

Medical Coding Credentials and Specialties

YOU MAY GAIN EMPLOYMENT without a medical coding certification. However, coding professionals with certifications are more likely to be employed and to earn a higher salary than those without a certification. A medical coding certification demonstrates dedication to the profession. It shows that you acquired additional knowledge and improved your skills. There are several medical coding certifications that you can choose to pursue. Coding work varies greatly depending on the healthcare setting. You should choose the medical setting that best matches your ultimate career goal.



Objective:



Identify common medical coder certifications, specialties, and sub-specialties.

Key Terms:



American Academy of Professional Coders (AAPC)
American Health Information Management Association (AHIMA)
certification
Certified Coding Associate (CCA)
Certified Coding Specialist (CCS)
Certified Medical Reimbursement Specialist (CMRS)
Certified Professional Coder (CPC)
Certified Professional Coder-Apprentice (CPC-A)
continuing education credits
medical coder
medical coding
medical coding professional

Medical Coding Credentials and Specialties

MEDICAL CREDENTIALS

Medical Coding

Medical coding is “the transformation of healthcare diagnosis, procedures, medical services, and equipment into universal medical alphanumeric codes.” (Source: AAPC at <https://www.aapc.com/medical-coding/medical-coding.aspx>) It is a process that accurately assigns codes to the description of a patient’s condition and communicates the correct information to insurance companies. Diagnosis codes are retrieved from medical records (e.g., physicians’ notes, lab and X-ray results, etc.). Medical coding is an integral part of the healthcare system and requires the use of thousands of codes to ensure providers have the full picture of a patient diagnosis. It is a specialized occupation that requires you to be extremely accurate and detailed-oriented. Medical coding is crucial to ensure that health systems, hospitals, and physicians are properly reimbursed for the services they provide.

Medical Coder

A **medical coding professional** or **medical coder** is a professional who reviews clinical records and correctly assigns standard codes during the medical billing process. Medical coders help ensure that codes are correctly applied during billing by extracting the information from medical documentation, assigning the correct codes, and creating a claim to be paid by the insurance company. It is the job of a medical billing professional to process and follow up on claims. You play a crucial role in ensuring health systems, hospitals, and physicians are properly reimbursed for the services they provide.

Certifications

Certification is a professional status or level, earned by successfully completing an examination that demonstrates specific skills and knowledge. You engage in course work that includes medical terminology and pathophysiology. You are trained in medical insurance and the various public and private providers, such as Medicare or Blue Cross/Blue Shield. You must also understand laws and ethics related to health insurance, medical billing, and the Health Insurance Portability and Accountability Act (HIPAA.) Entry-level positions typically require completion of a certificate or an associate degree program in medical coding. The **American Health Information Management Association (AHIMA)** and the **American Academy of Professional Coders (AAPC)** are professional associations that offer numerous coding credentials that vary by specialty, education, or experience. Certification choices often depend on the your career goals.

Certified Coding Associate

The **Certified Coding Associate (CCA)** is a medical coder who is responsible for assigning basic ICD (International Classification of Diseases) and CPT (Current Procedural Terminology) codes to a patient's record. The CCA designation is the entry level of certification offered by the AHIMA for medical coders and is the most common type of certification examination. Certificate programs are available that provide the education necessary to pass the CCA exam. These programs can range from a single ten-week course to a multiple-semester program consisting of several classes and a clinical experience requirement.

- ◆ CCA students learn about the standard coding systems used in medical offices and how to use them to process insurance claims. You also become acquainted with some pathophysiology and pharmacology knowledge, basic medical science, and medical terminology, which are required to competently perform the job. Relevant legal issues, professional ethics, and patient confidentiality are also commonly discussed in these programs.
- ◆ The CCA exam consists of 100 multiple-choice items that test knowledge of clinical classification systems, reimbursement methodologies, and several other essential areas of medical coding information.
- ◆ A minimum of twenty continuing education credits are required to maintain a CCA certification. **Continuing education credits** are courses that update knowledge and skills in a professional field. CCA certification requires that you complete these courses every two years and to complete two annual coding self-assessments.

