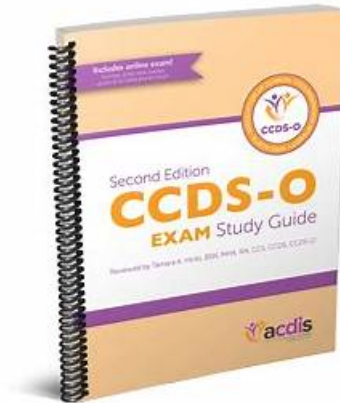


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## ACDIS CCDS-O Exam Syllabus Topics:

Topic	Details

Topic 1	<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>
Topic 2	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Topic 3	<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>
Topic 4	<ul style="list-style-type: none"> <li>• Healthcare regulations, reimbursement, and documentation requirements related to the Official Guidelines for</li> </ul>
Topic 5	<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>

## ACDIS Certified Clinical Documentation Specialist-Outpatient Sample Questions (Q29-Q34):

### NEW QUESTION # 29

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

**Answer: A**

Explanation:

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.

### NEW QUESTION # 30

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. Type of osteoporosis
- B. Presence of malnutrition
- C. Acuity of the pathological fracture
- D. Degree of muscle atrophy

**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 # 31

Provider documentation states: "Type 2 Diabetes with bilateral peripheral arteriosclerotic disease of LE. Bilateral pedal pulses present. Review Hgb A1C and CBC. No change in treatment. Hypertension evaluated and well controlled on Lopressor." Which of the following conditions should be coded?

- A. Diabetes without complications, atherosclerosis bilateral legs
- **B. Diabetes with peripheral angiopathy, atherosclerosis bilateral legs, hypertension**
- C. Diabetes with peripheral angiopathy, atherosclerosis bilateral legs, diabetes with circulatory complication, hypertension
- D. Diabetes with peripheral angiopathy, hypertension

**Answer: B**

Explanation:

The documentation explicitly links the conditions by stating "Type 2 Diabetes with bilateral peripheral arteriosclerotic disease of LE," which supports a diabetic circulatory manifestation rather than "diabetes without complications." In outpatient CDI chart review, the word "with" and clear provider linkage allow coding of diabetes "with peripheral angiopathy" (a diabetes complication category) when peripheral arterial/arteriosclerotic disease is documented as associated. In addition, best practice is to code both the diabetes complication category and the specific manifestation when supported, because the manifestation (atherosclerosis of the lower extremities, bilateral) further describes the clinical condition being evaluated. Hypertension is also evaluated and managed ("well controlled on Lopressor"), meeting outpatient reporting expectations for an active condition addressed during the encounter. Option D is incorrect because it double-counts the same concept-peripheral angiopathy already represents a circulatory complication, so adding a separate "diabetes with circulatory complication" statement is redundant rather than additive. Therefore, the correct coding set includes diabetes with peripheral angiopathy, the bilateral lower-extremity atherosclerosis manifestation, and hypertension.

### NEW QUESTION # 32

A patient is evaluated in the primary care clinic for chest pain, slight shortness of breath, and mild nausea. Documentation includes an ECG and chest x-ray to rule out MI. Which of the following diagnoses are reportable?

- A. Acute MI, chest pain, shortness of breath, and nausea
- B. Rule out MI, shortness of breath, and nausea
- **C. Other chest pain, shortness of breath, and nausea**
- D. Angina pectoris, unspecified, shortness of breath, and nausea

**Answer: C**

Explanation:

In the outpatient/ambulatory setting, ICD-10-CM reporting rules applied in CDI education distinguish clearly between confirmed diagnoses and "uncertain" or "rule out" conditions. Terms such as "rule out," "suspected," or "probable" generally are not coded as established diagnoses in the outpatient record because the encounter is often for evaluation and testing rather than definitive confirmation. Instead, coders report the patient's presenting signs and symptoms when a definitive condition has not been documented as confirmed by the provider. Here, the clinician ordered diagnostic testing (ECG and chest x-ray) specifically to rule out myocardial infarction (MI), but no final diagnosis of MI or angina is documented in the scenario. Therefore, "rule out MI" is not reportable, and neither is acute MI or angina unless explicitly diagnosed. The reportable conditions are the symptoms that drove the visit and required evaluation: chest pain (captured as "other chest pain" in the options), shortness of breath, and nausea.

### NEW QUESTION # 33



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