



## Certified Coding Specialist – Physician Based (CCS-P) Exam Content Outline (Effective 7/1/2020)

### **Domain 1 – Diagnosis Coding (16.5%)**

#### Tasks:

1. Given a scenario, review medical record documentation and accurately assign ICD-10-CM codes based on the documentation
2. Apply ICD-10-CM conventions and guidelines to accurately code to the highest level of specificity

### **Domain 2 – Procedure Coding (32.9%)**

#### Tasks:

1. Given a scenario, review medical record documentation and accurately assign CPT®/HCPCS codes based on the documentation
2. Given a scenario, interpret Evaluation & Management (E&M) coding guidelines
3. Given a definition, assign appropriate modifiers
4. Apply CPT®/HCPCS guidelines to sequence procedure codes
5. Apply CPT®/HCPCS manual instructions to select correct code(s)
6. Apply knowledge of National Correct Coding Initiative (NCCI) edits and guidelines

### **Domain 3 – Research (7.6%)**

#### Tasks:

1. Differentiate and apply physician-based coding rules based on federal, state, and third-party guidelines
2. Determine appropriate primary authoritative source to determine correct coding

### **Domain 4 – Compliance (31.6%)**

#### Tasks:

1. Given a scenario, determine if a query is appropriate based on existing documentation and apply a non-leading, ethical query
2. Evaluate medical records to determine documentation that is permissible to support code assignment
3. Apply ethical coding standards (OIG, CMS, AHIMA, etc.)
4. Ensure medical record signature requirements are met
5. Given a scenario, audit medical records for compliance with coding and documentation rules
6. Apply knowledge of risk adjustment in ICD-10-CM
7. Demonstrate an understanding of HIPAA privacy and security regulations
8. Given a scenario, develop and deliver education for providers and ancillary staff
9. Identify place of service
10. Given a scenario, ensure incident to billing guidelines are met where applicable

### **Domain 5 – Revenue Cycle (11.4%)**

#### Tasks:

1. Apply knowledge of claims development and filing processes
2. Apply knowledge of insurance response (remittance advice, Explanation of Benefits)
3. Demonstrate an understanding of Resource Based Relative Value Scale (RBRVS)
4. Link diagnosis code(s) to procedure code correctly