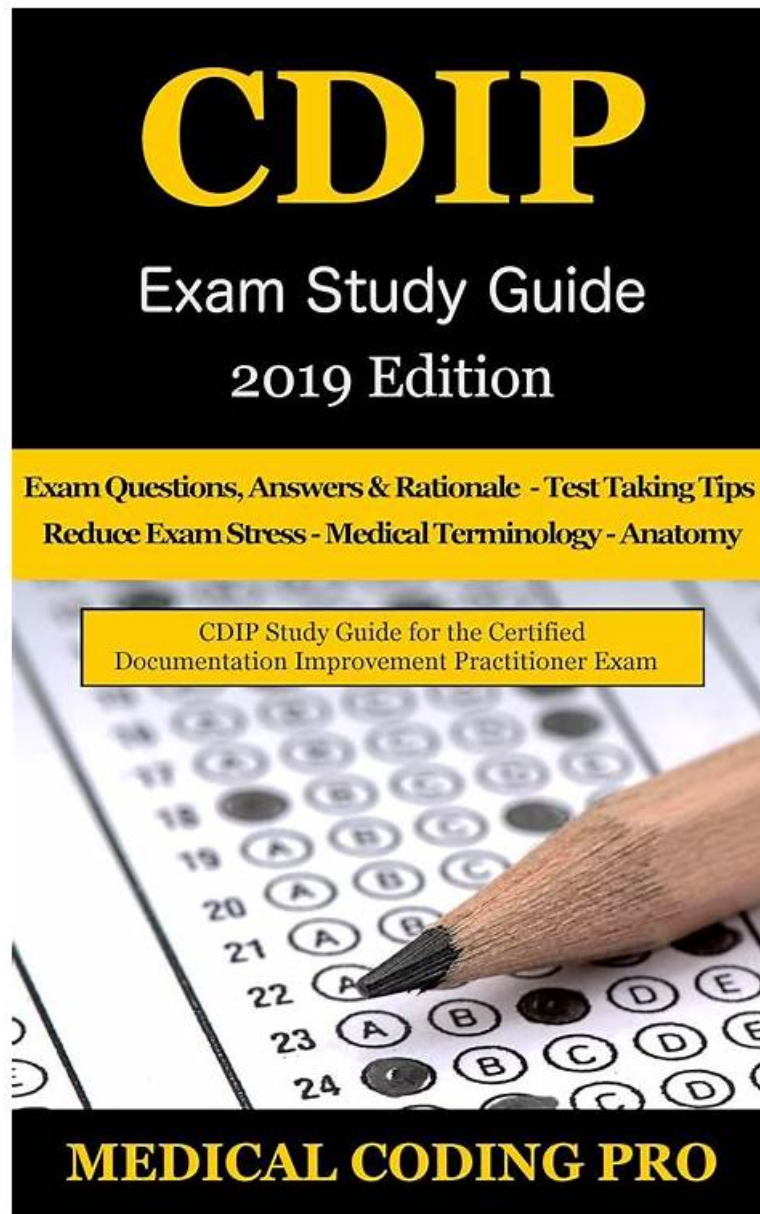# New Exam CDIP Braindumps | Valid AHIMA New Guide CDIP Files: Certified Documentation Integrity Practitioner



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## AHIMA Certified Documentation Integrity Practitioner Sample Questions (Q94-Q99):

**NEW QUESTION # 94**
Patient is admitted with oliguria, pulmonary edema, and dehydration. Labs are remarkable for an elevated creatinine of 2.4, with a baseline of 1.1. Patient was hydrated for 48 hours with drop in creatinine. What would the appropriate action be?

