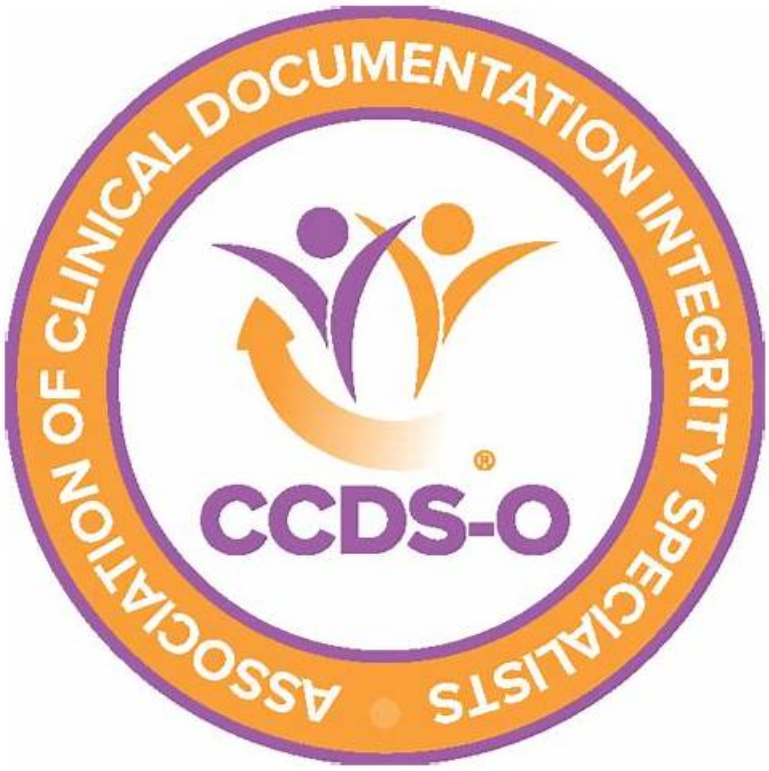
CCDS-O Trainingsmaterialien: Certified Clinical Documentation Specialist-Outpatient & CCDS-O Lernmittel & ACDIS CCDS-O Quiz



Wir EchteFrage haben viel Zeit und Mühe für die ACDIS CCDS-O Prüfungssoftware eingesetzt, die für Sie entwickelt. Das Ziel ist nur, dass Sie wenig Zeit und Mühe aufwenden, um ACDIS CCDS-O Prüfung zu bestehen. Die „100% Geld-zurück- Garantie " ist kein leeres Geschwätz. Trotz unsere Verlässlichkeit auf unsere Produkte geben wir Ihnen die ganzen Gebühren der ACDIS CCDS-O Prüfungssoftware rechtzeitig zurück, falls Sie keine befriedigte Hilfe davon finden. Allerdings glauben wir, dass die ACDIS CCDS-O Prüfungssoftware will Ihrer Hoffnung nicht enttäuschen. Wir wünschen Ihnen viel Erfolg bei der Prüfung!

ACDIS CCDS-O Prüfungsplan:

Thema	Einzelheiten
Thema 1	• 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.
Thema 2	• 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.
Thema 3	• Coding and Reporting, the Outpatient Prospective Payment System (OPPS), and provider coding
Thema 4	• 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.

>> CCDS-O Zertifizierungsfragen <<

CCDS-O Zertifikatsdemo - CCDS-O Kostenlos Downloden

Nach der Schulzeit haben wir mehr Verantwortungen und die Zeit fürs Lernen vermindert sich. Wenn Sie sich im IT-Bereich besser entwickeln möchten, dann ist die internationale Zertifizierungsprüfung wie ACDIS CCDS-O Prüfung zu bestehen sehr notwendig. Wir EchteFrage bieten Sie mit alle Kräfte vieler IT-Profis die effektivste Hilfe bei der ACDIS CCDS-O Prüfung. 3 Versionen (PDF, online sowie Software) von ACDIS CCDS-O Prüfungsunterlagen haben Ihre besondere Überlegenheit. Dadurch, dass Sie die kostenlose Demos probieren, können Sie nach Ihre Gewohnheiten die geeignete Version wählen.

ACDIS Certified Clinical Documentation Specialist-Outpatient CCDS-O Prüfungsfragen mit Lösungen (Q127-Q132):

127. Frage
Which of the following is a key component that is used to calculate Relative Value Units (RVUs)?

- A. Medical decision making
- B. Malpractice expense
- C. Physician specialty type
- D. Time with the patient

Antwort: B

Begründung:
RVUs are the foundation of Medicare's physician fee schedule methodology and are built from three core components: physician work (wRVU), practice expense (peRVU), and malpractice (mpRVU). The malpractice expense RVU reflects the relative professional liability insurance cost associated with providing a service and is a defined element of the RVU calculation used to determine payment rates. In outpatient documentation and CDI education, it's important to distinguish what drives code selection versus what is a payment calculation ingredient. Time with the patient and medical decision making influence E/M code selection under current E/M rules, but they are not standalone components of the RVU formula itself-they contribute indirectly by determining which CPT code is billed, and each CPT code has preassigned RVUs. Physician specialty type also is not a direct RVU component, even though specialty patterns can affect typical service mix and overall wRVU productivity. Therefore, among the options, malpractice expense is the explicit RVU component used in the calculation.

