CDIP Q&As

Certified Documentation Integrity Practitioner

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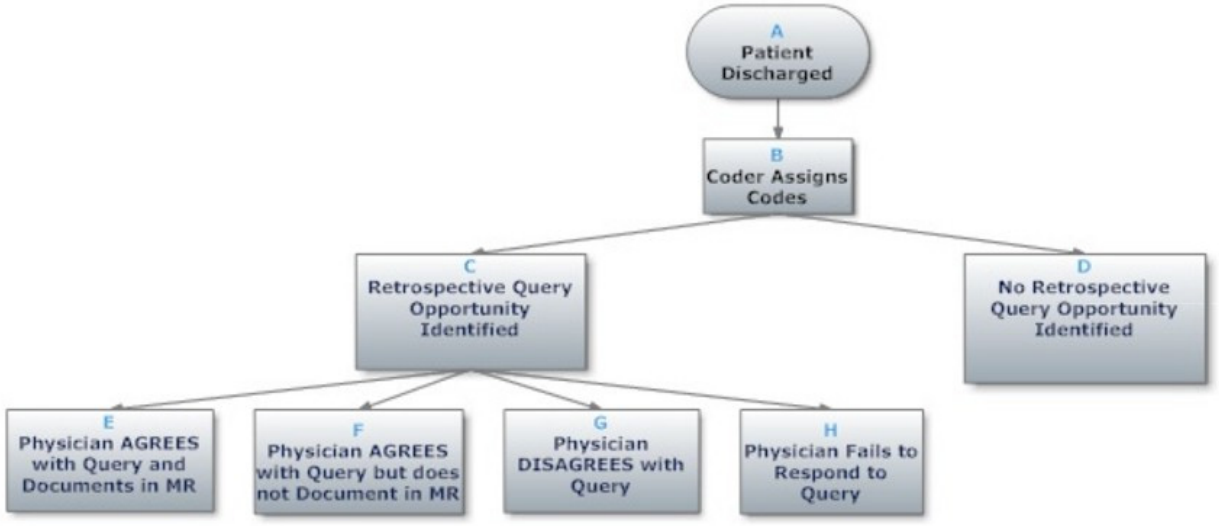
QUESTION 1

Based on the flowchart below, at what point might the clinical documentation integrity practitioner (CDIP) enlist the help of the physician advisor/champion?



A. D - No retrospective query opportunity identified

B. H - Physician fails to respond tocquery

C. C - Retrospective query opportunity identified

D. E - Physician agrees with query and documents in MR

Correct Answer: B

QUESTION 2

When there are comparative contrasting diagnoses supported by clinical criteria, the correct action is to

A. code the first condition listed

B. query for clarification

C. not code either diagnosis

D. code both diagnoses

Correct Answer: D

When there are comparative contrasting diagnoses supported by clinical criteria, the correct action is to code both diagnoses, as long as they are not mutually exclusive. Comparative contrasting diagnoses are those that are considered as possible alternatives or differentials for the patient\\'s condition, such as pneumonia versus bronchitis, or appendicitis versus diverticulitis. Coding both diagnoses will capture the clinical uncertainty and complexity of the case, and will allow for accurate reporting and reimbursement. References: :

https://www.ahima.org/media/owmhxbv1/cdip_contentoutline_2023_final.pdf :
https://my.ahima.org/store/product?id=67077

QUESTION 3

Which member of the clinical documentation integrity (CDI) team can help provide peer-to- peer level of education on the importance of accurate documentation and query responses?

A. Chief Financial Officer

B. Physician advisor/champion

C. CDI practitioner

D. CDI manager

Correct Answer: B

The member of the clinical documentation integrity (CDI) team who can help provide peer- to-peer level of education on the importance of accurate documentation and query responses is the physician advisor/champion. The physician advisor/champion is a physician who supports and advocates for the CDI program and its goals, and who can communicate effectively with other physicians about the clinical and financial implications of documentation quality and accuracy. The physician advisor/champion can also serve as a liaison between the CDI team and the medical staff, and help to resolve any issues or conflicts that may arise from the query process. The physician advisor/champion can also provide feedback and guidance to the CDI team on clinical matters and documentation standards. (CDIP Exam Preparation Guide) References: CDIP ontent Outline1 CDIP Exam Preparation Guide2

QUESTION 4

Which of the following individuals is the first line of escalation for an unanswered query?

