



Certified Coding Associate (CCA) Eligibility Requirements (Effective date 5/1/2022)

Candidates must have a high school diploma or equivalent to sit for the CCA examination.

While not required, at least one of the following is recommended:

- 6 months coding experience directly applying codes;
- Completion of an AHIMA approved coding program (PCAP Program);
- Completion of other coding training program to include anatomy & physiology, medical terminology, basic ICD diagnostic/procedural and basic CPT® coding.

Certified Coding Associate (CCA) Exam Content Outline (Effective date 5/1/2022)

Domain 1 – Clinical Classification Systems (30-34%)

Tasks:

1. Interpret healthcare data for code assignment
2. Incorporate clinical vocabularies and terminologies used in health information systems
3. Abstract pertinent information from medical records
4. Consult reference materials to facilitate code assignment
5. Apply inpatient coding guidelines
6. Apply outpatient coding guidelines
7. Apply physician coding guidelines
8. Assign inpatient codes
9. Assign outpatient codes
10. Assign physician codes
11. Sequence codes according to healthcare setting
12. Determine an Evaluation and Management (E/M) Level (history, exam, medical decision making, or time)
13. Use of appropriate modifiers

Domain 2 – Reimbursement Methodologies (21-25%)

Tasks:

1. Sequence codes for appropriate reimbursement
2. Link diagnoses and CPT® codes according to payer specific guidelines
3. Understand DRG methodology
4. Understand APC methodology
5. Evaluate NCCI edits
6. Reconcile NCCI edits
7. Validate medical necessity using LCD and NCD
8. Understand claim form types
9. Communicate with financial departments
10. Evaluate claim denials
11. Process claim denials
12. Communicate with the physician to clarify documentation
13. Knowledge of Hierarchical Condition Categories (HCC) and risk adjustment
14. Application of CPT guidelines around bundling and unbundling



Domain 3 – Health Records and Data Content (13-17%)

Tasks:

1. Retrieve medical records
2. Analyze medical records quantitatively for completeness
3. Analyze medical records qualitatively for deficiencies
4. Perform data abstraction
5. Request patient-specific documentation from other sources (ancillary depts., physician's office, etc.)
6. Retrieve patient information from master patient index
7. Educate providers on health data standards
8. Interpret coding data reports
9. Understand the different components of the medical record

Domain 4 – Compliance (12-16%)

Tasks:

1. Identify discrepancies between coded data and supporting documentation
2. Validate that codes assigned by provider or electronic systems are supported by proper documentation
3. Perform ethical coding
4. Clarify documentation through ethical physician query
5. Research latest coding changes for fee/charge ticket and chargemaster
6. Implement latest coding changes for fee/charge ticket and chargemaster
7. Educate providers on compliant coding
8. Assist in preparing the organization for external audits

Domain 5 – Information Technologies (6-10%)

Tasks:

1. Navigate throughout the EHR
2. Utilize encoding and grouping software
3. Utilize practice management and HIM systems
4. Utilize CAC software that automatically assigns codes based on electronic text
5. Validate the codes assigned by CAC software

Domain 6 – Confidentiality & Privacy (6-10%)

Tasks:

1. Ensure patient confidentiality (HIPAA, state regulations, etc.)
2. Educate healthcare staff on privacy and confidentiality issues
3. Recognize and report privacy issues/violations
4. Maintain a secure work environment
5. Utilize passcodes/passwords
6. Access only minimal necessary documents/information
7. Release patient-specific data to authorized individuals
8. Protect electronic documents/protected health information (PHI) through encryption
9. Transfer electronic documents through secure sites
10. Retain confidential records appropriately
11. Destroy confidential records appropriately
12. Understand information blocking