



Medical Coder & Biller Certification (MCBC) Exam Blueprint

| Job Task List | Weight | # of Items |
|--|--------|------------|
| 1. Medical Terminology and Anatomy | 11% | 11 |
| Terminology associated with: | | |
| 1.01 Anesthesia | | |
| 1.02 Surgery | | |
| 1.03 Radiology | | |
| 1.04 Pathology and laboratory | | |
| 1.05 Psychiatry | | |
| 1.06 Immunizations and Vaccines | | |
| 1.07 Biofeedback | | |
| 1.08 Dialysis | | |
| 1.09 Health and behavior assessment | | |
| 1.10 Body planes and directional terms | | |
| 1.11 Integumentary systems and structures | | |
| 1.12 Musculoskeletal system and structures | | |
| 1.13 Respiratory system and organs | | |
| 1.14 Cardiovascular system and organs | | |
| 1.15 Gastrointestinal system and organs | | |
| 1.16 Genitourinary system and organs | | |
| 1.17 Central nervous system and structures | | |
| 1.18 Metabolic/endocrine system and organs | | |
| 1.19 Hematologic/lymphatic system | | |
| 1.20 Immunologic system | | |
| 1.21 Ophthalmology | | |
| 1.22 Otolaryngology (i.e., ears, nose, mouth, and throat) | | |
| 1.23 Constitutional symptoms (e.g., fever, weight loss, etc.) | | |
| 2. Physicians' Current Procedural Terminology (CPT)/Health Care Common Procedural Coding System (HCPCS) | 17% | 17 |
| 2.01 CPT code interpretation and terminology | | |
| 2.02 Evaluation and Management (E/M) codes | | |
| 2.03 Anesthesia codes | | |
| 2.04 Surgery codes | | |
| 2.05 Radiology codes | | |
| 2.06 Pathology and Laboratory codes | | |
| 2.07 Medicine Codes | | |
| 2.08 Modifiers | | |
| 2.09 CPT Category II codes | | |
| 2.10 CPT Category III codes | | |
| 2.11 HCPCS level II codes | | |
| 2.12 Place-of-Service codes | | |
| 2.13 RVU values for sequencing CPT codes when appropriate | | |
| 2.14 Guidelines for reporting unlisted procedures | | |
| 2.15 Renumbered CPT codes citations crosswalk | | |
| 3. International Classification of Diseases (ICD-10) | 16% | 16 |
| 3.01 Conventions for the ICD-10 format and terminology | | |
| 3.02 How to code to the highest level of specificity (e.g., location, primary, secondary) | | |
| 3.03 How to code to the highest known certainty | | |
| 3.04 Code sequencing, including laterality | | |
| 3.05 How to code only information that is currently clinically relevant | | |
| 3.06 Nonspecific codes/not elsewhere classifiable/not otherwise specified | | |
| 3.07 How to code to the line item level | | |
| 3.08 How to select for principle/first listed diagnosis | | |
| 3.09 How to report for additional diagnosis | | |
| 3.10 Infectious and Parasitic Diseases | | |
| 3.11 Neoplasms | | |
| 3.12 Immunity Disorders and Endocrine, Nutritional, and Metabolic Diseases | | |

