Development of Coding Certification for Physician Services

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New reimbursement methods, managed care, and the ominous specter of fraud and abuse caused by inappropriate coding have significantly affected information management and coding in physician office practices. It used to be commonplace for patients to file their own insurance claims. Now, because of health plan participation agreements, physicians' offices must file HCFA 1500 claim forms on the patient's behalf. If the paperwork is not completed thoroughly and accurately with the codes on the claim correctly representing what was done (HCPCS/CPT) and the reason for services (ICD-9-CM diagnosis codes) described, physicians' revenue can be adversely affected.

All of these changes and new pressures are causing physicians to rethink competency requirements for their office staff. For years, physicians relied on office assistants with little or no training in information management or diagnosis/procedure coding. Physicians and organizations that manage physician clinics are now realizing they can no longer expect minimally trained staff to perform the critical coding and billing functions that today have such an important impact on revenue generation.

Healthcare workers involved in billing and coding activities are discovering the importance of demonstrating their unique expertise to these employers. Specialty certification is growing in popularity as a means of substantiating an individual's knowledge and capabilities. Professionals seeking a specialty credential are likely to be investing some of their own time and money in the process. That's why it is so important to select a certification that meets strict development and administration standards. Certification programs should meet the Standards for Educational and Psychological Testing of the American Psychological Association and other generally accepted guidelines and principles. Individuals who achieve a passing score on a well-designed certification exam are better assured that they've met minimal competency requirements for their area of expertise. Employers are likely to place more value on certifications that they know are backed by a valid and reliable testing process.

With more than 50 years of experience in certifying health information management professionals, AHIMA is well recognized as an organization that develops and administers examinations according to generally recognized testing standards. The coding certification for physician services (CCS-P), sponsored by AHIMA, offers practitioners an opportunity to demonstrate to themselves and to employers that they've achieved an advanced level of proficiency in the area of physician office coding. This examination is developed and administered according to generally recognized testing standards.

This article describes the CCS-P examination process. It also includes a list of questions that people can use to evaluate the worth of the CCS-P certification. These questions are applicable to any certification process; therefore, the same questions could be used to judge the validity of any other examination that may be available in the marketplace to certify coding professionals.

The CCS-P Exam Development Process

The development of the CCS-P exam began with a job analysis, which produces information about a position that helps to identify its major job functions. The results of the job analysis influence what competencies will be tested on the examination. Completion of a job analysis prior to developing a certification examination is consistent with the recommendations found in the Uniform Guidelines on Employee Selection Procedures, which are administered by the Equal Employment Opportunity Commission.

To identify the major job functions and tasks of a physician office coder, AHIMA distributed surveys to people currently working in the field. The survey process was overseen by a professional testing service, Applied Measurement Professionals, Inc. This job analysis provided a "real-world" foundation for the test development process, ensuring that the exam would actually evaluate what a coding professional in a physician's office would be called upon to do. Ultimately, any individual possessing the CCS-P credential should be able to demonstrate competency in the required tasks.

Data from 135 returned surveys from a 1000-person sample population were used to define the tasks that are currently performed by individuals performing coding functions in a physician services environment. These tasks were then grouped into major job functions for the CCS-P exam, as listed below:

- data identification
- coding guidelines
- regulatory guidelines for coding and billing
- coding rules
- data quality issues

Once the job analysis was completed, the actual examination development took approximately 10 months.

A multiple-choice test is the standard model today for written exams that assess knowledge, skills, and abilities. However, multiple-choice tests are limited in their ability to test all the critical thinking skills that coders must possess. Therefore, the CCS-P examination includes a combination of multiple-choice questions and actual medical record cases that must be coded. Experienced coding practitioners in physician service positions wrote multiple-choice test questions in each of the major job function categories. In addition, an expert panel of practicing coders provided actual medical record cases that could be used to realistically evaluate the candidate's coding competencies. AHIMA's Council on Certification (COC) believes that the combination of multiple-choice questions and hands-on medical record coding strengthens the validity of the CCS-P exam and provides a comprehensive assessment of an individual's mastery of coding for physician services.

All multiple-choice questions and medical record cases that appear on the final examination undergo a stringent evaluation process. Test questions and medical record cases submitted by item writers are reviewed by the CCS-P exam construction committee, whose members include expert coders, Society for Clinical Coding representatives, AHIMA in-house coding experts, and members of the COC. Each test item is reviewed by this group to ensure the answer is correct and that the question represents a valid measurement tool of coding knowledge.

