

CCS Recommended Resources

Products	Content Domains								
	Health Information Documentation	Diagnosis Coding	Procedure Coding	R/G & R/R for Acute Care (Inpatient) Service	R/G & R/R for Acute Care Outpatient Service	Data Quality & Mgmt	Information and Communication Technologies	Privacy, Confidentiality, Legal, and Ethical Issues	Compliance
BOOKS									
Johns, Merida L. <i>AHIMA's Health Information Management Technology: An Applied Approach, 2nd Edition (Health Information Management Technology: An Applied Approach, 2nd Edition)</i>									
Schraffenberger, Lou Ann; Kuehn, Lynn. <i>Effective Management of Coding Services: The Clinical Coding Manager's Handbook (Effective Management of Coding Services: The Clinical Coding Manager's Handbook)</i>									
Kennedy, James S. <i>Severity DRGs and Reimbursement: An MS-DRG Primer (Severity DRGs and Reimbursement: An MS-DRG Primer)</i>									
<i>Clinical Coding Workout: Practice Exercises for Skill Development.</i> AHIMA Press. (<i>Clinical Coding Workout: Exercises for Skills Development</i>)									
Von Kirchoff, Susan. <i>Coding and Reimbursement for Hospital Outpatient Services (Coding and Reimbursement for Hospital Outpatient Services)</i>									
Scott, Karen. <i>Coding and Reimbursement for Hospital Inpatient Services, second edition (Coding and Reimbursement for Hospital Inpatient Services, second edition)</i>									
Odem-Wesley, Barbara; Brown, Diann. <i>Documentation for Medical Records.</i> AHIMA Press. (<i>Documentation for Medical Records</i>)									
Bowman, Sue. <i>Health Information Management Compliance: Guidelines for Preventing Fraud and Abuse, Fourth Edition (Health Information Management Compliance: Guidelines for Preventing Fraud and Abuse)</i>									
REVIEW GUIDE									
Garvin, Jennifer. <i>CCS Review Guide.</i> AHIMA Press (<i>CCS Review Guide, 2009</i>)									
Products	Content Domains								

Certified Coding Specialist (CCS) Examination Content Outline

Number of Questions on Exam: 60 multiple-choice (Part 1) / 13 Medical Record Coding (Part 2)

Exam Time: 4 hours

DOMAIN I. Health Information Documentation (15%)

- TASKS.** Knowledge of:
1. Interpret health record documentation using knowledge of anatomy, physiology, clinical disease processes, pharmacology, and medical terminology to identify codeable diagnoses and/or procedures.
 2. Determine when additional clinical documentation is needed to assign the diagnosis and/or procedure code(s).
 3. Consult with physicians and other healthcare providers to obtain further clinical documentation to assist with code assignment.
 4. Consult reference materials to facilitate code assignment.
 5. Identify patient encounter type.
 6. Identify and post charges for healthcare services based on documentation.

DOMAIN II. Diagnosis Coding (20%)

- TASKS.** Knowledge of:
1. Select the diagnoses that require coding according to current coding and reporting requirements for acute care (inpatient) services.
 2. Select the diagnoses that require coding according to current coding and reporting requirements for outpatient services.
 3. Interpret conventions, formats, instructional notations, tables, and definitions of the classification system to select diagnoses, conditions, problems, or other reasons for the encounter that require coding.
 4. Sequence diagnoses and other reasons for encounter according to notations and conventions of the classification system and standard data set definitions (such as Uniform Hospital Discharge Data Set [UHDDS])
 5. Apply the official ICD-9-CM coding guidelines.

DOMAIN III. Procedure Coding (20%)

- TASKS.** Knowledge of:
1. Select the procedures that require coding according to current coding and reporting requirements for acute care (inpatient) services.
 2. Select the procedures that require coding according to current coding and reporting requirements for outpatient services.
 3. Interpret conventions, formats, instructional notations, and definitions of the classification system and/or nomenclature to select procedures/services that require coding.
 4. Sequence procedures according to notations and conventions of the classification system/nomenclature and standard data set definitions (such as UHDDS).
 5. Apply the official ICD-9-CM coding guidelines.
 6. Apply the official CPT/HCPCS Level II coding guidelines.

DOMAIN IV. Regulatory Guidelines and Reporting Requirements for Acute Care (Inpatient) Service (10%)

- TASKS.** Knowledge of:
1. Select the principal diagnosis, principal procedure, complications, comorbid conditions, other diagnoses and procedures that require coding according to UHDDS definitions and Coding Clinic for ICD-9-CM.
 2. Evaluate the impact of code selection on Diagnosis Related Group (DRG) assignment.
 3. Verify DRG assignment based on Inpatient Prospective Payment System (IPPS) definitions.
 4. Assign the appropriate discharge disposition.

DOMAIN V. Regulatory Guidelines and Reporting Requirements for Outpatient Services (10%)

- TASKS.** Knowledge of:
1. Select the reason for encounter, pertinent secondary conditions, primary procedure, and other procedures that require coding according to UHDDS definitions, CPT Assistant, Coding Clinic for ICD-9-CM, and HCPCS.
 2. Apply Outpatient Prospective Payment System (OPPS) reporting requirements:
 - a. Modifiers
 - b. CPT/ HCPCS Level II
 - c. Medical necessity
 - d. Evaluation and Management code assignment (facility reporting)

DOMAIN VI. Data Quality and Management (8%)

- TASKS.** Knowledge of:
1. Assess the quality of coded data.
 2. Educate healthcare providers regarding reimbursement methodologies, documentation rules, and regulations related to coding.
 3. Analyze health record documentation for quality and completeness of coding.
 4. Review the accuracy of abstracted data elements for data base integrity and claims processing.
 5. Review and resolve coding edits such as Correct Coding Initiative (CCI), Medicare Code Editor (MCE) and Outpatient Code Editor (OCE).

DOMAIN VII. Information and Communication Technologies (5%)

- TASKS.** Knowledge of:
1. Use computer to ensure data collection, storage, analysis, and reporting of information.
 2. Use common software applications (for example, word processing, spreadsheets, and e-mail) in the execution of work processes.
 3. Use specialized software in the completion of HIM processes.

DOMAIN VIII. Privacy, Confidentiality, Legal, and Ethical Issues (6%)

- TASKS.** Knowledge of:
1. Apply policies and procedures for access and disclosure of personal health information.

2. Apply AHIMA Code of Ethics/Standards of Ethical Coding.
3. Recognize/report privacy issues/problems.
4. Protect data integrity and validity using software or hardware technology.

DOMAIN IX. Compliance (6%)

TASKS.

Knowledge of:

1. Participate in the development of institutional coding policies to ensure compliance with official coding rules and guidelines.
2. Evaluate the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards.
3. Monitor compliance with organization-wide health record documentation and coding guidelines.
4. Recognize/report compliance concerns/findings