WHAT IS CODING & UNDERSTANDING THE DIFFERENCE BETWEEN CCA, CCS, CPC

Julie A. Shay, RHIA
HIT Program Director
352-395-5024
Julie.shay@sfcollege.edu
SFC HIT Program

Informatics Certificate

Medical Transcriptionist Certificate

Medical Coder/Biller Certificate
CCA, CCS, CDIP, CPC

AS Degree RHIT

HIE Opportunity

Health IT Workforce Program
The coding and billing profession is comprised of both informally trained individuals and certified professionals.
Certified Coding Associate
CCA

- Entry level Coding Certificate
- Administered by the American Information Management Association (AHIMA)
- The only HIM credential worldwide currently accredited by the National Commission for Certifying Agencies (NCCA)

RECOMMENDATIONS
- 6 months of medical coding training courses or experience in a medical facility that has coding services

EXAM INFORMATION
- 2 hour, 100 multiple choice item examination consisting of 90 scored items and 10 pretest items
- $199 for AHIMA members, $299 non-members
Certified Coding Associate
CCA

• Based upon job analysis standards and state-of-the-art test construction, the CCA designation has been a nationally accepted standard of achievement in the health information management (HIM) field since 2002.

• More than 8,000 people have attained the certification since inception.

• The CCA credential distinguishes coders by exhibiting commitment and demonstrating coding competencies across all settings, including both hospitals and physician practices

• The US Bureau of Labor Statistics estimates a shortage of more than 50,000 qualified HIM and HIT workers by 2015.
The CCA exam consists of 6 domains

- **CLINICAL CLASSIFICATION SYSTEM 32%**
  - Retrieve necessary information from health record
  - Apply inpatient/outpatient coding guidelines
  - Apply physicians coding guidelines

- **REIMBURSEMENT METHODOLOGIES 23%**
  - Assign the correct (DRG) and (APC)
  - Submit claim forms
  - Validate medical necessity using Local Determination Coverage (LDC) and National Determination Coverage (NDC)

- **HEALTH RECORDS AND DATA CONTENT 15%**
  - Retrieve patient information from master patient index
  - Educate provides with the most recent health data standards
  - Analyze records for deficiencies

- **COMPLIANCE 8%**
  - Clarify documentation through physician query
  - Assist in preparing the entity for external auditing
  - Validate assigned codes are supported by proper documentation
CCA EXAM CONTENT

- INFORMATION TECHNOLOGIES 8%
  - Operate the Electronic Health Record (EHR)
  - Validate codes assigned by software
  - Utilize computer assisted coding

- CONFIDENTIALITY/PRIVACY 8%
  - Release of information to authorized individuals
  - Recognize and report privacy and confidentiality issues
  - Access only minimum necessary documents and information
Certified Coding Specialist
CCS

- Currently a voluntary certification for facility/hospital coding
- Administered by the American Information Management Association (AHIMA)

RECOMMENDATIONS
- 3 years of hospital based coding
- Hospital based Ambulatory /outpatient coding
- Completed coursework in anatomy, physiology, pathophysiology, and pharmacology

EXAM INFORMATION
- 4 hour, 2 part test
  - 60 multiple-choice
  - 180 hands-on medical cases to be coded
- Costs $299 for AHIMA members, $399 non-members
CCS ELIGIBILITY REQUIREMENTS

• **By Credential**: RHIA, RHIT, or CCS/CCS-P;

• **OR**

• **By Education**: Completion of a coding training program that includes anatomy & physiology, pathophysiology, pharmacology, medical terminology, reimbursement methodology, intermediate/advanced ICD diagnostic/procedural and CPT coding;

• **By Experience**: Minimum of two (2) years of related coding experience directly applying codes;

• **OR**

• **By Credential with Experience**: CCA plus one (1) year of coding experience directly applying codes;

• **OR**

• Other Coding credential from other certifying organization plus one (1) year coding experience directly applying codes.
CCS EXAM CONTENT

- **DOMAIN I - Health Information Documentation (10%)**
  - Identify patient encounter type
  - Identify and post charges based on clinical documentation

- **DOMAIN II and III - Diagnosis and Procedure Coding (64%)**
  - **DIAGNOSIS**
    - Sequence diagnosis and encounters based on notations, convention, and data set definitions
    - Apply coding guidelines
  - **PROCEDURES**
    - Select procedure that requires coding using inpatient reporting requirements
    - Select procedure that requires coding using outpatient reporting requirements

