

## **CCS Frequently Asked Questions**

Compiled by Christina Benjamin, RHIA, CCS, CCS-P

- Q. Will POA, MS-DRG's, the 2008 code changes for ICD-9-CM and CPT be on my exam?
- A. No, the CCS and CCS-P exams will not be revised and updated until June 2008. The test formats will remain the same with the codes and regulatory information that is effective now until this June. Note: POA may be on the exam since it was first included in the official coding guidelines effective November of 2006.

Q: What are the passing scores for the CCS/CCS-P exam?

A: CCS: The passing score for **Part I** is 32 questions correct out of 50. The passing score for **Part II** is 225 (scaled score) out of 340.

CCS-P: The passing score for **Part I** is 35 questions correct out of 50. The passing score for **Part II** is 205 (scaled score) out of 300.

Q: Is immediate scoring available for the CCS/CCS-P exams?

A: Yes, until this June of 2008; at that point, immediate scoring will no longer be available for at least several weeks.

Q: How do I find a CCS or CCS-P workshop or refresher class in my area?

A: Here are a few things that I usually recommend.

First of all, if I have heard of or found any workshops or prep classes, I will post the information under the community announcements on this CoP.

Second, check with the following:

- your state or regional association's website or CoP
- your state or local coding roundtable coordinator
- the director of a medical coding or billing program in your area (preferably a coding program that is AHIMA-approved or a certificate program offered by an AHIMA-accredited HIT or HIM program); the class may be offered at a community college or technical school or even a academic institution that offers HIT/HIM classes for example so check with those also

Keep in mind that many times a class may not be held unless there are enough interested participants. So if you wish to approach your state or regional association or some other entity about offering a class, I suggest trying to first network with a number of other

## CCS Frequently Asked Questions

Compiled by Christina Benjamin, RHIA, CCS, CCS-P

people in the area who might be interested so that the class can go forward. If possible, found out what the minimum number of people will be for the class to be held.

Continue to network to get up a good number at least 20-30 interested participants so that the class can indeed be held. (Get at least a few more than any minimum required number you may happen to obtain to account for last-minute cancellations.) Email/call your classmates, notify your coworkers, friends, etc and let them know how important it is to sign up. Even planned classes have been cancelled at the last minute due to the fact that very few people signed up for them.

One last note: Use caution in assessing the quality of the class or course by noting who is offering the class, the credentials/experience/reputation they have, and the details of the actual content that will be covered or reviewed. The actual content that is covered should be tailored to meet your needs and should include at least an overview of the topics specific to the exam (including the multiple choice competencies and the particular kinds of coding cases) as stated in the AHIMA candidate handbook. Also, keep in mind that a prep course or class may not be for you and is not necessary for everyone. In most cases, such a class or refresher course will be most beneficial to those that need a structured study or review program.

Q: I am weak on coding from the operative reports and basic surgery coding. Where can I get help for this information?

A: Websites:

A few good surgery sites include the following (all of these are useful in helping you to understand the details of the procedures being performed, but they may or may not offer advice regarding the coding):

Merk Source

[http://www.mercksource.com/pp/us/cns/cns\\_hl\\_adam.jspzQzpgzEzzSzppdocszSzuszSzcnszSzcontentzSzadamzSzencyzSzarticlezSzsurgidxazPzhtm](http://www.mercksource.com/pp/us/cns/cns_hl_adam.jspzQzpgzEzzSzppdocszSzuszSzcnszSzcontentzSzadamzSzencyzSzarticlezSzsurgidxazPzhtm)

Brief Coding Tip articles on numerous subjects. Be sure to look under "coding tips"-- for a brief list of tips that are helpful for CPT surgery coding by body system.

<http://www.accuchecker.com/AccuLibrary/Default.aspx>

A British site that is packed with information

<http://www.edu.rcsed.ac.uk/>

This professional has posted about 10 or 20 operative reports for free access to practice your skills

## CCS Frequently Asked Questions

Compiled by Christina Benjamin, RHIA, CCS, CCS-P

<http://ritecode.com>

this is a link to an ASC exam by Chris Felthauer —just code these and disregard the SG modifier as that is specific only to ambulatory surgical centers and not hospital outpatient or physician office.

