

# ACDIS CCDS-O Reliable Braindumps Pdf | New CCDS-O Test Fee



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## ACDIS CCDS-O Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Topic 2	<ul style="list-style-type: none"> <li>• Quality, Regulatory, and Health Initiatives: Covers population health, MSSP, ACO models, MACRA</li> <li>• MIPS, compliant query development, RADV audits, OIG compliance, problem list maintenance, and HIPAA requirements in outpatient CDI.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>• and billing: Covers Official Coding Guidelines, OPSS reimbursement (APCs), and professional billing concepts including CPT E</li> <li>• M codes and Medicare Physician Fee Schedule documentation.</li> </ul>

Topic 5

- 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.

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### ACDIS Certified Clinical Documentation Specialist-Outpatient Sample Questions (Q125-Q130):

#### NEW QUESTION # 125

A 75-year-old with a PMH of chronic foot ulcer, CKD, and depression is seen by his PCP for continued fatigue and decreased urination. Labs drawn on previous day are reviewed. Patient describes extreme fatigue and no motivation. Assessment and plan include: "CKD 3 with renal failure - refer to nephrologist. Chronic nonpressure foot ulcer - home care for wound assessment. Depression - Rx for SSRI." Which of the following are the validated diagnoses that risk adjust and qualify as CMS-HCCs?

- A. Chronic non-pressure ulcer; depression
- B. Depression; renal failure
- C. CKD 3; chronic non-pressure ulcer
- D. Renal failure; CKD 3

**Answer: C**

Explanation:

Under CMS-HCC methodology, risk adjustment is driven by ICD-10-CM diagnoses that map to HCC categories and are supported as active conditions addressed at the encounter. CKD stage 3 is a classic HCC-qualifying chronic condition because it represents ongoing kidney disease severity and expected resource use, and in this note it is actively assessed with labs reviewed and a nephrology referral. A chronic non-pressure foot ulcer is also typically HCC-qualifying when documented as ongoing and requiring management, which is supported here by home care/wound assessment planning. In contrast, "depression" (without specification such as major depressive disorder severity/status) commonly does not qualify for HCC in the way major depressive/bipolar categories do, making it less reliable as a risk-adjusting diagnosis. Likewise, "renal failure" is nonspecific and potentially conflicting with CKD stage 3; CDI best practice would be to clarify acuity/severity (acute kidney injury vs CKD stage vs ESRD) rather than assume "renal failure" as an HCC driver. Therefore, the validated HCC-qualifying pair is CKD 3 and chronic non-pressure ulcer.

#### NEW QUESTION # 126

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

**Answer: C**

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 # 127

Which of the following conditions or findings supports a diagnosis of diabetes?

- A. Fasting glucose of 100
- B. 2-hour blood sugar level of 90 during oral glucose tolerance test
- C. Hemoglobin A1c (HbA1c) level of 7.0%
- D. Hypoglycemia

**Answer: C**

Explanation:

In outpatient clinical documentation and chart review, diabetes can be supported by recognized diagnostic thresholds. An HbA1c value reflects average blood glucose over approximately the prior 2-3 months and is commonly used to diagnose and monitor diabetes. An HbA1c  $\geq 6.5\%$  (when confirmed per clinical practice standards and interpreted in the appropriate clinical context) supports a diagnosis of diabetes; therefore an HbA1c of 7.0% clearly meets the threshold and supports diabetes. By comparison, a 2-hour OGTT value of 90 mg/dL is normal and does not support diabetes (diabetes is typically supported when the 2-hour value is  $\geq 200$  mg/dL). Hypoglycemia is low blood glucose and is not diagnostic of diabetes; it may occur in diabetics due to treatment but can also occur in non-diabetics for many reasons. A fasting glucose of 100 mg/dL is at most borderline/prediabetes range and does not meet diagnostic criteria for diabetes (diabetes is supported at  $\geq 126$  mg/dL).

#### NEW QUESTION # 128

Which of the following is a leading query?

- A. "The documentation includes modifications for current Celexa dosages. Can you please identify the condition treated with this medication?"
- B. "The patient has a past medical history of RUL lung cancer. Should lung cancer be classified as: A) currently being treated, B) History of lung CA?"
- C. "Your documentation states the patient drinks a 6-pack of beer nightly. Does this patient have alcohol dependence? Yes/No (circle one)"
- D. "The patient has a BMI of 42 per the nursing documentation. Does this patient have a medically relevant diagnosis to accompany the BMI? Please select one of the following options. A) morbid obesity, B) obesity, C) overweight, D) Other \_\_\_\_, E) Clinically undetermined"

**Answer: C**

Explanation:

A leading query is one that steers the provider toward a particular diagnosis or limits clinically appropriate choices in a way that can be perceived as prompting. Option D is leading because it presents a single, high-impact diagnosis ("alcohol dependence") and forces a binary yes/no response without offering reasonable alternative interpretations (e.g., alcohol use, alcohol abuse/harmful use, dependence in remission, or clinically undetermined) or an "other" option. In addition, it attempts to obtain a potentially new diagnosis based on one data point (quantity consumed) without a balanced set of diagnostic possibilities and supporting clinical indicators (tolerance, withdrawal, impairment, failed attempts to cut down, etc.). By contrast, A is open-ended and requests clarification of the treated condition; B provides two plausible classification choices (active vs history); and C offers multiple reasonable BMI-related diagnostic options plus "other" and "clinically undetermined," which supports compliant, non-leading clarification. Therefore, D best fits the definition of a leading query.

#### NEW QUESTION # 129



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