



Learning Objectives

Module 1 – Overview of Professional Services Auditing and ICD-10-CM, CPT, and HCPCS Coding Concepts

- Demonstrate an understanding of professional service auditing, its purpose and types of audits performed
- Be able to identify the coding systems applicable to professional medical record audits
- Be able to locate and utilize source authorities required for professional medical record auditing
- Demonstrate an understanding of available medical record audit certifications available
- Be able to articulate the role of the auditor

Module 2 – Documentation Guidelines and Medical Records

- Demonstrate an understanding of HIPAA Overview and Privacy Rule
- Be able to understand the medical record as a legal documentation
- Be able to identify the necessary components of medical record documentation
- Be able to identify documents and forms of the medical record: Registration, Benefit Assignment, Privacy Notice Receipt, Release of Information, Advanced Beneficiary Notices, Notice of Non-coverage, and Consent
- Be able to demonstrate an understanding of the documentation requirements of operative reports, diagnostic testing and laboratory reports
- Be able to abstract, audit, and verify the medical record based on type of service
- Be able to correctly interpret teaching physician guidelines and demonstrate an understanding of documentation requirements

Module 3 – Evaluation and Management Categories

- Be able to identify the categories of E/M codes
- Be able to apply the CPT E/M category guidelines
- Be able to define the common symbols and terms used in the CPT book
- Be able to accurately assign Evaluation and Management codes by category
- Be able to accurately assign appropriate E/M modifiers

Module 4 – Evaluation and Management Level Assignment

- Be able to identify history of present illness (HPI) terms and definitions
- Be able to identify terms in documentation and assign them to the HPI
- Be able to understand and apply the HPI documentation guidelines
- Be able to identify the review of systems (ROS)
- Be able to understand and apply the review of system documentation guidelines
- Be able to identify past personal, family, social, history (PFSH)
- Be able to identify terms in the documentation and assign them to the PFSH
- Be able to assign the overall history using the history elements
- Be able to identify organ system and body areas of the examination
- Be able to understand and apply the examination guidelines appropriately
- Be able to understand and apply the medical decision making elements
- Be able to assign Evaluation and Management codes by level
- Be able to apply E/M knowledge and effectively utilize E/M tools



Module 5 – Elements of Surgical and Other Professional Services

- Be able to apply correct coding for surgical, radiology, pathology, and medicine services
- Be able to correctly append surgical service modifiers
- Be able to correctly assign CPT and HCPCS Level II modifiers
- Be able to identify a “Separate Procedure” and when they are reported
- Understand the auditor’s role in determining medical necessity
- Identify National and Local Coverage Determinations

Module 6 – National Correct Coding Edit Initiative (NCCI)

- Be able to present an understanding of NCCI and MUE edits
- Be able to access NCCI files and NCCI policy manual
- Demonstrate an understanding of PTP, MUE and Add-on Code Edits files
- Identify NCCI associated modifiers
- Be able to apply NCCI edits accurately to ensure correct coding

Module 7 – The Audit Process

- Be able to demonstrate an understanding of types of audits
- Be able to identify audit process and associated steps
- Demonstrate an understanding of audit sampling: random, focused, and statistically valid
- Be able to identify audit type based on audit focus
- Be able to demonstrate an understanding of coding vs. payer guidance
- Be able to understand the importance of E/M bell curve profiling and how to use the information as a guide for audit and compliance
- Be able to demonstrate and understanding of implementation of audit findings
- Be able to identify components of a corrective action plans
- Be able to identify self-disclose audits and demonstrate and understanding
- Demonstrate and understanding of Corporate Integrity Agreements and the role of Independent Review Organizations

Module 8 – Regulations, Statutes, and Compliance

- Demonstrate an understanding of the following Federal regulations: False Claims Act (FCA), Anti-Kickback Statute (AKS), Physician Self-Referral Law (Stark Law), Civil Monetary Penalties Law, Exclusion Statute
- Be able to identify the Civil Monetary Penalties associated with specific violations and entities
- Be able to understand the role and function of the Office of the Inspector General
- Demonstrate and understanding of the Office of Inspector General’s Compliance Plans
- Demonstrate an understanding of the Centers for Medicare and Medicaid Services program oversight
- Be able to understand the role and function of the CMS Recovery Audit Program