<http://www.codingandreimbursement.net/forums/showthread.php?t=3913>

A couple of good practice sites: keep in mind that there may be mistakes in these

[http://justcoding.com/quizlet\\_archive/](http://justcoding.com/quizlet_archive/)

Ingenix's Code This scenarios. Sign up for free access to scores of coding cases with answers; a new case is added twice a month; there is an archive of all previous cases.

<http://www.shopingenix.com/modules/nonprod/default.asp?id=2534>

Medlearn's Q&A—great list of Q&As for various specialities

<http://www.medlearn.com/questions/>

Medical Association Websites that have information specific to a particular specialty

<http://www.ama-assn.org/ama/pub/category/7634.html>

<http://www.pohly.com/assoc2.html>

This site is good, but there is a small fee involved for more information.

<http://vesalius.com>

Advance for HIM also has some great articles on coding various procedures. You can subscribe to their free magazine and gain web access to search all past articles that have been published. Use the following search terms and include the quotation marks: “facility code assignments”; “coding corner”; professional code assignments”; “ICD-9-CM” and “CPT.” Many great coding articles relating to procedure coding have been published that are not in the link below.

<http://health-information.advanceweb.com/HIMStuff/CCSPrep.aspx>

For the Record Coding Articles

Note: Key search terms “Coding for” (include the quotation marks) ; “coding corner” (include the quotation marks); will bring up most all of the coding articles in for the records past archive. When you enter Coding for, you will start pulling up huge lists of articles after about the 3<sup>rd</sup> or 4<sup>th</sup> page of search results. When you enter Coding Corner it basically takes you to the list of articles for previous years and you can look under either “coding corner” or “Coding” or “coding and transcription.” The focus is more on diagnosis coding than procedure coding, compared to Advance, in my opinion.

<http://www.fortherecordmag.com/sphider/search.php>

## CCS Frequently Asked Questions

Compiled by Christina Benjamin, RHIA, CCS, CCS-P

Check out AHIMA's presentation on CPT: Surgery Coding Guidelines at this link.  
AHIMA has a presentation on CPT Surgery coding issues at this link:  
<http://campus.ahima.org/audio/2007/RB020807.pdf>

If you struggle with **modifiers**, review the principles and try the links below.

- Also, keep in mind that there are two kinds of modifiers: CPT modifiers and HCPCS Level II modifiers. While HCPCS Level II modifiers can be appended to either CPT codes or HCPCS codes, CPT modifiers can only be appended to CPT codes and not to HCPCS codes.
- No modifiers should be appended to an unlisted procedure code in CPT.
- Also, sequencing of modifiers can be confusing as well: the modifiers that directly affect the amount of reimbursement that will be provided on that CPT or HCPCS code should be listed first and all other informational modifiers should follow.
- One thing that is helpful when studying modifiers is to determine when they are needed for any particular billing situation/specialty or healthcare setting. For example, under the Hospital outpatient prospective payment system, there is a set list of modifiers that can be used.
- Presentations on Hospital Outpatient Modifiers:  
<http://campus.ahima.org/audio/2008/RB041708.pdf>

Note: A full updated list of modifiers approved for hospital outpatient use is at this link: <http://www.trailblazerhealth.com/Publications/Job%20Aid/ub-92.pdf>

- Presentations on Physician and Specialty Modifiers:  
<https://www.noridianmedicare.com/macj3b/train/presentations/modifiers.pdf>  
[http://www.wpsmedicare.com/part\\_b/education/modifiers.shtml](http://www.wpsmedicare.com/part_b/education/modifiers.shtml)
- <http://www.rimedicare.org/provider/datanaly/modflow/default.htm>
- [https://www.cahabagba.com/part\\_b/education\\_and\\_outreach/general\\_billing\\_info/modifiers.htm](https://www.cahabagba.com/part_b/education_and_outreach/general_billing_info/modifiers.htm) (I like the way they group them based on category—really helps you to understand their uses for your particular billing situation)
- <http://www.accuchecker.com/AccuLibrary/Default.asp?CatID=157>