- **DOMAIN IV - Regulatory Guidelines and Reporting Requirements for Acute Care (Inpatient) Service (5%)**
  - Code principal diagnosis and procedure, complications, comorbid conditions, etc.
  - Verify DRG assignments based on IPPS definitions
  - Assign correct discharge disposition

- **DOMAIN V - Regulatory Guidelines and Reporting Requirements for Outpatient Services (6%)**
  - Apply OPPS reporting requirements such as adding modifiers, CPT/HCPCS Level II, E&M, medical necessity
CCS EXAM CONTENT

- **DOMAIN VI-Data Quality and Management (4%)**
  - Assess quality of coded data
  - Review accuracy of abstracted data
  - Review and correct coding edits from software

- **DOMAIN VII-Information and Communication Technologies (3%)**
  - Use common software application to complete workplace processes

- **DOMAIN VIII-Privacy, Confidentiality, Legal, and Ethical Issues (4%)**
  - Apply AHIMA code of ethics and standards of ethical coding
  - Protect data integrity using software

- **DOMAIN IX-Compliance (4%)**
  - Participate in development of coding polices to ensure compliance
  - Evaluate accuracy and completeness of patient record
  - Recognize and report compliance concerns
Certified Professional Coder
CPC

- Common in physicians office setting
- Administered by the American Academy of Professional Coders (AAPC)

**REQUIREMENTS**
- 2 years of coding experience
  - OR deemed “apprentice” status
- Proficient in reading medical charts
- Extensive knowledge of ICD-9, CPT, HCPCS II

**EXAM INFORMATION**
- 150 multiple-choice questions
  - 5hr 40 min duration
- $260 for AAPC members, $300 for non-members
CPC EXAM INFORMATION

APPROVED MANUALS FOR USE DURING EXAM

• CPT
  • AMA standard or professional version ONLY
• Your choice of ICD-9-CM
• Your choice of HCPCS Level II

UNAPPROVED MANUALS

• Procedural Coding Professional-Contexco
• Coder’s Choice CPT-PMIC
• Procedural Coding Expert-AAPC
## SUMMARY

<table>
<thead>
<tr>
<th>CCA</th>
<th>CCS</th>
<th>CPC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Entry Level</strong></td>
<td>Voluntary certification</td>
<td>Common in physicians office</td>
</tr>
<tr>
<td>Administered by AHIMA</td>
<td>Administered by AHIMA</td>
<td>Administered by AAPC</td>
</tr>
<tr>
<td>6 months experience coding</td>
<td>2 yrs of hospital based coding</td>
<td>Requires 2 yrs. Coding experiences</td>
</tr>
<tr>
<td>or educational courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhibits inpatient/outpatient coding</td>
<td></td>
<td>Can be deemed “apprentice” status</td>
</tr>
<tr>
<td>2 hours</td>
<td>4 hours, 2 parts</td>
<td>5 hour, 40 mins</td>
</tr>
</tbody>
</table>
WHAT ABOUT CAC?

• A computer assisted coding system (CACS) is a computer software application that analyzes health care documents and produces appropriate medical codes for specific phrases and terms within the document.

• According to the American Health Information Management Association (AHIMA), CACS offer several advantages over manual coding, including increased productivity and efficiency in coding and the consistent application of coding rules. However, the cost of the software and the increased potential for errors are potentially detrimental.
JOB OPPORTUNITIES –

- Inpatient coding positions - 206
- Outpatient coding positions – 145
- Auditing – 141
- Coding – Supervision – 103
- Reimbursement – 97
- Compliance/Corporate Compliance – 88
- Department of Compliance – 83

- Total: 863 positions
6 FACTORS THAT AFFECT AVERAGE MEDICAL CODER SALARY

- Years of Experience
- Primary credential
- Last education achieved
- Job definition
- Type of workplace
- Geographic location
CODER SALARY RANGE

• One year experience - $34K
• Twenty Five years experience - $54K
• Highest paid job definition listed was “consulting” –
  • Certified coder average $78K
  • Noncertified coder average - $58K
REFERENCES

(CCHIM), Commission on Certification for Health Informatics and Information Management. "Candidate Guide." February 2012.  
American Health Information Management Association. 3 April 2012  


AHIMA. "CCA Certification." 2012. American Health Information Management. 3 April 2012  


"Certified Coding Specialist CCS." 2012. American Health Information management Association. 3 4 2012  

