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
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
  
What to Study?

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

- ICD-10-PCS Reference Manual (zip file)
Other Study Tools

• CCS Practice Exam
  – $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/comorbidities
  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
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](https://quizlet.com/_23ktqa)
- Practice Quiz
Contact Information

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