

Reference No.																			
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SELF ASSESSMENT GUIDE

Qualification:	MEDICAL CODING AND CLAIMS PROCESSING NC III		
Certificate of Competency (COC 1):	Assign Medical Codes		
Instruction:			
<ul style="list-style-type: none"> Read each question and check the appropriate column to indicate your answer. 			
Can I?	YES	NO	
<ul style="list-style-type: none"> Prepare coding tools/system to be used for medical coding based on client's specification/coding guidelines * 			
<ul style="list-style-type: none"> Analyze the completeness and consistency of medical information needed for coding, based on client's specification/ coding guidelines * 			
<ul style="list-style-type: none"> Review medical report to determine the appropriate diagnoses, procedures, equipment and/or supplies based on client's specification/coding guidelines * 			
<ul style="list-style-type: none"> Consider specific requirements of insurance/ payor, when necessary * 			
<ul style="list-style-type: none"> Search medical terms to be reported in the Alphabetic index of the appropriate coding reference/s * 			
<ul style="list-style-type: none"> Verify code numbers using the tabular list of the coding manual * 			
<ul style="list-style-type: none"> Assign verified medical code/s to the highest level of details in line with coding standards/guidelines * 			
<ul style="list-style-type: none"> Verify coding information/requirements for completeness of data based on the required fields prior to submission * 			
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		Date	

*Critical Aspects of Competency

Reference No.																		
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SELF ASSESSMENT GUIDE

Qualification:	MEDICAL CODING AND CLAIMS PROCESSING NC III		
Certificate of Competency (COC 1):	Perform medical claim/billing work		
Units of Competency:	<ul style="list-style-type: none"> • Process medical claims • Manage medical claims 		
Instruction:			
<ul style="list-style-type: none"> • Read each question and check the appropriate column to indicate your answer. 			
Can I?	YES	NO	
PROCESS MEDICAL CLAIMS/BILLING			
• Check and update medical provider's demographics based on claims processing requirements *			
• Check eligibility of claims based on provider and/or subscriber's requirements			
• Check completeness of claims documentation in accordance with payer requirements *			
• Identify lacking information/data that need to be requested from medical provider, based on the initial screening *			
• Encode patient, provider and/or billing information *			
• Determine reimbursable procedure and/or services based on given information or reimbursement guidelines *			
• Verify completeness of billing information data based on required fields *			
• Determine billing address and facility based on provided information *			
MANAGE MEDICAL CLAIMS			
• Discuss course of actions to take in monitoring and tracking processed claims *			
• Discuss course of actions to take in facilitating payment of pending claims *			
• Identify supporting documents needed based on payer requirements, when necessary *			
• Review denied/rejected and underpaid claims based on explanation of benefits *			
• Discuss possible reasons for denial/rejection and underpayment *			
• Make necessary adjustments based on explanation of benefits from the insurance company *			

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	Date
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*Critical Aspects of Competency

Reference No.																			
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SELF ASSESSMENT GUIDE

FULL Qualification:	MEDICAL CODING AND CLAIMS PROCESSING NC III																	
Instruction:																		
<ul style="list-style-type: none"> Read each question and check the appropriate column to indicate your answer. 																		
Can I?																	YES	NO
ASSIGN MEDICAL CODES																		
<ul style="list-style-type: none"> Prepare coding tools/system to be used for medical coding based on client's specification/coding guidelines * 																		
<ul style="list-style-type: none"> Analyze the completeness and consistency of medical information needed for coding, based on client's specification/ coding guidelines * 																		
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MANAGE MEDICAL CLAIMS																		
<ul style="list-style-type: none"> Discuss course of actions to take in monitoring and tracking processed claims * 																		

• Discuss course of actions to take in facilitating payment of pending claims *		
• Identify supporting documents needed based on payer requirements, when necessary *		
• Review denied/rejected and underpaid claims based on explanation of benefits *		
• Discuss possible reasons for denial/rejection and underpayment *		
• Make necessary adjustments based on explanation of benefits from the insurance company *		
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	Date	

*Critical Aspects of Competency