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The Content Outline establishes content and parameters for the Certified Coding Specialist – Physician Based (CCS-P) certification exam, which measures candidate proficiency and mastery of the tasks, knowledge, and skills that are required of CCS-P practicing professionals. The American Health Information Management Association (AHIMA) periodically reviews and updates the Content Outline to ensure the exam reflects current tasks and proficiency required as the CCS-P role evolves in step with health system transformation.

Executive Summary

In 2023, AHIMA began a job task analysis for the CCS-P professional certification. The purpose of the analysis was to validate tasks that are currently included in the Content Outline for the CCS-P certification and identify additional tasks that are now required of CCS-Ps in their current role. The CCS-P job task analysis study resulted in an updated Content Outline to ensure that the current state of practice is being tested in the CCS-P examination. Changes are reflected in the crosswalk below.

The process for developing the methodology to conduct the study included:

- 1. Subject Matter Experts (SMEs) filled out a questionnaire regarding tasks in the Content Outline
- 2. The Exam Development Committee (EDC) reviewed the questionnaire results and determined whether new tasks should be added or existing tasks should be edited in the Content Outline
- 3. The revised Content Outline was incorporated into the Job Analysis Survey
- 4. The survey was administered to practicing professionals to collect ratings on the importance and frequency of use of each task
- 5. An Exam Specifications panel composed of EDC and SMEs review survey results, data, and input received from practicing professionals to develop an updated Content Outline and revised exam specifications
- 6. The updated Content Outline and exam specifications were presented to the Commission on Certification for Health Informatics and Information Management (CCHIIM) for review and approval.

Summary of 2023 CCS-P Content Outline Updates

The results from the 2023 Certified Coding Specialist – Physician Based (CCS-P) job task analysis indicated that all 5 domains remain relevant for a CCS-P practicing professional and that much of the tasks expected by a CCS-P remain appropriate. A total of 5 new tasks were added, 2 tasks were removed/combined into other tasks, and several of the subtext was revised throughout for clarification.

Additionally, the number of items allocated to each domain, time allotted to complete the exam, and eligibility requirements/recommendations were reviewed/discussed. It was determined that the number of items allocated to each domain will be updated according to table 1 below. No change was made to the amount of time allotted to complete the exam or the number of items overall. Finally, wording was updated to the eligibility requirements for the exam which can be seen on page 3.

Table 1 below portrays the change in items allocated to each domain of the Content Outline. Table 2 (page 3-page 7) presents the 2020 Content Outline and maps the changes to the 2024 Content Outline.

Table 1. CCS-P Content Outline (CO) Domain Item Allocation

Content Outline (CO) Domain	2020 CO	2024 CO	Difference
Diagnosis Coding	16 items	23-25 items	+ 7 - 9 items
Procedure Coding	32 items	27-31 items	- 5 - 1 items
Research	7 items	6-10 items	-1 - +3 items
Compliance	31 items	17-21 items	- 14 – 10 items
Revenue Cycle	11 items	14-17 items	+ 3 – 6 items

Note: Candidates will begin being assessed on the 2023 CCS Content Online on May 01, 2024.

CCS-P Eligibility Requirements:

While not required, one of the following are recommended to sit for the CCS-P examination:

- Complete courses in all the following topics: Anatomy & physiology, pathophysiology, pharmacology, medical terminology, reimbursement methodology, intermediate/advanced ICD diagnostic coding, and procedural coding and medical services (CPT/HCPCS) plus one (1) year of multi-specialty coding experience directly applying codes; or
- Minimum of two (2) years of related multi-specialty coding experience directly applying codes; or
- Hold the CCA® credential plus one (1) year of multi-specialty coding experience directly applying codes; or
- Hold a coding credential from another certifying organization plus one (1) year of multi-specialty coding experience directly applying codes; or
- Hold a CCS[®], RHIT[®], or RHIA[®] credential.

Table 2. 2020 CCS-P Content Outline mapped to the 2023 CCS-P Content Outline

Domain 1: Diagnosis Coding (24-26%)

2020 Content Outline		2024 Content Outline		Change
Task Number	Task Statement	Task Number	Task Statement	
1	Given a scenario, review medical record documentation and accurately assign ICD-10-CM codes based on the documentation	1	Review medical record documentation and accurately assign ICD-10-CM codes	Condensed wording
2	Apply ICD-10-CM conventions and guidelines to accurately code to the highest level of specificity	2	No change	N/A

Domain 2: Procedure Coding (28-32%)

