Reference No.								

## **SELF ASSESSMENT GUIDE**

Qualification:	MEDICAL CODI NC III	NG AND CLAIMS	PROCE	SSING				
Certificate of Competency (COC 1):	Assign Medical	Codes						
<ul><li>Instruction:</li><li>Read each question and</li></ul>	check the appropria	ate column to indicat	e your a	nswer.				
Can I?			YES	NO				
<ul> <li>Prepare coding tools/system on client's specification/coding</li> </ul>		ical coding based						
<ul> <li>Analyze the completeness an needed for coding, based guidelines *</li> </ul>								
Review medical report to determine the appropriate diagnoses, procedures, equipment and/or supplies based on client's specification/coding guidelines *								
<ul> <li>Consider specific requirem necessary *</li> </ul>	ents of insuranc	e/ payor, when						
<ul> <li>Search medical terms to be re appropriate coding reference/</li> </ul>	•	abetic index of the						
Verify code numbers using the second code.	ne tabular list of the	coding manual *						
Assign verified medical code/s to the highest level of details in line with coding standards/guidelines *								
Verify coding information/requirements for completeness of data based on the required fields prior to submission *								
I agree to undertake assessment be used for professional dev concerned assessment person	elopment purpose	s and can only b						
Candidate's Name &	Signature	Date	е					

<sup>\*</sup>Critical Aspects of Competency

Reference No.								

## **SELF ASSESSMENT GUIDE**

Qualification:	MEDICAL CODING AND CLAIMS PROCES	SING NO	) III						
Certificate of Competency (COC 1):	Perform medical claim/billing work								
Units of Competency:									
<ul><li>Instruction:</li><li>Read each question</li></ul>	on and check the appropriate column to indicate	e your ar	nswer.						
Can I?		YES	NO						
PROCESS MEDICAL CL	AIMS/BILLING								
<ul> <li>Check and update m claims processing req</li> </ul>	nedical provider's demographics based on uirements *								
<ul> <li>Check eligibility of cla requirements</li> </ul>	aims based on provider and/or subscriber's								
<ul> <li>Check completeness payer requirements *</li> </ul>	of claims documentation in accordance with								
	ation/data that need to be requested from ed on the initial screening *								
• Encode patient, provi	der and/or billing information *								
	ble procedure and/or services based on eimbursement guidelines *								
<ul> <li>Verify completeness of fields *</li> </ul>	of billing information data based on required								
<ul> <li>Determine billing addr information *</li> </ul>	ess and facility based on provided								
MANAGE MEDICAL CL	AIMS								
Discuss course of action processed claims *	ions to take in monitoring and tracking								
<ul> <li>Discuss course of action</li> <li>claims *</li> </ul>	ions to take in facilitating payment of pending								
<ul> <li>Identify supporting do requirements, when n</li> </ul>	cuments needed based on payer ecessary *								
<ul> <li>Review denied/rejected explanation of benefits</li> </ul>	ed and underpaid claims based on s *								
Discuss possible reas	ons for denial/rejection and underpayment *								
<ul> <li>Make necessary adjustifrom the insurance co</li> </ul>	stments based on explanation of benefits mpany *								

I agree to undertake assessment with the knowledge be used for professional development purpose concerned assessment personnel and my manage	es and can only be accessed by
Candidate's Name & Signature	Date

<sup>\*</sup>Critical Aspects of Competency

Reference No.								

## **SELF ASSESSMENT GUIDE**

FULL Qualification:    MEDICAL CODING AND CLAIMS PINC III	ROCES	SING
Instruction:	our one	wor.
<ul> <li>Read each question and check the appropriate column to indicate y</li> <li>Can I?</li> </ul>	YES	NO
ASSIGN MEDICAL CODES	. = 0	
	<u> </u>	
<ul> <li>Prepare coding tools/system to be used for medical coding based on client's specification/coding guidelines *</li> </ul>		
<ul> <li>Analyze the completeness and consistency of medical information needed for coding, based on client's specification/ coding guidelines *</li> </ul>		
<ul> <li>Review medical report to determine the appropriate diagnoses, procedures, equipment and/or supplies based on client's specification/coding guidelines *</li> </ul>		
Consider specific requirements of insurance/ payor, when necessary *		
<ul> <li>Search medical terms to be reported in the Alphabetic index of the appropriate coding reference/s *</li> </ul>		
Verify code numbers using the tabular list of the coding manual *		
<ul> <li>Assign verified medical code/s to the highest level of details in line with coding standards/guidelines *</li> </ul>		
<ul> <li>Verify coding information/requirements for completeness of data based on the required fields prior to submission *</li> </ul>		
PROCESS MEDICAL CLAIMS		
<ul> <li>Check and update medical provider's demographics based on claims processing requirements *</li> </ul>		
<ul> <li>Check eligibility of claims based on provider and/or subscriber's requirements</li> </ul>		
<ul> <li>Check completeness of claims documentation in accordance with payer requirements *</li> </ul>		
<ul> <li>Identify lacking information/data that need to be requested from medical provider, based on the initial screening *</li> </ul>		
Encode patient, provider and/or billing information *		
Determine reimbursable procedure and/or services based on given information or reimbursement guidelines *		
<ul> <li>Verify completeness of billing information data based on required fields*</li> </ul>		
Determine billing address and facility based on provided information *		·
MANAGE MEDICAL CLAIMS		
Discuss course of actions to take in monitoring and tracking processed claims *		

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	Discuss course of actions to take in facilitating payment of pendil claims *	ng						
	Identify supporting documents needed based on payer requirement when necessary *	is,						
	<ul> <li>Review denied/rejected and underpaid claims based on explanation of benefits *</li> </ul>							
•	Discuss possible reasons for denial/rejection and underpayment *							
	<ul> <li>Make necessary adjustments based on explanation of benefits from the insurance company *</li> </ul>							
I agree to undertake assessment with the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor.								
	Candidate's Name & Signature Da	te						

<sup>\*</sup>Critical Aspects of Competency