<http://health-information.advanceweb.com/common/editorial/editorial.aspx?CC=84815>

Good Medicare carrier sites include the following: (just do a search on the names of these carriers after you download the Excel file at this link

<http://www.cms.hhs.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>)

Wellmark (has a basic CPT workbook, a general surgery guide and other billing guides, and holds CPT day classes), Highmark (lots of E/M guides), UMD—Upstate Medicare Division (they have a basic billing guidelines manual), Trailblazer (lots of E/M guidance), Kansas (has lots of facility billing guide information), and Medicarenic

Look under the provider section and/or under resources, education, manuals, references, training, seminars, guides, etc.

## CCS Frequently Asked Questions

Compiled by Christina Benjamin, RHIA, CCS, CCS-P

Books: AHIMA's Coding and Reimbursement for Outpatient Services (for the CCS) and Coding and Reimbursement for Physician Services (for the CCS-P) has a breakdown of each CPT procedure section. Ingenix's Coder's Desk Reference for Procedures is also a great source of information, but do keep in mind that is not authoritative and that the *CPT Assistant* should be referenced first as it is the only authoritative reference for CPT coding.

Surgery Coding Principles/Study tips:

- Be sure to practice a lot of operative reports using both ICD-9-CM procedure codes and CPT procedure codes for each case. Make yourself a list principles based on the mistakes that you make and the feedback that you get.
- Also, read through each section of the **Professional** Edition of CPT by AMA and study the **official CPT guidelines** therein and get familiar with the set-up and organization of the CPT code book.
- It is critical that one actually reads the entire operative report or procedure note and not base their codes just on the name of the procedure that is supplied by the physician. The physician may have done more or less than what he listed. Study the entire operative note for any additional procedures that may have been performed.
- Using modifiers is often a weak area: the first thing to know is that modifier usage in the hospital outpatient setting is not the same as modifier usage in the physician office or clinic setting. There is a separate set of modifiers for each setting. If you are studying for the CCS, you need to study the modifiers for the hospital outpatient setting and if you are studying for the CCS-P, you need to study the modifiers for the physician office setting. Be sure to also study the global package. A great article on this subject is on [www.ericacodes.com/articles.html](http://www.ericacodes.com/articles.html) and the title is "Surgery Coding for Beginners."
- Sequencing of procedures is not required for either the CCS or the CCS-P, but do know that in the real world the general practice is to sequence the procedure code carrying the highest APC weight (hospital outpatient setting) first and to sequence the procedure code with the highest RVU is sequenced first in the physician office setting. To determine the procedure with the highest APC weight or RVU, access Addendum B in the OPSS section of CMS's website or the RVU file in the physician fee schedule section of CMS's website. Instructions for accessing these CMS files are found at the end of the Health Insurance and Billing Resource Guide.
- Know that understanding anatomy, pathophysiology, medical terminology, and surgical procedures is a big help also. There are several anatomy sites out there as well as medical terminology sites. Check out this website for more information. (<http://www.ericacodes.com>) as well as the document "A few useful links for Studying for the CCS" for more references related to these subjects.

Q: I need information on Interventional Radiology—where can I find that?

## CCS Frequently Asked Questions

Compiled by Christina Benjamin, RHIA, CCS, CCS-P

A: 1. This is a free list of downloadable IR-related coding references

<http://www.bostonscientific.com/Reimbursement.bsci/./navRelId/1000.1038/seo.serve>

2. Code This--available at Ingenix's Coding Circle

<http://www.shopingenix.com/Modules/nonprod/default.asp?id=2534>

The IR cases are in the archive way back at the following

dates: all the scenarios for September 2003; 4/19/2004; 4/26/2004; 8/2/2004; 8/9/2004;

8/16/2004; 8/23/2004; 4-25-05 They may have added some over the past year -- I

have not kept up with the cases over the past year or so. I also used Gray's Anatomy site to help me see and visualize where the vessels came from and went to.

3. Then go here: <http://campus.ahima.org/audio/2006seminars.html> And find the one on IR and click on Download Resource Material--this is really good.

