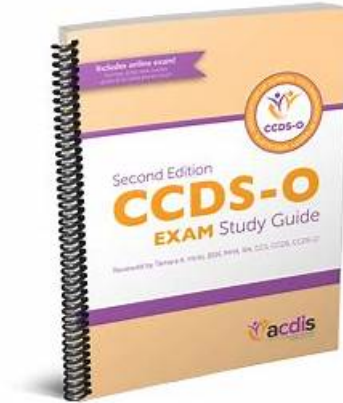


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## ACDIS CCDS-O Exam Syllabus Topics:

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>• CDI Program Concepts: Department Metrics and Provider Education: Covers provider education development, CDI performance metrics including query rates, RAF progression, HCC capture, ACO</li><li>• MSSP impact, and physician documentation's effect on quality reporting.</li></ul>
Topic 3	<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 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	<ul style="list-style-type: none"><li>• Healthcare regulations, reimbursement, and documentation requirements related to the Official Guidelines for</li></ul>

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### ACDIS Certified Clinical Documentation Specialist-Outpatient Sample Questions (Q77-Q82):

#### NEW QUESTION # 77

Which of the following is covered under the Outpatient Prospective Payment System (OPPS)? (Select all that apply)

- A. Indian health services
- B. Physical therapy treatment
- C. Clinical diagnostic lab services
- D. Community mental health centers

**Answer: D**

Explanation:

Under Medicare, OPPS is the payment system used primarily for hospital outpatient department (HOPD) services paid under APCs, and it also applies to a limited set of non-hospital entities for specific covered services. Community Mental Health Centers (CMHCs) are included under OPPS for certain outpatient mental health services, most notably partial hospitalization-type services that are paid using OPPS methodology, which is why CMHCs are considered "covered under OPPS" in many outpatient CDI education materials. In contrast, clinical diagnostic laboratory services are generally excluded from OPPS and paid under the Clinical Laboratory Fee Schedule (with separate billing and payment rules). Indian Health Services follow different statutory and payment structures and are not paid broadly under OPPS in the same way as HOPDs/CMHC OPPS services. Physical therapy reimbursement is typically governed by therapy-specific rules and fee schedule methodologies rather than being a standard OPPS-covered category in this context. Therefore, among the listed options, CMHCs are the correct OPPS-covered selection.

#### NEW QUESTION # 78

A 62-year-old female with history of HTN, CAD, chronic cough and obesity is seen by her PCP. Which of the following treatment plans may result in a query?

- A. Diagnostic chest x-ray
- B. A visit with a nutrition specialist
- C. Prescription written for the ACE inhibitor captopril
- D. Order placed for hemoglobin A1c (HbA1c)

**Answer: D**

Explanation:

In outpatient CDI practice, a common reason to query is a mismatch between what is being evaluated/treated and what is explicitly documented as an active condition for the encounter. A diagnostic chest x-ray aligns with the already-documented symptom (chronic cough), and a nutrition specialist referral aligns with an established diagnosis (obesity); neither inherently suggests an undocumented condition. Prescribing captopril aligns with documented HTN management, so it generally would not create documentation ambiguity requiring clarification (even though ACE inhibitors can be associated with cough, the plan alone does not establish a new reportable diagnosis). In contrast, ordering an HbA1c often signals assessment for diabetes, impaired glucose regulation, or monitoring of known diabetes. Because diabetes is not listed in the history provided, the HbA1c order may prompt the CDI specialist to query whether the provider is evaluating a suspected or existing glycemic disorder, whether there is a diagnosis such as prediabetes/diabetes being addressed, and to ensure the record clearly supports the medical necessity and any reportable condition.

### NEW QUESTION # 79

Symbicort is used to treat which of the following conditions?

