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ACDIS CCDS-O Exam Syllabus Topics:

Section	Weight	Objectives
Topic 1: Clinical Conditions, Pathophysiology, and Chart Review	20%	- Clinical indicators, diagnostic tests, medications, and documentation triggers - Differentiating acute vs chronic, active vs historical conditions - Disease processes across all body systems and documentation relevance

Topic 2: Healthcare Regulations, Reimbursement, and Documentation Requirements	35%	- Official Guidelines for Coding and Reporting (OCG) for ICD-10-CM • 1. Coding guidelines for all ICD-10-CM chapters • 2. Core concepts of first-listed diagnosis - Outpatient Prospective Payment System (OPPS) and Ambulatory Payment Classifications (APCs) - Alternative payment models: ACO, MSSP, MACRA/MIPS - Provider coding and billing: CPT, Evaluation and Management (E/M), Medicare Physician Fee Schedule
Topic 3: CDI Program Concepts, Queries, and Quality	20%	- Problem list maintenance, provider education, and program operations - Compliant query development: principles, structure, and non-leading language - CDI metrics: query rates, capture rates, quality scores, denial prevention - Regulatory compliance: HIPAA, OIG work plan, confidentiality
Topic 4: Risk Adjustment Models and Documentation Impact	25%	- Hierarchies, disease interactions, and compliant HCC reporting - RADV audit concepts and documentation compliance - Medicare Advantage payment structure and documentation requirements - CMS-HCC model fundamentals and RAF scoring

>> CCDS-O日本語版復習指南 <<

認定するACDIS CCDS-O｜素敵なCCDS-O日本語版復習指南試験｜試験の準備方法Certified Clinical Documentation Specialist-Outpatient参考書勉強

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ACDIS Certified Clinical Documentation Specialist-Outpatient 認定 CCDS-O 試験問題 (Q89-Q94):

質問 # 89
A patient returns to a PCP for follow-up care related to a UTI. The provider documents "stage 3 CKD" as determined by a single eGFR of 52 mL/min. Which of the following actions should the CDI specialist take?

- A. Delete CKD diagnosis from claim as it was not treated during this encounter.
- B. Add diagnosis of CKD stage 3 to claim, as it is reportable.
- C. Review CKD staging criteria with provider.
- D. Query for stage 4 CKD.

正解：C

解説：
The CDI specialist should review CKD staging criteria with the provider because assigning CKD based on a single eGFR value can be clinically unreliable and may lead to inaccurate documentation and coding. Outpatient CDI guidance emphasizes that documentation must reflect a condition that is clinically valid, supported by the record, and accurately described, especially for chronic diseases. CKD is generally established by evidence of decreased kidney function or kidney damage that is persistent, not a one-time lab that could be affected by hydration status, acute illness, medications, or transient physiologic changes. While an eGFR of 52 falls within the numeric range commonly associated with stage 3a, the key CDI issue is the foundation for diagnosing chronic disease, not simply whether the number is "reportable." Option A inappropriately directs CDI to add diagnoses to claims; CDI supports providers and coding, but does not independently "add" conditions. Option C is incorrect because chronic conditions may

be coded when addressed/impact care, not only when actively treated. Option D is unsupported because eGFR 52 does not suggest stage 4.

質問 # 90
A CDI specialist reviews the record of a patient with a history of CHF and DM Type 2 who was seen in the clinic earlier that day for possible bronchitis, fever, congestion, dyspnea, and cough. A chest x-ray indicated LLL infiltrate, and a nebulizer treatment was administered while in the office. Levofloxacin and albuterol were prescribed. Which of the following is MOST appropriate to query?

- A. Presence of pneumonia
- B. Specificity of heart failure
- C. Diabetic complications
- D. Acuity of bronchitis

正解：A

解説：
The documented clinical picture and treatment plan better align with pneumonia than uncomplicated bronchitis, creating a clear documentation/coding consistency opportunity. A LLL infiltrate on chest x-ray is a classic clinical indicator for pneumonia, and prescribing levofloxacin supports treatment of a likely bacterial lower respiratory infection rather than routine viral bronchitis. The patient also has fever, dyspnea, cough, and required an in-office nebulizer treatment, all of which can accompany pneumonia and increase clinical significance. In outpatient CDI practice, the most appropriate query is the one that clarifies the provider's definitive diagnosis when objective findings and management suggest a more specific condition than what is stated (e.g., "possible bronchitis"). Querying for diabetic complications or heart failure specificity is not as directly supported by the encounter's indicators and treatment actions provided, and "acuity of bronchitis" is secondary if the true condition is pneumonia. Clarifying whether pneumonia is present ensures accurate reporting, medical necessity support, and appropriate risk/quality capture.

