

CCDS-O Simulation Questions, Exam CCDS-O Questions Fee

CCDS 2024 EXAM |100 QUESTIONS| WITH ALL SOLVED SOLUTIONS!!

A. Bleeding gastric ulcer Answer - A patient is admitted from the emergency department (ED) with a diagnosis of weakness and anemia. After admission and further treatment with packed red blood cells (PRBC), GI consult, and endoscopy, the physician includes the following diagnoses in the discharge summary: anemia, suspected bleeding gastric ulcer, and GERD. What would be the most appropriate principle diagnosis?

- A. Bleeding gastric ulcer
- B. Anemia
- C. GERD
- D. Weakness

B. Neoplasm of occipital region Answer - A patient is admitted with new-onset seizures. Head CT reveals a mass in the occipital region. The physician documents possible brain tumor, and the patient is transferred to another hospital for further workup. What would be the most appropriate principal diagnosis based upon this documentation?

- A. Seizure
- B. Neoplasm of occipital region
- C. Head mass
- D. Head tumor

C. 1,2, and 3

1. Calculated annually
 2. Dependent upon indirect costs for graduate medical education and new technology
 3. Adjusted based upon number of low-income patients cared for Answer - A hospital's base rate or blended rate is:

- 1. Calculated annually
- 2. Dependent upon indirect costs for graduate medical education and new technology
- 3. Adjusted based upon number of low-income patients cared for
- 4. Not adjusted based upon capital expenses

A. 1 and 2

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The Certified Clinical Documentation Specialist-Outpatient certification exam is a valuable asset for beginners and seasonal professionals. If you want to improve your career prospects then CCDS-O certification is a step in the right direction. Whether you're just starting your career or looking to advance your career, the CCDS-O Certification Exam is the right choice. With the CCDS-O certification you can gain a range of career benefits which include credibility, marketability, validation of skills, and access to new job opportunities.

ACDIS CCDS-O Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> • Diseases and Disease Processes and Application to the Clinical Chart Review: Covers clinical indicators across all ICD-10-CM chapters, applied to chart reviews, with recognition of medications, diagnostic tests, and abbreviations as documentation clarification triggers.

Topic 2	<ul style="list-style-type: none"> • Risk Adjustment Models and Impact of Documentation and Coding: Covers CMS-HCC model fundamentals, RAF scoring, Medicare Advantage payments, hierarchies, disease interactions, and compliant HCC reporting requirements.
Topic 3	<ul style="list-style-type: none"> • Quality, Regulatory, and Health Initiatives: Covers population health, MSSP, ACO models, MACRA • MIPS, compliant query development, RADV audits, OIG compliance, problem list maintenance, and HIPAA requirements in outpatient CDI.
Topic 4	<ul style="list-style-type: none"> • CDI Program Concepts: Department Metrics and Provider Education: Covers provider education development, CDI performance metrics including query rates, RAF progression, HCC capture, ACO • MSSP impact, and physician documentation's effect on quality reporting.
Topic 5	<ul style="list-style-type: none"> • Coding and Reporting, the Outpatient Prospective Payment System (OPPS), and provider coding
Topic 6	<ul style="list-style-type: none"> • Healthcare regulations, reimbursement, and documentation requirements related to the Official Guidelines for

>> CCDS-O Simulation Questions <<

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ACDIS Certified Clinical Documentation Specialist-Outpatient Sample Questions (Q47-Q52):

NEW QUESTION # 47

Which entity is tasked by CMS to process both Part A and Part B beneficiary claims?

- A. Risk adjustment validation contractors
- B. Zone program integrity contractors
- C. Medicare administrative contractors
- D. Recovery audit contractors

Answer: C

Explanation:

CMS assigns Medicare Administrative Contractors (MACs) to administer Medicare fee-for-service operations at the jurisdictional level, including processing and paying both Part A and Part B claims. In outpatient CDI terms, MACs are central because they apply Medicare coverage rules, edit logic, and payment policies that determine whether documentation supports medical necessity and correct coding for submitted claims. This includes adjudicating hospital outpatient (Part B) services and facility-based Part A services, handling provider enrollment functions, issuing Local Coverage Determinations (as applicable through their medical review processes), and responding to claim inquiries and appeals routing. By contrast, Recovery Audit Contractors (RACs) focus on identifying and recovering improper payments (post-payment auditing). Risk Adjustment Data Validation (RADV) contractors validate diagnosis data submitted for risk-adjusted programs (primarily Medicare Advantage), not routine FFS claim processing. Zone Program Integrity Contractors (ZPICs) (and their successors in some contexts) focus on program integrity and fraud/waste/abuse investigations rather than standard claim adjudication. Therefore, the entity responsible for processing Part A and Part B beneficiary claims is the MAC.

NEW QUESTION # 48

Which statement is MOST accurate about the problem list?

- **A. A well-maintained problem list is vital in the continuity of patient care.**
- B. A CDI specialist should update the problem list to provide continuity of care.
- C. Problem list diagnoses should be removed after one year.
- D. More diagnoses on the problem list assist the provider in caring for the patient.

