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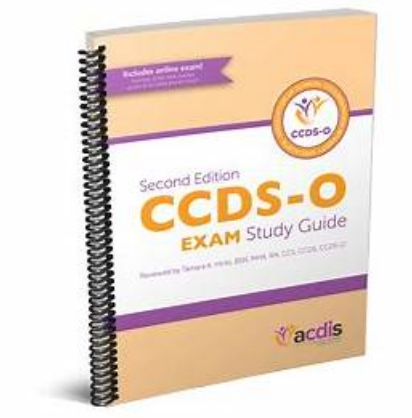

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ACDIS CCDS-O Exam Syllabus Topics:

Topic	Details
Topic 1	• and billing: Covers Official Coding Guidelines, OPPS reimbursement (APCs), and professional billing concepts including CPT E • M codes and Medicare Physician Fee Schedule documentation.
Topic 2	• CDI Program Concepts: Department Metrics and Provider Education: Covers provider education development, CDI performance metrics including query rates, RAF progression, HCC capture, ACO • MSSP impact, and physician documentation's effect on quality reporting.
Topic 3	• 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.

>> CCDS-O Valid Exam Syllabus <<

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ACDIS Certified Clinical Documentation Specialist-Outpatient Sample Questions (Q12-Q17):

NEW QUESTION # 12
Which of the following BEST defines a risk score under the CMS-HCC model?

- A. Beneficiary's individual demographic and health status
- B. Beneficiary and family demographics
- C. Beneficiary's demographics and social determinants
- D. Beneficiary's health status and risk of mortality

Answer: A

Explanation:
Under the CMS-HCC model, a beneficiary's risk score (RAF) is intended to represent the expected cost of caring for that individual relative to an average beneficiary. The score is calculated using two primary inputs: (1) the beneficiary's demographic factors (such as age, sex, Medicaid status/dual eligibility, disability status, and original reason for Medicare entitlement, depending on the model segment), and (2) the beneficiary's documented disease burden captured through ICD-10-CM codes that map to Hierarchical Condition Categories (HCCs). Those HCCs reflect the person's health status and severity, with hierarchy rules preventing "stacking" of related conditions and with certain interaction terms in some model versions. Social determinants are not generally described as the defining basis of the traditional CMS-HCC RAF in CDI education, and "family demographics" are not used. The model is not a mortality predictor; it is a cost/risk prediction tool for payment adjustment. Therefore, the best definition is the beneficiary's individual demographic and health status.

NEW QUESTION # 13
What diagnoses are included in code category N18, chronic kidney disease?

- A. GFR, ATN, and unspecified kidney failure
- B. CKD stage 3, CKD severe, and ESRD
- C. Dialysis, chronic uremia, and polycystic kidney disease
- D. AKI, ESRD, and dialysis

Answer: B

Explanation:
ICD-10-CM category N18 (Chronic kidney disease) is used to report CKD by stage, including stage-based descriptors and end stage renal disease (ESRD). Within N18, codes identify CKD stage 1 through stage 5, ESRD (stage 5D), and CKD unspecified. Outpatient CDI review focuses on ensuring providers document the stage (often supported by eGFR trends) because stage drives correct code selection and accurately reflects disease severity for risk, quality, and medical necessity. Options that include dialysis are not part of N18 itself; dialysis status and encounter codes are reported elsewhere (e.g., dialysis dependence/status codes), not as N18 category diagnoses. AKI (acute kidney injury) and ATN (acute tubular necrosis) are acute renal conditions and are coded outside N18. Likewise, polycystic kidney disease and "uremia" are separate diagnoses with their own code categories. Therefore, the set that correctly matches what N18 represents is CKD stage-based diagnoses such as CKD stage 3, more advanced/severe CKD stages, and ESRD.

NEW QUESTION # 14
A patient is scheduled to see his PCP in 3 days. A CDI specialist notes that during the patient's last visit earlier this year, the problem list shows both DM 2 associated erectile dysfunction and DM 2 without complications. The last clinic note states that DM 2 with autonomic neuropathy was addressed. The CDI specialist should do which of the following FIRST?

