

Certified Coding Specialist (CCS) Examination Content Outline (Effective May 1, 2018)

Number of Questions on exam:

- 97 multiple-choice questions (79 scored/18 pretest)
- 8 medical scenarios (6 scored/2 pretest)

Exam Time: 4 hours – no breaks

Domain 1 - Clinical Documentation (14-18%)

Tasks:

1. Verify patient encounter type
2. Review clinical record documentation to identify codeable diagnoses and procedures
3. Determine when additional clinical documentation is needed
4. Communicate with healthcare providers to obtain specific clinical documentation
5. Compose a compliant physician query

Domain 2 - Diagnosis Coding (28-32%)

Tasks:

1. Assign the ICD-10-CM diagnoses according to current coding guidelines for inpatient services
2. Assign the ICD-10-CM diagnoses according to current coding guidelines for outpatient services
3. Sequence diagnoses according to the current coding guidelines
4. Consult reference materials to facilitate diagnosis code assignment

Domain 3 - Procedure Coding (28-32%)

Tasks:

1. Assign procedure codes according to current coding guidelines for inpatient services
2. Assign procedure codes according to current coding guidelines for outpatient services
3. Sequence procedures according to the current coding guidelines
4. Apply the official ICD-10-PCS procedure coding guidelines
5. Apply the official CPT/HCPCS Level II coding guidelines
6. Consult reference materials to facilitate procedure code assignment

Domain 4 - Reporting Requirements for Inpatient Services (6-10%)

Tasks:

1. Assign the POA indicators
2. Verify DRG assignment based on the Inpatient Prospective Payment System (IPPS) definitions
3. Evaluate the impact of code selection of severity of illness (SOI)/risk of mortality (ROM) assignment on APR-DRG
4. Evaluate the impact of code selection of MCC/CC assignment on MS-DRG
5. Validate the discharge disposition
6. Resolve coding edits (e.g., Medicare Code Editor (MCE))

Domain 5 - Reporting Requirements for Outpatient Services (6-10%)

Tasks:

1. Assign modifiers based on reporting requirements
2. Assign evaluation and management level codes for facility reporting
3. Verify APC assignment based on Outpatient Prospective Payment System (OPPS) definitions
4. Apply Outpatient Prospective Payment System (OPPS) reporting requirements for medical necessity
5. Resolve coding edits (e.g., National Correct Coding Initiative (NCCI), Medicare Code Editor (MCE) and Outpatient Code Editor (OCE))

Domain 6 - Data Quality Management (3-7%)

Tasks:

1. Assess the quality of coded data
2. Analyze health record documentation for quality
3. Communicate with clinical providers regarding reimbursement methodologies and documentation requirements related to coding
4. Review the accuracy of abstracted data elements for database integrity
5. Report compliance concerns
6. Review internal and external audit findings

Domain 7 - Privacy, Confidentiality, Legal, and Ethical Issues (1-5%)

Tasks:

1. Apply policies and procedures for access and disclosure of PHI
2. Report privacy or security concerns
3. Apply AHIMA Code of Ethics/Standards of Ethical Coding