

10 Steps to Prepare for the CPC or CCS-P

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10 Steps to Prepare for the CPC or CCS-P

- ✓ **Meet the eligibility requirements.** Anyone can take it, but you should have some training first.
- ✓ **Determine which test it is that you want to take.** Research the difference between CPC and CCS-P.
- ✓ **Familiarize yourself with the specifics of the test.** Know the time frame, # of questions, how divided up, etc.
- ✓ **Gather required resources.** Several books are needed. Research what you will need.
- ✓ **Learn the language.** Get familiar with basic anatomy and medical terminology.
- ✓ **Learn the coding systems.** There are different systems. For instance, diagnoses and procedures engage two different types of coding systems.
- ✓ **Learn about the regulations, compliance and payer differences.** These change often; stay up to date.
- ✓ **Research general coding resources.** The more resources you have, the more comfortable you will be.
- ✓ **Research coding classes.** Education is key!
- ✓ **Practice, practice, practice.** The more you practice, the less stressed you will be.

Now that you know what it takes to get started, it's time to dig in and start getting some real hands-on medical coding experience.

Eligibility Requirements for Medical Coding Certification

You may be wondering who is eligible to apply for the CPC or CCS-P and why you need it? Well, these certifications help you to compete in an already competitive field and employers value credentials. Additionally, salaries tend to be about 20 percent higher for those who have a certification credential compared to those who don't.

Who can take the CPC Exam?

First, you need to have a high school diploma. And, while it's not required, the AAPC recommends that you possess an Associate's Degree.

It's also not recommended to take the exam if you don't have any training or experience. A better plan is to take a Coding Certification Course followed by a Coding Certification Exam Review just before sitting for your CPC or CCS-P Exam. If you have no experience at all, there are two ways to handle this:

- There are some entry-level employment opportunities available to those who aren't credentialed.
- You can receive pre-credentialing from the AAPC in the form of an Apprentice designation – CPC-A (Certified Professional Coder – Apprentice) – immediately after passing the exam, regardless of your work history.

Next, the goal is to drop the CPC-A designation and get the CPC designation. This can be done in one of two ways:

- Obtain at least 80 hours of education in coding and submit a letter of recommendation (printed on letterhead) written by your employer. The letter must verify at least one year of professional experience using HCPCS, ICD-9-CM or CPT code sets. You can verify completion of the education requirement by submitting a school transcript, a diploma showing 80 or more contact hours, or a letter of recommendation (again, printed on letterhead) and written by your teacher.
- Submit two letters of recommendation confirming that you've completed two years of professional experience using HCPCS, ICD-9-CM or CPT code sets. One of the letters must be printed on letterhead and must originate from your employer. The other letter may come from a co-worker. The letters should be typed, signed, and detailed in regards to your work responsibilities and how long you've been employed.

Who can take the CCS-P Exam?

In order to take the CCS-P exam, you will need to have a high school diploma. And, while it is not required, AHIMA recommends that candidates have at least three years of on-the-job experience in:

Coding for physician services in multiple settings (for example, hospital, emergency room, operating room, and physician office or clinic) utilizing codes in the E/M, surgery, medicine and/or anesthesia, radiology and laboratory chapters of CPT and HCPCS II;

And...

Completed coursework in anatomy and physiology, pathophysiology, and pharmacology, or demonstrated proficiency in these areas.

So, now that you know the eligibility requirements, you need to determine which test to take, let's talk about what is next.

Which Test Should I Take?

The next step is to determine which test to take. The CPC is one of the most sought after credentials, but the CCS-P is also a medical coding certification that many employers like to see as well. Let's examine the differences.

The CPC Credential

This credential is offered by The American Academy of Professional Coders (AAPC) and allows medical coders to do medical coding in physician office settings. After passing the exam, you will have a medical coding certification that is considered, by many, to be the gold standard. You will know how to read a medical chart and assign the correct diagnosis (ICD-9), procedure (CPT), and supply (HCPCS Level II) codes for a wide variety of clinical cases and services.