Answer: A

Explanation:

A well-maintained problem list supports continuity of care by giving the care team an accurate, up-to-date clinical "snapshot" of active and relevant historical conditions that affect ongoing management, decision-making, and risk assessment. Outpatient CDI education emphasizes that the problem list should be curated-conditions should be current, clinically meaningful, and appropriately resolved or clarified (e.g., active vs history, controlled vs uncontrolled). Option A is incorrect because diagnoses are not removed based on an arbitrary time threshold; they are updated based on clinical status (resolved, inactive, erroneous, or no longer relevant). Option C is inaccurate because simply adding more diagnoses can introduce noise and increase the risk of outdated or incorrect conditions being propagated ("problem list bloat"), which can harm patient safety and lead to inaccurate coding. Option D is inaccurate because CDI professionals typically do not independently update the problem list; rather, they support providers through compliant queries, education, and process improvements so the treating provider validates and maintains the record. Therefore, B best reflects outpatient documentation best practice.

NEW QUESTION # 49

Which performance metric is MOST appropriate for an outpatient program to share with providers?

- **A. RAF scores**
- B. HCC per member per month payments
- C. APC payment rates
- D. Major complication comorbidity (MCC) rates

Answer: A

Explanation:

Outpatient CDI programs should share provider-facing metrics that are clinically meaningful, aligned with ambulatory documentation goals, and unlikely to be perceived as payment-driven prompting. RAF scores are an appropriate metric because they reflect how well the documented and coded condition burden represents the patient panel's complexity in risk adjustment models. Discussing RAF supports education around accurate diagnosis capture, specificity, and annual recapture of active chronic conditions that are monitored, evaluated, assessed/addressed, or treated. In contrast, APC payment rates are facility OPPS payment constructs and typically are not actionable for individual ambulatory provider documentation improvement. HCC per member per month payments is explicitly financial and can create compliance risk by tying documentation discussions directly to payment, which outpatient CDI guidance warns against in provider messaging. MCC rates are primarily an inpatient DRG severity concept and are not the most relevant outpatient performance measure. Therefore, RAF scores best balance provider relevance, program goals, and compliant education focus.

NEW QUESTION # 50

How does accurate documentation impact APC assignment in outpatient services?

- A. It delays reimbursement
- B. It has no effect
- **C. It ensures appropriate APC assignment, impacting reimbursement**
- D. It reduces coding accuracy

Answer: C

Explanation:

In hospital outpatient settings paid under OPPS, Ambulatory Payment Classifications (APCs) are influenced by the coded services and, in many workflows, the clinical documentation that supports correct CPT/HCPCS selection, units, modifiers, and-when applicable-medical necessity linkages to diagnoses. Accurate documentation ensures that the record supports what was actually performed (e.g., complexity, laterality, supplies, drug administration details, observation criteria, or separately payable procedures) and that coding can correctly apply bundling/packaging rules without losing legitimately reportable services. While APCs are

primarily procedure-driven, documentation remains decisive because incomplete or ambiguous notes lead to downcoding, missed charges, incorrect status indicators, or denials during medical review. From an outpatient CDI standpoint, the goal is to ensure the clinical story supports codeable services and their necessity: clear indications, findings, assessment/plan, and any required elements (time, start/stop, dose/route for medications, device details, etc.). This supports appropriate APC grouping and reimbursement integrity, reducing rework, denials, and compliance risk.

NEW QUESTION # 51

A patient presents to the clinic for follow up of type 2 diabetes. The patient is also noted to have peripheral neuropathy. The patient has COPD and is found to have no recent exacerbations. The patient also has a history of depression, reported as stable. Which of the following CMS-HCCs will be captured for this visit?

- HCC 17: Diabetes with Acute Complications
- HCC 18: Diabetes with Chronic Complications
- HCC 19: Diabetes without Complications
- HCC 58: Major Depressive, Bipolar and Paranoid Disorders
- HCC 111: Chronic Obstructive Pulmonary Disease

- A. HCC 18, HCC 19, and HCC 111
- **B. HCC 18 and HCC 111**
- C. HCC 19, HCC 58, and HCC 111
- D. HCC 17 and HCC 58

Answer: B

Explanation:

In the CMS-HCC model, diabetes categories are hierarchical, meaning you capture the highest supported diabetes HCC for the year, not multiple diabetes HCCs simultaneously. Type 2 diabetes with peripheral neuropathy represents a chronic diabetic complication, so it maps to HCC 18 (Diabetes with Chronic Complications) rather than HCC 19 (without complications) or HCC 17 (acute complications). COPD is documented as present and clinically relevant (even without an exacerbation) and therefore maps to HCC 111 (Chronic Obstructive Pulmonary Disease) when it is assessed/managed as part of the visit. "History of depression, stable" does not necessarily meet the threshold for HCC 58, which is reserved for specific serious psychiatric diagnoses (e.g., major depressive disorder, bipolar disorder, paranoid disorders). A general "depression" history, especially if not specified as major depressive disorder and not actively addressed, often will not support HCC 58 capture. Therefore, the visit captures HCC 18 and HCC 111 only.

NEW QUESTION # 52

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