

Domain 1 – Clinical Classification Systems (30-34%)

Tasks:

- 1. Interpret healthcare data for code assignment
- 2. Incorporate clinical vocabularies and terminologies used in health information systems
- 3. Abstract pertinent information from medical records
- 4. Consult reference materials to facilitate code assignment
- 5. Apply inpatient coding guidelines
- 6. Apply outpatient coding guidelines
- 7. Apply physician coding guidelines
- 8. Assign inpatient codes
- 9. Assign outpatient codes
- 10. Assign physician codes
- 11. Sequence codes according to healthcare setting
- 12. Determine an Evaluation and Management (E/M) Level (history, exam, medical decision making, or time)
- 13. Use of appropriate modifiers

Domain 2 – Reimbursement Methodologies (21-25%)

Tasks:

- 1. Sequence codes for appropriate reimbursement
- 2. Link diagnoses and CPT[®] codes according to payer specific guidelines
- 3. Understand DRG methodology
- 4. Understand APC methodology
- 5. Evaluate NCCI edits
- 6. Reconcile NCCI edits
- 7. Validate medical necessity using LCD and NCD
- 8. Understand claim form types
- 9. Communicate with financial departments
- 10. Evaluate claim denials
- 11. Process claim denials
- 12. Communicate with the physician to clarify documentation
- 13. Knowledge of Hierarchical Condition Categories (HCC) and risk adjustment
- 14. Application of CPT guidelines around bundling and unbundling

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Domain 3 – Health Records and Data Content (13-17%)

Tasks:

- 1. Retrieve medical records
- 2. Analyze medical records quantitatively for completeness
- 3. Analyze medical records qualitatively for deficiencies
- 4. Perform data abstraction
- 5. Request patient-specific documentation from other sources (ancillary depts., physician's office, etc.)
- 6. Retrieve patient information from master patient index
- 7. Educate providers on health data standards
- 8. Interpret coding data reports
- 9. Understand the different components of the medical record

Domain 4 – Compliance (12-16%)

Tasks:

- 1. Identify discrepancies between coded data and supporting documentation
- 2. Validate that codes assigned by provider or electronic systems are supported by proper documentation
- 3. Perform ethical coding
- 4. Clarify documentation through ethical physician query
- 5. Research latest coding changes for fee/charge ticket and chargemaster
- 6. Implement latest coding changes for fee/charge ticket and chargemaster
- 7. Educate providers on compliant coding
- 8. Assist in preparing the organization for external audits

Domain 5 – Information Technologies (6-10%)

Tasks:

- 1. Navigate throughout the EHR
- 2. Utilize encoding and grouping software
- 3. Utilize practice management and HIM systems
- 4. Utilize CAC software that automatically assigns codes based on electronic text
- 5. Validate the codes assigned by CAC software

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Domain 6 – Confidentiality & Privacy (6-10%)

Tasks:

- 1. Ensure patient confidentiality (HIPAA, state regulations, etc.)
- 2. Educate healthcare staff on privacy and confidentiality issues
- 3. Recognize and report privacy issues/violations
- 4. Maintain a secure work environment
- 5. Utilize passcodes/passwords
- 6. Access only minimal necessary documentation/information
- 7. Release patient-specific data to authorized individuals
- 8. Protect electronic documents/protected health information (PHI) through encryption
- 9. Transfer electronic documents through secure sites
- 10. Retain confidential records appropriately
- 11. Destroy confidential records appropriately
- 12. Understand information blocking