

CDIP過去問、CDIP前提条件

CDIP Toolkit exam questions with correct answers

recent drivers of CDI (p2) - Answer-- MS-DRGs 2007 to reflect SOI/ROM
- POA indicators 2008
- Medicare Advantage/Part C (capitated, HCC)
- some payers moving to APR DRGs
- compliance reviews: RAC, Zone Program Integrity Contractors, Medicaid Integ Contractors

purpose of CDI program (p2) - Answer-to initiate concurrent and, as appropriate, retrospective reviews of health records for conflicting, incomplete, or nonspecific provider documentation.

goal of CDI reviews (p2) - Answer-to identify clinical indicators to ensure that all diagnoses and procedures are supported by ICD-9-CM codes.

key CDI stakeholders (p3) - Answer-- HIM and coding departments
• Case management and utilization review
• Medical staff and physician leadership
• Executive leadership
• Patient financial services or billing
• Finance and revenue cycle
• Quality and risk management
• Nursing
• Compliance and ethics

some examples of CDI goals (p4) - Answer-- Obtain clinical documentation that captures the patient severity of illness and risk of mortality
• Identify and clarify missing, conflicting, or nonspecific physician documentation related to diagnoses and procedures
• Support accurate diagnostic and procedural coding, MS-DRG assignment, leading to appropriate reimbursement
• Promote health record completion during the patient's course of care, which promotes patient safety
• Improve communication between physicians and other members of the healthcare team
• Provide awareness and education
• Improve documentation to reflect quality and outcome scores
• Improve coders' clinical knowledge

無料でクラウドストレージから最新のJpshiken CDIP PDFダンプをダウンロードする: <https://drive.google.com/open?id=1IoMTgF3g6xid4PhWOxF5imOuTWBWocZX>

CDIP試験のAPPテストエンジンのような多くの受験者は、非常に強力に思えるので。このバージョンに興味がある場合は、購入できます。このバージョンでは、CDIP試験問題集の質問と回答だけでなく、実践と習得が容易な機能も提供します。携帯電話、iPadなどのブラウザを開くことができる場合にのみ、あらゆる電子製品で使用できます。常に実際のテストに不安がある場合、またはテストの終了時間を制御できない場合、AHIMA CDIP試験ブレンダンプのAPPテストエンジンは、時間指定テストを設定し、実際のテストシーンをシミュレートできます。

CDIP準備ガイドの購入経験をより快適にするために、当社はすべての人に24時間のオンラインサービスを提供します。当社の専門家および教授は、すべてのお客様向けのCDIP試験問題に関するオンラインサービスシステムを設計しました。当社の多くの専門家や教授が設計したCDIPテストプラクティスファイルを購入すると、オンラインワーカーが学習期間中、昼夜を問わずサービスを提供することを約束できます。また、購入後1年間、CDIP学習ガイドの更新をお楽しみいただけます。

>> CDIP過去問 <<

CDIP過去問 - Certified Documentation Integrity Practitionerに合格するための最も鋭い刀

あなたはCDIP試験の重要性を意識しましたか。答えは「いいえ」であれば、あなたは今から早く行動すべきです。CDIP認定試験資格証明書を取得したら、給料が高い仕事を見つけることができます。また、CDIP練習問題を勉強したら、いろいろな知識を身につけることができます。CDIP練習問題は全面的な問題集からです。

AHIMA Certified Documentation Integrity Practitioner 認定 CDIP 試験問題 (Q130-Q135):

質問 # 130

After one year, the clinical documentation integrity (CDI) program has become stagnant, and the manager plans to reinvigorate the program to better reflect the CDI efforts in the organization. What can the manager do to ensure program success?

- A. Prioritize to focus on efforts with the largest return on investment
- **B. Establish a CDI steering committee to build a strong foundation**
- C. Identify key metrics to develop program measures for coders
- D. Expand the CDI program to larger areas in outpatient clinics

正解: B

解説:

Explanation

A CDI steering committee is a group of interdisciplinary leaders who oversee and guide the CDI program's objectives, outcomes, and metrics. The committee should include representatives from finance, clinical, coding, quality, and other areas that are impacted by CDI. The committee should meet regularly to review the CDI program's performance, identify opportunities for improvement, and provide support and education to the CDI staff and providers. A CDI steering committee can help reinvigorate a stagnant CDI program by ensuring that it aligns with the organization's vision and mission, addresses the current challenges and needs, and fosters collaboration and communication among stakeholders. The other options are not necessarily effective ways to reinvigorate a CDI program. Expanding the CDI program to larger areas in outpatient clinics may not be feasible or appropriate without a clear strategy and plan. Prioritizing to focus on efforts with the largest return on investment may not reflect the true value and quality of the CDI program. Identifying key metrics to develop program measures for coders may not capture the full scope and impact of the CDI program.

