National Certified Insurance and Coding Specialist Detailed Test Plan

Effective: January 2025
EX-0510

NCICS Detailed Test Plan

This detailed test plan reflects the results of a national job analysis study that determined the critical job competencies to be tested by NCCT in this certification examination. It contains 100 scored items, 25 unscored pretest items, and candidates are allowed three (3) hours to complete the examination. This certification examination is comprised of 92% standard, 4-option multiple-choice items and 8% alternative items (e.g., Drag and Drop, Multi-Select, Hotspot).

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 ICD codes.
	2 Sequence ICD codes according to guidelines.
	3 Apply ICD guidelines for code selection.
	4 Determine when to use signs and symptoms for selecting ICD codes.
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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