The CCS-P Credential

This credential is offered by the American Health Information Management Association (AHIMA) and is for coders in physician-based settings such as physician offices, group practices, multi-specialty clinics or specialty centers. The CCS-P demonstrates that you are skilled in classifying medical data from patient records. If you are proficient in coding inpatient and outpatient records, you may wish to consider this medical coding certification.

What now?

Many coding experts will recommend that you take the CPC exam first before attempting the CCS-P exam. Why? Passing the CPC exam will give you enough confidence to prepare for and

pass the slightly tougher CCS-P exam. Even though both are physician exams (i.e., for working as a coder in a physician's office), a majority of coding certification candidates take the CPC exam before the CCS-P exam. Based on conversations with several coders, this strategy seems to work. As for which credential will take you farther, it pretty much depends on the market you are serving.

"For example, if the person doing the hiring has a hospital-based background, they will likely be more aware of the AHIMA credential. If they have a physician-billing background, they will be more aware of the AAPC credentials and their value," says Kathy Pride, RHIT, CPC, CCS-P, the Chief Operating Officer for Complete Practice Resources, Slidell, LA. "Basically, having both credentials will open up more opportunities for you – it simply widens the scope." Pride adds that the balance of the two credentials is good because the CPC focuses more on the technical aspects of medical coding, while the CCS-P focuses more on medical records, privacy issues and such. "

"It's a great balance to have both," she says.

And both organizations – the AAPC and AHIMA – are reputable, long standing, and commonly recognized in the medical community. Both examinations will award the examinee their medical coding certification upon passing.

The next article in this medical coding educational series will highlight what you can expect to see on both of these exams.

Know What to Expect on the Tests

By now you should know which test you are planning to take and are well on the road to getting your medical coding certification. Here is a comprehensive overview of what to expect for the CPC and CCS-P exams.

CPC Exam Primer

The CPC exam contains 150 multiple choice questions and there is a time limit of five hours and 40 minutes. Exam takers are allowed a break, but this time is deducted from the total exam time. That is, if you take a 5 minute break during the exam, the clock keeps ticking during this time, resulting in only 5 hours 35 minutes for you to work on the exam.

There are three main sections. They include:

- Medical concepts
- Surgery and modifiers
- Remaining CPT codes

Each of these sections is then divided into smaller headings. For example, the medical concepts section is divided into guidelines; payment management; medical terminology; anatomy; ICD-9 codes; and HCPCS codes. Each section has about five to 10 questions.

The surgery and modifiers' section is mainly divided to reflect the surgery section of the CPT book and includes areas such as cardiology, digestive, nervous system, eyes/ears, etc. The remaining CPT codes' section focuses on remaining CPT codes such as evaluation and management; radiology; pathology; and others.

Keep in mind that there are different versions of the CPC exam. This ensures that if someone does not pass on their first try, they will not get the same test the second time around. It also discourages any unethical behavior.

Exam results are posted online in seven to 10 business days. The overall score on the exam is given and individuals must receive a 70% or higher to pass.

Lorraine Began, CPC, CPC-I, CCS-P, is a part-time, professional medical coding instructor at Bryant & Stratton College and manager, coding services at MetroHealth Medical Centre in Cleveland, Ohio. For the CPC, she advises that the most important thing is time management. "Do not take too much time answering each question," she says. "Do not look into the questions too deeply. They are fairly straightforward. Nine out of 10 times your initial, gut reaction is right."

She also suggests that you quickly thumb through the test before answering any questions to get a feel for it and then go back and answer the questions that you know right away first.

<http://codingcertification.org/forum/> offers a lot of information that can assist.

Or check out <http://go.codingcertification.org/cpc-practice-exam> and learn more about what the real exam is like.

CCS-P Exam Primer

"The CCS-P is very different from the CPC," Began says. "It is not as in depth about coding conventions and is very different in design. For instance, the CPC is a completely open book test. With the CCS-P, the first section of the exam is closed book and relates to general questions about coding."