Certified Coding Specialist

The **Certified Coding Specialist (CCS)** is a credential that demonstrates a mastery of inpatient coding, including either a physician-based or hospital-based option. It is an AHIMA credential for more experienced coders. A minimum of three years of work experience is recommended prior to taking the exam. These CCS practitioners review patient records and assign numeric codes for each diagnosis and procedure. They possess expertise in the ICD-10-CM and CPT coding systems. CCS professionals are knowledgeable about medical terminology, disease processes, and pharmacology.

Certified Professional Coder

A **Certified Professional Coder (CPC)** credential is a credential used in an outpatient setting such as a physician's office or outpatient clinic.

The exam is offered by The American Academy of Professional Coders (AAPC). The AAPC recommends that anyone taking the CPC exam have at least an associate degree from an accredited institution. Successful completion of the CPC exam is not enough to qualify as a



FIGURE 1. CCS practitioners assign numeric codes for each diagnosis and procedure.



FURTHER EXPLORATION...

ONLINE CONNECTION A Student Guide to Medical Billing and Coding

Visit the Medical Billing and Coding website at <https://www.medicalbillingandcodingonline.com/student-guide>. The website is designed to serve as a comprehensive resource on everything you need to know about medical billing and coding. It offers reliable data about billing and coding for those who want to pursue this career through a series of 15 courses covering every aspect of medical billing and coding.

Certified Professional Coder. **Certified Professional Coder-Apprentice (CPC-A)** certification is a certification for people that choose to take the exam, without first gaining professional experience in the field. To become a full CPC, you must complete at least two years of professional experience and submit two letters of recommendation to the AAPC.

Certified Medical Reimbursement Specialist

A **Certified Medical Reimbursement Specialist (CMRS)** is a national credential that was created by the American Medical Billing Association (AMBA) to demonstrate proficiency. Although there is no state or federal requirement for a medical billing professional to become certified to practice medical billing, the goal is to provide a professional certification that upholds a high ethical standard of knowledge that recognizes the competency of a certificate holder.

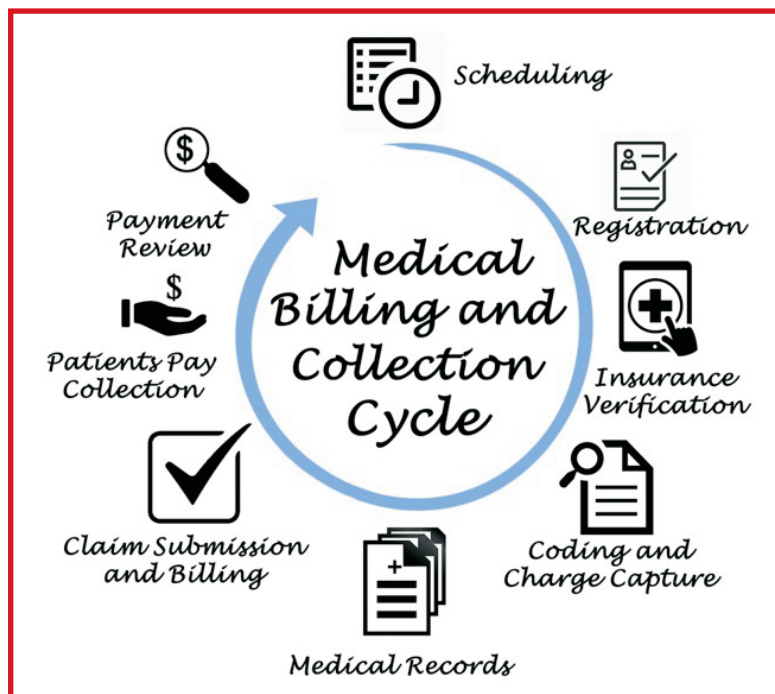


FIGURE 2. Medical billers and coders must be familiar with all aspects of the healthcare system. The infographic shown at the following website details how healthcare data flows within the billing process:
https://commons.wikimedia.org/wiki/File:Medical_Billing_Infographic.jpg.

