



CCS Virtual Exam Prep Chat



Objectives

- Recap the 8 CCS domains
- Discuss test-taking tips
- Review sample CCS examination questions
- Answer attendee questions regarding the CCS examination

CCS Exam

- 97 multiple-choice questions
 - 79 scored
 - 18 pretest/not scored
- 8 medical scenarios
 - 6 scored
 - 2 pretest/not scored
- 4 hours, no breaks
- Scaled score
- AHIMA CCS Certification webpage:

<http://www.ahima.org/certification/CCS>

Certified Coding Specialist (CCS) Examination Content Outline

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 – Health Information Documentation (8-10%)

Tasks:

1. Interpret health record documentation using knowledge of anatomy, physiology, clinical indicators and disease processes, pharmacology and medical terminology to identify codeable diagnoses and/or procedures
2. Determine when additional clinical documentation is needed to assign the diagnosis and/or procedure code(s)
3. Consult with physicians and other healthcare providers to obtain further clinical documentation to assist with code assignment
4. Compose a compliant physician query
5. Consult reference materials to facilitate code assignment
6. Identify patient encounter type
7. Identify and post charges for healthcare services based on documentation

Domain 2 – Diagnosis & Procedure Coding (64-68%)

Tasks:

Diagnosis:

1. Select the diagnoses that require coding according to current coding and reporting requirements for acute care (inpatient) services
2. Select the diagnoses that require coding according to current coding and reporting requirements for outpatient services
3. Interpret conventions, formats, instructional notations, tables, and definitions of the classification system to select diagnoses, conditions, problems, or other reasons for the encounter that require coding
4. Sequence diagnoses and other reasons for encounter according to notations and conventions of the classification system and standard data set definitions (such as Uniform Hospital Discharge Data Set [UHDDS])
5. Apply the official ICD-10-CM coding guidelines

Procedure:

1. Select the procedures that require coding according to current coding and reporting requirements for acute care (inpatient) services
2. Select the procedures that require coding according to current coding and reporting requirements for outpatient services
3. Interpret conventions, formats, instructional notations, and definitions of the classification system and/or nomenclature to select procedures/services that require coding
4. Sequence procedures according to notations and conventions of the classification system/nomenclature and standard data set definitions (such as UHDDS)
5. Apply the official ICD-10-PCS procedure coding guidelines
6. Apply the official CPT/HCPCS Level II coding guidelines





CCS Domains

1. Health Information Documentation (8-10%)
2. Diagnosis & Procedure Coding (64-68%)
3. Regulatory Guidelines & Reporting Requirements for Acute Care (Inpatient) Services(6-8%)
4. Regulatory Guidelines & Reporting Requirements for Outpatient Services (6-8%)



CCS Domains

5. Data Quality Management (2-4%)
6. Information & Communication Technologies (1-3%)
7. Privacy, Confidentiality, Legal, and Ethical Issues (2-4%)
8. Compliance (2-4%)

Test Basics

Review the Candidate Guide at:
<http://www.ahima.org/certification/CCS>

- Extensions
 - First request for extension--\$75.00
 - Second and final--\$150.00
- ID Requirements
 - Must present a primary and secondary form of ID
 - Examples: drivers license and credit card (must be signed on the back)
- No coats, scarves, Kleenex, notes, pencil, etc. allowed in the testing area



What to Study?

- CCS Exam Prep Presentations
- *Certified Coding Specialist (CCS) Exam Preparation* by Jennifer Garvin
- ICD-10-CM Official Guidelines for Coding and Reporting

<https://www.cms.gov/Medicare/Coding/ICD10/Downloads/icd10cm-guidelines-2015.pdf>



What to Study?

- ICD-10-PCS Official Guidelines for Coding and Reporting

<https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2015-PCS-guidelines.pdf>

- ICD-10-PCS Reference Manual (zip file)

<https://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-PCS-and-GEMs.html>



Other Study Tools

- CCS Practice Exam
 - <https://www.ahimastore.org/ProductDetailCertifications.aspx?ProductID=18617>
 - \$49.99 (member price)
 - 35 multiple choice questions
 - 3 medical scenarios



Test Prep Timeline

1. Schedule test date
2. Develop test prep timeline BACKWARDS from test date, include:
 - Coding Guidelines for CM & PCS
 - Review CCS Exam Prep presentations
3. Consider taking the CCS Practice Exam 1-2 weeks prior to the exam to mimic the testing environment
4. Focus on weakest areas



SAMPLE TEST QUESTIONS



Question 1

- Authentication of health record entries means to:
 - A. Create facsimiles of documents
 - B. Prove authorship of documents
 - C. Develop documents
 - D. Use a rubber stamp on random sets of documents.

Question 2

- Medicare reimbursement depends on all of the following, *except*:
 - A. The correct designation of the principal diagnosis
 - B. Policies and procedures of the medical staff
 - C. The presence or absence of additional codes that represent complications, comorbidities, or major complications/cormobidities
 - D. Procedures performed

Question 3

- Diagnostic-related groups (DRGs) and ambulatory patient classifications (APCs) are similar in that they are both:
 - A. Determined by HCPCS codes
 - B. Focused on hospital outpatients
 - C. Focused on hospital inpatients
 - D. Prospective payment systems

Question 4

- The most common language used for both data definition language and data manipulation language is:
 - A. Unified modeling language
 - B. JAVA
 - C. Perl
 - D. Structured query language

Question 5

- The CPT definition of a *surgical package* contains which of the following?
 - A. The surgical procedure(s)
 - B. Follow-up surgery
 - C. Preoperative tests
 - D. Yearly follow-up visits

Question 6

- A bronchoscopy with biopsy of the left bronchus was completed and revealed adenocarcinoma. What, if any, modifier should be added to the procedure codes?
 - A. -50, bilateral procedure
 - B. -51, multiple procedures
 - C. -LT, left side
 - D. No modifier should be reported



OPEN DISCUSSION TIME



Additional Resources

- List of acronyms
- Flashcards of acronyms
 - https://quizlet.com/_23ktqa
- Practice Quiz

Contact Information

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