質問 # 131

A patient is admitted for chronic obstructive pulmonary disease (COPD) exacerbation. The patient is on 3L of home oxygen and is treated during admission with 3L of oxygen. The most appropriate action is to

- A. query the provider to see if chronic respiratory failure is supported by the health record
- B. code the diagnoses of COPD exacerbation and chronic respiratory failure
- C. query the provider to see if respiratory insufficiency is supported by the health record
- **D. query the provider to see if acute on chronic respiratory failure is supported by the health record**

正解: D

解説:

Explanation

According to the AHIMA/ACDIS Query Practice Brief, one of the scenarios that warrants a query is when there is clinical evidence of a higher degree of specificity or severity¹. In this case, the patient's COPD exacerbation and oxygen therapy may indicate a higher level of respiratory impairment than chronic respiratory failure alone. Therefore, a query to the provider to see if acute on chronic respiratory failure is supported by the health record is appropriate and compliant. Acute on chronic respiratory failure is a more specific and severe diagnosis that may affect the patient's severity of illness, risk of mortality, and reimbursement². The other options are not correct because they either assume a diagnosis without querying the provider, or query for a less specific or severe diagnosis than what the clinical indicators suggest.

References:

Guidelines for Achieving a Compliant Query Practice (2019 Update) - AHIMA Q&A: Respiratory failure in a drug overdose | ACDIS

質問 # 132

A 100-year-old female presents to the emergency department with altered mental state and a 3-day history of productive cough, shortness of breath, and fever after a witnessed aspiration 3 days ago. The patient lives in custodial care at a nearby skilled nursing

facility. Patient was treated with Augmentin at the facility without improvement. Exam is notable for Tc 38.9, blood pressure 142/78, respiratory rate 28, pulse 91. There is accessory muscle use with breathing.

Patient is moaning and disoriented but otherwise the neurologic exam is nonfocal.

Labs notable for sodium 126, creatinine 0.5, white blood count 17.5, hemoglobin 13, platelet 200, venous blood gas 7.44/32/45/-3

Chest x-ray shows bilateral lower lobe infiltrates and dense right lower lobe consolidation.

Patient is placed on bilevel positive airway pressure and given vancomycin, piperacillin/tazobactam, levofloxacin.

Discharge Diagnosis: health care associated pneumonia (HCAP), respiratory distress, altered mental status, low sodium. Which list of diagnoses require a post-discharge query that will result in a more specific principal diagnosis with the highest level of severity of illness and risk of mortality?

- A. Severe sepsis, hyponatremia, delirium, pneumonia
- **B. Aspiration pneumonia, hyponatremia, septic encephalopathy, and sepsis with acute hypoxemic respiratory failure**
- C. Sepsis with acute hypoxemic respiratory failure, hyponatremia, pneumonia
- D. Coma, stroke, HCAP, hyponatremia

正解: B

解説:

Explanation

A post-discharge query is needed to obtain a more specific principal diagnosis with the highest level of severity of illness (SOI) and risk of mortality (ROM) for this patient. The discharge diagnosis of health care associated pneumonia (HCAP) is not specific enough to capture the etiology, site, and severity of the pneumonia. Based on the clinical indicators in the case scenario, such as the history of aspiration, the chest x-ray findings, the elevated white blood count, the fever, and the antibiotic treatment, a more specific diagnosis of aspiration pneumonia would be appropriate. Aspiration pneumonia is a type of pneumonia that occurs when foreign material, such as food or vomit, is inhaled into the lungs, causing inflammation and infection. Aspiration pneumonia has a higher SOI and ROM than HCAP because it is associated with more complications and poorer outcomes 1.

Additionally, the discharge diagnosis of altered mental status is vague and does not reflect the underlying cause or severity of the condition. Based on the clinical indicators in the case scenario, such as the fever, the low sodium level, the moaning and disorientation, and the venous blood gas results, a more specific diagnosis of septic encephalopathy would be appropriate. Septic encephalopathy is a type of delirium that occurs when sepsis affects the brain function, causing confusion, agitation, or reduced consciousness. Septic encephalopathy has a higher SOI and ROM than altered mental status because it indicates a systemic inflammatory response and multi-organ dysfunction 2.