4. There is also a great cheat sheet for

the first, second, and third level vessels for selective catheter coding in Appendix L of the Professional Edition of CPT by AMA.

5. Occasionally, Boston Scientific puts out a free IR webinar or seminar. You really have to watch their website for that.

6. <http://www.lagunamedsys.com/EdgeArchive/feature111598.htm> (old article, but still explains it well for beginners)

7. OHIMA's Interventional Coding Course for continuing education

<http://www.ohima.org/education/education.html#online>

8. Sign up for free access to many interventional coding cases with Z health at this link

<http://www.zhealthpublishing.com/zhonline.asp>

## CCS Frequently Asked Questions

Compiled by Christina Benjamin, RHIA, CCS, CCS-P

9. A link to several handy color-coded charts for reference as well as free IR webcasts.  
[http://www.abbottvascular.com/av\\_dotcom/url/content/en\\_US/20.20.90:90/general\\_content/Abtdiv\\_General\\_Content\\_0000356.htm](http://www.abbottvascular.com/av_dotcom/url/content/en_US/20.20.90:90/general_content/Abtdiv_General_Content_0000356.htm)

9.b. additional presentation on IR coding

<http://ahra.com/confed/am2007/Handouts/Mulaik,%20Melody%20-%20Coding%20Workshop.pdf>

10. Also, there is a community of practice called “Radiology Coding and Compliance” facilitated by Stacie Buck, RHIA, CCS-P, RCC, CIC and Jacqueline Miller, RHIA, CPC two radiology experts, that has Interventional Radiology info and discussion on it. The following website has a free newsletter and discussion group also. [www.seradmgt.com](http://www.seradmgt.com)

Q: Where can I find the *Coding Clinic*?

A: **Options:**

You may check the following site to see if it is at a local (relatively close) library.

<http://worldcatlibraries.org/wcpa/ow/fe5aa92f4e4949a1a19afeb4da09e526.html>

If your local hospital or medical center or medical library (often associated with teaching facilities or medical schools in the area) has copies, you can review their copies.

**Considerations:**

I think that *Coding Clinic* is often recommended for study for the CCS because the official coding guidelines are published there, but that is not the only place where the official coding guidelines are available.  
<http://www.cdc.gov/nchs/datawh/ftpser/ftpicd9/icdguide06.pdf> So I suggest focusing on the official coding guidelines and not the *Coding Clinic*. I have personally read it and many of the scenarios can be solved using basic coding guidelines and principles that are already stated either in the official coding guidelines or the ICD-9-CM coding conventions.

Another thing to consider is that the *Coding Clinic* itself has stated that the ICD-9-CM coding conventions, instructional notes, etc. should take precedence over the advice on *Coding Clinic*. Therefore, what you should really rely on is the ICD-9-CM instructions and coding conventions and the official coding guidelines.

Q: I have attempted the CCS multiple times without success. What should I do now?

## **CCS Frequently Asked Questions**

Compiled by Christina Benjamin, RHIA, CCS, CCS-P

A: First of all, give yourself a break and a chance to recover from the situation.

Second, consider the following three things:

Assess what you have been studying and the techniques you have been using to approach the test itself (perhaps you are not studying the right things or perhaps you know the information and concepts but have not mastered the test-taking skills, particularly the ability to pace yourself)

Decide whether some classes or courses to help focus your studies and help your review the basic principles and practice the applying the concepts of coding might be helpful; it maybe that you just need more practice and a refresher on some of the principles that are usually taught but not applied in the real world. Oftentimes, knowledge of insurance-specific guidelines and facility-specific guidelines can displace knowledge of official coding guidelines, for example.

Your score sheet that you received from the testing center should help you assess what the weak areas are.

Last, but not least, don't loose sight of your goals. You want to have a credential that demonstrates mastery of critical concepts and knowledge required in the real world of medical coders today. Only an exam that is closed book and includes actual medical record cases can best prove that mastery. Don't settle for anything less.

Press on!

Q: Can I register to take the CCS/CCS-P online?

