



Coder Certifications

There are two professional organizations representing health care coders. The American Health Information Management Association and the American Academy of Professional Coders. Between the 2 of them they offer 8 credentials for professional coders.

- Registered Health Information Administrators (RHIA)
- Registered Health Information Technicians (RHIT)
- Certified Coding Specialist (CCS)
- Certified Coding Specialist--Physician-based (CCS-P)
- Certified Coding Associate (CCA)
- Certified Professional Coder (CPC)
- Certified Professional Coder--Hospital (CPC-H)
- Certified Professional Coder – Apprentice (CPC-A)

American Health Information Management Association (AHIMA)

Founded in the late 1920's, AHIMA offers credentials and education for medical records and health information professionals. AHIMA has over 43,000 members and offers membership in six separate specialty groups. AHIMA publishes a ten-times-per-year professional journal and holds an annual national convention.

AHIMA is thought of as an authority in health information management. They are one of the four "Cooperating Parties" that are responsible for management of the ICD-9-CM code set (National Center for Health Statistics [NCHS], the Centers for Medicare and Medicaid Services [CMS], and the American Hospital Association [AHA] are the others).

AHIMA's focal point has historically been on hospital health information and ICD-9-CM diagnosis and procedure coding. As coding for hospitals and physicians has more become CPT based, AHIMA has broadened their focus to include physician coding issues.

In addition to offering RHIA and RHIT credentials (both require a college degree in Health Information Management), AHIMA also offers three coding credentials: Certified Coding Specialist (CCS), Certified Coding Specialist--Physician-based (CCS-P), and Certified Coding Associate (CCA). The prerequisites for these are:

- A high school diploma or GED
- Experience in hospital inpatient (ICD-9-CM), ambulatory care (ICD-9-CM and CPT-4), or physician-based (ICD-9-CM, CPT-4, and HCPCS Level II) medical record coding is strongly recommended. Candidates with three or more years coding experience are more likely to pass the exams. (It is highly recommended that candidates for the CCA exam have at least six months experience in a healthcare organization applying ICD-9-CM and CPT coding conventions and guidelines, or have completed either an AHIMA-approved coding certificate program or other formal coding training.)

CCS Exam

The CCS Exam has two parts:

- Part I consists of 60 multiple choice items testing all ICD-9-CM and ambulatory care (ICD-9-CM and CPT-4) coding competencies. Candidates have one hour for this portion.
- Part II requires candidates to code 21 medical records (14 inpatients and 7 ambulatory surgery/emergency room patients). Candidates have five hours to complete this portion.

The multiple choice portion of the CCS Exam tests all sections of CPT-4. The medical record coding portion tests only the surgery section of the CPT-4. The passing score is based on a statistical equating process, which adjusts for the fluctuations in the difficulty across examinations.

CCS-P Exam

The CCS-P Exam has two parts:

- Part I consists of 60 multiple choice items testing physician-based coding competencies (ICD-9-CM diagnostic coding, CPT-4, and HCPCS Level II procedural coding). Candidates have one hour for this portion.
- Part II requires candidates to code 21 medical records (11 office patients, 3 inpatients, 4 operating room patients, two emergency room patients, and one skilled nursing facility patient). Candidates have five hours to complete this portion.

The medical record coding portion tests all sections of CPT-4 and HCPCS Level II. The passing score is based on a statistical equating process, which adjusts for the fluctuations in the difficulty across examinations.

CCA Exam

The content of the new CCA exam is based on HIM references and the status of regulations and legislation on or before December 31 of the previous year. The exam consists of 100 multiple-choice questions written at three different cognitive levels: recall, application, and analysis. The levels represent an organized way to identify the performance that *entry-level* practitioners will utilize on the job.

Tests are \$275 per member, \$320 for non-members. Tests are offered twice a year at 51 test centers across the country. There is no "free re-test" if the candidate is unsuccessful the first time.

Certification must be maintained on an annual basis via a self-assessment. The self-assessment is comprised of multiple choice items and short medical record coding scenarios. The number of items will vary each year according to the nature of changes in the coding systems. For example, in a year in which only a few changes are made in either the ICD-9-CM or CPT-4 codes, the self-assessment may contain as few as 10 multiple choice items and two or three medical record scenarios. Alternatively, when significant changes take place, the self assessment may contain as many as 30 or more multiple choice questions and several medical record scenarios.

More information about AHIMA can be obtained from their website www.ahima.org.

American Academy of Professional Coders (AAPC)

Founded in 1988 AAPC has raised the professional standards of physician coders by providing education, recognition, and certification. AAPC has over 31,000 members in all 50 states and foreign countries. Nearly 16,000 members are certified by the AAPC. Members of this AAPC are usually coders from physician practices. They are well-versed in CPT and ICD-9 coding physician billing.

The AAPC offers two coding credentials: Certified Professional Coder (CPC) and a Certified Professional Coder--Hospital (CPC-H). Although it is no longer offered, an additional credential, the Master Procedural Coder (MPC), was offered by the AAPC. The prerequisites for these are:

- A high school diploma or GED
- Two years of coding employment history in the medical field or one year of medical field experience in addition to an 80-hour coding course or completion of an AAPC-approved course of study.
- Completion of a medical terminology course
- Two letters of professional recommendation

CPC Exam

The CPC Exam covers the entire CPT book, with emphasis on the Surgery codes and the Evaluation and Management codes. It includes basic anatomy and medical terminology as well as ICD-9-CM and HCPCS coding. The exam is 150 multiple choice questions, with a five hours time limit. The test is broken into three sections and a passing score of 70% or higher must be obtained on each section.

CPC-H Exam

The CPC-H Exam covers the Surgery and Medicine CPT-4 codes as well as some HCPCS and ICD-9-CM diagnosis and procedure coding. It includes medical terminology, basic anatomy, the UB-92 claim form, ASC facility issues and rules for the use of modifiers. The exam is 150 multiple choice questions, with a five hours time limit. The test is broken into three sections and a passing score of 70% or higher must be obtained on each section.

CPC Apprentice and CPC-H Apprentice Designation

Those applicants who are successful in passing either the CPC exam or the CPC-H exam but have not met the experience requirement will be awarded the initial designation "CPC-Apprentice" or "CPC-H-Apprentice." The coders with the Apprentice designation are required to submit 18 CEUs per year while completing their experience requirement. When the experience requirement is met, they may receive their full CPC/CPC-H credential and diploma.

Tests are \$285 per member, \$385 for non-members. Tests are offered by Local AAPC Chapters two to three times a year. Coders may take a free "re-test" within a year if unsuccessful at passing the test on the first attempt.

Coders must obtain 18 CEUs per year to maintain their credential.

AAPC also offers proficiency exams in a variety of specialties but passing a proficiency exam is not reflected in the coders credential.

More information about AAPC can be obtained from their website www.aapc.com.