



AMERICAN EDUCATION CERTIFICATION ASSOCIATION

Medical Coding & Billing Exam Content Outline According to Industry Standard Needs Study

Medical Coding section will include sections of codes used for coding

Medical Billing Section will includes sections on creating and submitting the claim

Both the Sections of Medical Coding and Billing will be used and also the use of a software called “Medisoft”. Use of this software is required

| Medical Coding & Billing Content Outline | Comment |
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| MEDICAL PRACTICE ADMINISTRATION | |
| Introduction to Medical Billing & Coding | |
| • The Medical Team | |
| • Legal Issues | |
| • Fraud | |
| • HIPAA and Fraud and Abuse | |
| • Employee Bonding and Errors and Omission Insurance | |
| • Claim Audits | |
| • Medical Ethics | |
| Clinical Records & Medical Document | |
| • Medical Charts | |
| • Filing the Chart | |
| • Medical Documentation Rules | |
| • SOAP Notes | |
| • Signature Cards | |
| • Retention of Records | |
| • Storing Medical Records | |
| • Electronic Medical Charting | |
| • Computerized Files | |
| • Record Transfers | |
| • Patient Information Sheet | |
| • Release of Information Form | |
| • Assignment of Benefits Form | |
| • Patient History Form | |
| • Insurance Verification | |



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| Tricare, Blue Cross/ Blue Shield | |
| • Tricare Plan, Blue Cross/ Blue Shield Plan | |
| • Tricare Claim, Blue Cross/ Blue Shield Claims | |
| Commercial Insurance | |
| • Commercial Insurance Plan | |
| • Commercial Insurance Claim | |
| Medicare and Medicaid | |
| • Medicare | |
| • Medicare Eligibility | |
| • The Parts of Medicare | |
| • Allowable Charges | |
| • Medicare Physician Identification Numbers | |
| • Medicare Billing Notices | |
| • Assignment of Benefits | |
| • Medicare Secondary Payer | |
| • Durable Medical Equipment | |
| • Medicare Denials | |
| • Advance Beneficiary Notice (ABN) | |
| • The Medicare Appeals Process | |
| • Medicare Fraud and Abuse | |
| • Medicare Supplemental Insurance | |
| • Medicare and Managed Care | |
| • Medicare Notice of Non-Coverage | |
| • Medicare Billing Guidelines | |
| • Medicaid | |
| • Medicaid Covered Services | |
| • Reimbursement from Medicaid | |
| • Medicaid as Secondary Payer | |
| • Treatment Authorization Request | |
| Workers' Compensation | |
| • Fraud and Abuse | |
| • Types of Workers' Compensation Benefits | |
| • Patient Records | |
| • Doctor's First Report of Injury/Illness | |
| • Progress Reports | |
| • Delinquent Claims | |
| • Workers' Compensation Appeals | |
| FINANCES & ACCOUNTING | |
| Medical Practice Accounting | |
| • Patient Accounting | |



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| • Accounts Payable/Receivable | |
| • Patient Ledger Card/Statement of Account | |
| • Insurance Payments | |
| • Patient Payments | |
| • Posting Payments | |
| • Balance Billing | |
| • Follow-Ups | |
| • Collections | |
| • Collections Procedures | |
| • Small Claims Court | |
| • Practice Accounting | |
| • Petty Cash | |
| • The Day Sheet/Daily Journal | |
| • Office Reports | |
| | |
| MEDICAL CODING | |
| • ICD-9-CM | |
| • CPT | |
| • HCPCS Level II Codes, Determining & Assigning | |
| | |
| International Classification of Disease (ICD-9-CM) Coding | |
| • Overview ICD-9-CM | |
| • Contents of the ICD-9-CM | |
| • How to Use the ICD-9-CM Index & Tabular List | |
| • General Guidelines | |
| • Main Terms | |
| • V Codes | |
| • E Codes | |
| • Signs and Symbols Used in the ICD-9-CM | |
| • ICD-10-CM Coding in Future | |
| | |
| Current Procedural Terminology (CPT) Coding | |
| • Using the CPT | |
| • Semicolons in the CPT | |
| • Signs and Symbols Used in the CPT | |
| • CPT Index | |
| • CPT Modifiers | |
| • National Corrective Coding Initiative | |
| • Evaluation and Management Codes Section | |
| • Anesthesia Section | |
| • Surgery Section | |
| • Radiology/X-ray Section | |
| • Pathology/Laboratory Section | |
| • Medicine Section | |



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| MEDICAL BILLING | |
| CMS-1500 Form and Medical Billing Procedures | |
| • Superbill | |
| • CMS-1500 Form | |
| • CMS-1500 Block Explanations | |
| • 1500 Health Insurance Claim Form | |
| • Patient Claim Form | |
| • Billing for Services | |
| • Determining the Proper Billing Amount | |
| • Special Services | |
| • Claims Submission Process | |
| • Clean Claims | |
| • Coordination of Benefits | |
| • Health Maintenance Organizations | |
| • Collecting the Patient Portion | |
| • TRICARE | |
| • Billing Reports | |
| • Prompt Payment Laws | |
| • Tracer Claims/Delinquent Claims | |
| • Denied Claims | |
| • Resubmission of Claims | |
| • Adjusted Claims | |
| • Review and Appeals | |
| • Balance Billing Patients for Down-coded or Denied Claims | |
| | |
| The UB-92 Form and Hospital Billing Procedures | |
| • Uniform Bill (UB-04) | |
| • Assignment of Benefits | |
| • Charge master Descriptions | |
| • Entering Charges | |
| • Preauthorization, precertification and utilization reviews | |
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| Abstracting, Billing, & Coding Form Medical Reports | |
| • Abstracting from Medical Records | |
| • Triage Reports | |
| • Operative Reports | |
| • Diagnostic Testing Reports | |
| • Medical History and Physical Examination Reports | |
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| PROVIDER & MEDICAL ABBREVIATIONS | |
| • Medical Abbreviations & Terminology | |
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| FORMS | |
| • Patient Information Sheet | |
| • Insurance Coverage Form | |
| • Patient Claim Form | |



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| • Superbill/Charge Slip | |
| • Insurance Claim Register | |
| • CMS-1500 Claim Form | |
| • UB-92 Billing Form | |
| • Hospital Admission Form | |