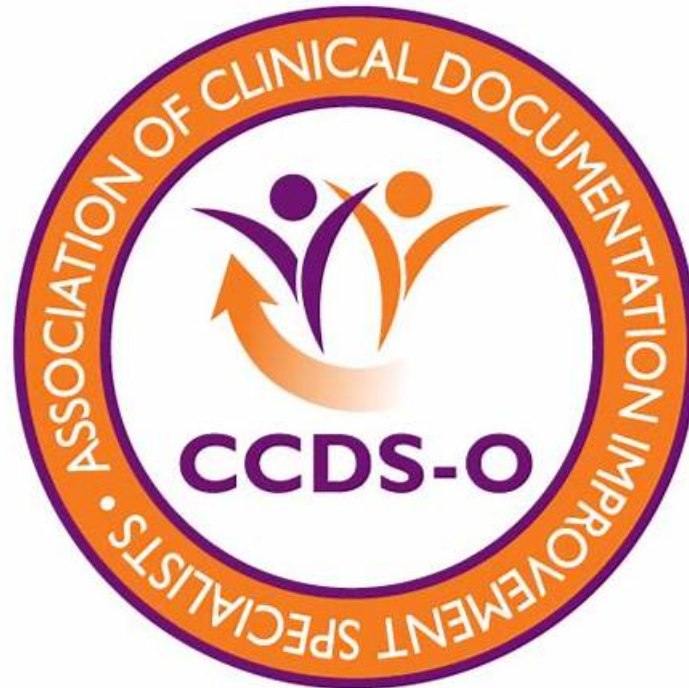


# CCDS-O試験の準備方法 | 最高のCCDS-O日本語関連 対策試験 | 実用的なCertified Clinical Documentation Specialist-Outpatientソフトウェア



ちなみに、Fast2test CCDS-Oの一部をクラウドストレージからダウンロードできます：  
<https://drive.google.com/open?id=1KaR3G8UAopiUUBpYv1iExCZseQMB98y->

私たちのCCDS-O試験問題は、最も重要で効果的な報酬は、あなたが試験に合格させ、CCDS-O認定試験資格書を得ることです。そしてそれは、すべての受験者が気になるものです。同時に、CCDS-Oでより実用的なスキルを得ることもでき、あなたの仕事の効率を向上させます。私たちのCCDS-O試験問題は信頼に値する商品です。

## ACDIS CCDS-O 認定試験の出題範囲：

トピック	出題範囲
トピック 3	<ul style="list-style-type: none"><li>• Coding and Reporting, the Outpatient Prospective Payment System (OPPS), and provider coding</li></ul>
トピック 5	<ul style="list-style-type: none"><li>• Covers Official Coding Guidelines, OPPS reimbursement (APCs), and professional billing concepts including CPT E</li><li>• M codes and Medicare Physician Fee Schedule documentation.</li></ul>
トピック 7	<ul style="list-style-type: none"><li>• CDI Program Concepts: Department Metrics and Provider Education:</li></ul>
トピック 9	<ul style="list-style-type: none"><li>• Healthcare regulations, reimbursement, and documentation requirements related to the Official Guidelines for</li></ul>
トピック 10	<ul style="list-style-type: none"><li>• 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>
トピック 14	<ul style="list-style-type: none"><li>• and billing:</li></ul>

トピック 16	<ul style="list-style-type: none"> <li>• Quality, Regulatory, and Health Initiatives:</li> </ul>
トピック 17	<ul style="list-style-type: none"> <li>• 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>
トピック 18	<ul style="list-style-type: none"> <li>• Covers CMS-HCC model fundamentals, RAF scoring, Medicare Advantage payments, hierarchies, disease interactions, and compliant HCC reporting requirements.</li> </ul>
トピック 19	<ul style="list-style-type: none"> <li>• 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>
トピック 20	<ul style="list-style-type: none"> <li>• Diseases and Disease Processes and Application to the Clinical Chart Review:</li> </ul>