2020 Content Outline		2024 Content Outline		Change
Task Number	Task Statement	Task Number	Task Statement	
1	Given a scenario, review medical record documentation and accurately assign CPT/HCPCS codes based on the documentation	1	Review medical record documentation and accurately assign CPT/ HCPCS codes	Condensed wording
2	Given a scenario, interpret Evaluation & Management (E&M) coding guidelines	2	Apply appropriate E&M coding guidelines for all categories	Condensed wording & inclusion of "for all categories"
3	Given a definition, assign appropriate modifiers	3	Assign appropriate CPT/HCPCS modifiers	Condensed wording & clarification of CPT/HCPCS modifiers
4	Apply CPT/HCPCS guidelines to sequence procedure codes	Removed	N/A	Removed (combined into new Domain 2 Task 4)
5	Apply CPT/HCPCS manual instruction to select correct code(s)	Removed	N/A	Removed (combined into new Domain 2 Task 4)
6	Apply knowledge of National Correct Coding Initiative (NCCI) edits and guidelines	5	Demonstrate appropriate use of National Correct Coding Initiative (NCCI) edits and guidelines	Clarified wording of task
N/A		4	Apply appropriate CPT/HCPCS coding guidelines	New task combining previous Domain 2 Task 4 & 5

Domain 3: Research (6-10%)

2020 Content Outline		2024 Content Outline		Change
Task Number	Task Statement	Task Number	Task Statement	
1	Differentiate and apply physician- based coding rules based on federal, state, and third-party guidelines	1	No change	n/a
2	Determine appropriate primary authoritative source to determine correct coding	2	Determine appropriate authoritative/ governing source to facilitate correct coding	Added "governing" and changed "determine" to "facilitate"
N/A		3	Recognize the use of natural language processing in data analysis (e.g. artificial intelligence, machine learning, computer assisted coding, etc.)	New task

Domain 4: Compliance (18-22%)

2020 Content Outline		2024 Content Outline		Change
Task Number	Task Statement	Task Number	Task Statement	
1	Given a scenario, determine if a query is appropriate based on existing documentation and apply a non- leading, ethical query	1	Evaluate if a query is appropriate based on existing documentation and apply a non- leading, ethical query	Condensed wording & changed "Determine" to "Evaluate"
2	Evaluate medical records to determine documentation that is permissible to support code assignment	2	Review medical records to identify documentation that is permissible to support code assignment	Changed "Evaluate" to "Review" & "determine" to "identify"
3	Apply ethical coding standards (OIG, CMS, AHIMA, etc.)	3	Apply ethical coding guidelines and standards (OIG, CMS, AHIMA, LCD, CPT, etc.)	Added "guidelines" and "LCD, CPT" to list
4	Ensure medical record signature requirements are met	4	No Change	N/A
5	Given a scenario, audit medical records for compliance with coding and documentation rules	5	Audit medical records for compliance with coding and documentation guidelines	Condensed wording & replaced "Rules" with "Guidelines"
6	Apply knowledge of risk adjustment in ICD-10-CM		N/A	Moved to Domain 5 Task 6
7	Demonstrate an understanding of HIPAA privacy and security regulations	6	No Change	N/A
8	Given a scenario, develop and deliver education for providers and ancillary staff	7	Develop and deliver education for providers and ancillary staff	Condensed wording
9	Identify place of service	8	Identify the appropriate place of service	Added word "appropriate"
10	Given a scenario, ensure incident to billing guidelines are met where applicable	9	Ensure 'incident-to' billing guidelines are met where applicable	Condensed wording & added quotations around "incident-to"
N/A	New Task	10	Understand when it is appropriate to have an ABN signed	New Task

Domain 5: Revenue Cycle (14-18%)

2020 Content Outline		2024 Content Outline		Change
Task Number	Task Statement	Task Number	Task Statement	
1	Apply knowledge of claims development and filing processes	1	Ensure the data elements are complete and accurate before submitting claims to the payor	Updated wording based on action in task
2	Apply knowledge of insurance response (readmittance advice, Explanation of Benefits)	2	Interpret the insurance responses to identify the appropriate course of action	Updated wording based on action in task
3	Demonstrate an understanding of Resource Based Relative Value Scale (RBRVS)	3	Demonstrate the financial impacts of Resource Based Relative Value Scale (RBRVS)	Changed wording to address the financial impacts
4	Link diagnosis code(s) to procedure code correctly	4	Associate the diagnosis code to the appropriate procedure	Updated wording based on action in task
N/A		5	Understand Hierarchical Condition Categories (HCCs)	New Task
N/A		6	Apply accurate code assignments for risk adjustment in ICD-10- CM	Task moved and updated from previous Domain 4 task 6
N/A		7	Differentiate types of denials	New Task