She says that if you can pass the CPC, you can likely pass the CCS-P without difficulty. Topics tested include: health information documentation; data quality and analysis; medical billing and reimbursement systems; ICD-9, CPT and HCPCS codes; compliance and regulatory issues; and information and communication technologies.

The test is structured as follows:

A multiple choice section: There are 88 single-response, multiple-choice items (70 “scored” and 18 “pre-test” items). Pre-test items are unscored and are included in the examination to assess the item’s performance prior to using it for operational use in a future examination. The pre-test items are scrambled randomly throughout and do not count toward the candidate’s score.

Multiple select section: This section has eight multiple response items (6 “scored” and 2 “pre-test” items).

Fill-in-the-blank section: This section has 13 medical record cases and requires you to perform diagnostic (ICD-9) and procedural (CPT and HCPCS) coding for physician services. The total testing time is four hours with no breaks. The passing score reflects the minimum number of questions and codes needed to be answered correctly to pass. The passing score may vary slightly from one testing period to the next. Passing scores are published when sufficient candidate volume is reached on AHIMA’s website.

“I think it’s great to have both certifications,” Began says. “It shows employers that you have gone the extra mile.”

Research and Gather Test Materials

Now that you are well on your way to getting your medical coding certification, it’s important to begin researching the materials and resources that you will need. Make sure you are intimately familiar with these books and resources prior to taking the test.

For both the CPC and CCS-P exams you will need to have the following books at your fingertips. Make sure that they are the most up-to-date versions. There are several publishers out there, but the most recommended are published by the AMA or the AAPC (due to the low price). Here are a few ideas to get you started.

The CPT manual: Correctly interpreting and reporting medical procedures and services begins with CPT® 2012 Professional Edition. Straight from the AMA, this is the only CPT codebook with the official CPT coding rules and guidelines developed by the CPT Editorial Panel. It covers hundreds of code, guideline and text changes.

Note: The professional version versus the standard version of the CPT manual is a must have. It has more bells and whistles that you will actually use on the board exam.

ICD-9-CM coding manual: Carol J. Buck’s 2012 ICD-9-CM for Hospitals, Volumes 1, 2, & 3, Professional Edition COMBINES *Netter’s Anatomy* artwork and the *2011 Official Guidelines for Coding and Reporting* with a format designed by coders for coders. It has a practical and easy-to-use spiral-bound format that helps you quickly and easily access information. You can also take this resource into your certification exams for enhanced testing support.

HCPCS II manual: This book reviews durable medical equipment (DME), injections, Medicare services and other medical supplies. Elsevier and the AMA have partnered to co-publish a HCPCS

Level II (Standard Edition) by Carol J. Buck. It's not too fancy and does the job well. It helps you to code quicker, more accurately and efficiently. It's easy-to-use format makes it a practical reference that helps you code correctly; comply with coding regulations; and makes it easy to locate information on specific codes, manage supply reimbursement, report patient data, and more.

Medical Terminology and Anatomy: "Medical Terminology & Anatomy for ICD-10 Coding" is one of the few books specifically geared towards coders. It's a good fit whether you're new to medical coding or transitioning from ICD-9-CM to ICD-10-CM/PCS.

CodingCertification.Org also offers a combo package of Medical Terminology and Anatomy Plus. <http://go.codingcertification.org/medical-terminology-anatomy-medical-coding-course-combo> Shop around for medical coding resources and CodingCertification.Org is a great place to start. With our adaptation of the AAPC curriculum and our proprietary teaching methods, it is the best of both worlds.

You may also buy them directly from the AMA or AAPC. So, once you have collected these resources, it's time to start learning how to use them. You can get some great test-taking tips by signing up from our [free Q&A webinar](#).

Learn the Medical Lingo

Medical terminology is the language of healthcare. As a result, getting your coding credentials involves more than just understanding coding rules; you also need to have knowledge of anatomy, physiology and medical terminology necessary to correctly code provider diagnosis and services.

The CPC examination tests students on their medical terminology and anatomy knowledge. There are approximately 10 medical terminology questions and 10 anatomy questions out of 150 on the CPC Exam.

