AGENDA

Certified Coding Specialist (CCS) Examination Preparation

Day 1

Time	Topics
8:30-9:00 a.m.	**REGISTRATION**
9:00-9:15 a.m.	**Welcome and Introductions**
9:15-9:30 a.m.	**Overview of CCS Domains**
9:30-10:30 a.m.	**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 a.m.	**BREAK**
10:45-11:45 a.m.	**Domain 2: Diagnosis Coding** • **Diagnosis:** o Select the diagnoses that require coding according to current coding and reporting requirements for acute care (inpatient) services o Select the diagnoses that require coding according to current coding and reporting requirements for outpatient services o 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 o 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]) o Apply the official ICD-10-CM coding guidelines

Time	Topics
11:45 a.m. – 12:30 p.m.	**Domain 2: Procedure Coding** • **Procedures:** o Select the procedures that require coding according to current coding and reporting requirements for acute care (inpatient) services o Select the procedures that require coding according to current coding and reporting requirements for outpatient services o Interpret conventions, formats, instructional notations, and definitions of the classification system and/or nomenclature to select procedures/services that require coding o Sequence procedures according to notations and conventions of the classification system/nomenclature and standard data set definitions (such as UHDDS)
12:30-1:00 p.m.	**BREAK**
1:00-1:30 p.m.	**Domain 2: Procedure Coding (cont'd)** o Apply the official ICD-10-PCS procedure coding guidelines o Apply the official CPT/HCPCS Level II coding guidelines
1:30 – 2:30 p.m.	**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
2:30-2:45 p.m.	**BREAK**
2:45-4:30 p.m.	**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
8:30-10:30 a.m.	**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 a.m.	**BREAK**
10:45 – 12:30 p.m.	**Practice Exam**
12:30-1:00 p.m.	**BREAK**
1:00-3:00 p.m.	**Practice Exam (cont'd)**
3:00-3:15 p.m.	**BREAK**
3:15-4:30 p.m.	**Review Practice Exam**

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