

ACDIS CCDS-O最新考古題 - CCDS-O考古題更新



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>> ACDIS CCDS-O最新考古題 <<

ACDIS CCDS-O考古題更新 - CCDS-O最新考題

為什麼我們領先於行業上的其他網站？因為我們提供的資料覆蓋面更廣，品質更高，準確性也更高。所以VCESoft是你參加ACDIS CCDS-O 認證考試的最好的選擇，也是你成功的最好的保障。

ACDIS CCDS-O 考試大綱：

| 主題 | 簡介 |
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| 主題 1 | <ul style="list-style-type: none">• 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. |

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| 主題 2 | <ul style="list-style-type: none"> • and billing: Covers Official Coding Guidelines, OPSS reimbursement (APCs), and professional billing concepts including CPT E • M codes and Medicare Physician Fee Schedule documentation. |
| 主題 3 | <ul style="list-style-type: none"> • Healthcare regulations, reimbursement, and documentation requirements related to the Official Guidelines for |
| 主題 4 | <ul style="list-style-type: none"> • 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. |
| 主題 5 | <ul style="list-style-type: none"> • Coding and Reporting, the Outpatient Prospective Payment System (OPSS), and provider coding |

最新的 Clinical Documentation Specialist CCDS-O 免費考試真題 (Q77-Q82):

問題 #77

Provider documentation states: "Patient is here for follow-up for multiple chronic conditions, including COPD, HTN, DM, and alcohol abuse. She admits to drinking more than she has in the past, starting in the early morning and consumes at least a pint a day. Her BP today is elevated at 165/89. Discussed medications and diet. As she continues to be dependent on alcohol, several treatment options were offered. She stated she would think about it." Which of the following groups of diagnoses is supported by the clinical indicators described?

- A. DM Type 2 without complications, HTN, alcohol abuse
- **B. DM Type 2 without complications, HTN, alcohol dependence**
- C. DM Type 2 with complications, COPD, HTN, alcohol use
- D. DM Type 2 with complications, COPD, alcohol dependence

答案: B

解題說明:

The clinical indicators strongly support alcohol dependence, not merely alcohol "use" or "abuse." The patient reports heavy, compulsive intake (early-morning drinking and at least a pint daily), and the provider explicitly documents that she "continues to be dependent on alcohol" and discusses treatment options-this aligns with a dependence-level disorder being addressed. Hypertension is also supported because the BP is elevated (165/89) and the provider documents management activity (medications and diet counseling), meeting encounter relevance/reportability expectations. Diabetes is listed among chronic conditions, but the scenario provides no indicators of complications (no neuropathy, CKD, ulcers, retinopathy, etc.), so the supported choice is DM type 2 without complications rather than "with complications." Although COPD is listed in the "including" statement, no COPD-specific assessment/monitoring/treatment is described in the indicators provided, so the best-supported grouped option focuses on the conditions with clear supporting indicators and management in the note: DM2 without complications, HTN, and alcohol dependence.

問題 #78

Which of the following best differentiates inpatient from outpatient coding guidelines?

- A. Outpatient coding ignores encounter diagnoses
- B. Both use the same guidelines with no differences
- **C. Inpatient guidelines emphasize diagnosis sequencing and MS-DRGs**
- D. Outpatient guidelines focus on principal diagnoses

答案: C

解題說明:

A key distinction is that inpatient coding is tightly linked to MS-DRG assignment and inpatient-specific sequencing rules, including selection of the principal diagnosis using the "after study" standard and capture of secondary diagnoses that qualify as complications/comorbidities (CC/MCC) when they meet reporting criteria. This makes diagnosis sequencing and documentation of severity/acuity central to inpatient reimbursement and quality measurement. Outpatient coding does not use MS-DRGs; instead, it typically uses "first-listed" diagnosis concepts for the encounter and assigns ICD-10-CM based on conditions addressed that day,

with procedure payment often driven by CPT/HCPCS and, in hospital outpatient departments, packaging/OPPS logic. Therefore, statement A is incorrect (principal diagnosis is not the outpatient focus), C is incorrect (there are meaningful differences), and D is incorrect because outpatient coding absolutely depends on encounter diagnoses being documented and supported. Outpatient CDI education stresses documenting the reason for visit, linking symptoms to confirmed conditions when known, and showing MEAT for chronic conditions so outpatient coding is accurate and defensible.

問題 #79

The majority of E/M services are based on which of the following criteria?

- A. New/established, site of service, and level of service
- B. New/established, site of service, and time
- C. New/established, level of service, and age of patient
- D. New/established, physician specialty, and level of service

答案： A

解題說明：

In outpatient CDI and coding education, selecting the correct E/M code starts with identifying the encounter category (e.g., office/outpatient vs inpatient/observation vs ED) and whether the patient is new or established, because these define the applicable CPT code range. Next, the level of service is selected within that range based on the documentation supporting the required elements for that code family. For most E/M services, "site of service" (place/setting) and "new vs established" are foundational code-selection drivers, while "level" is determined by the record's support for the applicable leveling methodology (commonly medical decision making and, when allowed/appropriate, time). Time can be a valid leveling method for many office/outpatient E/M visits, but it is not universally the basis for the majority of E/M services across all categories; it is an alternative pathway when documentation supports it. Physician specialty and patient age do not define the majority of E/M code selection. Therefore, the best overall statement is new/established status + site of service + level of service.

問題 #80

A morbidly obese patient with a BMI of 45 who is reliant on CPAP at night is likely to have which of the following conditions?

- A. Pulmonary edema
- B. Alveolar hypoventilation
- C. Heart failure
- D. Essential hypertension

答案： B

解題說明：

Nightly reliance on CPAP in a morbidly obese patient most strongly points to sleep-disordered breathing, and in the context of severe obesity (BMI 45), it raises concern for obesity hypoventilation syndrome (OHS), which is characterized by alveolar hypoventilation (chronic hypoventilation with hypercapnia) that is not fully explained by other pulmonary or neuromuscular causes. While CPAP is commonly prescribed for obstructive sleep apnea, severe obesity increases the likelihood of associated hypoventilation physiology; in outpatient CDI review, this becomes a documentation opportunity to ensure the provider specifies whether the patient has OSA alone versus OSA with OHS/alveolar hypoventilation, because the latter reflects higher clinical complexity and requires clear monitoring/management (e.g., ABGs or bicarbonate trends, symptoms of hypoventilation, adherence, need for BiPAP). Heart failure and pulmonary edema are not implied by CPAP use, and essential hypertension is common in obesity but not the condition most specifically linked to CPAP dependence. Therefore, alveolar hypoventilation is the best supported answer.

問題 #81

A patient presents to the office complaining of lower abdominal pain and burning urination. Urinalysis indicates WBC >10, positive nitrites, and leuk esterase. Documentation identifies pain, urinary frequency, and fever likely UTI. Cultures are pending for E-Coli. The patient is started on antipyretics and Levaquin. Which of the following conditions can be reported?

- A. UTI
- B. Abdominal pain, fever, and pyuria
- C. Abdominal pain, fever, and urinary frequency

