

### **The CPC®'s abilities include:**

- Proficiency in adjudicating claims for accurate medical coding for diagnoses, procedures and services in physician-based settings
- Proficiency across a wide range of services, which include evaluation and management, anesthesia, surgical services, radiology, pathology and medicine
- Sound knowledge of medical coding rules and regulations including compliance and reimbursement. A trained medical coding professional can better handle issues such as medical necessity, claims denials, bundling issues and charge capture
- Knowing how to integrate medical coding and reimbursement rule changes into a practice's reimbursement processes
- Knowledge of anatomy, physiology and medical terminology necessary to correctly code provider diagnosis and services

### **The CPC® Exam**

- 150 multiple choice questions (proctored)
- 5 hours and 40 minutes to finish the exam
- 1 free retake
- \$300.00 and membership fee \$120/per year
- Open code book (manuals)

The CPC® examination consists of questions regarding the correct application of CPT®, HCPCS Level II procedure and supply codes and ICD-9-CM diagnosis codes used for billing professional medical services to insurance companies. It is designed to evaluate a physician practice coder's knowledge of the following:

- Anesthesia
- Radiology
- Medicine
- Nervous
- Endocrine
- Digestive
- Urinary
- Musculoskeletal
- Evaluation and Management
- Anatomy and Physiology
- Mediastinum & Diaphragm
- Practice Management
- Male/Female Genital
- Hemic & Lymphatic
- Maternity & Delivery
- Eye & Ocular Adnexa
- ICD-9-CM
- HCPCS Level II
- Coding Guidelines
- Medical Terminology
- Pathology
- Integumentary
- Respiratory
- Laboratory

### **Medical Coding Certification Requirements from AAPC:**

1. We recommend having an associate's degree.
2. Pay examination fee at the time of application submission.
3. Maintain current membership with the AAPC. \$120 per year
  - a. New members must submit membership payment with examination application.
  - b. Renewing members must have a current membership at the time of submission and when exam results are released.

4. Effective January 2010 all exams will be reported with exact scores and will report the top three areas of weakness

A CPC® must have at least two years medical coding experience (member's with an apprentice designation are not required to have two years medical coding experience.) Membership is required to be renewed annually and 36 Continuing Education Units (CEU's) must be submitted every two years for verification and authentication of expertise.

**Note:**

Each examination is separate and distinct from one another. To obtain all certifications, each examination must be taken separately and passed. Continuing Education Unit (CEU) submissions are required for all certifications.

Due to the level of expertise required of medical coders, the AAPC expects certified coders to be able to perform not only in an exam setting but also in the real world. In addition to passing the certification exam, coders will also be required to demonstrate on-the-job coding experience before receiving the full credential. Those who pass the CPC®, CPC-H® and/or CPC-P® exams but have not yet met this requirement will be designated as an Apprentice (CPC-A®, CPC-H-A® and/or CPC-P-A®) on their certificate.

**CPC-A®, CPC-H-A®, or CPC-P-A® Status:** Member's with an Apprentice designation are required to submit the annual CEU's while completing the coding work experience requirement.

**Requirements for Removal of Apprentice Designation:** Two letters of recommendation verifying 2 years of on the job experience using the CPT®, ICD-9-CM, or HCPCS code sets. One letter must be on letterhead from your employer. Both letters are required to be typed and signed and will need to outline your coding experience and amount of time in that capacity.

**OR**

A minimum 80 hours of coding education AND one letter on letterhead from your employer verifying one year of on the job experience using the CPT, ICD-9-CM or HCPCS code sets. Proof of education may be sent in the form of a letter from an instructor on school letterhead stating the amount of contact hours earned, a certificate/diploma stating at least 80 contact hours or a school transcript.

**Required References**

CPT® (AMA Standard or Professional edition ONLY)

Your choice of ICD-9-CM (expert editions are allowed)

Your choice of HCPCS Level II (expert editions are allowed)

Note: Any officially published corrections or errata belonging to these three references are also permitted.

Source: [www.aapc.com](http://www.aapc.com)

## **CCA—Demonstrate Your Coding Competency in Any Setting**

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 is the only HIM credential worldwide currently accredited by the National Commission for Certifying Agencies (NCCA).

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. Becoming a CCA positions you as a leader in an exciting and growing market. CCAs:

- Exhibit a level of commitment, competency, and professional capability that employers are looking for
- Demonstrate a commitment to the coding profession
- Distinguish themselves from non-credentialed coders and those holding credentials from organizations less demanding of the higher level of expertise required to earn AHIMA certification

## **How Does the CCA Compare with Other AHIMA Coding Credentials?**

The CCA exhibits coding competency in any setting, including both hospitals and physician practices. The CCS and CCS-P exams demonstrate mastery level skills in an area of specialty: hospital-based for CCS's and physician practice-based for CCS-Ps.

## **Eligibility Requirements**

CCA examination candidates must have a high school diploma from a United States high school or an equivalent educational background. Although not required, it is strongly recommended that candidates have at least six months experience in:

- A healthcare organization applying ICD-9-CM and CPT coding conventions and guidelines,  
or
- Have completed an AHIMA-approved coding certificate program  
or
- Have completed other formal coding training program

## **Applying for the Exam**

### **Submitting an Application**

Before submitting an application, carefully review the information contained in this guide. It is the candidate's responsibility to ensure eligibility before submitting the application. Applicants who are determined to be ineligible and submit an ineligible application or request withdrawal of their application, will receive a refund of the application fee minus a \$45 processing fee. Applicants may register online or by submitting a paper application .

