Certified Coding Specialist – (CCS) Examination
Content Outline (Effective May 1, 2020)

The objective of the Certified Coding Specialist (CCS) examination is to verify that candidates have met AHIMA’s criteria for competent, mastery level inpatient and outpatient coding practice before awarding certification.

Number of questions on exam:
97 multiple-choice questions (79 scored/18 pretest)
8 medical scenarios (6 scored/2 pretest)

Exam time:
4 hours – Any breaks taken will count against exam time

Multiple-Choice Questions

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 condition and co-morbidity (MCC) and condition 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)

Medical Scenarios

1. Inpatient (33.3%)
2. Outpatient (33.3%)
3. Emergency Department (33.3%)