

Preparing for the Examination

Competency Statements

A certification examination is based on an explicit set of competencies. These competencies have been determined through a job analysis study conducted of practitioners. The competencies are subdivided into domains, subdomains, and

tasks as shown in the tables below. Examinations test only content pertaining to the following competencies. The table of competency statements for the CCA is outlined on the following pages.



CCA Competency Statements

	RECALL	APPLICATION	ANALYSIS	Total
Domain 1: Health Records and Data Content	5	1	12	18
1. Collect and maintain health data				
2. Analyze health records to ensure that documentation supports the patient’s diagnosis and procedures, reflects progress, clinical findings and discharge status				
3. Request patient-specific documentation from other sources (such as ancillary departments; physicians office; and the like)				
4. Apply clinical vocabularies and terminologies used in the organization’s health information systems				
Domain 2: Health Information Requirements and Standards	5	7	1	13
1. Evaluate the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards				
2. Monitor compliance with organization-wide health record documentation guidelines				
3. Report compliance findings according to organizational policy.				
4. Assist in preparing the organization for accreditation, licensing and/or certification surveys				
Domain 3: Clinical Classification Systems	5	24	3	32
1. Utilize electronic applications to support clinical classification and coding (such as encoders)				
2. Assign secondary diagnosis procedure codes using ICD-9-CM official coding guidelines				
a. Assign principal diagnosis (Inpatient) or first listed diagnosis (Outpatient)				
b. Assign secondary diagnosis(es), including complications and comorbidities (CC)				
c. Assign principal and secondary procedure(s)				
3. Assign procedure codes using CPT coding guidelines				
4. Assign appropriate HCPCS codes				
5. Identify discrepancies between coded data and supporting documentation				
6. Consult reference materials to facilitate code assignment				



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	RECALL	APPLICATION	ANALYSIS	Total
Domain 4: Reimbursement Methodologies	7	2	0	9
1. Validate the data collected for appropriate reimbursement				
a. Validate Diagnosis Related Groups (DRGs)				
b. Validate Ambulatory Payment Classifications (APCs)				
2. Comply with the National Correct Coding Initiative				
3. Verify the National and Local Coverage Determinations (NCD/LCD) for medical necessity				
Domain 5: Information and Communication Technologies	4	1	0	5
1. Use personal computer to ensure data collection, storage, analysis and reporting of information				
2. Use common software applications (such as word processing; spreadsheets; e-mail; and the like) in the execution of work processes				
3. Use specialized software in the completion of HIM processes				
Domain 6: Privacy, Confidentiality, Legal, and Ethical Issues	3	7	3	13
1. Apply policies and procedures for access and disclosure of personal health information				
2. Release patient-specific data to authorized individuals				
3. Apply ethical standards of practice				
4. Recognize and report privacy issues/problems				
5. Protect data integrity and validity using software or hardware technology				
TOTAL	29	52	9	90

The examinations are developed through a collaborative effort between AHIMA and Prometric. A group of experts drawn from a wide variety of work environments and geographical areas write the examination items. The content is

reviewed by AHIMA's Council on Certification (COC) and Exam Construction Committees. The staff at AHIMA and Prometric also edit items for clarity, bias, context, setting, language, terminology, and content.