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| 3.13 Mental, Behavioral, and Neurodevelopmental Disorders | | |
| 3.14 Diseases of Blood and Blood Forming Organs | | |
| 3.15 Diseases of the Nervous System and Sense Organs | | |
| 3.16 Diseases of Circulatory System | | |
| 3.17 Diseases of Respiratory System | | |
| 3.18 Diseases of the Digestive System | | |
| 3.19 Diseases of the Genitourinary System | | |
| 3.20 Diseases of the Integumentary System | | |
| 3.21 Diseases of the Musculoskeletal System | | |
| 3.22 Pregnancy, childbirth, and the puerperium | | |
| 3.23 Congenital malformations, deformations, and chromosomal abnormalities | | |
| 3.24 Conditions originating in the perinatal period | | |
| 3.25 Signs, Symptoms, and Ill-defined Conditions | | |
| 3.26 Injury and Poisoning | | |
| 3.27 Classification of Factors Influencing Health Status and Contact with Health Service | | |
| 3.28 External Causes of Injury and Poisoning | | |
| 3.29 Outpatient Services | | |
| 4. Types of Insurance | 8% | 8 |
| 4.01 Managed Care | | |
| 4.02 Medicare | | |
| 4.03 Medigap | | |
| 4.04 Medicaid | | |
| 4.05 Blue Cross/Blue Shield | | |
| 4.06 TRICARE/CHAMPVA | | |
| 4.07 Commercial Plans | | |
| 4.08 Worker's Compensation | | |
| 5. Billing Regulations | 11% | 11 |
| 5.01 Accountable Care Organizations (ACO) | | |
| 5.02 National Correct Coding Initiative (NCCI) | | |
| 5.03 Local Coverage Determination (LCD) | | |
| 5.04 National Coverage Determination (NCD) | | |
| 5.05 Incident-to billing | | |
| 5.06 Global packages | | |
| 5.07 Unbundling | | |
| 5.08 Completion of CMS-1500 | | |
| 5.09 Completion of UB-04 | | |
| 5.10 Payer payment policies | | |
| 6. Reimbursement and Collections | 12% | 12 |
| 6.01 RBRVS | | |
| 6.02 Payer and patient refunds | | |
| 6.03 Provider credentialing | | |
| 6.04 Accounts receivable | | |
| 6.05 Fair Debt | | |
| 6.06 Patient statements | | |
| 6.07 Patient dismissal | | |
| 6.08 Professional courtesy | | |
| 6.09 Collection agencies | | |
| 6.10 Collections | | |
| 6.11 Bankruptcy | | |
| 6.12 Payment plans | | |
| 6.13 Pre-authorizations | | |
| 6.14 Claim editing tools | | |
| 6.15 Remittance advice | | |
| 6.16 Advance Beneficiary Notice (ABN) | | |
| 6.17 Precertification | | |
| 7. Billing | 16% | 16 |
| 7.01 Explanation of Benefits (EOBs) | | |
| 7.02 Appeals | | |
| 7.03 Denials | | |
| 7.04 Claims tracking and follow-up | | |
| 7.05 Clearinghouses | | |
| 7.06 Crosswalking | | |
| 7.07 Superbill/encounter forms | | |
| 7.08 Retention of records | | |

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| 7.09 Balance billing | | |
| 7.10 Aging Reports | | |
| 7.11 Telephone courtesy | | |
| 7.12 Electronic claim submission | | |
| 7.13 Clean claims | | |
| 7.14 Types of Audits | | |
| 7.15 Referrals | | |
| 7.16 Claim Rejections | | |
| 7.17 Paper claim submission | | |
| 7.18 Secondary payer coordination | | |
| 8. Regulations and Guidelines | 10% | 10 |
| 8.01 Regulatory and industry accepted requirements for coding | | |
| 8.02 Organization and Corporate compliance plans | | |
| 8.03 Federal Sentencing Guidelines | | |
| 8.04 Federal Register regulations (including correct coding initiatives, RVUs, etc.) | | |
| 8.05 CMS regulations (e.g., diagnostic supervision rules, recognized nonphysician practitioners) | | |
| 8.06 CMS quality initiatives (e.g., PQRS, ePrescribing, Meaningful Use) | | |
| 8.07 Local and national carrier (e.g., LCD or NCD) or MAC billing guidelines | | |
| 8.08 Guidelines for pre-authorization | | |
| 8.09 Health Insurance Portability and Accountability Act (HIPAA) security and privacy rule | | |
| 8.10 How to identify intentional improper coding (e.g., upcoding, unbundling, coding for payment, etc.) | | |
| 8.11 Purpose of waiver of copayments and deductibles | | |
| 8.12 National Committee for Quality Assurance (NCQA) | | |
| 8.13 The Joint Commission | | |
| 8.14 Utilization Review Accreditation Commission (URAC) | | |
| 8.15 Office of Inspector General | | |
| 8.16 Recovery Audit Contractors | | |
| 8.17 Medicare Integrity Program | | |
| 8.18 American Medical Association (AMA) | | |
| 8.19 Fraud and Abuse Act | | |
| 8.20 The Patient Protection and Affordable Care Act (PPACA) | | |
| 8.21 Stark Laws (Anti-kickbacks) | | |
| Total: | 100% | 100* |

* This number indicates the number of scored items on the certification exam. All AMCA certification exams are subject to pilot testing, meaning that there could be additional unscored items on the exam. The scored items will be from a current operational form of our exam. The unscored items will be new items that data is being collected on. The unscored items will not have any effect on the candidate's score and/or their pass/fail decision.

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| MCBC Passmarks | |
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| Form Name | Passmark |
| MCBC Form A | 64 |
| MCBC Form B | 63 |
| All forms of the MCBC exam are equated to the same passing standard established in the 2017 MCBC Exam Specifications Report. | |