質問 # 91
A patient is seen in the obstetrical clinic, 6 weeks postpartum. She presents with resting heart rate of 58 BPM, initial blood pressure of 154/90, and respiratory rate of 20. She also complains of slight headaches, denies visual changes, and has no evidence of peripheral edema. History is significant for smoking and obesity. A blood pressure reading of 160/88 is taken at the end of the visit. The provider documents hypertension. Which of the following query opportunities is MOST appropriate?

- A. Hypertensive crisis - unspecified
- B. A more specific diagnosis, such as pre-eclampsia or eclampsia
- C. Whether the hypertension was pre-existing or developed during pregnancy
- D. Association of hypertension to smoking

正解：C

解説：
In obstetric and postpartum coding, the most important clarification is the type/timing of hypertension because ICD-10-CM has distinct categories for chronic (pre-existing) hypertension, gestational hypertension, and hypertensive disorders that persist into or present during the postpartum period. At 6 weeks postpartum with elevated readings (including a systolic of 160) and headache, the documentation "hypertension" is not specific enough to determine whether this represents chronic hypertension that predates pregnancy, gestational hypertension that has not resolved, or another pregnancy-related hypertensive disorder requiring different obstetric coding and follow-up. ACDIS outpatient CDI guidance prioritizes queries that resolve coding-impactful ambiguity using clinically supported options without leading the provider. While postpartum preeclampsia could be a clinical consideration, the note does not provide key supporting elements (e.g., proteinuria or other definitive severe-feature criteria), so jumping directly to preeclampsia/eclampsia is less appropriate than clarifying onset and relationship to pregnancy. Linking hypertension to smoking is not a standard required linkage for diagnosis coding, and "hypertensive crisis" is not supported by the documentation provided.

質問 # 92
Which of the following conditions is commonly treated with the medication sertraline?

- A. Asthma
- B. Schizophrenia
- C. Depression

- D. Heart failure

正解：C

解説：
Sertraline is a selective serotonin reuptake inhibitor (SSRI) most commonly used to treat depressive disorders and several anxiety-related conditions. In outpatient chart review, recognizing medication-condition relationships supports accurate problem list maintenance and compliant diagnosis reporting, but the diagnosis must still be clearly documented as assessed/managed at the encounter. Depression is the best match because SSRIs like sertraline are first-line pharmacologic therapy for major depressive disorder and are frequently continued long-term with monitoring for symptom control, side effects, and functional status. Schizophrenia is primarily treated with antipsychotic medications; sertraline may be used only as an adjunct if a comorbid depressive or anxiety disorder is present, so it is not the common primary treatment. Asthma management centers on bronchodilators and inhaled corticosteroids, not SSRIs. Heart failure therapy involves guideline-directed cardiac medications (e.g., beta-blockers, ACE inhibitors/ARNI, diuretics), and sertraline is not a standard heart failure treatment. Outpatient CDI education emphasizes documenting the specific mental health diagnosis, current status (stable/worsening), and treatment plan to support coding.

質問 # 93
Which of the following BEST represents performance metrics important to an outpatient CDI program?

- A. Severity of illness, HCC capture rate, and Medicare Case Mix Index
- B. HCC capture rate, unspecified code utilization rate, and query response rate
- C. Number of secondary diagnoses per claim, aggregate RAF score, and quality indicators
- D. Medicare Case Mix Index, aggregate RAF scores, and clinical denial rate

正解：B

解説：
Outpatient CDI performance is best measured by metrics that reflect ambulatory documentation quality, risk-adjustment accuracy, and provider engagement. HCC capture rate is central because outpatient CDI frequently supports risk adjustment (e.g., CMS-HCC/HHS-HCC) and aims to ensure chronic conditions are accurately documented, linked, and reported when they are actively managed. Unspecified code utilization rate is a practical quality metric for provider education because high unspecified use often signals missed clinical specificity (severity, laterality, acuity, manifestations, staging) that can reduce coding accuracy, obscure patient complexity, and weaken data used for benchmarking and quality reporting. Query response rate is also a core operational KPI: it reflects provider participation, workflow effectiveness, and the CDI team's ability to obtain timely clarifications that support compliant coding and complete clinical representation. In contrast, Medicare CMI and severity of illness are predominantly inpatient-focused constructs and are not the primary yardsticks for outpatient CDI program success. While aggregate RAF and quality indicators matter, the best "program performance" set is the one directly tied to outpatient CDI levers: HCC capture, specificity/unspecified reduction, and query responsiveness.

質問 # 94
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