

# Certified Paraoptometric Coder Examination – CPOC

Note that CPOC items are not coded the same way as CPO, CPOA and CPOT. You will not need to include a competency or cognitive level when coding items to the outline.

## I. Anatomy and Physiology (8%)

### A. Eye Anatomy

1. Definitions
2. Functions

### B. Pathology and Pharmacology

1. Disease Definitions
2. Common Treatments

## II. Medical Terminology (8%)

### A. Prefix

1. Numbers
2. Conditions
3. Directions/Positions

### B. Suffix

1. Procedures
2. Conditions

### C. Root Words

### D. Abbreviations

## III. Review of Current Procedural Terminology® (AMA) (22%)

### A. Development of Procedure Codes

1. Initial Purpose
2. Evolution of the System
3. Current Maintenance

### B. Evaluation and Management (E/M) Services Guidelines

1. Definitions of Elements of a Service for Office/Other Outpatient
2. Determination of Level of E/M
  - a. Role of Medical Decision Making or Time

### C. Evaluation and Management Categories

1. Office Services Definitions
  - a. New patient 99202-99205
  - b. Established patient 99212-99215
2. Subsequent Nursing Facility Care Services Definitions
  - a. New or established patient 99307-99310

### D. Surgery Guidelines

1. Follow-Up Care
  - a. Global Periods
2. Surgical Package Definition
  - a. 10-day
  - b. 90-day
3. Multiple Procedures
  - a. Modifiers
    - (1) -24
    - (2) -54
    - (3) -55
    - (4) -79

- 4. Surgical Materials/Supplies
  - a. Modifier 25
- E. Ocular System Surgeries**
  - 1. Removal of Foreign Body Definitions
    - a. (e.g. 65205, 65210, 65220, 65222)
  - 2. Eyelids Procedures Definitions
    - a. (e.g. 67800-67850, 67820, 67938)
    - b. Applicable global periods
  - 3. Lacrimal System Procedures Definitions
    - a. (e.g. 68761, 68801-68840)
    - b. Applicable global periods
  - 4. Co-management Procedures
    - a. Intraocular Lens Procedures Definitions
      - (1) (e.g. 66982, 66984, 66821)
      - (2) Applicable global periods
    - b. Other Surgical Procedures Definitions
      - (1) (e.g. 65710, 66500, 66600, 67107)
- F. Diagnostic Procedures**
  - 1. Guidelines
  - 2. Definition
    - a. (e.g. 76514, 76510, 76516, 76519)
- G. Ophthalmic Guidelines**
  - 1. Definitions of Service Levels
- H. General Ophthalmic Services Definitions**
  - 1. New Patient 92002, 92004
  - 2. Established Patient 92012, 92014
- I. Special Ophthalmic Services Definitions**
  - 1. (e.g. 92015, 92020, 92071, 92081, 92082, 92083, 92100, 92133, 92134, 92060, 92065)
- J. Ophthalmoscopy Definitions**
  - 1. (e.g. 92201, 92202, 92250)
- K. Other Specialized Service Definitions**
  - 1. (e.g. 92283, 92285, 92230)
- L. Contact Lens Services**
  - 1. Guidelines
  - 2. Definitions
    - a. (e.g. 92310-92326)
- M. Spectacle Services**
  - 1. Guidelines
  - 2. Definitions
    - a. (e.g. 92340-92371)
- N. CPT Modifiers**
  - 1. Guidelines
    - a. Modifier

#### IV. Diagnosis Codes (24%)

- A. Development of Diagnostic Codes**
  - 1. Initial Purpose
  - 2. Evolution of the System
  - 3. Current Maintenance
- B. International Classification of Diseases-Tenth Edition (ICD-10)**

1. Guidelines
  2. Categorization
  3. Supplementary Codes
    - a. Guidelines for Use
- C. Health Care Procedures Classification System (HCPCS)**
1. Guidelines
  2. Definitions
    - a. Spectacle codes V2100-V2799
    - b. Contact lens codes V2500-V2599
    - c. Low vision codes V2600-V2615
    - d. Prosthetics codes V2623-V2632
    - e. Frame codes V2020-V2025
  3. HCPCS modifiers
- D. Medicare Correct Coding Initiative (CCI)**
1. History and Purpose
  2. Manual Guidelines
  3. Review of CCI Edits Table
- E. Overview of ICD-10**
1. Purpose
  2. Implementation Date

**V. Medical Records (paper/electronic) (14%)**

- A. Documentation Guidelines for The Evaluation and Management Services (1995 And 1997 Editions)**
1. Organization of Medical Records
  2. Collection of Information
    - a. Use of abbreviations
  3. Correction of Information
- B. Retaining and Purging**
1. Statute of Limitations
  2. Protection of Privacy
- C. Health Information Privacy and Accessibility Act**
1. History and Purpose
  2. Disclosures of Protected Health Information (PHI)
- D. Medical Records Reviews and Audits**
1. Internal
  2. External
- E. Reasonable and Necessary (Formerly “Medical Necessity”)**
1. Advance, Beneficiary Notice (ABN Form)
    - a. Purpose
    - b. Form requirements
- F. Office Records**
1. HIPAA Guidelines
  2. Payment Policies
    - a. Billing
  3. Storage
    - a. Scanning
    - b. Off-site

**VI. Claim Filing (12%)**

- A. CMS – 1500 Form**
1. Completion Guidelines

- 2. Example Form
- B. Timely Filing**
- C. Redeterminations/Appeals**

**VII. Compliance (12%)**

- A. Compliance Program**
  - 1. Purpose
  - 2. Development
- B. Contracts and Agreements**
  - 1. Medicare
    - a. Definition/description
    - b. Scope of practice
    - c. Current policies
      - (1) National Coverage Determinations (NCDs)
      - (2) Local Coverage Determinations (LCDs)
    - d. Medicare Provider Manual Overview
- C. Other Carriers**
  - 1. Government
  - 2. Private Plans
  - 3. Third Party