

# User's Guide to AHIMA Coding Credentials

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This year, AHIMA introduces a new coding credential—the Certified Coding Associate (CCA). The credential is different from AHIMA's other coding credentials—the Certified Coding Specialist (CCS) and the Certified Coding Specialist—Physician-based (CCS-P)—in some important ways.

Navigating the numerous options open to a coder can be confusing (see “Climbing the Career Progression Ladder” in the April 2002 issue of the *Journal of AHIMA*). But it's worthwhile, because coding isn't just a job—it's a career, with opportunities for advancement from the ground up. This user's guide to AHIMA coding credentials should help you make sense of it all.

## What about RHITs and RHIAs?

When you earn an RHIT or an RHIA, you are also tested for knowledge of coding as well as a broader variety of competencies. Therefore, RHITs and RHIAs do not need to earn a CCA credential. However, they often choose to earn advanced specialty coding certifications (CCS or CCS-P) to demonstrate mastery-level coding skills gained through experience and continued learning.

## How to learn more:

Candidate handbooks for the CCS/CCS-P, CCA, and RHIA/RHIT credentials are available online at [www.ahima.org/certification](http://www.ahima.org/certification). You can also request that a handbook be mailed to you. If you have questions, contact the certification department by telephone at (312) 233-1100 or by e-mail at [certdept@ahima.org](mailto:certdept@ahima.org).

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## Certified Coding Associate (CCA)

**Requirements:** high school diploma. Six months on-the-job training in ICD-9 and CPT coding OR completion of an AHIMA-approved coding program or other formal training is recommended.

### Fast facts:

- The CCA is the first credential for entry-level coding professionals, designed through job analysis standards and state-of-the-art test construction.
- It allows new coders to demonstrate their competence and provides recognition for coders who have coding training but lack significant job experience.
- For employees in the job hunt, it offers an advantage over noncertified coders.
- For employers, it's a way to guarantee the coders working for you have the training necessary to code diagnostic and procedural data.

**On the job:** CCA holders are ready to perform basic coding, billing, and abstracting in a healthcare facility. Possible job titles include coding associate, coder, medical record analyst, or health data analyst.

**Where they work:** Any organization that hires entry-level coders, including hospitals, long-term care facilities, physician offices, ambulatory care facilities, home health agencies, and in other areas such as durable medical equipment providers, insurance companies, and medical billing companies.

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## Certified Coding Specialist (CCS)

**Requirements:** high school diploma. AHIMA recommends at least three years of on-the-job coding experience and coding education. The CCS exam is the most rigorous certification available for specialists in hospital inpatient and outpatient coding. Those who have earned the CCS credential are master clinical coders.

**Fast facts:**

- The CCS credential represents broader and deeper coding knowledge and experience than the CCA.
- For instance, CCS holders have demonstrated expertise in the ICD-9-CM coding system and the surgery section of the CPT coding system. They also have demonstrated advanced knowledge in reimbursement, data quality and documentation, and coding systems.
- Studies show that specialty credentials can lead to higher salaries and increased levels of job responsibility.
- A coder at this level may choose to have more than one credential, depending on his or her focus.

**On the job:** Coders with CCS credentials typically review patients' records and assign numeric codes for each diagnosis and procedure. Many also are involved in their organization's compliance efforts or help to train other staff. Possible job titles include health record coding analyst, medical coding specialist, health data analyst, and coding compliance specialist, among others.

**Where they work:** Look for CCS-credentialed coders in all healthcare settings, insurance companies, managed care organizations, peer review organizations, consulting companies, and government contractors involved with reimbursement.

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## Certified Coding Specialist—Physician-based (CCS-P)

**Requirements:** high school diploma. AHIMA recommends at least three years of on-the-job coding experience and coding education. The CCS-P exam is the most rigorous certification available for specialists in coding physician services. Those who have earned the CCS-P credential are masters of coding in physician-based settings.

**Fast facts:**

- The CCS-P credential represents broader and deeper coding knowledge and experience than the CCA.
- CCS-P holders have expertise in physician-based settings and in-depth knowledge of CPT coding and familiarity with ICD-9 and HCPCS coding.
- In addition, coders with the CCS-P have expertise in the areas of reimbursement, data quality and documentation, and a more advanced knowledge of coding systems, comparable to holders of the CCS.
- Again, a coder at this level may choose to have more than one credential, depending on his or her focus.
- With the growth of managed care and the demand for high-quality information from all healthcare settings, the employment outlook for this coding specialty looks highly favorable.

**On the job:** CCS-P credentialed coders review patients' records and assign numeric codes for each diagnosis and procedure. The CCS-P is also expert in health information documentation, data integrity, quality, and reimbursement of physician services. Possible job titles include health record coding analyst, medical coding specialist, or health data analyst, among others.

**Where they work:** Look for CCS-P credentialed coders in settings such as doctors' offices, group practices, multispecialty clinics, and specialty centers, as well as insurance companies, managed care organizations, peer review organizations, and government contractors involved with reimbursement.

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