A. CDI Manager

B. CDI Steering Committee

C. Medical Director

D. HIM/Coding Manager

Correct Answer: A

The first line of escalation for an unanswered query is the CDI Manager because they are responsible for overseeing the CDI program and ensuring compliance with query policies and procedures. The CDI Manager can monitor the query response rates, identify the providers who are not responding, and communicate with them to address any issues or barriers. The CDI Manager can also provide education and feedback to the providers on the importance and benefits of timely query responses. If the CDI Manager is unable to resolve the problem, then they can escalate it to the next level, such as the Medical Director or the CDI Steering Committee. (CDIP Exam Preparation Guide) References: CDIP ontent Outline1 CDIP Exam Preparation Guide2 QandA: Establishing an escalation policy for inappropriate queries3

QUESTION 5

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. Determine primary interests and needs as requested

B. Determine primary interests of an individual or department

C. Teach coding classes to the new physicians as needed

D. Teach nursing staff about documentation integrity

Correct Answer: B

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

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QUESTION 6

Tracking denials within the clinical documentation integrity program is important to

A. determine coding inaccuracies and educate as necessary

B. file a timely appeal if the medical center disagrees with the RAC findings

C. identify documentation improvement opportunities and educate as necessary

D. confirm reimbursement was appropriate

Correct Answer: C

Tracking denials within the clinical documentation integrity program is important to identify documentation improvement opportunities and educate as necessary because it helps to analyze the root causes of denials, improve the quality and specificity of clinical documentation, and reduce the risk of future denials. Denials can also provide feedback on the effectiveness of the CDI program and the areas that need more attention or intervention. (CDIP Exam Preparation Guide) References: CDIP ontent Outline1 CDIP Exam Preparation Guide2

QUESTION 7

Reviewing and analyzing physician query content on a regular basis

A. helps to calculate query response rate

B. aids in discussion between physician and reviewer

C. assists in identifying gaps in skills and knowledge

D. facilitates physician data collection

Correct Answer: C

Reviewing and analyzing physician query content on a regular basis assists in identifying gaps in skills and knowledge of the clinical documentation integrity practitioners (CDIPs) and the providers. By evaluating the quality, accuracy,

appropriateness, and effectiveness of the queries, the CDIPs can identify areas of improvement, education, and feedback for themselves and the providers. Reviewing and analyzing physician query content can also help to ensure

compliance with industry standards and best practices, as well as to monitor query outcomes and trends2 References: 1:

https://www.ahima.org/media/owmhxbv1/cdip_contentoutline_2023_final.pdf 2:

https://my.ahima.org/store/product?id=67077

QUESTION 8

A clinical documentation integrity practitioner (CDIP) has been successful in getting physicians to respond to queries. However, when the CDIP poses a query to a specific doctor, there is no response at all. The CDIP has tried face-to-face conversations, calling, emails, texts, but still gets no response. What is the next step the CDIP should take?

A. Elevate the issue to the physician advisor/champion after the CDI supervisor has reviewed the case and deemed the query appropriate

B. Report the doctor to the Vice President of Medical Affairs so the doctor understands the importance of clinical documentation

C. Hold a meeting with the CDI director and the doctor to find out why the doctor is not responding to the queries

D. Warn the other CDIPs that the doctor is a non-responder and to forego querying

Correct Answer: A

According to the Guidelines for Achieving a Compliant Query Practice (2019 Update) - AHIMA1, a query escalation policy should describe how to handle situations in which an answer is not received, an inappropriate answer or comment is provided, etc. The escalation policy should address when the issue is brought to the physician advisor, the department director, or administration with defined actions as to the responsibilities at each level. The policies should reflect a method of response that can realistically occur for the organization1. In this case, since the CDIP has tried multiple methods of communication with the doctor but still gets no response, the CDIP should elevate the issue to the physician advisor/ champion, who can facilitate communication and education with the doctor and ensure documentation integrity and compliance1. However, before escalating the issue, the CDIP should consult with the CDI supervisor to review the case and confirm that the query is appropriate, relevant, and compliant with the query guidelines1. This would ensure that the escalation is justified and not based on personal bias or preference. The other options are not advisable because they either involve skipping the escalation policy, reporting the doctor without proper review or feedback, holding a meeting without involving the physician advisor/champion, or giving up on querying altogether. References: Guidelines for Achieving a Compliant Query Practice (2019 Update) - AHIMA1

