**Certified Coding Specialist (CCS)**

**Examination Preparation**

Day 1

| Time | Topics |
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| 08:30 - 09:00 | REGISTRATION |
| 09:00 - 09:15 | Welcome and Introductions |
| 09:15 - 09:30 | **Overview of CCS Domains** |
| 09:30 - 10:30 | **Domain 1: Health Information Documentation**   * 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 * Determine when additional clinical documentation is needed to assign the diagnosis and/or procedure code(s) * Consult with physicians and other healthcare providers to obtain further clinical documentation to assist with code assignment * Compose a compliant physician query * Consult reference materials to facilitate code assignment * Identify patient encounter type * Identify and post charges for healthcare services based on documentation |
| 10:30 - 10:45 | BREAK |
| 10:45 - 11:45 | **Domain 2: Diagnosis Coding**   * **Diagnosis:**   + Select the diagnoses that require coding according to current coding and reporting requirements for acute care (inpatient) services   + Select the diagnoses that require coding according to current coding and reporting requirements for outpatient services   + 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   + 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])   + Apply the official ICD-10-CM coding guidelines |
| 11:45 – 12:30 | **Domain 2: Procedure Coding**   * **Procedures:**   + Select the procedures that require coding according to current coding and reporting requirements for acute care (inpatient) services   + Select the procedures that require coding according to current coding and reporting requirements for outpatient services   + Interpret conventions, formats, instructional notations, and definitions of the classification system and/or nomenclature to select procedures/services that require coding   + Sequence procedures according to notations and conventions of the classification system/nomenclature and standard data set definitions (such as UHDDS) |
| 12:30 - 13:00 | BREAK |
| 13:00 - 13:30 | **Domain 2: Procedure Coding (cont’d)**   * + Apply the official ICD-10-PCS procedure coding guidelines   + Apply the official CPT/HCPCS Level II coding guidelines |
| 13:30 – 14:30 | **Domain 3: Regulatory Guidelines and Reporting Requirements for Acute Care (Inpatient) Service**   * Select the principal diagnosis, principal procedure, complications, comorbid conditions, other diagnoses and procedures that require coding according to UHDDS definitions and Coding Clinic * Assign the present on admission (POA) indicators * Evaluate the impact of code selection on Diagnosis Related Group (DRG) assignment * Verify DRG assignment based on Inpatient Prospective Payment System (IPPS) definitions * Assign and/or validate the discharge disposition |
| 14:30 - 14:45 | BREAK |
| 14:45 - 16:30 | **Domain 4: Regulatory Guidelines and Reporting Requirements for Outpatient Services**   * Select the reason for encounter, pertinent secondary conditions, primary procedure, and other procedures that require coding according to UHDDS definitions, CPT Assistant, Coding Clinic, and HCPCS * Apply Outpatient Prospective Payment System (OPPS) reporting requirements:   a. Modifiers  b. CPT/ HCPCS Level II  c. Medical necessity  d. Evaluation and Management code assignment (facility reporting)   * Apply clinical laboratory service requirements |

Day 2

| Time | Topics |
| --- | --- |
| 08:30 - 10:30 | **Domain 5: Data Quality and Management**   * Assess the quality of coded data * Communicate with healthcare providers regarding reimbursement methodologies, documentation rules, and regulations related to coding * Analyze health record documentation for quality and completeness of coding * Review the accuracy of abstracted data elements for database integrity and claims processing * Review and resolve coding edits such as Correct Coding Initiative (CCI), Medicare Code Editor (MCE) and Outpatient Code Editor (OCE)   **Domain 6: Information and Communication Technologies**   * Use computer to ensure data collection, storage, analysis, and reporting of information. * Use common software applications (for example, word processing, spreadsheets, and e-mail) in the execution of work processes * Use specialized software in the completion of HIM processes   **Domain 7: Privacy, Confidentiality, Legal, and Ethical Issues**   * Apply policies and procedures for access and disclosure of personal health information * Apply AHIMA Code of Ethics/Standards of Ethical Coding * Recognize and report privacy and/or security concerns * Protect data integrity and validity using software or hardware technology   **Domain 8: Compliance**   * Evaluate the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards * Monitor compliance with organization-wide health record documentation and coding guidelines * Recognize and report compliance concerns |
| 10:30 - 10:45 | BREAK |
| 10:45 – 12:30 | **Practice Exam** |
| 12:30 - 13:00 | BREAK |
| 13:00 - 15:00 | **Practice Exam (cont’d)** |
| 15:00 - 15:15 | BREAK |
| 15:15 - 16:30 | **Review Practice Exam** |

**Closing Day 2 - Thank you for attending the AHIMA CCS Exam Preparation workshop and safe travels!**