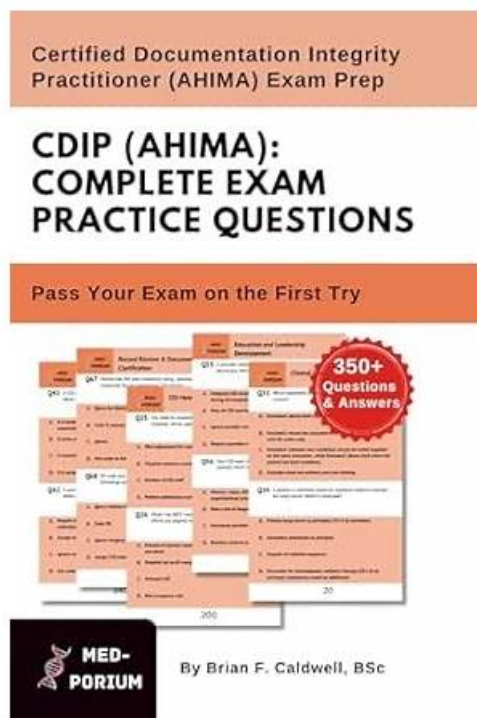


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AHIMA Certified Documentation Integrity Practitioner Sample Questions (Q116-Q121):

NEW QUESTION # 116

Which of the following individuals is the first line of escalation for an unanswered query?

- **A. CDI Manager**
- B. HIM/Coding Manager
- C. CDI Steering Committee
- D. Medical Director

Answer: A

Explanation:

Explanation

The first line of escalation for an unanswered query is the CDI Manager because they are responsible for overseeing the CDI program and ensuring compliance with query policies and procedures. The CDI Manager can monitor the query response rates, identify the providers who are not responding, and communicate with them to address any issues or barriers. The CDI Manager can also provide education and feedback to the providers on the importance and benefits of timely query responses. If the CDI Manager is unable to resolve the problem, then they can escalate it to the next level, such as the Medical Director or the CDI Steering Committee. (CDIP Exam Preparation Guide) References:

CDIP Exam Content Outline¹

CDIP Exam Preparation Guide²

Q&A: Establishing an escalation policy for inappropriate queries³

NEW QUESTION # 117

Which of the following clinical documentation integrity (CDI) dashboard metrics is frequently used to help evaluate the credibility of CDI practitioner queries and the success of the CDI program?

- **A. Provider agreement rate**
- B. Provider response rate
- C. CDI query rate
- D. CDI agreement rate

Answer: A

Explanation:

Explanation

The provider agreement rate is the percentage of queries that result in a change in the documentation or coding that is consistent with the query. It is a measure of the accuracy and appropriateness of the queries, as well as the provider's acceptance of the CDI program's recommendations. A high provider agreement rate indicates that the CDI practitioners are asking relevant and compliant queries that improve the quality and specificity of the documentation. The other options are not directly related to the credibility of the queries or the success of the CDI program. The CDI agreement rate is the percentage of queries that agree with the coder's final DRG assignment. The CDI query rate is the percentage of records that generate a query from the CDI practitioner. The provider response rate is the percentage of queries that receive a response from the provider.

NEW QUESTION # 118

A noncompliant query includes querying the provider regarding

- **A. gram-negative pneumonia on every pneumonia case, regardless of documented clinical indicators**
- B. morbid obesity due to BMI of 40.9 documented on the history and physical
- C. sepsis that was present on admission because sepsis was only documented in the discharge summary
- D. acute blood loss anemia due to low hemoglobin treated with iron supplements

Answer: A

Explanation:

Explanation

A noncompliant query includes querying the provider regarding gram-negative pneumonia on every pneumonia case, regardless of documented clinical indicators because it may lead to over-specification of a diagnosis that is not supported by the health record. A compliant query should be based on the clinical evidence and documentation in the record, and should not suggest or imply a diagnosis that is not clinically relevant or plausible. A query should also not be driven by reimbursement or coding factors, but by the need to improve the quality and accuracy of documentation. (CDIP Exam Preparation Guide) References:

CDIP Exam Content Outline¹

CDIP Exam Preparation Guide²

Guidelines for Achieving a Compliant Query Practice (2019 Update)³

NEW QUESTION # 119

A clinical documentation integrity practitioner (CDIP) is reviewing an outpatient surgical chart. The patient underwent a laparoscopic appendectomy for acute gangrenous appendicitis. Which coding reference should be used for coding advice on correct assignment of the procedure code for proper ambulatory payment classification (APC) reimbursement?

- **A. O AMA CPT Assistant**
- B. O ICD-10-CM/PCS Codebook
- C. The Merck Manual
- D. AHA Coding Clinic for ICD-10-CM/PCS

Answer: A

Explanation:

Explanation

The coding reference that should be used for coding advice on correct assignment of the procedure code for proper ambulatory payment classification (APC) reimbursement is the AMA CPT Assistant. The CPT Assistant is the official source of guidance from the American Medical Association (AMA) on the proper use and interpretation of the Current Procedural Terminology (CPT) codes, which are used to report outpatient and professional services. The CPT Assistant provides clinical scenarios, frequently asked questions, coding tips, and updates on CPT coding changes. The CPT codes are used to determine the APC reimbursement for outpatient services under the Medicare Outpatient Prospective Payment System (OPPS). (CDIP Exam Preparation Guide)

References:

CDIP Exam Content Outline¹

CDIP Exam Preparation Guide²

AMA CPT Assistant³

Medicare Claims Processing Manual Chapter 4 - Part B Hospital (Including Inpatient Hospital Part B and OPPS)

NEW QUESTION # 120

An 86-year-old female is brought to the emergency department by her daughter. The patient complains of feeling tired, weak and excessive sleeping. The patient's daughter comments that patient's mental condition has not been the same. Lab results are unremarkable except for a sodium level of 119, a BUN of 22, and a creatinine of 1.35. The patient receives normal saline IV infusing at 100 cc/hr. The admitting diagnosis is weakness, altered mental status and dehydration. Which of the following queries is presented in an ethical manner thus avoiding potential fraud and/or compliance issues?

- A. Patient is feeling tired, weak, sleeping a lot and has altered mental status. Sodium is 119 and she is on NS IV at 100 cc/hr. Is the altered mental status related to the sodium of 119?
- B. Patient's sodium is 119 and she is on NS IV at 100 cc/hr, does patient have hyponatremia?
- **C. Patient is feeling tired, weak, sleeping a lot and has altered mental status. Sodium is 119 and she is on NS IV at 100 cc/hr, please clarify the clinical significance of the lab result.**
- D. Patient's sodium is 119 and she is on NS IV at 100 cc/hr, is this clinically significant? If so, please document a corresponding diagnosis related to this lab result.

Answer: C

NEW QUESTION # 121

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