Understand key word components

Since medical terminology, anatomy and physiology play a critical role in the coding process; you'll need to be proficient in these areas to accurately identify and code a provider's diagnosis and services. The exam is intended to assess a physician practice coder's knowledge of the body's structures and systems.

First, it's a good idea to review the key components (e.g., root, prefix and suffix). It's helpful to memorize word parts instead of whole words.

For example, instead of memorizing the medical terms cardiology, cardiomegaly, and cardiogram you can memorize the word part cardio, which means heart. In this case, the word part -ology means the study of, so cardiology means a study of the heart.

The word part -megaly means enlarged and so the medical term cardiomegaly means heart enlargement. The word part -gram means a recording of, and so the medical term cardiogram means a recording of the heart.

Prepare for the anatomy and physiology questions by trying to identify the part or system of the body to which your medical terms correspond. You can also print (or draw) a diagram of the body (unlabeled) and write the name of the body system's structures on labels. Attach the labels to their correct locations to see how many parts you can identify.

Highlight in the CPC Manual

The CPC manual also has anatomy and terminology pages in the front. And, since the CPC test is an open-book exam, you can also write in your manual. Some certified coders say that it's a good idea to make notes to help yourself remember certain terms that you may have difficulty with. You may also want to add some additional details to anatomy images.

Remember, time is one of the biggest challenges in taking the exam, but if you are up to speed on medical terminology, you can move through the questions more quickly and be more confident in your answers.

Some Recommended Medical Anatomy and Terminology Resources

GetBodySmart.com: This website provides an in-depth look and illustration of the skeletal, digestive, muscular, lymphatic, endocrine, nervous, cardiovascular, and the male and female reproductive systems.

The AAPC: It has a helpful [online medical coding glossary](#) and it also offers a medical terminology and anatomy course. CodingCertification.org is now a recognized PMCC site. We provide both the AAPC curriculum and our own courses. Our proprietary methods of teaching and our own courses with the AAPC seal of recognition and curriculum just further validates our teaching methods.

Visit our site and learn about our products.

<http://www.codingcertification.org/medical-coding-training-certification-products/>

There are also many medical terminology quizzes, resources and tutorials that you will find online.

Visit our website for free online tools

<http://go.codingcertification.org/free-medical-coding-related-guides-tools>

[Scrubs and Beyond](#)

Also, feel free to sign up for our [free Q&A webinar](#) to find out more about what your peers are doing when it comes to learning about medical terminology and anatomy.

Understand the Medical Coding Systems

Medical coding systems are used for a variety of purposes. For your purposes, you will need to understand them for:

Coding diseases and procedures; and Physician billing and reimbursement. Here, we briefly review three different medical coding systems:

- International Classification of Diseases (ICD)
- Current Procedural Terminology (CPT)
- Healthcare Common Procedure Coding System (HCPCS)

International Classification of Diseases (ICD): According to the World Health Organization (WHO), this is the standard diagnostic tool for epidemiology, health management and clinical purposes.

This includes the analysis of the general health situation of population groups.

It's used to monitor the incidence and prevalence of diseases and other health problems.

It's also used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and health records.

In addition to enabling the storage and retrieval of diagnostic information for clinical, epidemiological and quality purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States.

It is used for reimbursement and resource allocation decision-making by countries.

The ICD-9 code structure is broken down into 18 categories, or codes, with a sub-classification contained within each structure to further specify diagnosis. So, it's important to understand the code structures. They are 100-139 for infectious diseases, 140-239 for neoplasms, 240-279 for endocrine, metabolic and immunity disorders, 280-289 for blood based diseases, 290-319 for mental disorders, 320-389 for nervous system, 390-459 for circulatory system, 460-519 for respiratory system, 520-579 for digestive system, 580-629 for genitourinary system, 630-677 for pregnancy, 680-709 for skin diseases, 710-739 for musculoskeletal systems, 740-759 for congenital conditions, 760-779 for perinatal conditions, 780-799 for miscellaneous otherwise undefined conditions and 800-999 for injury and poisoning.

