



Certified Coding Specialist (CCS) Exam Content Outline (Effective 7/1/2020)

Domain 1 – Coding Knowledge and Skills (51.9%)

Tasks:

1. Apply diagnosis and procedure codes based on provider's documentation in the health record
2. Determine principal/primary diagnosis and procedure
3. Apply coding conventions/guidelines and regulatory guidance
4. Apply CPT®/HCPCS modifiers to outpatient procedures
5. Sequence diagnoses and procedures
6. Apply present on admission (POA) guidelines
7. Address coding edits
8. Assign reimbursement classifications
9. Abstract pertinent data from health record
10. Recognize major complication/co-morbidity (MCC) and complication and co-morbidity (CC)

Domain 2 – Coding Documentation (10.1%)

Tasks:

1. Review health record to assign diagnosis and procedure codes for an encounter
2. Review and address health record discrepancies

Domain 3 – Provider Queries (8.9%)

Tasks:

1. Determine if a provider query is compliant
2. Analyze current documentation to identify query opportunities

Domain 4 – Regulatory Compliance (29.1%)

Tasks:

1. Ensure integrity of health records
2. Apply payer-specific guidelines
3. Recognize patient safety indicators (PSIs) and hospital-acquired conditions (HACs) based on documentation
4. Ensure compliance with HIPAA guidelines
5. Ensure adherence to AHIMA's Standards of Ethical Coding
6. Apply the Uniform Hospital Discharge Data Set (UHDDS)