CCDS-Oクラムメディア & CCDS-O日本語独学書籍

さらに、MogiExam CCDS-Oダンプの一部が現在無料で提供されています：https://drive.google.com/open?id=1YmNdhpX2h96xJlRvzJzB2KECUQwYtZPY

私たちの会社は、コンテンツだけでなくディスプレイ上でも、CCDS-O試験材料の設計に最新の技術を採用しています。激しく変化する世界に対応し、私たちのCCDS-O試験資料のガイドで、あなたの長所を発揮することができます。 また、あなたも私たちのCCDS-O試験資料を使って、個人的に重要な知識を集約し、自分の需要によって、CCDS-O試験のために様々な勉強方法を選ぶことができます。

ACDIS CCDS-O 認定試験の出題範囲：

トピック	出題範囲
トピック 1	• リスク調整モデルと文書化およびコーディングの影響：CMS-HCCモデルの基本、RAFスコアリング、メディケアアドバンテージ支払い、階層構造、疾患間の相互作用、およびHCC報告要件への準拠について解説します。
トピック 2	• 請求業務：公式コーディングガイドライン、OPPS償還（APC）、CPT E • Mコードやメディケア医師料金表文書作成を含む専門的な請求業務の概念を網羅しています。
トピック 3	• 品質、規制、および健康に関する取り組み：外来CDIにおける集団健康、MSSP、ACOモデル、MACRA • MIPS、準拠クエリ開発、RADV監査、OIG準拠、問題リストの維持管理、およびHIPAA要件を網羅しています。

>> CCDS-Oクラムメディア <<

有難いCCDS-Oクラムメディア試験-試験の準備方法-素敵なCCDS-O日本語独学書籍

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ACDIS Certified Clinical Documentation Specialist-Outpatient 認定 CCDS-

O 試験問題 (Q93-Q98):

質問 # 93
Upon review of payer data, a decrease in RAF scores for the organization is noted. After reviewing internal metrics, a CDI specialist notes an increase in the volume of HCC queries across the organization, with accurate coding confirmed. Which of the following is the MOST plausible explanation for these findings?

- A. The payer is not receiving all diagnosis codes
- B. The HCC model has not been updated within the organization
- C. CPT codes are not reflected in the reporting
- D. CDI specialist queries are validated and compliant

正解：A

解説：
When internal CDI metrics show increased HCC-related querying and coding accuracy is confirmed, you would typically expect payer RAF outputs to stabilize or improve-assuming the payer receives and processes the same diagnosis data. A payer-reported RAF decrease despite accurate internal capture most strongly suggests a break in the data flow between the organization and the payer. In outpatient risk adjustment, RAF depends on documented, supported diagnoses being correctly coded and then successfully transmitted on the encounter/claim to the payer's risk-adjustment ingestion process. If certain diagnoses are dropped (claim edits, interface mapping issues, encounter rejection, late submissions, or incomplete encounter files), the payer's dataset will under-represent HCCs and RAF will fall even though internal coding looks correct. CPT visibility (B) generally affects utilization/fee-for-service payment and analytics, not HCC-based RAF. Compliant queries (C) describe process quality but don't explain a payer-side RAF decline. A local "model not updated" (D) wouldn't reduce payer-calculated RAF if the payer is applying its own current model to received diagnoses.

質問 # 94
Given the following CMS-HCC categories, which is the correct order (highest to lowest) in the hierarchy?

- A. HCC 38, HCC 37, HCC 36, HCC 35
- B. HCC 35, HCC 37, HCC 36, HCC 38
- C. HCC 35, HCC 36, HCC 37, HCC 38
- D. HCC 38, HCC 36, HCC 37, HCC 35

正解：C

解説：
In the CMS-HCC model, certain disease groupings are arranged in hierarchies so that when multiple related conditions are reported for the same patient, only the most severe (highest-ranked) HCC in that hierarchy is counted for risk adjustment. This prevents "double counting" of clinically related conditions that represent the same underlying burden of illness. The cancer-related HCCs in the 35-38 range are an example of this hierarchical design: if a patient has diagnoses that map to more than one of these HCCs, the model retains the highest-ranked category and suppresses the lower ones. Therefore, the correct hierarchy order is from the most severe category (HCC 35) down sequentially through HCC 36, HCC 37, and HCC 38. From an outpatient CDI perspective, this reinforces why accuracy and specificity matter: documentation should clearly establish the most clinically severe, active, and treated condition so the correct (highest) HCC is captured, rather than relying on nonspecific or less severe descriptors that could under-represent patient complexity.