Current Procedural Terminology (CPT): This is a registered trademark of the American Medical Association. The AMA is your trusted source for official CPT – the most widely accepted medical nomenclature used to report medical procedures and services under public and private health insurance programs. CPT codes are numbers assigned to every task and service a medical practitioner may provide to a patient including medical, surgical and diagnostic services. They are

then used by insurers to determine the amount of reimbursement that a practitioner will receive by an insurer. Since everyone uses the same codes to mean the same thing, they ensure uniformity. CPT is maintained by the CPT Editorial Panel, which meets three times a year to discuss issues associated with new and emerging technologies as well as difficulties encountered with procedures and services and their relation to CPT codes.

Healthcare Common Procedure Coding System (HCPCS): HCPCS codes are codes used by Medicare and monitored by CMS, the Centers for Medicare and Medicaid Services. They are based on the CPT codes. HCPCS codes are numbers assigned to every task and service a medical practitioner may provide to a Medicare patient including medical, surgical and diagnostic services. Since everyone uses the same codes to mean the same thing, they ensure uniformity. For example, no matter what doctor a Medicare patient visits for an allergy injection (code 95115) that doctor will be paid by Medicare the same amount another doctor in that same geographic region would be.

There are two different levels of HCPCS. Level I consists of the AMA's CPT and is numeric. Level II codes are alphanumeric and primarily include non-physician services such as ambulance services and prosthetic devices and represent items and supplies and non-physician services not covered by CPT codes.

It's important to stay on top on any medical coding system changes. Feel free to sign up for our [free Q&A webinar](#) to learn more.

Payers, Compliance and Coding Regulations...Oh My!

It takes a good deal of education and training to receive medical coding certification. In addition to having a thorough knowledge of anatomy and medical terminology, coding guidelines and books, it's also important to become familiar with different types of insurance payers and plans, regulations and compliance.

First, let's review some of the insurance payer and plan options available:

Commercial carriers: These are generally national in their geographic scope and offer group and individual plans. The types of contracts they provide vary from carrier to carrier.

Blue Cross/Blue Shield: These plans typically operate in the state in which they are based.

Medicare Parts A and B: This is a federal health insurance program that provides coverage for people over the age of 65, blind or disabled individuals, and people with permanent kidney failure or end-stage renal disease. It's administered by the Center for Medicare and Medicaid Services (CMS), and pays for medical services and procedures that have been determined as "reasonable and necessary."

Medicare Part A covers inpatient hospital services, certain follow-up care, and home healthcare (with strict eligibility requirements); Medicare Part B covers physicians' services and supplies not covered by Part A.

Medicaid: This is a health insurance assistance program for some low-income people (especially children and pregnant women) sponsored by the federal and state governments, but administered on a state-by-state basis.

CHAMPUS: This stands for: Civilian Health and Medical Program of the Uniformed Services. It provides comprehensive health benefits for families of uniformed service personnel and service retirees as a supplement to military and Public Health Service care.

Special State Programs: There are some state-funded insurance programs that provide coverage for children up to 21 years of age. These programs are designed for beneficiaries with specific chronic medical conditions.

High-Risk Insurance Pools: These are associations that have been established to provide medical coverage for individuals whose medical conditions prevent them from obtaining private health insurance and who may not qualify for government assistance.

Why Medical Coding Regulations are Important?

Enacted as part of the Health Insurance Portability and Accountability Act of 1996, the HIPAA medical coding regulations standardize the code sets health care organizations use to process health care data. Standardized coding across the industry is designed to encourage electronic commerce in health care, lower administrative costs and improve efficiency and accuracy.

And, finally, let's review the importance of medical coding compliance.

Due to the complex regulatory requirements that affect the medical coding process, medical coding professionals often have ethical challenges.

The AHIMA Standards of Ethical Coding are relevant to all medical coding professionals and are intended to:

Assist coding professionals and managers in decision-making;

Outline expectations for making ethical decisions in the workplace; and

Demonstrate coding professionals' commitment to integrity during the coding process, regardless of the purpose for which codes are being reported.