>> CCDS-O日本語関連対策 <<

## CCDS-Oソフトウェア & CCDS-O最新関連参考書

調査、研究を経て、IT職員の月給の増加とジョブのプロモーションはACDIS CCDS-O資格認定と密接な関係があります。給料の増加とジョブのプロモーションを真になるために、Fast2testのACDIS CCDS-O問題集を勉強しましょう。いつまでもCCDS-O試験に準備する皆様に便宜を与えるFast2testは、高品質の試験資料と行き届いたサービスを提供します。

## ACDIS Certified Clinical Documentation Specialist-Outpatient 認定 CCDS-O 試験問題 (Q105-Q110):

### 質問 # 105

A provider has been determined to be a high-cost provider after a total claims cost analysis. The provider's patient panel has an overall low HCC average score. Which of the following is the MOST likely explanation regarding the low HCC average score?

- A. The provider is failing to capture all relevant diagnoses
- B. The provider has a less complex patient population
- C. The provider is not reporting unspecified diagnoses
- D. The provider cares for patients of a higher acuity

正解: A

解説:

In the CMS-HCC risk adjustment framework, the HCC average score reflects the coded burden of illness for the provider's attributed panel, driven by documented, reportable conditions that map to HCCs and qualifying demographic factors. If a provider appears "high cost" based on total claims but the panel's average HCC score is low, the most common CDI interpretation is documentation/coding under-capture: the clinical complexity driving utilization is not being fully documented and coded to HCC-relevant diagnoses. This creates a mismatch-actual resource use is high, but the recorded risk profile is artificially low-leading to unfavorable benchmarking because costs are compared against an expected spend that is too low for the true acuity. Option A would typically raise HCC scores, not lower them. Option C could explain both low HCC and low cost; it conflicts with the high-cost finding. Option D misunderstands HCC mechanics: "unspecified" does not reliably increase HCC capture and often reduces coding specificity/validity rather than improving risk adjustment. Therefore, incomplete capture of relevant diagnoses is the most likely driver.

### 質問 # 106

Which of the following conclusions can be drawn from the impact of a CDI program on Clinic A using the table below?

- A. Served a sicker population in 2023 than in 2022.
- B. Providers are more engaged in 2023 than in 2022.
- C. Consistently captured a higher RAF percentage each month in 2023 than in 2022.

- D. Treated a more complex population than any of the other clinics in 2023.

正解: C

解説:

The only conclusion that is directly supported by the table is that Clinic A's percent RAF captured is higher in every month of 2023 compared with the corresponding month in 2022. The monthly values rise year-over-year (e.g., January 21% vs 17%, February 33% vs 25%, and continuing through December 84% vs 76%), showing a consistent improvement pattern across the entire calendar year. In outpatient CDI and risk adjustment work, "RAF capture" is commonly used as a performance indicator reflecting how completely documented and coded risk-adjusting conditions (e.g., HCC-supported diagnoses) are being captured within the measurement period. However, the table does not prove why the improvement occurred. It cannot confirm provider engagement (A) without workflow/participation data, cannot compare to other clinics (B) because no other clinic data are shown, and cannot establish that the population was sicker (C) because RAF capture measures documentation/coding completeness relative to opportunity, not inherent patient acuity. Therefore, D is the verified conclusion.

#### 質問 # 107

An elderly patient with a PMH of CHF, DM type 1, arthritis, and HTN is seen in the clinic for a follow-up appointment after a recent hospitalization. After an evaluation of the patient's current health status, the provider documents the following: "HFrEF: lungs clear, no edema, continue meds. DM: no changes to insulin pump. Arthritis: asymptomatic joint destruction. HTN: BP stable. Continue meds." Which of the following is the clarification opportunity in the above scenario?