質問 # 95
Calculate the expected yearly cost for this patient based on the RAF score.

- A. $12,672.00
- B. $5,836.80
- C. $17,011.20
- D. $486.40

正解：B

解説：
In outpatient risk adjustment (commonly Medicare Advantage), the patient's predicted cost is derived from the Risk Adjustment

Factor (RAF), which is the sum of component risk contributions. Here, the RAF is calculated by adding the HCC diagnoses score (0.166), disease interactions (0.112), and demographic score (0.330). That total equals 0.608. The PMPM (per-member-per-month) baseline cost is $800. To estimate the patient's expected monthly cost, multiply PMPM by RAF: $800 × 0.608 = $486.40 per month. The question asks for the expected yearly cost, so convert PMPM to annual: $486.40 × 12 = $5,836.80. ACDIS outpatient CDI teaching emphasizes that accurate documentation and compliant coding directly affect RAF through captured HCCs and interactions (when supported), which in turn drives expected resource needs and plan payment. Missing or unsupported diagnoses can understate RAF; vague documentation can prevent valid HCC capture.

質問 # 96

When evaluating a CDI specialist's performance, which of the following expectations is held to the same standard for both inpatient and outpatient initiatives?

- A. Revenue impact
- B. Query compliance
- C. Review productivity
- D. Query opportunities

正解： B

解説：
Across both inpatient and outpatient CDI, the single expectation that must remain consistent is query compliance. While productivity targets, the types of query opportunities, and the way "impact" is measured can differ significantly by setting (e.g., DRG/CC-MCC focus in inpatient vs. HCC capture, specificity, and MEAT support in outpatient), the compliance framework for querying does not change. A compliant query must be clinically supported, non-leading, clearly written, and must allow the provider to independently determine the most accurate documentation based on the record. It should include relevant clinical indicators, present reasonable options (including "other"/"unable to determine" when appropriate), and avoid language that appears to request diagnoses for payment purposes. These principles protect documentation integrity, support defensible coding, and reduce audit risk regardless of whether the encounter is hospital-based or ambulatory. By contrast, "review productivity" and "revenue impact" vary widely by program design and setting, and "query opportunities" differ because inpatient vs. outpatient have different reportability rules and documentation drivers. Therefore, query compliance is the metric held to the same standard in both environments.

質問 # 97

Which of the following actions should be taken when the documentation states: "Hemiparesis, history of CVA, and intracranial trauma?"

- A. Report hemiparesis, history of CVA, and history of trauma.
- B. Query to clarify the etiology of the hemiparesis.
- C. Assign the code for hemiparesis.
- D. Report hemiparesis as sequelae of CVA.

正解： B

解説：
This documentation presents a key outpatient CDI problem: hemiparesis is present, but two potential causal conditions are referenced-history of CVA and intracranial trauma-without clear linkage. In ICD-10-CM, correct reporting of hemiparesis often depends on identifying whether it is a late effect (sequela) of a prior stroke, a residual from traumatic brain injury, or due to another neurologic condition. Coding hemiparesis automatically as a CVA sequela (option A) would be assumptive and potentially inaccurate, because the clinician has not documented the relationship. Likewise, simply coding hemiparesis alone (option D) may miss important etiologic specificity, and coding both histories without clarifying the cause (option B) still leaves the main clinical ambiguity unresolved. Outpatient CDI best practice is to issue a non-leading query requesting provider clarification of the etiology/source of the hemiparesis (e.g., due to prior CVA, due to prior intracranial trauma, both, or other/undetermined). This supports accurate diagnosis reporting, appropriate sequencing, and defensible risk/quality representation.

質問 # 98

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CCDS-O日本語独学書籍: https://www.mogiexam.com/CCDS-O-exam.html

- ACDIS CCDS-Oクラムメディア: 気楽に試験に合格するCertified Clinical Documentation Specialist-Outpatient 圜 Open Webサイト➥ www.passtest.jp 🡄検索{ CCDS-O }無料ダウンロードCCDS-O参考書勉強
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