

Valid CCDS-O Real Test - CCDS-O Valid Test Voucher

CCDS IBHRE Exam Test With Complete Solution 2023-2024

Rheobase - the lowest point on a strength duration curve at an infinitely long pulse duration

Chronaxial time - the pulse width at twice the rheobase value. It approximates the most efficient stimulation pulse duration

Charge (formula) - Charge = I(current) x T(time)

Furman's formula - Energy(microjoules) = I(current)xV(voltage)xT(pulse width)

Ohms law formula - Voltage(electromotive force) = I(current/flow of electrons) x R(resistance to current flow in ohms)

Functional Refractory Period - the coupling interval which first results in a measurable degree of delay in impulse conduction

Effective Refractory Period - the longest coupling interval to be associated with block

Devices with NO interaction with pacers - 1. microwave oven. 2. CT scan/Ultrasound 3. X-rays (diagnostic)

Devices that cause transient or 1 beat inhibition - 1. EAS 2. Cellphones 3. Arc Welding 4. airport metal detector 5. TENS 6. Electric appliances such as electric blanket & power tools

Devices that may damage the pacemaker - 1. MRI 2. Defibrillator 3. Cardioversion 4. Cautery/RF Ablation 5. Radiation Therapy

Resistance in Series - Series means the beginning of one resistance is connected to another

Sum the resistances; $R1+R2=$ total resistance. EX: A LEAD FRACTURE (fractures INCREASE impedance)

Resistance in Parallel - Parallel means all the resistances are connected to the same point

$(R1 \times R2) / (R1 + R2) =$ total resistance

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At ExamsLabs, we strive hard to offer a comprehensive Certified Clinical Documentation Specialist-Outpatient (CCDS-O) exam questions preparation material bundle pack. The product available at ExamsLabs includes Certified Clinical Documentation Specialist-Outpatient (CCDS-O) real dumps pdf and mock tests (desktop and web-based). Practice exams give an experience of taking the Certified Clinical Documentation Specialist-Outpatient (CCDS-O) actual exam.

ACDIS Certified Clinical Documentation Specialist-Outpatient Sample Questions (Q14-Q19):

NEW QUESTION # 14

Based on previous documentation, which of the following diagnoses would a CDI specialist be MOST likely to bring to the provider's attention in preparation for an upcoming visit of a 70-year-old patient?

- A. Chronic obstructive lung disease, T3 compression fracture, and s/p kidney transplant
- B. Diabetes mellitus, syncopal episode, and pharyngitis
- C. Epilepsy, chronic heart failure, and Crohn's disease
- D. Family history of lung cancer, atrial fibrillation, and sickle cell

Answer: C

Explanation:

In outpatient CDI, "pre-visit" or prospective preparation focuses on chronic, clinically significant conditions that are likely to remain active and that should be reassessed and documented with clear MEAT support (monitor, evaluate, assess/address, treat) during the upcoming encounter. Epilepsy, chronic heart failure, and Crohn's disease are all long-term conditions that commonly require ongoing medication management, monitoring, and periodic reassessment, making them strong candidates for reminder/education to ensure the provider documents current status (controlled vs uncontrolled, exacerbation, complications, and treatment plan). This also supports accurate risk adjustment because chronic conditions with ongoing impact are the ones expected to be recaptured when addressed. In contrast, option C includes "family history," which is not a current active condition for risk adjustment, and options D includes acute/self-limited problems (syncope episode, pharyngitis) that are less appropriate as pre-visit chronic-condition prompts. Option B mixes chronic disease with items that may be historical or encounter-specific (compression fracture timing/status), making it less consistently targetable than option A.

NEW QUESTION # 15

Which of the following is the MOST compliant provider query?

- A. "Noted that the patient has skin that is 'warm and dry with no rashes or lesions'; however, nursing documentation describes a 'stage 3 sacral pressure ulcer' requiring wet-to-dry dressing changes. Please add the pressure ulcer to your ED assessment note if appropriate."
- B. "According to a visit last year, this patient has a history of alcohol use; quit two years ago; previously drank 6-9 beers daily, 10-12 beers on weekend. Patient now attends AA meetings. Is the patient's alcohol use now in remission?"
- C. "The patient has a past medical history of CAD, HF, and COPD. Please document these conditions during the encounter today if they are still being treated."
- D. "Noted that this patient is being referred for a colonoscopy. She has no documented GI symptoms and has a family history of colon cancer. When this patient is seen, please clarify whether this is a screening colonoscopy or diagnostic colonoscopy."

