CDIP Reliable Exam Cram & Test CDIP Answers

CDIP Practice Exam 1 with 100% Correct Answers 2023

Assign code(s) for the following diagnosis: Congestive heart failure due to hypertension.
I10 Essential (primary) hypertension
I11.9 Hypertensive heart disease without heart failure
I11.0 Hypertensive heart disease with heart failure
I50.9 Heart failure, unspecified
I50.1 Left ventricular failure
I50.20 Unspecified systolic (congestive) heart failure
I50.21 Acute systolic (congestive) heart failure
I50.22 Chronic systolic (congestive) heart failure
I50.23 Acute on chronic systolic (congestive) heart failure
a.I10, I50.9
b.I11.0
c.I50.23, I10
d.I11.0, I50.9 - Correct Answer-d Heart conditions are assigned a combination code when a causal relationship is stated (due to hypertension) or implied (hypertensive). Use an additional code to identify the type of heart failure in those patients with heart failure (ICD-10-CM Official Guidelines for Coding and Reporting 2016b, 41).

Assign the best answer to complete the following sentence. The CPT codes for treatment of fractures:
a.Use the terminology "manipulation" rather than "reduction" of fracture
b.Include internal fixation in all codes
c.Do not include application of cast
d.Do not differentiate between open and closed treatment; CPT only specifies the site of the fracture - Correct Answer-a Manipulation refers to the attempted reduction or restoration of a dislocated joint or fracture (Smith 2015, 84)

In CPT, if a patient has two lacerations of the arm that are repaired with simple closures, the coder would assign:
a.Two CPT codes expressing each laceration repair
b.One CPT code for the largest laceration
c.One CPT code, adding the lengths of the lacerations together
d.One CPT code for the most complex closure - Correct Answer-c When multiple wounds are repaired with the same closure type (for example, simple), lengths of the wounds in the same classification and from all anatomical sites that are grouped together into the same code descriptor should be added together (Smith 2015, 67).

Patient admitted for laparoscopic repair of right diaphragmatic hernia. Assign the ICD-10-PCS procedure code for this surgery.
0BQR4ZZ Repair right diaphragm, percutaneous endoscopic approach

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AHIMA Certified Documentation Integrity Practitioner Sample Questions (Q101-Q106):

NEW QUESTION # 101
A clinical documentation integrity practitioner (CDIP) is looking for clarity on whether a diagnosis has been
"ruled in" or "ruled out". Which type of query is the best option?

- A. Multiple-choice
- B. None
- C. Open-ended
- D. Yes/No

Answer: C

Explanation:
Explanation
An open-ended query is a type of query that allows the provider to respond with free text, rather than choosing from a list of options or answering yes or no. An open-ended query is appropriate when the CDIP is looking for clarity on whether a diagnosis has been "ruled in" or "ruled out", because it allows the provider to document the final diagnosis or impression based on the clinical evidence and reasoning. An open-ended query also avoids leading or suggesting a specific diagnosis to the provider, which could compromise the integrity and validity of the documentation. (Guidelines for Achieving a Compliant Query Practice (2019 Update) - AHIMA1)
References:
Guidelines for Achieving a Compliant Query Practice (2019 Update) - AHIMA1

NEW QUESTION # 102
A noncompliant query includes querying the provider regarding

- A. sepsis that was present on admission because sepsis was only documented in the discharge summary
- B. acute blood loss anemia due to low hemoglobin treated with iron supplements
- C. morbid obesity due to BMI of 40.9 documented on the history and physical
- D. gram-negative pneumonia on every pneumonia case, regardless of documented clinical indicators

Answer: D

Explanation:
Explanation
A noncompliant query includes querying the provider regarding gram-negative pneumonia on every pneumonia case, regardless of documented clinical indicators because it may lead to over-specification of a diagnosis that is not supported by the health record. A compliant query should be based on the clinical evidence and documentation in the record, and should not suggest or imply a diagnosis that is not clinically relevant or plausible. A query should also not be driven by reimbursement or coding factors, but by the need to improve the quality and accuracy of documentation. (CDIP Exam Preparation Guide) References:
CDIP Exam Content Outline1
CDIP Exam Preparation Guide2
Guidelines for Achieving a Compliant Query Practice (2019 Update)3

NEW QUESTION # 103
A physician documented the specific site of the malignancy in the medical record documentation; however, the coder is unable to locate a specific entry in the ICD-10- CM Alphabetical Index to match the specified diagnosis. Which abbreviation used in the Alphabetical Index will assist the coder in assigning the appropriate diagnosis code for the specified condition?

- A. NEC
- B. OCE
- C. DRG

- D. NOS

Answer: A

Explanation:
Explanation
The abbreviation NEC stands for "not elsewhere classified" and is used in the ICD-10-CM Alphabetical Index when a specific code is not available for a condition. The coder should use the NEC notation to locate the closest existing code that matches the documented diagnosis. For example, if the physician documented a malignant neoplasm of the left upper eyelid, but the Alphabetical Index only has an entry for malignant neoplasm of eyelid NEC, then the coder should use the code C44.10 (Unspecified malignant neoplasm of unspecified eyelid, including canthus) and assign a seventh character to specify laterality. (CDIP Exam Preparation Guide) References:
CDIP Exam Content Outline1
CDIP Exam Preparation Guide2
ICD-10-CM Official Guidelines for Coding and Reporting FY 20213

NEW QUESTION # 104
Which of the following indicates a noncompliant multiple-choice query? One that does NOT

- A. include at least four options
- B. allow the provider to add their own response
- C. include the option of "unable to determine"
- D. list options in alphabetical order

Answer: A

Explanation:
Explanation
A noncompliant multiple-choice query is one that does not include at least four options because it may limit the provider's choice and suggest a preferred answer. A compliant multiple-choice query should include at least four options that are clinically significant, reasonable, and plausible based on the clinical indicators and documentation in the health record. The options should also be listed in alphabetical order to avoid any bias or preference. A compliant multiple-choice query should also allow the provider to add their own response if none of the options are appropriate, and include the option of "unable to determine" if the provider cannot make a definitive diagnosis based on the available information. (CDIP Exam Preparation Guide) References:
CDIP Exam Content Outline1
CDIP Exam Preparation Guide2
Guidelines for Achieving a Compliant Query Practice (2019 Update)3

NEW QUESTION # 105
The most beneficial step to identify post-discharge query opportunities that affect severity of illness, risk of mortality and case weight is to

- A. watch for reportable conditions or conditions that are unambiguous or otherwise complete
- B. determine if only the treatment is documented and there is no diagnosis documented
- 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: B

NEW QUESTION # 106
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