A: Yes. Click on the site to take you to a link to register online for the CCS  
<https://secure.ahima.org/certification/exams/>

After receiving the Authorization to Test (ATT) form (it will be sent in the mail from AHIMA after you register), one may schedule their exam at anytime with Thomson Prometric: <http://www.prometric.com/AHIMA/default.htm>

Q: Where can I get more information about the details of the CCS or CCS-P?

A: The links below are the exam preparatory arena for the CCS and CCS-P. There will be a menu of options to the left and they include specific preparatory information including sample exam questions, an outline for the schedule of each test, and details of what topics the multiple choice section of the exams cover (competency statements).

## CCS Frequently Asked Questions

Compiled by Christina Benjamin, RHIA, CCS, CCS-P

CCS: <http://www.ahima.org/certification/examprep/ccs/>

CCS-P: <http://www.ahima.org/certification/examprep/ccsp/>

**Q:** Do I have to have current versions of the textbooks or study guides that I purchase such as the Professional Review Guide (PRG) or the AHIMA Clinical Coding Workout?

**A:** It would be helpful if you do get the current version, but if you already have an older version of a year or two ago, I would not be overly concerned about getting a current one. Just be prepared to find some outdated codes in the answers and don't automatically assume that you are wrong every time an answer is different from what is given in the guide or text. Actually, this is a principle with all study guides regardless of whether they are updated or not.

Note: AHIMA FAQs: <http://www.ahima.org/help/faqs.asp>

A good list of FAQ's to review

**Q:** I am interested in hospital outpatient coding (emergency department, same-day-surgery, etc.) Which coding credential should I choose, the CCS or the CCS-P?

**A:** It depends. There are pros and cons to each credential because neither credential is specifically designed only for hospital outpatient coding. Actually the only credential that specifically tests one's outpatient coding skills is the CCS. It includes ambulatory surgery cases, emergency department cases, and questions in the multiple choice section that are specific to the outpatient prospective payment system and APCs.

To broaden your opportunities, I would suggest you study for the CCS, but in that case, one would have to study both hospital outpatient coding guidelines and inpatient coding guidelines because the CCS covers both inpatient and outpatient hospital coding. The inpatient coding guidelines are considerably different from the outpatient coding guidelines. But in general, one is more marketable if they continue to expand their knowledge base beyond a single area. For example, one might eventually want to move into inpatient coding and having the CCS would be very valuable in that case. With the CCS, one also has the advantage of demonstrating their knowledge of ICD-9 procedure coding which is oftentimes required even in the outpatient setting.

On the other hand, some industry experts recommend the CCS-P for outpatient coding with the reservation that it really is not the best credential either because it does not cover or demonstrate hospital outpatient coding knowledge at all nor knowledge of ICD-9 procedure coding. It was originally designed to demonstrate knowledge of physician office and speciality coding only. In addition, to earning the CCS-P, the recommendation is that one also take care to learn and master the specifics of hospital outpatient coding

## CCS Frequently Asked Questions

Compiled by Christina Benjamin, RHIA, CCS, CCS-P

and specify to employers that this knowledge has been obtained along with expert knowledge of CPT coding as demonstrated by the CCS-P.

As a last note, if you are interested in doing physician or professional fee coding for ER physicians or other physicians that provide hospital or clinic services, then the CCS-P is clearly the choice for you.

Q: What is the value and difference between the RHIA/RHIT and coding credentials with regards to a career in medical coding?

A: Which certification or degree that would be best for you obtain depends on your career goals and what type of opportunities you are seeking.

