer, medical provider, and lawyer
- f. – OSHA Act of 1970
- g. – medical reports; confidentiality, documentation, recordkeeping, and information to be included in Detailed Progress of Re-examination Reports
- h. – billing claims; financial responsibility, fee structure, electronic submission, and out-of-state claims
- i. – delinquent billing

Sub-Cat 7 – Disability Income Insurance and Disability Benefit Programs

(There are a lot of variances between states. Questions should be broad enough to provide consistency.)

- a. – disability income insurance; group and individual
- b. – federal disability programs; Workers' Compensation and disability benefit programs
- c. – state disability insurance; funding, eligibility, benefits, time limits examinations, limitations, and Voluntary Disability Insurance Plan
- d. – claims submission; disability income claims, federal disability claims, Veterans Administration Disability Outpatient Clinic claims, and state disability claims

Sub-Cat 8 – Other

(There are a lot of variances between states. Questions are broad enough to provide state consistency.)

- a. – auto insurance; Tort vs. No-Fault
- b. – third party liability insurance; homeowners insurance
- c. – subrogation in insurance; one insurance company sues another for repayment (example: work comp subrogates auto for a portion of the bills paid on an on-the-job auto accident)

Question Development Instructions and Form

The **CEC** system's challenge tests use several question banks that have a variety of four answer multiple-choice questions. Each question in the bank has a stem, the main idea, with three plausible distracters and the correct answer. There are also four intellectual types of questions. These different types are: memory, interpretation, application, and evaluation

The preceding occupational outline for **Insurance & Coding** provides an essential breakdown of discipline B. It is laid out in categories, sub-categories, and competencies. Each question developed needs to be marked with the discipline's letter. The category's Roman numeral and the sub-category's number. (It is **not** important or necessary to assign your questions down to the competency level.)

Each of your questions also needs to be labeled with a difficulty level. The four levels are: *Simple*, *Average*, *Difficult*, and *Extremely Difficult*. If the question covers a topic that you believe virtually everyone in the field knows or should know, mark it as *Simple*. If the topic is widely known by a simple majority of the people using or studying in this area, it can be marked as *Average*. If you believe the topic is known by less than 1/3rd of the people working in this area, mark the question as *Difficult*. If the topic is specialized or is simply known by someone who is an expert in the field, mark the question as *Extremely Difficult*.

It is important that our challenge tests measure an accurate sampling of our contestants' skills and knowledge in the discipline. Therefore, questions cannot be someone's opinion, belief, or supposition. It is important that all questions are able to be validated from at least one credible source. You will be asked to give the source material for each question submitted. Example:

Discipline: B Category: I Sub-Cat: 2 Difficulty: Simple

Stem: Billing for services not provided is an example of _____ .

Correct Answer: fraud _____

Distracter 1: incentives _____

Distracter 2: pre-planning _____

Distracter 3: abuse _____

Source Name: Insurance & Coding Made Simple Edition/Copyright: 2008

Page/s: 25

Comments: _____

Submitting Institution ABC School Author of (?)'s Last Name Smith

Question Development Form

Discipline: ___ Category: ___ Sub-Cat: ___ Difficulty: _____

Stem: _____.

Correct Answer: _____

Distracter 1: _____

Distracter 2: _____

Distracter 3: _____

Source Name: _____ Edition/Copyright: _____ Page/s: _____

Comments: _____

Submitting Institution _____ Author of (?)’s Last Name _____

Discipline: ___ Category: ___ Sub-Cat: ___ Difficulty: _____

Stem: _____.

Correct Answer: _____

Distracter 1: _____

Distracter 2: _____

Distracter 3: _____

Source Name: _____ Edition/Copyright: _____ Page/s: _____

Comments: _____

Submitting Institution _____ Author of (?)’s Last Name _____

Discipline: ___ Category: ___ Sub-Cat: ___ Difficulty: _____

Stem: _____.

Correct Answer: _____

Distracter 1: _____

Distracter 2: _____

Distracter 3: _____

Source Name: _____ Edition/Copyright: _____ Page/s: _____

Comments: _____

Submitting Institution _____ Author of (?)’s Last Name _____