Answer: D

Explanation:

The most compliant query is the one that is clinically supported, non-leading, and focused on clarifying documentation for correct reporting and medical necessity—without directing the provider to "add" diagnoses or document conditions for payment purposes. Option A presents relevant clinical context (no GI symptoms; family history) and asks the provider to clarify whether the planned colonoscopy is screening or diagnostic, which is a legitimate documentation clarification affecting correct code selection and coverage rules. It does not imply a desired answer and does not instruct the provider to document additional diagnoses. Option B is problematic because it instructs the provider to "document these conditions" if treated, which can be perceived as prompting and is not tied to encounter-specific indicators. Option C is based primarily on historical information and asks a yes/no about remission, which can be leading and may not reflect current-visit evaluation. Option D effectively asks the provider to add a diagnosis based on nursing documentation, which risks leading language and requires provider confirmation and assessment. Therefore, A is most compliant.

NEW QUESTION # 16

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

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 # 17

Which of the following conclusions can be drawn from the impact of a CDI program on Clinic A using the table below?

- A. Providers are more engaged in 2023 than in 2022.
- B. Served a sicker population in 2023 than in 2022.
- C. Treated a more complex population than any of the other clinics in 2023.
- **D. Consistently captured a higher RAF percentage each month in 2023 than in 2022.**

Answer: D

Explanation:

The only conclusion that is directly supported by the table is that Clinic A's percent RAF captured is higher in every month of 2023 compared with the corresponding month in 2022. The monthly values rise year-over-year (e.g., January 21% vs 17%, February 33% vs 25%, and continuing through December 84% vs 76%), showing a consistent improvement pattern across the entire calendar year. In outpatient CDI and risk adjustment work, "RAF capture" is commonly used as a performance indicator reflecting how completely documented and coded risk-adjusting conditions (e.g., HCC-supported diagnoses) are being captured within the measurement period. However, the table does not prove why the improvement occurred. It cannot confirm provider engagement (A) without workflow/participation data, cannot compare to other clinics (B) because no other clinic data are shown, and cannot establish that the population was sicker (C) because RAF capture measures documentation/coding completeness relative to opportunity, not inherent patient acuity. Therefore, D is the verified conclusion.

NEW QUESTION # 18

Provider documentation states: "Type 2 Diabetes with bilateral peripheral arteriosclerotic disease of LE. Bilateral pedal pulses present. Review Hgb A1C and CBC. No change in treatment. Hypertension evaluated and well controlled on Lopressor." Which of the following conditions should be coded?

- **A. Diabetes with peripheral angiopathy, atherosclerosis bilateral legs, hypertension**
- B. Diabetes with peripheral angiopathy, atherosclerosis bilateral legs, diabetes with circulatory complication, hypertension
- C. Diabetes without complications, atherosclerosis bilateral legs
- D. Diabetes with peripheral angiopathy, hypertension

Answer: A

Explanation:

The documentation explicitly links the conditions by stating "Type 2 Diabetes with bilateral peripheral arteriosclerotic disease of LE," which supports a diabetic circulatory manifestation rather than "diabetes without complications." In outpatient CDI chart review, the

word "with" and clear provider linkage allow coding of diabetes "with peripheral angiopathy" (a diabetes complication category) when peripheral arterial/arteriosclerotic disease is documented as associated. In addition, best practice is to code both the diabetes complication category and the specific manifestation when supported, because the manifestation (atherosclerosis of the lower extremities, bilateral) further describes the clinical condition being evaluated. Hypertension is also evaluated and managed ("well controlled on Lopressor"), meeting outpatient reporting expectations for an active condition addressed during the encounter. Option D is incorrect because it double-counts the same concept-peripheral angiopathy already represents a circulatory complication, so adding a separate "diabetes with circulatory complication" statement is redundant rather than additive. Therefore, the correct coding set includes diabetes with peripheral angiopathy, the bilateral lower-extremity atherosclerosis manifestation, and hypertension.

NEW QUESTION # 19

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