

Certified Coding Associate (CCA) Examination Content Outline

Number of Questions on Exam: 100 multiple-choice

Exam Time: 2 hours

DOMAIN I. Clinical Classification Systems (32%)

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

DOMAIN II. Reimbursement Methodologies (23%)

TASKS.

1. Sequence codes for optimal reimbursement
2. Link diagnoses and CPT codes according to payer specific guidelines
3. Assign correct diagnosis related group (DRG)
4. Assign correct ambulatory payment classification (APC)
5. Evaluate NCCI (National Correct Coding Initiative) edits
6. Reconcile NCCI edits
7. Validate medical necessity using LCD (local coverage determinations) and NCD (national coverage determinations)
8. Submit claim forms
9. Communicate with financial departments
10. Evaluate claim denials
11. Respond to claim denials
12. Re-submit denied claim to the payer source
13. Communicate with the physician to clarify documentation

DOMAIN III. Health Records and Data Content (15%)

TASKS.

1. Retrieve medical records
2. Assemble medical records according to healthcare setting
3. Analyze medical records quantitatively for completeness
4. Analyze medical records qualitatively for deficiencies
5. Perform data abstraction

6. Request patient-specific documentation from other sources (for example, ancillary departments, physician's office, etc.)
7. Retrieve patient information from master patient index
8. Educate providers in regards to health data standards
9. Generate reports for data analysis

DOMAIN IV. Compliance (14%)

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 physician query
5. Research latest coding changes
6. Implement latest coding changes
7. Update fee/charge ticket based on latest coding changes
8. Educate providers on compliant coding
9. Assist in preparing the organization for external audits

DOMAIN V. Information Technologies (8%)

TASKS.

1. Navigate throughout the electronic health record (EHR)
2. Utilize encoding and grouping software
3. Utilize practice management and HIM (Health Information Management) systems
4. Utilize CAC (computer assisted coding) software that automatically assigns codes based on electronic text
5. Validate the codes assigned by computer assisted coding software

DOMAIN VI. Confidentiality & Privacy (8%)

TASKS.

1. Ensure patient confidentiality
2. Educate healthcare staff on privacy and confidentiality issues
3. Recognize and report privacy issues/violations
4. Maintain a secure work environment
5. Utilize pass codes
6. Access only minimal necessary documents/information
7. Release patient-specific data to authorized individuals
8. Protect electronic documents through encryption
9. Transfer electronic documents through secure sites
10. Retain confidential records appropriately
11. Destroy confidential records appropriately