Here, you can review the [AHIMA Standards of Ethical Coding](#) which was revised and approved by the House of Delegates in September 2008.

To ask questions about how our online medical coding courses can help, feel free to sign up for the [free Q&A webinar](#).

Research and Networking are Key to Medical Coding Certification

It's important to stay on top of what others are doing in the medical coding industry while you pursue your medical coding certification. Your peers will give you advice, share industry tips, help

to answer questions and more. But, where should you begin? Here are just some ideas to get you started.

Medical Coding Networking

AAPC: This is a good place to start. AAPC members are part of a growing organization and they meet regularly in more than 400 local chapters, at annual national and regional conferences and in online member forums. The AAPC helps with everything from coding help to finding a job in the medical coding industry. For more information, visit: <http://www.aapc.com/networking/>

AHIMA: This group also supports a system of component organizations in every state, Washington, DC, and Puerto Rico. AHIMA Component State Associations (CSAs) provide local access to professional education, networking, and representation. One of the mechanisms to accomplish this is the local coding roundtable. This coding roundtable network provides a rich resource for data collection and advocacy with regulatory agencies. You can locate your state coding roundtable coordinator by selecting the appropriate state here:

<http://www.ahima.org/about/csa.aspx>

<http://www.ahima.org/about/csa.aspx>

AHIMA also offers a terrific online tool where its members can reach out to each other to network, share, problem solve, and stay informed on the latest industry trends. This growing professional network provides answers, support, and career advice using the latest technology. Coding community members enjoy a wide range of benefits that include: current coding news and practices; online forums; practical research materials; relevant education resources; and more. Networking via the Internet at social networking sites is also a useful way to connect with other coding professionals. For example, on LinkedIn, the Medical Billing and Coding Forum is a good place to connect with other medical coders. Recent discussions had to do with recommended billing and coding software; job search queries and opportunities; how to use modifier 33; and much more.

So, to sum up, the best ways to connect with other medical coders is to join a professional association; get involved in online forums; and participate in professional association conferences when time and money allows. The more you network and research, the more confidence you will have.

Additionally, keeping up with certifications and continuing education is also important. It will keep you one step ahead of the game and ensure that you are on the cutting edge of the medical coding industry. It will also make you more valuable to potential employers.

For more great ideas, or to find out what your peers are doing, sign up for our [free Q&A webinar](#).

Research CPC and CCS-P Prep Courses

Now that you have decided to pursue getting your medical coding certification, it's important to do your research on appropriate prep courses. There are many venues out there that can help you to prepare for your CPC or CCS-P. Some are classes that you need to attend in person, others can be done online.

Your time and budget will likely dictate the best option for you.

At CodingCertification.Org we offer online classes.

We also provide free tools, a free community and free webinars.

We have products that can help you pass the CPC exam the first time and an excellent group of instructors.

Visit us to learn so much more: <http://www.codingcertification.org/>

Keep in mind, that there is a fee to take the exam, so if you can pass it the first time, you will save time and money. That's why an investment in a solid medical coding preparation program is a wise investment. It will also give you confidence and you will feel less stressed going into the exam.

Now, while the AAPC offers a training course, they tend to be a bit expensive and somewhat time consuming. [Coding Certification.org](http://CodingCertification.org) offers an 80-hour medical coding course that will help you to pass the CPC or CCS-P on your first try. It includes video lectures, reading assignments, online submission of homework for quick grading, timed online tests for immediate grading and feedback, a discussion board dedicated to its students, regular coaching sessions to review your progress, and more.

On top of that we now have the AAPC curriculum incorporated with our program.

Videos are a great way to prepare for the CPC or CCS-P exam. They allow you to study and review in the privacy of your home. They may also teach you different techniques to help you take the test.

For instance, the videos offered online at [Coding Certification.org](http://CodingCertification.org) teach medical coders a proprietary "Bubble and Highlighting Technique" that can be used in your manuals during the test – as well as during your daily coding work.