- A. A link between the DM and arthritis
- B. The insulin status
- C. The type and severity of heart failure
- D. A link between HTN and heart failure

正解: D

解説:

This encounter documents both hypertension and heart failure management, creating a key outpatient documentation/coding clarification opportunity: whether the heart failure is related to hypertension (hypertensive heart disease with heart failure). Outpatient CDI principles emphasize capturing the true clinical relationships that affect code assignment, risk adjustment, and longitudinal disease management. When HTN and HF coexist, coding may require combination coding and correct sequencing, plus an additional heart failure code to describe the specific HF type. Provider documentation that explicitly links (or explicitly rules out) a causal relationship supports compliant selection of the most accurate diagnosis codes and reduces ambiguity during chart review. The other options are weaker: the provider already documents HFrEF (type), and while added severity detail can help, the scenario's primary clarification "opportunity" is the HTN-HF relationship. DM type 1 inherently involves insulin, so "insulin status" is not the key outpatient clarification point here, and there is no typical direct linkage between DM and arthritis supported by the note.

#### 質問 # 108

The majority of E/M services are based on which of the following criteria?

- A. New/established, level of service, and age of patient
- B. New/established, site of service, and time
- C. New/established, physician specialty, and level of service
- D. New/established, site of service, and level of service

正解: D

解説:

In outpatient CDI and coding education, selecting the correct E/M code starts with identifying the encounter category (e.g., office/outpatient vs inpatient/observation vs ED) and whether the patient is new or established, because these define the applicable CPT code range. Next, the level of service is selected within that range based on the documentation supporting the required elements for that code family. For most E/M services, "site of service" (place/setting) and "new vs established" are foundational code-selection drivers, while "level" is determined by the record's support for the applicable leveling methodology (commonly medical decision making and, when allowed/appropriate, time). Time can be a valid leveling method for many office/outpatient E/M visits, but it is not universally the basis for the majority of E/M services across all categories; it is an alternative pathway when documentation supports it. Physician specialty and patient age do not define the majority of E/M code selection. Therefore, the best overall statement is new/established status + site of service + level of service.

## 質問 # 109

A patient is seen at the clinic for a fever, and the provider documents possible Zika virus. A CDI specialist reviews the record and notes that a positive serology test indicates the Zika virus. Which of the following should the CDI specialist do NEXT?

- A. Query the provider to code the result of the serology test.
- B. Code the fever as the first-listed diagnosis and Zika virus as secondary.
- C. Code the Zika virus as the reason for the visit.
- **D. Query the provider to confirm the diagnosis of Zika.**

正解: D

解説:

In the outpatient setting, diagnoses documented as uncertain (e.g., "possible," "probable," "suspected," "rule out") are generally not coded as confirmed conditions; instead, coding is based on confirmed diagnoses or, when not confirmed, the presenting signs/symptoms. Here, the provider documented only "possible Zika," which is not a confirmed diagnosis for outpatient reporting. Even though the CDI specialist sees a positive serology result, lab data alone does not replace provider diagnostic confirmation in the assessment/plan. The appropriate next step is to query the provider to confirm whether Zika is the established diagnosis based on the positive test (and whether it is clinically addressed during the encounter). If confirmed, Zika can be coded appropriately and sequenced based on the reason for the visit; if not confirmed or still under evaluation, the symptom (fever) remains first-listed. Option B is incorrect because coders do not "code the result" of a serology test as a diagnosis; they code the condition the test supports once clinically confirmed.

## 質問 # 110

.....

Fast2testのACDISのCCDS-O試験トレーニング資料はインターネットでの全てのトレーニング資料のリーダーです。Fast2testはあなたが首尾よく試験に合格することを助けるだけでなく、あなたの知識と技能を向上させることもできます。あなたが自分のキャリアでの異なる条件で自身の利点を発揮することを助けられます。

