

Certified Coding Associate (CCA) Examination Content Outline

Number of Questions on Exam: 100 multiple-choice

Exam Time: 2 hours

DOMAIN I. Health Records and Data Content (20%)

TASKS.

Knowledge of:

1. Collect and maintain health data.
2. Analyze health records to ensure that documentation supports the patient's diagnosis and procedures, and reflects progress, clinical findings, and discharge status.
3. Request patient-specific documentation from other sources (for example, ancillary departments, physicians office, and so on).
4. Apply clinical vocabularies and terminologies used in the organization's health information systems.

DOMAIN II. Health Information Requirements and Standards (14%)

TASKS.

Knowledge of:

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 finding according to organization policy.
4. Assist in preparing the organization for accreditation, licensing and/or certification surveys.

DOMAIN III. Clinical Classification Systems (36%)

TASKS.

Knowledge of:

1. Use electronic applications to support clinical classification and coding (for example, encoders).
2. Assign secondary diagnosis procedures 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.

DOMAIN IV. Reimbursement Methodologies (10%)

TASKS.

Knowledge of:

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 (NDC/LDC) for medical necessity.

DOMAIN V. Information and Communication Technologies (6%)

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; e-mail) in the execution of work processes.
3. Use specialized software in the completion of HIM processes.

DOMAIN VI. Privacy, Confidentiality, Legal, and Ethical Issues (14%)

TASKS.

Knowledge of:

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.