SPECIALTIES AND SUB-SPECIALTIES

Common Coding Certifications

CPC, CCS, and CMC are among the most common medical coding certifications. They act as important entry-level certifications for medical coders who are new to the profession. For career advancement and higher salaries, many medical coders choose to specialize even further. The AAPC and AHIMA offer more specialized certification exams for experienced coders. Higher certification levels are typically earned through a combination of on-the-job experience and additional formal education, as required by accredited certifying organizations including:

- ◆ The American Health Information Association (AHIMA)
- ◆ The Board of Medical Specialty Coding (BMSC)
- ◆ The Professional Association of Healthcare Coding Specialists (PAHC)
- ◆ The National Cancer Registrars Association (NCRA)

AAPC Specialty Credentials

Designed for experienced coders, the AAPC's specialty credentials enable coders to demonstrate superior levels of expertise in their respective specialty disciplines. Each specialty credential is a standalone certification that allows coders to validate their knowledge in a specialty with unique coding, reimbursement, and compliance challenges.

Certified Coding Specialist (CCS)

Physician-based (CCS-P) recipients are certified in a wider range of medical coding languages such as ICD-10-CM and CPT.

Registered Health Information Technician (RHIT)

This certification expands medical coder options with CCA and CCS certifications, which are specific to hospital and physician office settings.

Certified Tumor Registrar (CTR)

The National Cancer Registrars Association offers this specialty coding certification.

Certified Interventional Radiology Cardiovascular Coder (CIRCC)

This coding certification is offered by AHIMA.

Sub-specialty Coding Credentials

As a professional medical coder, you may choose a certification based on work environment and location.

Certified Outpatient Coder (COC)

This is a certificate specifically for coders working in hospital settings. The COC exam and certification indicate a high level of competency in coding specific to hospital groups, ambulatory surgical centers, and hospital billing and coding departments.

Certified Inpatient Coder (CIC)

This is a certificate targeted to inpatient settings. According to AAPC, the CIC “validates expert level knowledge and experience in abstracting information from the medical record for ICD-10-CM and ICD-10-PCS coding, and specialized payment knowledge in MS-DRGs and Inpatient Prospective Payment Systems (IPPS).”

Certified Professional Coder-Payer (CPC-P)

This is a certificate designed for the payer side of the coding practice that demonstrates proficiency and knowledge of coding guidelines and reimbursement methodologies for all types of services from the payer’s perspective.

Certified Risk Adjustment Coder (CRC)

This is a certificate for a coder who works specifically in the risk adjustment sector. The CRC certification exam requires knowledge of ICD-10-CM specific to risk adjustment.

Other AAPC Certification Specialties

As a medical coding professional, you have many options for specialty certification. Choice of certification may depend on the work setting, a specific medical field, and the coder’s career plan.

Certified Ambulatory Surgical Center Coder (CASCC)

This is a certificate related to outpatient surgery, same-day surgery, and other medical procedures that do not require an overnight hospital stay. This specialization requires knowledge of surgical procedures.

Certified Anesthesia and Pain Management Coder (CANPC)

This is a coding certificate related to the administration of drugs to patients, either as treatment for a medical condition, or as part of a surgical procedure. CANPC coders are expected to know how to choose the right CPT codes for different procedures, as well as how to use modifiers for anesthesia cases.

Certified Cardiology Coder (CCC)

Heart health is a growing sector of the healthcare industry. Passing the examination for this certification demonstrates that a coder has knowledge of cardiology surgical practices and equipment, such as stents and pacemakers. A coder is also expected to know how to code for

surgical procedures such as catheterization, placement of pacemakers, and peripheral vascular procedures.

Certified Cardiovascular and Thoracic Surgery Coder (CCVTC)

This certification demonstrates that the coder possesses knowledge of the treatment, equipment, and testing procedures associated with cardiovascular and thoracic surgery (surgeries performed on the heart, lungs, and greater vessels in the chest). CCVTC coders possess both technical knowledge of Medicare billing rules and medical knowledge of the heart and circulatory system.