- A. Remove DM 2 without complications from the problem list

- B. Query the provider for the link between erectile dysfunction and DM 2
- C. Ask the patient if he still has DM 2 with autonomic neuropathy
- D. Query if the DM 2 is with or without complications

Answer: D

Explanation:
The record contains conflicting documentation: the problem list includes both "type 2 diabetes without complications" and diabetes with complications (erectile dysfunction association), while the most recent clinic note indicates the provider addressed "DM2 with autonomic neuropathy," which is clearly a diabetic complication. In outpatient CDI, the first priority is to resolve internal inconsistency so coding accurately reflects the patient's current clinical status and what was evaluated/managed at the encounter. A query should therefore focus on whether the patient's diabetes is with complications (and which complications are active/being addressed) versus truly without complications, because "without complications" is generally not appropriate when neuropathy/other manifestations are present and being managed. CDI staff also should not unilaterally remove items from the provider-maintained problem list, and asking the patient is not a reliable documentation/coding source for establishing diagnoses. Once the provider clarifies diabetes complication status, a follow-up clarification can address specific linkages (e.g., erectile dysfunction due to diabetes) if needed for correct code assignment

NEW QUESTION # 15
Which of the following Medicare patients demonstrates the highest level of risk based on the above chart?

- A. 65-year-old female, living at home, history includes diabetes type 2, obesity, and depression
- B. 64-year-old female, living at home, disabled due to chronic pain, history includes diabetes type 2, peripheral neuropathy, obesity, and depression
- C. 94-year-old female, living in skilled nursing facility, history includes diabetes type 2, peripheral neuropathy, morbid obesity, and depression
- D. 72-year-old female, living in skilled nursing facility, history includes diabetes type 2, peripheral neuropathy, morbid obesity, and depression

Answer: D

Explanation:
The Relative Factors table shown is a demographic/eligibility-driven component of risk scoring for female beneficiaries, separating patients by setting/status (community vs institutional) and age band. "Institutional" beneficiaries carry higher expected cost because they typically require more resources and support than community patients. In the chart, the institutional relative factor for females age 70-74 is higher than the community factors shown for similar ages and higher than the 90-94 institutional factor displayed. Among the answer choices, option C is the only patient who matches an institutional setting (skilled nursing facility) in the 70-74 age band (72 years). Option D is also institutional, but the table's 90-94 institutional value is lower than the 70-74 institutional value in this specific chart. Options A and B are community patients, whose relative factors are lower than the institutional values shown. While the listed diagnoses are clinically important and may affect HCC-based risk, the question asks "based on the above chart," so the highest risk is determined by the chart's demographic/setting factor-making the 72-year-old institutional patient the highest.

NEW QUESTION # 16
Which of the following lab values, when trended for greater than 3 months, indicates an objective measure of chronic kidney damage?

- A. BUN <12 mg/dL
- B. BNP >1000 pg/mL
- C. GFR <60 ml/min
- D. Glucose >100 mg/dL

Answer: C

Explanation:
Chronic kidney disease (CKD) is defined by evidence of kidney damage or reduced kidney function that persists for at least three months. An estimated glomerular filtration rate (eGFR/GFR) below 60 mL/min sustained over that timeframe is an objective indicator of chronically decreased renal function and supports CKD identification and staging in the outpatient record. This is why outpatient CDI programs frequently use trended eGFR as a clinical indicator to prompt documentation of CKD stage (e.g., stage 3a/3b, stage 4, etc.) when appropriate. BNP >1000 is more aligned with heart failure severity/volume status rather than kidney

damage. BUN <12 is within/near normal and does not indicate renal impairment (elevated BUN may be seen with renal dysfunction but is less specific and affected by hydration, diet, GI bleed). Glucose >100 is a screening indicator for impaired fasting glucose/prediabetes but does not, by itself, establish chronic kidney damage. Therefore, sustained GFR <60 is the best objective lab-based measure of chronic kidney damage over time.

NEW QUESTION # 17

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