As an aspiring medical coder, there is a career path or career ladder that you can climb. In general each certification that you obtain, allows you the opportunity to advance higher on the ladder. For example, the RHIA allows you teaching opportunities and management opportunities that an RHIT does not tend to allow. The RHIT allows your many more opportunities than just a coding certification--it often is helpful in getting an job with a consulting company who may hire traveling and/or remote coders. They usually list all 4 credentials (RHIA, RHIT, CCS, and CCS-P) Having a degree is always helpful if you want to move up into lead coding or other areas of HIM that may involve coding. There maybe some that attain management positions without a degree or the RHIT/RHIA credential, but that does not change the fact that having those things will better your opportunities and chances in that area. A good article to review on what credentials employers want the most is at this link (**CCS and RHIT are at the top**) [http://www.ahima.org/emerging\\_issues/CodersWanted.pdf](http://www.ahima.org/emerging_issues/CodersWanted.pdf)

Also, notice how income is typically **not** tied into the kind of certification a person has--it is most often tied into the amount of experience that they have. Note that having a degree (like the RHIT or RHIA) will also afford you opportunities that yield higher income as well than just having a coding credential. AHIMA's salary survey results are at this link and you can see clearly the many factors that affect the salary---it is not just a single kind of certification that will get you the best income.

[http://www.ahima.org/membership/member\\_profile\\_data.asp](http://www.ahima.org/membership/member_profile_data.asp) Also, ADVANCE for HIM has a salary calculator for your information: <http://health-care-jobs.advanceweb.com/Salary/SalaryCalcWelcome.aspx>

A good explanation of the coding career ladder is at this link and it includes projected income or salary values.

### ["Climbing the Coding Career Progression Ladder"](#)

One thing that I want to add that the above-referenced Journal article does not emphasize is this: All the advice that you may receive regarding your career may **not** be the best

## CCS Frequently Asked Questions

Compiled by Christina Benjamin, RHIA, CCS, CCS-P

advice for your situation. There is advice that is not based on applicable, relevant, or accurate information. For example, many like to emphasize that one cannot start at the top. Many students do not have that expectation anyway and are simply looking to start wherever they can.

Regarding education and knowledge vs. experience, there are many myths to that need to be clarified. First of all, it does not have to be hard to get experience while going to school. It is just a matter of contacting local area providers (hospitals, nursing homes, offices, or any other healthcare setting) to work out an opportunity for you to practice real-world job functions. The AHIMA-approved coding programs and the CAHIIM-accredited degree programs that I recommend actually have an internship requirement built into their program.

**Also, there are those out there that constantly emphasize that one who has studied and researched and practiced very diligently (also called book knowledge) cannot be trusted due to the fact that they have limited real world or on the job experience. This is a huge myth. You will find that there are some out there that underestimate the value of a person who is dedicated to the field, who has earned multiple credentials to prove their competency, and who are working tirelessly to get as much as experience as they can. By all means, do not let this discourage you because part of what the real world is all about is respecting everyone and the value and knowledge that they bring especially with regards to current and updated information.**

Another misconception that is spreading is the myth that hospital coding opportunities are few and far between. This is not necessarily the case and what one must do is do the research **for themselves** to determine what type of jobs are available-- they **must** look at the job ads not only for their own particular area, but for their state, and for the general nation to determine what type of jobs are in the greatest demand.

If you have trouble finding the kind of job that you are looking for, it does not necessarily mean that you are looking to start at the "wrong" level. There are many factors involved including geographical location, how you market yourself, and how you network. It is important to understand the art of networking and I suggest that you review the Student and Recent Graduate Communities of Practice for more information on this topic. Look both in the community resources, links, and discussions threads for information.

Keep in mind that students on this board have passed the CCS and/or RHIT and gone on to be hospital coders as well as coding consultants with no prior experience at all. However, they did not just have the CCS or any other certification -- they **also** had the skill of networking and they developed unique ways of searching for jobs in the areas that they were interested in. It is possible and if you are reading this and still wondering, I invite you to email me (cmbenjamin@bellsouth.net) and I give you the detail and background behind these students and how they succeeded.

## **CCS Frequently Asked Questions**

Compiled by Christina Benjamin, RHIA, CCS, CCS-P

Also, keep in mind that if you do choose to start with a billing job, coding knowledge is required for that job also, and you can always move up from that. There is no limit. Look at this career path website by AHIMA: <http://himcareers.ahima.org/academic1.html>

Also, many coders were former **transcriptionists** and this is something that you can do from home in some cases also. I practiced transcription at a local hospital and benefited from that experience when I started reading the same reports that I had been transcribing for coding purposes. There is a community of practice for transcriptionists on AHIMA.