Certified Chiropractic Professional Coder (CCPC)

This certification demonstrates that the coder possesses knowledge related to the manual adjustment of a patient's spinal system, which is considered complementary or alternative medicine. Medical coders, working alongside chiropractic professionals, are able to navigate the specific ways that insurance companies reimburse these practitioners. Coders also need to be aware of the diagnostic procedures in this field.

Certified Professional Coder in Dermatology (CPCD)

Dermatologists diagnose and treat diseases related to the skin. Coders working with dermatologists have knowledge of skin conditions and related treatments. Coders must be familiar with the anatomy of human skin and the classification of its disorders. CPCD coders are also knowledgeable about other procedures, such as debridement, lesion excisions, and flaps.

Certified Emergency Department Coder (CEDC)

Coders who with this specialized certification have demonstrated their expertise in accident and trauma codes, as well as some knowledge of pain management and sedative treatments.

Certified Evaluation and Management Coder (CEMC)

The healthcare industry relies upon a system of classifying codes not only to bill insurance companies, but also to track health information for planning purposes. Coding professionals in this specialization work to manage the costs incurred by medical offices and hospitals and help ensure quality treatment. Coders are tested on both billing regulations and coding proficiency.

Certified Family Practice Coder (CFPC)

There is a variety of health information that billing clerks and coders must manage in family practice settings. Coders must understand general insurance reimbursement regulations. They must know how to accurately sequence codes when several procedures are performed together (as in an annual checkup). Coders should also have general knowledge of pediatric medicine.

Certified Gastroenterology Coder (CGIC)

Gastroenterology is the field that treats gastric disorders. Knowledge of each abdominal organ is needed to code very specific conditions and procedures. Coders can expect to learn codes for such procedures as ERCPs, colonoscopies, and esophageal dilations.

Certified General Surgery Coder (CGSC)

A CGSC demonstrates expertise in the field of billing and coding surgical procedures. With the variety of surgeries performed each day, coders are expected to quickly and accurately transcribe operating room notes into medical codes. Coders must also understand the rules regarding private and public insurance reimbursement.

Certified Hematology and Oncology Coder (CHONC)

This coding expertise is related to the treatment of cancers and blood disorders, including bone marrow treatments, chemotherapy, and blood tests. These procedures are particularly complex, requiring that coders sequence ongoing care that requires several treatments. Insurance providers also have stipulations about compensation for surgeries and drug-based forms of disease treatment and management.

Certified Internal Medicine Coder (CIMC)

Internal medicine is the treatment and prevention of adult diseases. These coders assign codes to classify vaccinations, blood draws, and other minor procedures and surgeries.

Certified Obstetrics Gynecology Coder (COBGC)

Coders with this specific credential are trained and experienced in the area of women's health. They must manage the health records and information in an OB/GYN office and coders must be familiar with the procedures used in antepartum, postpartum, and childbirth care. Coders must stay up-to-date on gynecological concerns and complex sets of regulations maintained by insurance providers.

Certified Orthopaedic Surgery Coder (COSC)

Coding orthopaedic surgeries requires a basic familiarity of the anatomy of the human skeletal system and its functions, as well as related surgeries. Procedures include fracture repairs,

