

Reliable CCDS-O Test Price & PDF CCDS-O Cram Exam



365 days free upgrades are provided by ACDIS CCDS-O exam dumps you purchased change. To avoid confusion, get the ACDIS CCDS-O practice exam and start studying. To guarantee success on the first try, subject matter experts have created all of the ACDIS CCDS-O Exam Material.

If you want to pass the exam just one time, then choose us. We can do that for you. CCDS-O training materials are high-quality, they contain both questions and answers, and it's convenient for you to check your answers after practicing. In addition, CCDS-O exam dumps are edited by professional experts, and they are familiar with dynamics of the exam center, therefore you can pass the exam during your first attempt. We offer you free demo to have a try for CCDS-O Training Materials, so that you can have a deeper understanding of the exam dumps.

>> **Reliable CCDS-O Test Price** <<

PDF CCDS-O Cram Exam & CCDS-O Updated Demo

ExamDumpsVCE provide you with a clear and excellent choice and reduce your troubles. Do you want early success? Do you want to quickly get ACDIS Certification CCDS-O Exam certificate? Hurry to add ExamDumpsVCE to your Shopping Cart. ExamDumpsVCE will give you a good guide to ensure you pass the exam. Using ExamDumpsVCE can quickly help you get the certificate you want.

ACDIS Certified Clinical Documentation Specialist-Outpatient Sample Questions (Q102-Q107):

NEW QUESTION # 102

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 with peripheral angiopathy, hypertension
- B. Diabetes with peripheral angiopathy, atherosclerosis bilateral legs, diabetes with circulatory complication, hypertension

- C. Diabetes with peripheral angiopathy, atherosclerosis bilateral legs, hypertension
- D. Diabetes without complications, atherosclerosis bilateral legs

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 # 103

Which of the following encounters is billed as an outpatient encounter?

- A. ED visit that leads to observation stay
- B. ED visit that leads to inpatient admission
- C. Admission for COPD exacerbation with length of stay less than two midnights
- D. Ambulatory surgery encounter for scheduled sigmoid resection

Answer: A

Explanation:

Under Medicare billing rules applied in outpatient CDI education, observation services are outpatient (typically paid under Part B), even though the patient may stay in a hospital bed and receive ongoing monitoring and treatment. Therefore, an ED visit that converts to observation remains an outpatient encounter from a billing and documentation perspective, and the services are reported/paid as outpatient. By contrast, when an ED visit results in an inpatient admission, the encounter transitions to inpatient status, and many hospital ED services immediately preceding admission are commonly bundled/packaged with the inpatient stay rather than billed as a separate outpatient encounter. A scheduled sigmoid resection is generally a major procedure that is not typically performed as ambulatory/outpatient surgery in routine circumstances, so it is not the best outpatient choice here. Finally, "admission for COPD exacerbation with LOS less than two midnights" is ambiguous because "admission" implies inpatient, even though short stays may sometimes be observation/outpatient depending on medical necessity and the 2-midnight guidance. The clearest outpatient encounter is ED leading to observation.

NEW QUESTION # 104

A patient receives treatment for diabetes during a primary care visit. He has a glucose level of 240 and A1C of 7.9. The patient is prescribed Gabapentin 100mg TID. Which of the following should the CDI specialist query for?

- A. Diabetes with chronic kidney disease
- B. Diabetes with ketoacidosis
- C. Diabetes with peripheral neuropathy
- D. Diabetes with macular degeneration

Answer: C

Explanation:

In outpatient CDI chart review, a key skill is recognizing when medications and treatment plans suggest a specific diabetic complication that is not explicitly documented. Gabapentin is commonly prescribed for neuropathic pain, and in a diabetic patient it is frequently used to treat diabetic peripheral neuropathy symptoms (burning, tingling, numbness, shooting pain). ACDIS outpatient CDI guidance supports querying when there are strong clinical indicators that a more specific, clinically relevant diagnosis may be present and is being treated at the encounter, because diabetes codes require complication specificity when supported (e.g., "diabetes with neuropathy" rather than unspecified diabetes). The elevated glucose and A1C confirm ongoing diabetes management but do not, by themselves, indicate CKD, macular degeneration, or ketoacidosis. Ketoacidosis would require documentation of acute metabolic decompensation and supporting clinical/lab findings, which are not provided here. Therefore, the most appropriate

clarification is whether the patient has diabetic peripheral neuropathy (and whether it is painful neuropathy) being managed with gabapentin, so the provider can document the condition clearly and accurately.

NEW QUESTION # 105

Which of the following categories of MIPS is MOST impacted by CDI provider education around specificity with diagnoses and documentation?

- A. Quality and promoting interoperability
- B. Cost and improvement activity
- C. Improvement activity and promoting interoperability
- **D. Quality and cost**

Answer: D

Explanation:

CDI education focused on diagnosis specificity and complete, clinically supported documentation most directly influences the Quality and Cost performance categories. In the Quality category, many measures depend on correct identification of eligible patient populations (denominators), exclusions, and risk adjustment. When providers document conditions precisely (e.g., specific heart failure type, diabetes complications, CKD stage), it improves the accuracy of coded data that underpins measure calculations and risk stratification. In the Cost category, CMS uses claims-based methodologies that compare observed versus expected costs; accurate diagnosis capture affects patient complexity and risk adjustment, which can materially change expected cost targets and episode attribution. ACDIS outpatient CDI principles emphasize that incomplete or vague documentation can make patients appear less complex than they are, potentially worsening both quality comparisons and cost benchmarks. By contrast, Promoting Interoperability is driven primarily by EHR use and electronic processes, and Improvement Activities reflect practice transformation/engagement rather than diagnosis specificity. Therefore, Quality and Cost are the MIPS categories most impacted by CDI education on specificity.

NEW QUESTION # 106

A CDI specialist manager is reviewing the productivity metrics of the outpatient team and notes that one of the CDI specialists has a high query rate and a good physician response, but a low physician agree rate compared to the rest of the team. This likely indicates which of the following?

- A. The CDI specialist is writing leading queries.
- B. The data is not stratified enough to show a true picture of the productivity.
- C. The cases the CDI specialist is reviewing are more complex than other clinics.
- **D. The CDI specialist is creating poor quality queries.**

Answer: D

Explanation:

A high query rate with a strong physician response rate shows the CDI specialist is generating many queries and providers are opening/responding to them. However, a consistently low agree rate indicates providers frequently select "disagree," "clinically undetermined," or otherwise do not validate the query's suggested clarification. In outpatient CDI program management, that pattern most often reflects query quality problems—for example, queries that are not well-supported by encounter-specific clinical indicators, queries that are vague or overly speculative, or queries that do not align with outpatient reportability standards (e.g., prompting for diagnoses not clearly monitored/evaluated/assessed/treated). While leading queries are a compliance concern, the more direct operational inference from "high volume + answered + not agreed with" is that the queries are not clinically compelling or are poorly constructed, resulting in frequent provider non-concurrence. Case complexity alone would not reliably drive low agree rates if the queries were appropriately targeted and evidence-based. Therefore, the most likely interpretation is poor-quality queries requiring coaching on clinical support, clarity, and compliant construction.

NEW QUESTION # 107

.....

The ExamDumpsVCE is one of the top-rated and trusted platforms that are committed to making the ACDIS CCDS-O exam preparation simple, easy, and quick. To achieve this objective the ExamDumpsVCE is offering valid, updated, and easy-to-use ACDIS CCDS-O ExamPractice test questions in three different formats. These three formats are ACDIS CCDS-O exam practice