Other great benefits of training videos are that watching DVDs and online videos is much cheaper than attending a live event; they are easier to digest than a live class; they can be paused, reviewed and re-watched. They also allow you to focus on problem areas and skip over areas that you are already comfortable with.

And, when you compare the AAPC and CodingCertification.org course side by side, you will not only realize more savings, but more value as well. Savings equals about \$300 and includes materials such as exam review DVDs, online exam review, and CEU webinars (an additional value of \$236.) A personal coach is even available to hold your hand the whole way through. Wow!

About Laureen Jandroep of CodingCertification.Org

One coder who took the CodingCertification.org course reports that she passed the CPC exam on the first try: "I could not have done it without the help of the Blitz videos taught by Laureen Jandroep at Codingcertification.org. While, I took courses in medical terminology, billing and coding, none of these prepared me for actually taking the CPC exam. Luckily, I found Laureen on the Internet and after watching her online video and reading some of her posts, I immediately wrote away for her CD/online course. Those seven disks – which, by the way, were fun to view – showed me how to prepare the coding manuals, and, more importantly, how to code the exam grid to maximize my time. I approached the exam with confidence and a positive attitude – and cannot thank Laureen enough for sharing her knowledge and know-how."

For more information about what these online medical coding courses can do for you, sign up for our [free Q&A webinar](#).

Medical Coding Certification Requires Practice

As the old adage goes – practice makes perfect – and this certainly applies to taking the CPC or CCS-P exams. Practice tests will uncover problem areas so you know where to focus your energy. Practicing will also give you a level of confidence when you go in to take the exam.

There are many sites online that offer free practice questions, but it's probably a good idea to invest in some more formal materials. You've made the commitment, so do it right. As my uncle used to say – "You've swallowed the hog, don't choke on the tail."

Codingcertification.Org has a set of products and teaching methods to put you on the right road

Recommended CPC Practice Materials

While the AAPC exams are a bit more expensive than some other options, they are a good choice because they most closely resemble the CPC exam.

CodingCertification.Org offers the CPC practice test exam book for \$37.00 and we now offer the PMCC, AAPC's curriculum .

Recommended CCS-P Practice Materials

AHIMA sells a product for \$68.95 (\$54.95 for members) that is written by three top medical coding and billing experts. Their CCS-P exam preparation guide and DVD provide the direction, skills, and knowledge that you need to successfully prepare for the exam. The book's practice exams are based on and organized by the CCS-P competency statements and will help prepare you for the exam experience. Each practice exam contains 60 multiple choice items and 16 complex medical cases for coding.

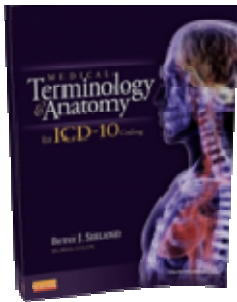
Answers include rationales and references to enhance learning. In total, there are 240 multiple choice items covering all seven CCS–P domains; there is also a CD-ROM to help simulate the exam experience.

Carol J. Buck also sells a complete exam review that highlights the content medical coding certification students need to master to pass the AHIMA CCS certification exam. The CCS ICD-9-CM Coding Exam Review 2012 features an easy-to-follow outline format that guides them through the anatomy, terminology, and pathophysiology for each organ system; reimbursement concepts; an overview of CPT, ICD-9-CM, and HCPCS coding; and more.

To share other practice ideas and to learn about additional practice techniques and resources, sign up for our [free Q&A webinar](#).

CodingCertification.Org Resources

Medical Terminology & Anatomy for Medical Coders



Whether you're new to medical coding or transitioning from ICD-9-CM to ICD-10-CM/PCS, Medical Terminology and Anatomy for ICD-10 Coding helps you prepare to code accurately and effectively using the ICD-10-CM/PCS code set with a complete understanding of relevant medical terminology and anatomy.

