

# CCDS-O최고품질덤프문제보기완벽한시험기출자료

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>> CCDS-O최고품질덤프문제보기 <<

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## ACDIS CCDS-O 시험요강:

주제	소개
주제 1	<ul style="list-style-type: none"> <li>Healthcare regulations, reimbursement, and documentation requirements related to the Official Guidelines for</li> </ul>
주제 2	<ul style="list-style-type: none"> <li>and billing: Covers Official Coding Guidelines, OPSS reimbursement (APCs), and professional billing concepts including CPT E</li> <li>M codes and Medicare Physician Fee Schedule documentation.</li> </ul>
주제 3	<ul style="list-style-type: none"> <li>CDI Program Concepts: Department Metrics and Provider Education: Covers provider education development, CDI performance metrics including query rates, RAF progression, HCC capture, ACO</li> <li>MSSP impact, and physician documentation's effect on quality reporting.</li> </ul>
주제 4	<ul style="list-style-type: none"> <li>Quality, Regulatory, and Health Initiatives: Covers population health, MSSP, ACO models, MACRA</li> <li>MIPS, compliant query development, RADV audits, OIG compliance, problem list maintenance, and HIPAA requirements in outpatient CDI.</li> </ul>
주제 5	<ul style="list-style-type: none"> <li>Risk Adjustment Models and Impact of Documentation and Coding: Covers CMS-HCC model fundamentals, RAF scoring, Medicare Advantage payments, hierarchies, disease interactions, and compliant HCC reporting requirements.</li> </ul>

## 최신 Clinical Documentation Specialist CCDS-O 무료샘플문제 (Q82-Q87):

### 질문 # 82

In February, a patient is diagnosed with prostate cancer, which is classified as HCC 23. In October, the patient is diagnosed with prostate cancer with bone metastases, which is classified as HCC 18. Which of the following is true about the patient's risk score?

- A. The risk score will be calculated based upon HCC 23 because it was captured first.
- B. The risk score will be calculated based upon HCC 18 and HCC 23 because they were both documented and coded in the same calendar year.
- C. The risk score will be calculated based upon HCC 18 because it has the highest weight in the hierarchy HCC 23.
- D. The risk score will not be impacted by the presence of HCC 18 or HCC 23 because they are not currently being treated.

정답: C

### 설명:

In the CMS-HCC model, many related conditions are organized into hierarchies so that only the most severe manifestation within a disease family contributes to the RAF. This prevents double counting when multiple codes describe progressive severity of the same underlying condition. Cancer categories are a common example: a diagnosis reflecting metastatic disease represents substantially higher expected resource utilization than a diagnosis of localized/primary malignancy. In this scenario, the February prostate cancer maps to a lower-severity HCC (HCC 23), while the October documentation of prostate cancer with bone metastases maps to a higher-severity HCC (HCC 18). When both are captured within the applicable period, the hierarchy logic retains the higher-weighted metastatic category and suppresses the lower category. The timing of which was coded first does not control the hierarchy outcome, and both HCCs are not counted together when they fall within the same hierarchical grouping. Therefore, the patient's risk score calculation reflects HCC 18 rather than HCC 23.

### 질문 # 83

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 creating poor quality 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 writing leading queries.

**정답: A**

**설명:**

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.

**질문 # 84**

A patient presents to the clinic with indwelling Foley catheter, symptoms of fatigue, and low back pain with BPH. Labs reveal WBC 20, and the urine culture is positive for E. coli. Prescription antibiotics are ordered for a UTI. Which of the following is the BEST query opportunity?

- A. Etiology of low back pain
- B. Etiology of BPH
- C. UTI related to catheter
- D. Leukocytosis

**정답: C**

**설명:**

The strongest CDI query opportunity is clarifying whether the UTI is catheter-associated. The patient has an indwelling Foley catheter, significant leukocytosis (WBC 20), a positive urine culture for E. coli, and is being treated with antibiotics for UTI—these indicators raise a clear question about the etiology of infection and whether it is related to the urinary catheter. In outpatient CDI practice, linking the infection to a device (when clinically supported) improves documentation accuracy, supports correct code assignment, and has important quality and compliance implications because catheter-associated UTIs are captured differently than uncomplicated UTIs. By comparison, querying the "etiology of BPH" is not supported as an immediate gap (BPH is already stated), and the "etiology of low back pain" is less directly tied to the documented treatment focus (UTI management). "Leukocytosis" is a lab finding that is already objectively supported and often represents a symptom/abnormal result rather than the principal clarification needed. Therefore, confirming whether the UTI is related to the Foley catheter is the best, most clinically anchored query.

**질문 # 85**

Which of the following is a leading query?

- A. "Your documentation states the patient drinks a 6-pack of beer nightly. Does this patient have alcohol dependence? Yes/No (circle one)"
- B. "The patient has a past medical history of RUL lung cancer. Should lung cancer be classified as: A) currently being treated, B) History of lung CA?"
- C. "The documentation includes modifications for current Celexa dosages. Can you please identify the condition treated with this medication?"
- D. "The patient has a BMI of 42 per the nursing documentation. Does this patient have a medically relevant diagnosis to accompany the BMI? Please select one of the following options. A) morbid obesity, B) obesity, C) overweight, D) Other \_\_\_\_, E) Clinically undetermined"

**정답: A**

**설명:**

A leading query is one that steers the provider toward a particular diagnosis or limits clinically appropriate choices in a way that can be perceived as prompting. Option D is leading because it presents a single, high-impact diagnosis ("alcohol dependence") and forces a binary yes/no response without offering reasonable alternative interpretations (e.g., alcohol use, alcohol abuse/harmful use, dependence in remission, or clinically undetermined) or an "other" option. In addition, it attempts to obtain a potentially new diagnosis based on one data point (quantity consumed) without a balanced set of diagnostic possibilities and supporting clinical indicators (tolerance, withdrawal, impairment, failed attempts to cut down, etc.). By contrast, A is open-ended and requests

clarification of the treated condition; B provides two plausible classification choices (active vs history); and C offers multiple reasonable BMI-related diagnostic options plus "other" and "clinically undetermined," which supports compliant, non-leading clarification. Therefore, D best fits the definition of a leading query.

### 질문 # 86

A 76-year-old patient presents for a wellness visit. The patient's vitals are BP 120/80, T 98.7, R 19, and there are no abnormal findings in the exam. The patient has COPD, home oxygen, anemia, hypertension, diabetes, fatigue, and weakness. The patient's medications are called into the pharmacy and home health resource of choice. Which of the following is the BEST query option?

- A. Acute blood loss anemia
- B. Peripheral neuropathy
- C. CKD
- D. Chronic respiratory failure

정답: D

설명:

The best query is chronic respiratory failure because home oxygen is a strong clinical indicator that often reflects an underlying chronic hypoxemic condition beyond uncomplicated COPD. Outpatient CDI guidance stresses that queries should be driven by present clinical indicators in the note and should seek clarification that impacts accurate diagnosis capture and ongoing care. Here, the provider documents COPD plus home oxygen and is arranging continued services (medication management and home health), which supports asking whether the patient has a reportable condition such as chronic respiratory failure with hypoxia (or COPD with chronic hypoxemia) and whether it is being monitored/managed. The other options lack support: acute blood loss anemia has no bleeding, hemodynamic instability, or acute findings; peripheral neuropathy is not assessed or described despite diabetes; and CKD has no labs, staging, history, or assessment. A compliant query would be non-leading and include the indicator (home O<sub>2</sub>) and request the most accurate diagnosis and specificity/status.

### 질문 # 87

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