## Exam Application Checklist:

- Read Candidate Guide
- Apply for exam
- Register Online
- Exam Application
- Special Accommodations Form - Form A and B
- Submit all paperwork necessary (transcripts, resume, other documentation)
- Upon receipt of authorization to test (ATT), read it completely
- Schedule exam with Prometric
- Verify what materials are needed at the testing center
- Verify time and date of exam

## Exam Specifications

2 hour, 100 multiple-choice item examination consisting of 90 scored items and 10 pretest items.

Candidates' scores are based solely upon the number of scored items on the exam - pretest items do not affect the candidates' score. Pretest questions are administered to evaluate the item's difficulty level for possible inclusion as a scored question in future exams. These pretest questions are dispersed throughout the exam and cannot be identified by the candidate.

## Exam Content Outline

A certification examination is based on an explicit set of competencies. These competencies have been determined through a job analysis study conducted of practitioners. The competencies are divided into domains and tasks as shown in the PDF below. Examinations test only content pertaining to the following competencies.

Every test question on AHIMA's certification examinations must be referenced to a valid, credible, and current resource. AHIMA's construction committee members and item writers most commonly use the following:

- 2009 ICD-9-CM Professional for Hospitals, Vol. 1, 2 & 3 (Ingenix)
- Basic Current Procedural Terminology (CPT) and HCPCS Coding, 2009 edition
- Basic ICD-9-CM Coding (2009 Edition)
- CPT Professional Edition 2009 (AMA)
- CPT Standard Edition 2009 (AMA)
- Coders' Desk Reference for Procedures, 2009 (Ingenix)
- Coding Clinic for ICD-9-CM (Quarterly Publication Edition) (AHA Press)
- Documentation for Medical Records, 2009
- Documentation for Ambulatory Care, 2001
- Electronic Health Records: A Practical Guide for Professionals and Organizations, 4th edition
- HIPAA in Practice: The Health Information Manager's Perspective, 2004
- Health Information Management, 10th Edition, 1994 (Physician's Record Co.)
- Health Information Management Compliance: A Model Program for Healthcare Organizations, 4th Edition, 2007

- Health Information Management Technology: An Applied Approach, 2nd Edition, 2007
- Health Information: Management of a Strategic Resource, 3rd Edition, 2007 (Elsevier)
- ICD-9-CM Coding Handbook, 2009 (AHA Press)
- ICD-9-CM Diagnostic Coding and Reimbursement for Physician Services, 2009 edition (2010 edition available in July 2009)
- Legal Aspects of Health Information Management, 2nd Edition, 2003 (Delmar)
- Pathophysiology: Concepts and Applications for Health Care Professionals, 3rd Edition, 2004 (McGraw- Hill)
- Principles of CPT Coding, 5th Edition, 2005 (AMA)
- Procedural Coding and Reimbursement for Physician Services: Applying Current Procedural Terminology (CPT) and HCPCS, 2009 edition
- Quality and Performance Improvement in Healthcare: A Tool for Programmed Learning, 4th Edition
- Statistical Applications for Health Information Management, 2nd Edition
- Stedman's Medical Dictionary, 28th Edition, 2005 (Stedman's)
- The Merck Manual of Diagnosis and Therapy, 18th Edition, 2006 (Merck Publishing)

## **CCA Exam FAQs**

### **How much does the exam cost?**

The application fee for the CCA exam is \$199.00 for AHIMA members and \$299.00 for non-members. (Student membership is \$35 so it pays to join!!)

### **What is an “eligibility period”?**

A candidate’s eligibility period is defined in the Authorization to Test letter (ATT) as a four-month window in which candidates are required to schedule their exam appointment. Candidates who fail to schedule an examination appointment within their eligibility period indicated in their ATT will forfeit their application fee. A complete application and examination fee are required to reapply for the examination.

### **After I send my application and fee, how soon will I get my Authorization to Test (ATT)?**

Prometric will send an ATT letter to the candidate once all application materials are complete and eligibility has been confirmed. If the application is incomplete, the candidate will be sent further instructions for completion of the application. Candidates who are determined to be ineligible, submit an ineligible application, or request the withdrawal of their application, will receive a refund of their application fee less a \$45 processing fee. Please allow four to six weeks for processing from the time you submit your completed application to the time you receive your ATT which will allow you to make an appointment to schedule the exam. All applicants are strongly encouraged to send the application and fee via a traceable method.

### **How soon can I re-test if I failed the exam?**

Candidates who have taken the exam and were unsuccessful must wait a minimum of 45 days between administrations. To retake an exam, the candidate must reapply by submitting a current application with the appropriate fee.

### **How long does it take to process an examination application refund?**

Examination refund requests take 6-8 weeks to process.

**Notification of Examination Results**

After completing the examination and evaluation, candidates will be asked to report to the test center staff to receive their score report. The score report will not include performance on pretest questions, and these questions will not be used to determine passing or failing. Candidates will receive their results immediately upon completion of their exam. In the event a new exam format is introduced and the passing mark has not been pre-established, exam candidates will receive a test completion notice upon completion of their exam. Once the passing mark has been determined, exam results will be sent to candidates via regular mail. Passing scores for examinations will be published on AHIMA's Web site at [www.ahima.org/certification](http://www.ahima.org/certification).