



## CCS Preparation Course Syllabus

**Prerequisites:** Knowledge of medical terminology and anatomy strongly recommended.

**Duration:** 80 Hours

**Course Length:** To be completed at student's own pace within a 2-month period or less.

**Class Hours: Days/Times Per Week:** Online course, independent self-study, no classroom meetings;

**Certificate of Completion Issued:** Yes

**Course Description:** The student will learn principles of medical coding related to anatomy & physiology, pathophysiology, pharmacology, medical terminology, reimbursement methodology, intermediate/advanced ICD diagnostic coding, and procedural coding and medical services (CPT/HCPCS).

### **Course Objectives:**

- Review patients' records and assign numeric codes for each diagnosis and procedure.
- Possess expertise in the ICD-10-CM and CPT® coding systems.
- Are versed in medical terminology, disease processes, and pharmacology concepts

### **Eligibility Requirements**

Candidates must meet *one* of the following eligibility requirements to sit for the CCS 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)
- Minimum of two (2) years of related coding experience directly applying codes; or
- Hold the CCA® credential plus one (1) year of coding experience directly applying codes; or
- Hold a coding credential from another certifying organization plus one (1) year of coding experience directly applying codes; or
- Hold a CCS-P®, RHIT®, or RHIA® credential

### **Required Code Books**

1. ICD-10-CM code book (2020)
2. ICD-10-PCS code book (2020)
3. CPT code book (2020) (AMA only)

**Computer Requirements:** High-speed Internet connection with supported Operating System & Web browser, Adobe Acrobat Reader. For best experience, use of a mobile device is not recommended.

**Course Enrollment Fee:** Payment is due in full at time of enrollment. Prices are variable and subject to change, see AHIMA website for most current enrollment fees.

## **Exam Specifications**

The CCS is a timed exam. Candidates have four hours to complete the exam. The total number of questions on the exam range between 115 and 140 total items. The exam consists of two sections, a Multiple-Choice Section and a Medical Scenario Section (inpatient, outpatient, and emergency department). The exam is given in a computer-based format.

The passing score for the CCS is 300.

### **Domain 1 – Coding Knowledge and Skills (51.9%)**

Tasks:

1. Apply diagnosis and procedure codes based on provider's documentation in the health record
2. Determine principal/primary diagnosis and procedure
3. Apply coding conventions/guidelines and regulatory guidance
4. Apply CPT®/HCPCS modifiers to outpatient procedures
5. Sequence diagnoses and procedures
6. Apply present on admission (POA) guidelines
7. Address coding edits
8. Assign reimbursement classifications
9. Abstract pertinent data from health record
10. Recognize major complication/co-morbidity (MCC) and complication and co-morbidity (CC)

### **Domain 2 – Coding Documentation (10.1%)**

Tasks:

1. Review health record to assign diagnosis and procedure codes for an encounter
2. Review and address health record discrepancies

### **Domain 3 – Provider Queries (8.9%)**

Tasks:

1. Determine if a provider query is compliant
2. Analyze current documentation to identify query opportunities

### **Domain 4 – Regulatory Compliance (29.1%)**

Tasks:

1. Ensure integrity of health records
2. Apply payer-specific guidelines
3. Recognize patient safety indicators (PSIs) and hospital-acquired conditions (HACs) based on documentation
4. Ensure compliance with HIPAA guidelines
5. Ensure adherence to AHIMA's Standards of Ethical Coding
6. Apply the Uniform Hospital Discharge Data Set (UHDDS)

**Course Fee: Rs.8,700 + GST**