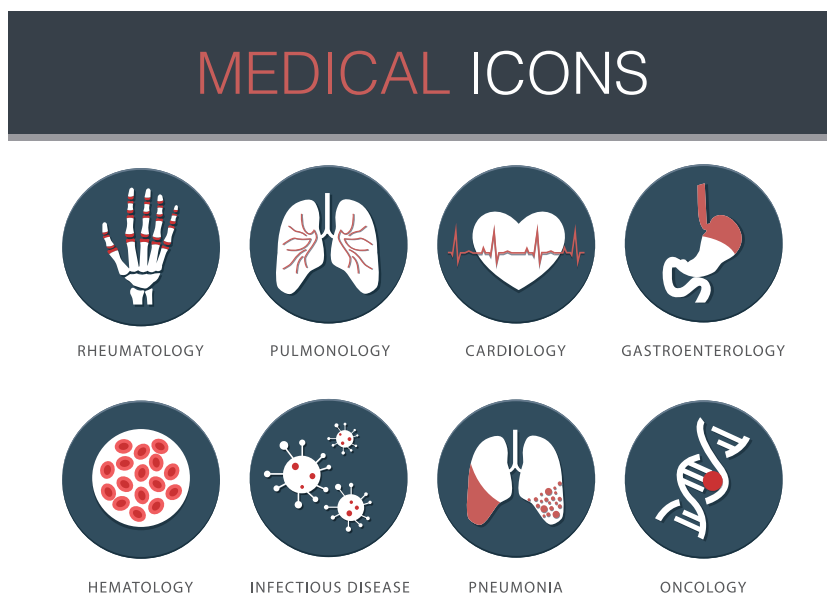


FIGURE 3. A medical coder accurately assigns codes to the description of a patient's condition and communicates the correct information to insurance companies.

spinal surgeries, and other procedures for a variety of disorders. COSC coders must demonstrate knowledge of insurance and billing regulations, including Medicare rules regarding shared visits, teaching situations, and consultations.

Certified Otolaryngology (CENTC) (or Certified ENT Coder)

Coders who work in the ENT specialty (ear, nose, and throat) learn the diagnostic procedures and treatments used by ENT specialists, including nasopharyngoscopies, laryngoscopies, and sinus surgeries.

Certified Pediatric Coder (CPEDC)

This professional coding certification demonstrates training and experience managing the health information of children. These coders possess general knowledge of pediatric medicine, as well as common procedures such as immunizations. Pediatric care also requires knowledge of a wide range of treatments, including many multiple procedures or visits.

Certified Plastic and Reconstructive Surgery Coder (CPRC)

Coding procedures for this field of medicine can be complex because of the highly specific kinds of procedures and surgeries performed. Because this medical field includes elective and cosmetic procedures, coders must accurately organize data to confirm the insurance company can cover patient costs.

Certified Rheumatology Coder (CRHC)

Rheumatology is the study of the treatment of joint disorders, such as arthritis. Medical coders must demonstrate general knowledge of the procedures, treatments, and medical devices and equipment used in patient care. Rheumatologists work with patients over multiple visits, and treatment can be extensive. In turn, this requires rheumatology coders to keep track of repeat treatments.

Certified Surgical Foot and Ankle Coder (CSFAC)

To earn this certification, coders must develop knowledge of common foot and ankle problems, as well as their associated medical treatment options and equipment.

Certified Urology Coder (CUC)

Medical coders working with urology procedures develop an understanding of urinary tract issues for patients of both genders, as well as knowledge of male reproductive health issues. Coders must also accurately code ancillary (secondary procedures) performed in the urologist's office including injections and urinalysis. Coders must be familiar with codes for procedures performed in hospitals, such as biopsies, cystoscopies, and prostatectomies.

Summary:



Medical coding certification is not required but professionals with certifications are more likely to be employed and earn a higher salary. The healthcare industry is expected to have rapid employment growth in the next decade, due to the aging of the nation's population. Combine that growth with the recent implementation of ICD-10, and the result is an increased demand for credentialed medical billing and coding professionals. Coding work varies greatly depending on the healthcare specialty you are interested in and certification increases your opportunity for career advancement.

Checking Your Knowledge:



1. List the most common medical coder certifications and credentials.
2. List 10 specialty and sub-specialty coding credentials.
3. Explain to a friend why a coding certification would be desirable.
4. Determine the merits of continuing education requirements needed for maintaining many of the coding credentials.
5. Compose a list of college courses that would be helpful to obtaining certification in a medical coding specialty.

Expanding Your Knowledge:



Investigate the Medical Billing and Coding website at <https://www.medicalbillingandcodingonline.com/student-guide> to help understand what it's like to work in the medical coding field. You will find some of the common problems coders face day-to-day and view each step of the billing and coding process. From the doctor's visit to the completed claim, you will see this industry from every angle.

Web Links:



American Health Information Management Association

<http://www.ahima.org/>

Association for Medical Billers and Coders

<https://www.americanmedicalbillingassociation.com/>

Occupational Outlook

<https://www.bls.gov/ooh/healthcare/medical-records-and-health-information-technicians.htm>