128. Frage
Which of the following contributes to the risk adjustment score under the CMS-HCC model?

- A. Enrollment eligibility status and reported conditions
- B. Health status and previous risk score
- C. Income status and disability status
- D. Cost of care provided and hospital readmissions

Antwort: A

Begründung:
Under the CMS-HCC risk adjustment methodology, the RAF is calculated primarily from two categories of inputs: (1) demographic/enrollment eligibility factors and (2) diagnosis codes that map to HCCs based on documented, reportable conditions. Eligibility status matters because Medicare models differentiate beneficiaries by factors such as aged versus disabled status and other enrollment characteristics that affect expected cost. The second major driver is the set of valid, supported ICD-10-CM codes reported for the beneficiary during the data collection period; only certain chronic, clinically significant conditions map to HCCs, and they must be documented as active and applicable to the encounter and coded correctly. In ambulatory CDI, this is why accurate condition capture, specificity, and linkage (e.g., cause/manifestation relationships) are emphasized-because reported conditions directly affect the patient's risk profile and the expected cost benchmark. By contrast, income status is not a standard CMS-HCC input, "previous risk score" is not itself an input variable, and utilization outcomes like cost of care or readmissions are not used to compute RAF (they may be evaluated separately in quality/cost programs).

129. Frage
When compliantly querying providers, CDI specialists or HIM/coding professionals may

- A. offer diagnoses choices supported by documentation solely from previous encounters.

- B. omit clinical indicators in a query as this may be leading to the provider.
- C. identify which diagnoses are HCCs.
- D. offer a new diagnosis, that is supported by the clinical evidence, as an option in a multiple-choice query.

Antwort: D

Begründung:
Compliant querying principles taught in outpatient CDI allow the CDI/coding professional to present a multiple-choice query that includes reasonable diagnostic options supported by the current encounter's clinical indicators. Including a "new" diagnosis as an option is acceptable when it is clinically supported by documented findings (signs/symptoms, test results, treatments, clinical course) and the query is written in a non-leading manner-typically with balanced options and an "other" and/or "unable to determine" choice. This approach helps the provider clarify the most accurate condition being evaluated or treated without steering toward a particular response. Option A is not compliant because relying solely on prior encounter documentation (without current relevance) risks coding historical conditions that are not addressed today. Option B is generally discouraged because calling out HCC status can be perceived as prompting for payment impact rather than clinical accuracy. Option D is incorrect because including relevant clinical indicators is essential; omitting them weakens the clinical basis and does not make a query less leading-rather, it makes it less defensible.

130. Frage
A patient is seen in the office for a persistent cough. Provider documentation states: "History of chronic obstructive pulmonary disease, asthma, and hypertension. Hypertension treated with Enalapril. Cough an adverse effect of the ACE inhibitor; discontinue Enalapril. COPD stable. Instructed to continue meds for COPD/asthma." Which of the following diagnoses should be reported for this encounter?

- A. COPD, unspecified; hypertension
- B. COPD, unspecified; asthma, unspecified, uncomplicated; hypertension
- C. Cough; adverse effect of an ACE inhibitor; COPD, unspecified; asthma, unspecified, uncomplicated; hypertension
- D. Cough; adverse effect of an ACE inhibitor; COPD, unspecified; hypertension

Antwort: C

Begründung:
Outpatient diagnosis reporting requires coding conditions that are evaluated, assessed, treated, or that influence care/management at the encounter. The chief reason for the visit is the persistent cough, which is assessed and attributed to an adverse effect of an ACE inhibitor (enalapril). For outpatient coding of medication adverse effects, the documentation supports reporting both the manifestation (cough) and the adverse effect of the drug (ACE inhibitor adverse effect), because the provider identified the causal relationship and changed therapy by discontinuing enalapril. In addition, the provider addresses chronic conditions that are clinically relevant to the visit: COPD is assessed as "stable" and the patient is instructed to continue COPD/asthma medications, demonstrating ongoing management. Hypertension also remains relevant because medication therapy is adjusted due to the adverse effect; the patient still has HTN even though one agent is discontinued. Therefore, all five items-cough, ACE inhibitor adverse effect, COPD, asthma, and hypertension-are supported and should be reported, making option D the most appropriate.

131. Frage
Which statement is MOST accurate about the problem list?

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

Antwort: D

Begründung:
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.

132. Frage

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Egal wenn Sie irgendwelche IT-Zertifizierungsprüfung ablegen, bieten die Prüfungsunterlagen von EchteFrage Ihnen viele Hilfen, weil EchteFrage Dumps alle mögliche Fragen in den aktuellen Prüfungen und auch die ausführliche Analyse der Antworten beinhalten. Solange Sie alle Prüfungsfragen und Testantworten ernst lernen, können Sie die ACDIS CCDS-O Prüfung sehr leichten bestehen.

CCDS-O Zertifikatsdemo: https://www.echtefrage.top/CCDS-O-deutsch-pruefungen.html