Furthermore, the discharge diagnosis of respiratory distress is also vague and does not reflect the underlying cause or severity of the condition. Based on the clinical indicators in the case scenario, such as the shortness of breath, the accessory muscle use, the respiratory rate, and the bilevel positive airway pressure treatment, a more specific diagnosis of acute hypoxemic respiratory failure would be appropriate. Acute hypoxemic respiratory failure is a type of respiratory failure that occurs when there is insufficient oxygen exchange in the lungs, causing low oxygen levels in the blood. Acute hypoxemic respiratory failure has a higher SOI and ROM than respiratory distress because it indicates a life-threatening condition that requires mechanical ventilation or oxygen therapy 3.

Finally, based on the clinical indicators in the case scenario, such as the fever, the elevated white blood count, and the antibiotic treatment, a diagnosis of sepsis should also be included in the query. Sepsis is a serious complication of infection that occurs when the body's immune system overreacts to an infection and causes widespread inflammation and organ damage. Sepsis has a high SOI and ROM because it can lead to septic shock or death if not treated promptly 4.

Therefore, a post-discharge query should ask the provider to confirm or rule out aspiration pneumonia, hyponatremia (low sodium level), septic encephalopathy, and sepsis with acute hypoxemic respiratory failure as possible diagnoses for this patient. These diagnoses would result in a more specific principal diagnosis with the highest level of SOI and ROM for this patient.

References:

CDIP Exam Content Outline (<https://www.ahima.org/media/1z0x0x1a/cdip-exam-content-outline.pdf>) Aspiration Pneumonia - an overview | ScienceDirect Topics1 Septic Encephalopathy - an overview | ScienceDirect Topics2 Acute Hypoxemic Respiratory Failure - an overview | ScienceDirect Topics3 Sepsis - Symptoms and causes - Mayo Clinic4

質問 # 133

Hospital-acquired condition pay provisions apply only to

- A. inpatient psychiatric hospitals
- B. critical access hospitals
- C. long-term acute care hospitals
- **D. inpatient prospective payment system hospitals**

正解: D

解説:

Explanation

Hospital-acquired condition pay provisions apply only to inpatient prospective payment system hospitals because they are subject to the CMS policy that reduces payments for cases with conditions that were not present on admission. This policy is intended to encourage hospitals to improve the quality of care and prevent avoidable complications. Other types of hospitals, such as critical access hospitals, long-term acute care hospitals, and inpatient psychiatric hospitals, are not affected by this policy and are paid based on different methodologies. (CDIP Exam Preparation Guide) References:

CDIP Exam Content Outline1

CDIP Exam Preparation Guide2

Hospital-Acquired Conditions (Present on Admission Indicator): Hospital ...3

質問 # 134

A clinical documentation integrity practitioner (CDIP) is developing a plan to promote the CDI program throughout a major hospital. It is proving challenging to find support. What is a primary step for the CDIP?

- A. Teach nursing staff about documentation integrity
- B. Determine primary interests and needs as requested
- C. Determine primary interests of an individual or department
- D. Teach coding classes to the new physicians as needed

正解: C

解説:

Explanation

A primary step for the CDIP to promote the CDI program throughout a major hospital is to determine the primary interests of an individual or department that could benefit from or support the CDI program. This is because different stakeholders may have different motivations, expectations, and challenges related to CDI, and the CDIP should tailor the communication and education strategies accordingly. For example, physicians may be interested in how CDI can improve their quality metrics, reimbursement, and patient outcomes; coders may be interested in how CDI can reduce coding errors, denials, and queries; and executives may be interested in how CDI can enhance revenue integrity, compliance, and reputation. By identifying the primary interests of each individual or department, the CDIP can demonstrate the value and relevance of the CDI program, address any barriers or concerns, and foster collaboration and engagement 23.

References: 1: AHIMA CDIP Exam Prep, Fourth Edition, p. 133 4 2: How to Promote Your Clinical Documentation Improvement Program 3: How to Market Your Clinical Documentation Improvement Program

質問 # 135

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CDIP前提条件: https://www.jpshiken.com/CDIP_shiken.html

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有難い-一番優秀なCDIP過去問試験-試験の準備方法CDIP前提条件

P.S. JpshikenがGoogle Driveで共有している無料かつ新しいCDIPダンプ: <https://drive.google.com/open?id=1IoMTgF3g6xid4PhWOxF5imOuTWBWocZX>