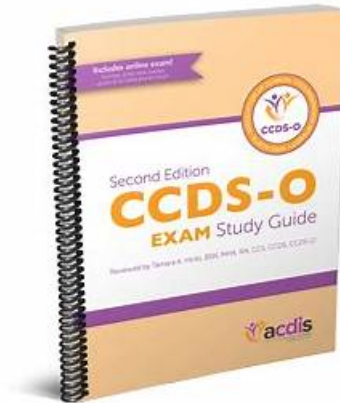


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ACDIS CCDS-O Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> • and billing: Covers Official Coding Guidelines, OPSS reimbursement (APCs), and professional billing concepts including CPT E • M codes and Medicare Physician Fee Schedule documentation.
Topic 2	<ul style="list-style-type: none"> • Healthcare regulations, reimbursement, and documentation requirements related to the Official Guidelines for
Topic 3	<ul style="list-style-type: none"> • Quality, Regulatory, and Health Initiatives: Covers population health, MSSP, ACO models, MACRA • MIPS, compliant query development, RADV audits, OIG compliance, problem list maintenance, and HIPAA requirements in outpatient CDI.

Topic 4	<ul style="list-style-type: none"> • 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 5	<ul style="list-style-type: none"> • 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.
Topic 6	<ul style="list-style-type: none"> • 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.

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

NEW QUESTION # 102

A patient reports recent weight loss of 10 pounds in the last two months, decreased appetite, and no energy or desire to eat. She describes an inability to concentrate and complete simple tasks, likely due to ongoing insomnia. Documentation includes a PHQ-9 score of 11, and the patient is currently on paroxetine for depression. Which of the following is a query opportunity to obtain more specificity?

- A. Major depressive disorder
- B. Major depressive occurrence
- C. Major depressive event
- D. Major depressive reaction

Answer: A

Explanation:

In outpatient CDI, a strong specificity opportunity is to clarify the exact diagnostic term that best matches clinical indicators and supports correct ICD-10-CM reporting. The patient has multiple depressive symptoms (weight loss, poor appetite, low energy, impaired concentration), is already treated with an antidepressant (paroxetine), and has a PHQ-9 score of 11, consistent with at least moderate depressive symptom burden that warrants diagnostic clarity. Among the options, only Major Depressive Disorder (MDD) is a recognized clinical diagnosis category with structured ICD-10-CM options that require further specificity (e.g., single vs recurrent episode, severity-mild/moderate/severe, psychotic features, and remission status). The other choices ("occurrence," "event," "reaction") are nonspecific, nonstandard phrases that do not reliably map to accurate ICD-10-CM diagnostic reporting and do not help improve documentation precision. A compliant query would ask the provider to specify whether the patient has MDD and, if so, document the episode type/severity and relationship to insomnia if clinically relevant, ensuring the record reflects what is being evaluated and treated during the encounter.

NEW QUESTION # 103

During a PCP visit, a provider notes a patient's history of pathological fracture of the thoracic spine related to osteoporosis. Documentation states: "Decreased muscle mass and significant weight loss in the last six months." Which of the following should the CDI specialist query for?

- A. Degree of muscle atrophy
- B. Presence of malnutrition

- C. Type of osteoporosis
- D. Acuity of the pathological fracture

Answer: B

Explanation:

The documentation "decreased muscle mass and significant weight loss in the last six months" raises a strong clinical indicator for a nutrition-related condition (e.g., malnutrition, cachexia, or other clinically significant weight loss) that should be clarified by the provider. In outpatient CDI practice, ACDIS-based guidance emphasizes querying when there are objective or clearly stated indicators suggesting an additional diagnosis that is clinically relevant, affects management, or reflects patient complexity. Malnutrition is particularly important because it can explain functional decline, frailty, and increased risk of falls/fractures, and it often changes the care plan (dietary counseling, nutrition referral, supplementation, labs, monitoring). While "degree of muscle atrophy" and "acuity of the fracture" could matter in other contexts, the note explicitly highlights a systemic decline over six months rather than an acute fracture issue. "Type of osteoporosis" is relevant for specificity, but the new, clinically significant clue here is unintended weight loss with muscle wasting-making malnutrition the most appropriate clarification opportunity.

NEW QUESTION # 104

In which of the following situations would a yes/no query format be considered compliant?

- A. Obtaining a specification of a contributing organism to an infection
- B. Clarifying acuity of disease process
- C. Obtaining a new (previously undocumented) diagnosis
- **D. Resolving conflicting documentation from multiple providers**

Answer: D

Explanation:

A yes/no query format is considered compliant when it is used to resolve a clear documentation conflict and the provider is being asked to confirm which statement accurately reflects the patient's condition for that encounter. In these situations, the intent is not to introduce a new diagnosis or steer the provider toward a particular coded outcome, but to reconcile inconsistent information already present in the record (e.g., one clinician documents a condition and another documents the opposite, or different notes describe different statuses). A focused yes/no confirmation can be appropriate because the clinical question is essentially binary: which interpretation is correct. By contrast, obtaining a new diagnosis generally requires an open-ended or multiple-choice format with balanced options (including "unable to determine") and strong encounter-specific indicators to avoid leading. Likewise, organism specification and acuity clarification often involve more than two clinically valid possibilities (different organisms, acute vs chronic vs acute-on-chronic, etc.), making yes/no overly restrictive and potentially leading. Therefore, resolving conflicting documentation is the best fit for a compliant yes/no query.

NEW QUESTION # 105

A 75-year-old with a PMH of chronic foot ulcer, CKD, and depression is seen by his PCP for continued fatigue and decreased urination. Labs drawn on previous day are reviewed. Patient describes extreme fatigue and no motivation. Assessment and plan include: "CKD 3 with renal failure - refer to nephrologist. Chronic nonpressure foot ulcer - home care for wound assessment. Depression - Rx for SSRI." Which of the following are the validated diagnoses that risk adjust and qualify as CMS-HCCs?

- A. Chronic non-pressure ulcer; depression
- **B. CKD 3; chronic non-pressure ulcer**
- C. Depression; renal failure
- D. Renal failure; CKD 3

Answer: B

Explanation:

Under CMS-HCC methodology, risk adjustment is driven by ICD-10-CM diagnoses that map to HCC categories and are supported as active conditions addressed at the encounter. CKD stage 3 is a classic HCC-qualifying chronic condition because it represents ongoing kidney disease severity and expected resource use, and in this note it is actively assessed with labs reviewed and a nephrology referral. A chronic non-pressure foot ulcer is also typically HCC-qualifying when documented as ongoing and requiring management, which is supported here by home care/wound assessment planning. In contrast, "depression" (without specification such as major depressive disorder severity/status) commonly does not qualify for HCC in the way major depressive/bipolar categories do, making it less reliable as a risk-adjusting diagnosis. Likewise, "renal failure" is nonspecific and potentially conflicting

with CKD stage 3; CDI best practice would be to clarify acuity/severity (acute kidney injury vs CKD stage vs ESRD) rather than assume "renal failure" as an HCC driver. Therefore, the validated HCC-qualifying pair is CKD 3 and chronic non-pressure ulcer.

NEW QUESTION # 106

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

Answer: D

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 # 107

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