- A. Degenerative osteoarthritis
- B. Congestive heart failure
- C. Diabetic neuropathy
- **D. Persistent asthma**

**Answer: D**

Explanation:

Symbicort is an inhaled combination medication containing an inhaled corticosteroid (ICS) and a long-acting beta-agonist (LABA). In outpatient chart review, this medication class is most strongly associated with chronic airway inflammatory diseases requiring controller therapy—especially persistent asthma (and also maintenance therapy for COPD, though COPD is not an option here). For CDI purposes, medication-to-diagnosis linkage can act as a clinical indicator supporting clarification when the visit note lists respiratory symptoms but does not clearly document the chronic condition being treated or its acuity/status. Symbicort is not used to treat musculoskeletal degenerative disease (osteoarthritis), peripheral nerve pain from diabetes (diabetic neuropathy), or cardiac pump failure (congestive heart failure). When Symbicort appears on the active med list, outpatient CDI commonly checks that the provider's documentation appropriately reflects asthma classification (intermittent vs persistent), current control, exacerbation status if applicable, and that the condition is being monitored/assessed/treated during the encounter to support reportability and accurate coding.

### NEW QUESTION # 80

A patient reports recent weight loss of 10 pounds in the last two months, decreased appetite, and no energy or desire to eat. She describes an inability to concentrate and complete simple tasks, likely due to ongoing insomnia. Documentation includes a PHQ-9 score of 11, and the patient is currently on paroxetine for depression. Which of the following is a query opportunity to obtain more specificity?

- A. Major depressive event
- **B. Major depressive disorder**
- C. Major depressive occurrence
- D. Major depressive reaction

**Answer: B**

Explanation:

In outpatient CDI, a strong specificity opportunity is to clarify the exact diagnostic term that best matches clinical indicators and supports correct ICD-10-CM reporting. The patient has multiple depressive symptoms (weight loss, poor appetite, low energy, impaired concentration), is already treated with an antidepressant (paroxetine), and has a PHQ-9 score of 11, consistent with at least moderate depressive symptom burden that warrants diagnostic clarity. Among the options, only Major Depressive Disorder (MDD) is a recognized clinical diagnosis category with structured ICD-10-CM options that require further specificity (e.g., single vs recurrent episode, severity-mild/moderate/severe, psychotic features, and remission status). The other choices ("occurrence," "event," "reaction") are nonspecific, nonstandard phrases that do not reliably map to accurate ICD-10-CM diagnostic reporting and do not help improve documentation precision. A compliant query would ask the provider to specify whether the patient has MDD and, if so, document the episode type/severity and relationship to insomnia if clinically relevant, ensuring the record reflects what is being evaluated and treated during the encounter.

### NEW QUESTION # 81

Provider documentation states: "A 72-year-old patient with an active history of colon cancer, status post bowel resection, receiving chemotherapy. Newly diagnosed lung metastasis. Presents with UTI and elevated creatinine. Labs demonstrate a hemoglobin of 7.9, WBC of 2,500, and platelet count of 20,000." Which of the following is the query opportunity that supports a disease interaction that impacts the risk adjustment?

- A. Acute tubular necrosis and UTI
- **B. Chemotherapy induced pancytopenia**
- C. Colon cancer and lung metastasis
- D. Colon cancer and chemotherapy

**Answer: B**

Explanation:

In outpatient risk adjustment, "disease interactions" refer to model coefficients that are triggered when certain clinically related conditions co-exist, reflecting higher expected resource use than either condition alone. In this case, the record already supports active malignancy care (colon cancer on chemotherapy) with newly documented metastasis, and the lab pattern (anemia, leukopenia, and severe thrombocytopenia) strongly suggests pancytopenia. The highest-yield query opportunity is to clarify whether the cytopenias represent chemotherapy-induced pancytopenia (or another specified etiology) because a confirmed, well-specified hematologic complication in the context of active cancer treatment is the type of combination that commonly drives interaction effects in risk models (cancer plus significant systemic complication/manifestation). Options A and B describe clinical context but do not, by themselves, establish an interaction-ready, separately reportable complication. Option C is unrelated to the presented lab-driven severity signal. Querying and documenting chemotherapy-induced pancytopenia supports accurate capture of severity and the interaction impact.

**NEW QUESTION # 82**

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