Auditing: Outpatient Coding Microcredential

Content Outline

A. Principles of Revenue Cycle Management (21-23% of questions)

1. Apply revenue cycle management knowledge to identify potential audit targets (e.g., denials, revenue integrity, accuracy of charge, etc.).
2. Identify outcomes of audit processes for revenue cycle management activities, such as required refund and timeliness, corrected claims, reconciliation, appeals, etc.
3. Identify and calculate common key performance metrics (e.g., coder accuracy, provider documentation accuracy) for medical coding compliance and revenue integrity.
4. Compare institutional performance to external benchmarks.

B. Coding Conventions & Regulatory Guidance (27-31% of questions)

1. Evaluate the application of coding conventions/guidelines and regulatory guidance in the outpatient settings.
2. Utilize official coding resources to conduct an audit for the accuracy of procedures, medical supplies, and diagnosis code assignments.
3. Provide a coding scenario, audit a patient's medical record for compliance with coding guidelines and documentation requirements for revenue integrity.
4. Identify medical record content supportive of services rendered and documented medical necessity of service.
5. Interpret medical record documentation for the purpose of accurate coding, charge capture, and medical necessity of a performed service.
6. Demonstrate coding expertise by assigning the appropriate diagnosis (ICD-10-CM) codes for a wide variety of clinical cases and outpatient services such as ancillary, clinic, and professional fee services.
7. Assign the appropriate procedural codes (HCPCS I and II) for services and supplies ordered and/or performed.

C. Medical Record Integrity (13-15% of questions)

1. Assess the completeness and appropriateness of the health record for an episode of care.
2. Recognize health record discrepancies.
3. Identify remediation of health record discrepancies.
4. Apply clinical documentation requirements from official sources (e.g., CMS) in the auditing process.
5. Identify opportunities for medical record quality improvement.

D. Compliance (21-23% of questions)

1. Identify potential violations and compliance to standards of ethical coding.
2. Apply knowledge of sampling methodologies and utilize an appropriate sampling strategy given a specific audit process/scenario.
3. Apply key concepts in health care compliance practice to the provision of audit services.
4. Demonstrate awareness to OIG and OAS compliance plan guidance.
5. Demonstrate awareness to OIG and OAS Work Plan topics.
6. Demonstrate awareness to governmental payor requirements.

E. Audit Report and Findings (12-14% of questions)

1. Apply sound methods of presenting audit findings in graphic and written formats.
2. Create clear and concise audit reports and findings.
3. Facilitate the rebuttal or appeal process to determine whether adjustments are made for billing.
4. Employ standards and principles of education from audit findings.
5. Demonstrate awareness to corrective action through provider and coder education.

[1] https://www.rasmussen.edu/degrees/health-sciences/blog/what-does-a-medical-coding-auditor-do/