| CCA Exam Blueprint Crosswalk | |
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| **CCA Exam Competencies Beginning March 31, 2011** | **CCA Exam Competencies Effective through March 30, 2011** (Domain, topic) |
| Domain 1: **Classification Systems (32%)** | |
| 1. Interpret healthcare data for code assignment | |
| 2. Incorporate clinical vocabularies and terminologies used in health information systems | 1.4 |
| 3. Abstract pertinent information from medical records | |
| 4. Consult reference materials to facilitate code assignment | 3.6 |
| 5. Apply inpatient coding guidelines | 3.2.a;3.2.b;3.2.c |
| 6. Apply outpatient coding guidelines | 3.3 |
| 7. Apply physician coding guidelines | 3.3 |
| 8. Assign inpatient codes | 3.2.a;3.2.b;3.2.c |
| 9. Assign outpatient codes | 3.3 |
| 10. Assign physician codes | 3.4 |
| 11. Sequence codes according to healthcare setting | |
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| Domain 2: **Reimbursement Methodologies (23%)** | |
| 1. Sequence codes for optimal reimbursement | |
| 2. Link diagnoses and CPT codes according to payer specific guidelines | |
| 3. Assign correct diagnosis related group (DRG) | 4.1.a |
| 4. Assign correct ambulatory payment classification (APC) | 4.1.b |
| 5. Evaluate NCCI (National Correct Coding Initiative) edits | 4.2 |
| 6. Reconcile NCCI edits | 4.2 |
| 7. Validate medical necessity using LCD (local coverage determinations) and NCD national coverage determinations) | 4.3 |
| 8. Submit claim forms | |
| 9. Communicate with financial departments | |
| 10. Evaluate claim denials | |
| 11. Respond to claim denials | |
| 12. Re-submit denied claim to the payer source | |
| 13. Communicate with the physician to clarify documentation | |
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| Domain 3: **Health Records and Data Content (15%)** | |
| 1. Retrieve medical records | 1.1 |
| 2. Assemble medical records according to healthcare setting | 1.1 |
| 3. Analyze medical records quantitatively for completeness | |
| 4. Analyze medical records qualitatively for deficiencies | 1.2 |
| 5. Perform data abstraction | |
| 6. Request patient-specific documentation from other sources (for example, ancillary departments, physician's office, etc.) | |
| 7. Retrieve patient information from master patient index | 1.3 |
| 8. Educate providers in regards to health data standards | |
| 9. Generate reports for data analysis | |
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| Domain 4: **Compliance (14%)** | |
| 1. Identify discrepancies between coded data and supporting documentation | 3.5;2.2 |
| 2. Validate that codes assigned by provider or electronic systems are supported by proper documentation | 1.2;2.1 |
| 3. Perform ethical coding | 6.3 |

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| 4. Clarify documentation through physician query | |
| 5. Research latest coding changes | |
| 6. Implement latest coding changes | |
| 7. Update fee/charge ticket based on latest coding changes | |
| 8. Educate providers on compliant coding | 2.3 |
| 9. Assist in preparing the organization for external audits | 2.4 |
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| Domain 5: **Information Technology (8%)** | |
| 1. Navigate throughout the electronic health record (EHR) | |
| 2. Utilize encoding and grouping software | 3.1 |
| 3. Utilize practice management and HIM (Health Information Management) systems | 5.1;5.2;5.3 |
| 4. Utilize CAC (computer assisted coding) software that automatically assigns codes based on electronic text | |
| 5. Validate the codes assigned by computer assisted coding software | |
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| Domain 6: **Confidentiality & Privacy (8%)** | |
| 1. Ensure patient confidentiality | 6.1 |
| 2. Educate healthcare staff on privacy and confidentiality issues | |
| 3. Recognize and report privacy issues/violations | 6.4 |
| 4. Maintain a secure work environment | |
| 5. Utilize pass codes | 6.5 |
| 6. Access only minimal necessary documents/information | 6.1 |
| 7. Release patient-specific data to authorized individuals | 6.2 |
| 8. Protect electronic documents through encryption | 6.5 |
| 9. Transfer electronic documents through secure sites | 6.5 |
| 10. Retain confidential records appropriately | 6.1 |
| 11. Destroy confidential records appropriately | 6.1 |
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