This evaluation process is repeated again when an item is selected to appear on an actual examination. The construction committee members review each test prior to administration to ensure that it is appropriate and fair and that the answers are unlikely to be disputed. Once this process is completed, a pilot examination is administered to determine how well the test performs with real candidates. The pilot for the 1998 CCS-P exam will be held in Ohio in June. The findings from the pilot exam are used by the CCS-P construction committee to clarify test items that may be confusing, eliminate ambiguous questions, and confirm the accuracy of the answers. This three-phase evaluation helps to ensure that the final examination administered in the fall is a valid and reliable test of the professional coder's competencies.

How to Evaluate Coding Certification Choices

The number of available specialty certifications is rapidly growing in all professions. The area of coding is no different. Therefore, it is increasingly important that individuals and employers understand how to evaluate the worth of various certification choices. Listed below are questions that may be asked about a certification exam. The answers to these questions can help individuals determine which exam they may wish to take and assist employers in making hiring decisions.

Who is the sponsoring organization?

AHIMA has been an industry leader in the certification of health information management profession for many years. Some organizations are new to the certification field and may not have the resources or experience necessary to produce a valid and reliable examination. In addition, AHIMA is a nonprofit organization that exists to advance the profession of health information management and provide for ongoing education and training. As the demand for coding credentials escalates, organizations may offer coding certification primarily for the perceived financial rewards rather than professional development considerations.

What preparation is recommended for test candidates?

The CCS-P is a certification exam designed to reflect a mastery level of competency. Therefore, AHIMA recommends that candidates possess some on-the-job experience. AHIMA offers several products that coders may purchase to help increase their knowledge and skill levels; however, AHIMA does not require any specific product be purchased prior to taking the CCS-

P exam. Neither are CCS-P candidates required to attend an AHIMA-sponsored coding workshop prior to taking the exam. The goal of the CCS-P exam is to test the coding competencies of professionals working in physicians' offices, not to increase product revenue for AHIMA.

Is test development and administration overseen by a professional testing agency?

AHIMA contracts with Applied Measurement Professionals, Inc., to assure that all AHIMA-sponsored examinations are psychometrically sound and meet industry requirements for certification examinations. Examples of such standards include completion of a valid job analysis, expert development and multilevel review of questions before they appear on an examination, tight security of test questions, and exam administration in a secure, proctored environment.

Does the certification exam cover all the competencies that should be exhibited by the skilled professional?

The CCS-P exam is multispecialty and tests the candidates' skills in ICD-9-CM, CPT, and HCPCS Level II coding. The exam is composed of 60 multiple-choice questions covering the major job functions identified through the job analysis, plus 21 emergency room, physician office procedures, and nursing home records that test coding skills. Six hours are allowed for completion of the CCS-P examination, which is administered at secure testing sites around the US. Any organization that sponsors a certification examination has an important responsibility to the test candidates and to those who achieve the credential. If the validity and reliability of the examination process is compromised, employers may find that credentialed individuals are unable to meet their job requirements. If this happens, a poorly designed certification may ultimately have little value to the holder of the credential.

Who is taking the CCS-P exam?

Four hundred and seventy-two candidates sat for the first CCS-P exam in September 1997. Almost 60 percent of the candidates listed a medical group or physician's office as their primary work setting. Hospital employees came in a remote second, with 15 percent of candidates indicating a hospital as their primary workplace. Business office and patient accounts were the most commonly listed job functions for all candidates (32.9 percent), followed by inpatient coding (21.4 percent) and physician office coding (18.9 percent). This data suggests that the "typical" CCS-P candidate for the 1997 exam worked in the billing office of a physician-based organization. Sixty-four percent of the candidates had more than six years of coding experience and the greatest number of candidates came from within the AHIMA membership ranks (51.7 percent) with an additional 3.5 percent belonging solely to the Society for Clinical Coding.

The next CCS-P examination will be offered at more than 50 locations within the US on September 12, 1998. Cost of the exam is $220 for AHIMA members and $250 for nonmembers. Deadline for submission of an exam application is July 17, 1998, to qualify for early registration. For late registration, applications must be postmarked by August 14, 1998, and are subject to a late fee.

Interested applicants should contact AHIMA's professional testing service, Applied Measurement Professionals, Inc., 8310 Nieman Rd., Lenexa, KS 62214, telephone (913) 541-0400. Applied Measurement Professionals will send you a complimentary copy of the 1998 CCS-P certification guide. This guide describes candidate requirements, the major job functions tested on the exam, sample questions, medical record cases that are similar to those that will appear on the exam, and the locations where the exam will be offered. By requesting a certification guide, you are under no obligation to sit for the examination

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