- A. No query is needed because the patient was dehydrated
- B. Code acute renal failure since symptoms are there and documented
- C. Query the physician to see if acute renal failure with tubular necrosis is supported
- D. Query the physician to see if acute renal failure is clinically supported

**Answer: D**

Explanation:
Explanation
The appropriate action in this case is to query the physician to see if acute renal failure is clinically supported.
This is because the patient has signs and symptoms of acute renal failure, such as oliguria, pulmonary edema, and elevated creatinine, but the diagnosis is not documented in the medical record. Acute renal failure is a clinical syndrome characterized by a rapid decline in kidney function and accumulation of metabolic waste products. It can be caused by various factors, such as dehydration, hypovolemia, sepsis, nephrotoxins, or obstruction. Acute renal failure can be classified according to the RIFLE criteria (Risk, Injury, Failure, Loss, End-stage kidney disease) or the AKIN criteria (Acute Kidney Injury Network), which are based on changes in serum creatinine and urine output 23. A query to the physician is needed to confirm or rule out the diagnosis of acute renal failure, specify the etiology and severity of the condition, and document any associated complications or comorbidities. A query to the physician will also improve the accuracy and completeness of the documentation and coding, and reflect the true clinical picture and resource utilization of the patient.
References: 1: AHIMA CDIP Exam Prep, Fourth Edition, p. 133 4 2: Acute Kidney Injury: Diagnosis and Management | AAFP 3: AKIN Classification for Acute Kidney Injury (AKI) - MDCalc

**NEW QUESTION # 95**
The most beneficial step to identify post-discharge query opportunities that affect severity of illness, risk of mortality and case weight is to

- A. determine if only the treatment is documented and there is no diagnosis documented
- B. watch for reportable conditions or conditions that are unambiguous or otherwise complete
- C. look for documented conditions that have well supported accompanying clinical criteria
- D. identify normal diagnostic test results that may indicate a possible addition of a secondary diagnosis

**Answer: A**

**NEW QUESTION # 96**
Which of the following may make physicians lose respect for clinical documentation integrity (CDI) efforts and disengage?

- A. The physician advisor/champion's interventions with noncompliant physicians
- B. Inconsistent clinically relevant queries
- C. CDI practitioners sending multiple queries to hospitalist physicians

- D. Providing many lectures, newsletters, tip sheets, and pocket cards for physician education

**Answer: B**

Explanation:
Explanation
Inconsistent clinically relevant queries may make physicians lose respect for CDI efforts and disengage because they may perceive them as irrelevant, redundant, or contradictory. Clinically relevant queries are those that affect the quality of care, patient safety, severity of illness, risk of mortality, or reimbursement.
Inconsistent queries may result from lack of standardization, conflicting guidelines, poor communication, or lack of clinical validation. To avoid inconsistency, CDI practitioners should follow best practices such as using evidence-based criteria, adhering to query policies and procedures, collaborating with coding and quality staff, and seeking feedback from physicians and physician advisors 2.
References: 1: AHIMA CDIP Exam Prep, Fourth Edition, p. 136 3 2: Proactive CDI: Tackling the Problem of Physician Engagement 4

## NEW QUESTION # 97

A patient was admitted for high fever and pain in umbilical region. During the second day of the hospital stay, the patient stood up to use the restroom and fell on the floor, resulting in a broken chin bone. A physician noted the fall on the second day in progress note. Which further clarification should be done regarding present on admission (POA) indicator of fall?

- A. Bring this case up in weekly Health Information Management meetings for further action
- B. No query is needed
- C. Query physician for POA
- D. Take the case to physician advisor/champion to discuss further action

**Answer: C**

Explanation:
Explanation
A query should be generated to ask the physician for the POA indicator of the fall because the documentation is unclear whether the fall was present at the time of inpatient admission or not. The POA indicator is used to identify conditions that are present or not present at the time of admission, and has payment implications for certain hospital-acquired conditions (HACs). According to CMS, a fall resulting in trauma is one of the HACs that will not be paid at a higher rate if it is not present on admission. Therefore, it is important to clarify the POA indicator of the fall to ensure accurate coding and reimbursement. A query should be non-leading, concise, clear, relevant, and consistent with CDI standards and guidelines.
References:
CDIP Exam Content Outline (https://www.ahima.org/media/1z0x0x1a/cdip-exam-content-outline.pdf) Coding | CMS1 Present on Admission Indicators - Novitas Solutions2

## NEW QUESTION # 98

The key component of the auditing and monitoring process to ensure provider query response is to

- A. audit individual providers to indicate improvement in health record documentation
- B. have a process in place for ongoing education and training of the staff involved in conducting provider queries
- C. review queries retrospectively to ensure that they are completed according to documented Policies and procedures
- D. make sure that the language in the query is not leading or otherwise inappropriate

**Answer: C**

## NEW QUESTION # 99

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