National Certified Insurance and Coding Specialist Detailed Test Plan

Effective: January 2025
EX-0510

Number of Scored Items	Content Categories		
16	**1**	**Medical Benefits and Eligibility**	
		1	Verify eligibility for insurance benefits.
		2	Verify referrals from primary care providers.
		3	Determine the order of billing insurances based on the Birthday Rule.
		4	Determine primary and secondary insurance based on the specifics of the case.
		5	Obtain pre-authorizations, pre-certifications, and pre-determinations from payers.
		6	Collect payment, copayment, coinsurance, or deductible owed by the patient.
		7	Explain the financial policies and procedures of the practice to patients and responsible parties.
30	**2**	**Medical Coding**	
11	**A**	**ICD**	
		1	Abstract data from medical records to assign CPT codes.
		2	Sequence CPT codes according to guidelines.
		3	Apply CPT guidelines for code selection.
		4	Apply modifiers to CPT code selection.
12	**B**	**CPT**	
		1	Abstract data from medical records to assign CPT codes.
		2	Sequence CPT codes according to guidelines.
		3	Apply CPT guidelines for code selection.
		4	Apply modifiers to CPT code selection.
7	**C**	**HCPCS**	
		1	Abstract data from medical records to assign HCPCS codes.
		2	Sequence HCPCS codes according to guidelines.
		3	Apply HCPCS guidelines for code selection.
		4	Apply modifiers to HCPCS code selection.
23	**3**	**Medical Claims Submission**	
		1	Obtain the information needed for clean claim submission (e.g. medical necessity, CCI).
		2	Review medical record documentation supporting level of codes billed.
		3	Complete and submit claims for different types of commercial health care insurance plans (e.g., PPO, HMO, traditional indemnity).
		4	Complete and submit claims for different types of government insurance plans (e.g., Medicare, Medicaid, Veteran's Administration, TRICARE).

		5	Complete and submit claims for Workers' Compensation or disability.
		6	Enter charges into the patient's account.
		7	Verify and enter information in the CMS 1500 form.
		8	Review and manage encounter forms.
		9	Maintain fee schedules for the medical office.

15   **4 Payments and Collection Management**

		1	Interpret and analyze the Explanation of Benefits.
		2	Post insurance payments to the patient's account (e.g., RA, EOB, EOR).
		3	Manage suspended, rejected, and denied claims.
		4	Manage insurance accounts receivable.
		5	Manage patient accounts receivable.
		6	Collect deductibles and co-insurances based on the insurance plan.

16   **5 Law and Ethics**

		1	Recognize legal responsibilities and the scope of practice for the insurance and coding specialist.
		2	Recognize and respond to violations of medical law.
		3	Comply with fraud and abuse regulations (e.g., Stark Law, Anti-Kickback Law, Federal False Claims Act).
		4	Comply with disclosure laws (e.g., HIPAA, HITECH).
		5	Comply with regulatory guidelines related to patient collection (e.g., Truth In Lending, Fair Debt Collection Practices Act).

Essential Knowledge Base:

Apply a working understanding of these integrated concepts:

1	Commercial Insurance Plans	10	CMS 1500 Form
2	Government Insurance Plans	11	NPI (National Provider Identification)
3	Medical Terminology	12	Payment Collections
4	Anatomy and Physiology	13	Appeal Process
5	ICD Codes	14	Filing Deadlines
6	CPT Codes	15	Accounts Receivable
7	HCPCS Codes	16	Scope of Practice
8	Modifiers	17	Privacy Laws (e.g., HIPAA, HITECH)
9	CMS Guidelines	18	Compliance Regulations
		19	Medical Ethics

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