CCDS-Oソフトウェア: <https://jp.fast2test.com/CCDS-O-premium-file.html>

- CCDS-O資格模擬 □ CCDS-O資格模擬 □ CCDS-O資格模擬 □ ☀ [www.goshiken.com](http://www.goshiken.com) ☀ □ で { CCDS-O } を検索し、無料でダウンロードしてくださいCCDS-O試験準備
- ACDIS CCDS-O認定試験に関連する最も優秀な問題集 □ URL ➡ [www.goshiken.com](http://www.goshiken.com) □ をコピーして開き、( CCDS-O ) を検索して無料でダウンロードしてくださいCCDS-O練習問題
- 100%合格率のCCDS-O日本語関連対策 - 合格スムーズCCDS-Oソフトウェア | 高品質なCCDS-O最新関連参考書 □ ウェブサイト ➡ [www.it-passports.com](http://www.it-passports.com) □ から“CCDS-O”を開いて検索し、無料でダウンロードしてくださいCCDS-O受験対策書
- CCDS-O練習問題 □ CCDS-O復習時間 □ CCDS-O日本語版復習指南 □ 今すぐ[ [www.goshiken.com](http://www.goshiken.com) ]を開き、{ CCDS-O } を検索して無料でダウンロードしてくださいCCDS-O日本語版復習指南
- CCDS-O最新試験 □ CCDS-O最新問題 □ CCDS-O出題範囲 □ ☀ [www.goshiken.com](http://www.goshiken.com) ☀ □ にて限定無料の □ CCDS-O □ 問題集をダウンロードせよ CCDS-O日本語学習内容
- CCDS-O試験準備 □ CCDS-O最新試験 □ CCDS-O合格受験記 □ ➡ CCDS-O □ を無料でダウンロード ( [www.goshiken.com](http://www.goshiken.com) ) ウェブサイトを入力するだけCCDS-O試験準備
- CCDS-O日本語関連対策 | 高いパスレート - [www.it-passports.com](http://www.it-passports.com) □ 検索するだけで ➡ [www.it-passports.com](http://www.it-passports.com) □ □ □ から ➡ CCDS-O □ □ □ を無料でダウンロードCCDS-O受験記
- 試験CCDS-O日本語関連対策 - 一生懸命にCCDS-Oソフトウェア | 最高のCCDS-O最新関連参考書 □ ➡ [www.goshiken.com](http://www.goshiken.com) □ サイトにて ▶ CCDS-O ◀ 問題集を無料で使おうCCDS-O勉強方法
- CCDS-O日本語版復習指南 □ CCDS-O受験記 □ CCDS-O合格受験記 □ { CCDS-O } を無料でダウンロード 《 [www.goshiken.com](http://www.goshiken.com) 》で検索するだけCCDS-O資格模擬
- CCDS-O試験準備 □ CCDS-O資格認定 □ CCDS-O模擬体験 □ 今すぐ[ [www.goshiken.com](http://www.goshiken.com) ]で「 CCDS-O 」を検索して、無料でダウンロードしてくださいCCDS-O勉強方法
- CCDS-O資格模擬 ♥ □ CCDS-O最新問題 □ CCDS-O勉強方法 □ 最新▶ CCDS-O ◀ 問題集ファイルは { [www.passtest.jp](http://www.passtest.jp) } にて検索CCDS-O資格認定
- [lillysyo0540560.ziblogs.com](http://lillysyo0540560.ziblogs.com), [miriamssov821302.hazeronwiki.com](http://miriamssov821302.hazeronwiki.com), [honeyclmu939023.get-blogging.com](http://honeyclmu939023.get-blogging.com), [alvinxnm826893.homewikia.com](http://alvinxnm826893.homewikia.com), [harleyxslp567786.thebindingwiki.com](http://harleyxslp567786.thebindingwiki.com), [ihannacmvs104207.blogozz.com](http://ihannacmvs104207.blogozz.com), [berthapmba741689.smblogsites.com](http://berthapmba741689.smblogsites.com), [woodywpru433331.thebloggers.com](http://woodywpru433331.thebloggers.com), [rorycnuo248167.newsblgger.com](http://rorycnuo248167.newsblgger.com), [college.gkctinfo.in](http://college.gkctinfo.in), Disposable vapes

2026年Fast2testの最新CCDS-O PDFダンプおよびCCDS-O試験エンジンの無料共有: <https://drive.google.com/open?id=1KaR3G8UAopiUUBpYv1iExCZseQMB98y->