We help make unfamiliar medical language more approachable, and carefully sequenced medical terminology lessons help you understand the vastly increased anatomy necessary for accurate coding, including the locations of hundreds of arteries, muscles, nerves, and other anatomy. . [\[Learn More...\]](#)

80 Hour Physician Based Medical Coding Course



Our Physician Based Medical Coding course will teach you the core trainings needed for coding in a medical office and gives you all the training needed to pass the AAPC CPC® board exam and start you in your career in Medical Coding. Our goal is to give you all the current information needed to be a successful medical coder AND pass your medical coding CPC® exam test. This includes training in CPT, HCPCS and ICD-9-CM and even the future ICD-10 coding system.

When you are complete with our course, you will be able to review and assign the correct procedures and billing codes for physician based patient services. For over 11 years now I have been teaching medical coding – with many students successfully passing their first CPC® exam after viewing my videos. [\[Learn More...\]](#)

Blitz Review Videos



MEDICAL CODING REVIEW BLITZ VIDEOS

9.5 Hours of CPC® Exam Preparation Videos

So you have completed your medical coding training. You have big plans to make a career in the medical coding field. Smart move! Your next step is to take either the Certified Professional Coder (CPC®) exam or the Certified Coding Specialist-Physician Based (CCS-P) exam. This is both a review of the subject matter and a guide to doing well on the exam. You will not only have an exhaustive review of all the various diagnostic and therapeutic procedures covered on the exam, the program will also demonstrate ways to go through the process of taking the exam in the most efficient manner, making best use of the time allowed. Since this is an open-book exam, the program teaches you my proprietary "bubbling and highlighting technique." This technique demonstrates how to mark and highlight your coding manual to make it easier to choose the correct answer of the choices given for any question on the exam. You'll see how to best manage some questions you might find more difficult than others. [\[Learn More\]](#)

CPC® Practice Exam

Our 150 question CPC® practice exam was created to emulate the actual CPC® exam as closely as possible. We felt that by doing this examinees would know exactly what to expect on examination day. By utilizing this structure examinees can better prepare for the exam by focusing on category specific questions and identifying areas of weakness. Knowing what to expect in detail also tend to help calm pre-test anxiety.

We have taken into account the wide spectrum of diversity the CPC® exam offers and have constructed the questions on our CPC® Practice Exam to reflect those on the actual exam as closely as possible. In addition to our well constructed questions we are also providing a **full rationale** for each question.



These rationales provide the correct answer for each question as well as a full explanation as of why this option is correct, why the other three options are incorrect, and where in the medical coding books the answer can be located. [\[Learn More\]](#)

Medical Coding Continuing Education On Demand Classes

If you have your CPC® certification already and need to maintain your CEUs or if you're looking for good continuing education related to your medical coding career check out our offerings – they are easy to use – just like clicking on a YouTube video. At the end take a quiz to test your new knowledge and we'll send you a shiny new CEU certificate. [\[Learn More\]](#)

ICD-10-CM Mini Course



This Mini Course is for Medical coders wanting to learn ICD-10-CM (not PCS) and those with an existing understanding of ICD-9 and basic coding. The ICD-10-CM Mini Course includes 6 Jam-Packed Modules.

Module 1: An Overview of ICD-10-CM

Module 2: ICD-10-CM Outpatient Coding & Reporting Guidelines

Module 3: Using ICD-10-CM

Module 4: Chapter-Specific Guidelines (1-10)

Module 5: Chapter-Specific Guidelines (11-14)

Module 6: Chapter-Specific Guidelines (15-21)

[\[Learn More\]](#)

Q&A Webinar Replay Club

Every month CodingCertification.Org puts on a live hour long webinar with Sr. Instructor Laureen Jandroep, CPC, CPC-I fielding questions from you and your peers. Also on the panel with Laureen is Coding Instructor and Coach, Alicia Scott, CPC. Together they prepare answers to your questions prior to the call and present answers via a live, engaging webinar.



When you join the club you get **first access to the replay of the live event** including a **printable transcript** containing every word spoken during the webinar. The transcripts also include time stamps of where each question starts to help you advance the video to just the right spot. [\[Learn More\]](#)

We hope we have helped you to answer questions and hopefully to choose Medical Coding as a Career.

We would love to help you along in the most affordable, comprehensive teaching methods, products and Free Tools.