QUESTION 9

A query should include

A. information from previous encounters

B. the impact on quality

C. the impact of reimbursement

D. relevant clinical indicators

Correct Answer: D

A query should include relevant clinical indicators from the health record that support the need for clarification and the query options. Clinical indicators are objective and measurable signs, symptoms, laboratory results, diagnostic test results, medications, treatments, and other documented findings that are related to a specific diagnosis or condition. Information from previous encounters, the impact on quality, and the impact of reimbursement are not appropriate to include in a query, as they may introduce bias, lead the provider, or imply a desired response.

QUESTION 10

A patient\\'s progress note states "The patient has chronic systolic heart failure". After reviewing clinical indicators suggestive of an exacerbation of systolic heart failure, the clinical documentation integrity practitioner (CDIP) queries the physician to clarify the current acuity of the diagnosis. Which subsequent documentation in the health record suggests the provider did not understand the query?

A. The patient has chronic systolic heart failure.

B. The patient has acute on chronic systolic heart failure.

C. The patient did have an exacerbation of heart failure.

D. The patient has decompensated systolic heart failure.

Correct Answer: A

According to the AHIMA CDIP Exam Preparation Guide, a query is a communication tool or process used to clarify documentation in the health record for documentation integrity and accurate code assignment1. A query should be clear, concise, and consistent, and should include relevant clinical indicators that support the query1. A query should also provide multiple choice answer options that are supported by clinical indicators and include a non- leading query statement2. In this case, the CDIP queried the physician to clarify the current acuity of the diagnosis of chronic systolic heart failure, based on clinical indicators suggestive of an exacerbation of systolic heart failure. The subsequent documentation in the health record that suggests the provider did not understand the query is A. The patient has chronic systolic heart failure. This documentation does not address the query or provide any additional information about the patient\\'s condition. It simply repeats the same diagnosis that was already documented in the progress note. This documentation does not reflect the patient\\'s true severity of illness, risk of mortality, or reimbursement3. The other options are not correct because they do provide some information about the current acuity of the diagnosis of chronic systolic heart failure, such as acute on chronic, exacerbation, or decompensation. These terms indicate a higher level of severity and complexity than chronic alone. References: CDIP Exam Preparation Guide - AHIMA Guidelines for Achieving a Compliant Query Practice (2019 Update) - AHIMA Severity of Illness: What Is It? Why Is It Important? | HCPro [QandA: Acute on chronic versus decompensated heart failure | ACDIS]

QUESTION 11

Collaboration between the physician advisor/champion and the clinical documentation integrity practitioners (CDIPs) would likely include

A. performing data analysis

B. developing query forms

C. educating physicians

D. querying physicians

Correct Answer: C

Collaboration between the physician advisor/champion and the clinical documentation integrity practitioners (CDIPs) would likely include educating physicians on the importance and impact of clinical documentation on coding, reimbursement,

quality measures, compliance, and patient care. The physician advisor/champion can act as a liaison between the CDIPs and the medical staff, provide feedback and guidance on query development and resolution, and facilitate peer-to-peer

education sessions on documentation best practices and standards6 References: 1:

https://www.ahima.org/media/owmhxbv1/cdip_contentoutline_2023_final.pdf 6:

https://my.ahima.org/store/product?id=67077

QUESTION 12

Combination codes are used to classify two diagnoses, a diagnosis with a manifestation, or a diagnosis

A. that is an integral part of a disease process

B. with an associated complication

C. with an associated procedure

D. with a sequelae or late effect

Correct Answer: B

Combination codes are used to classify two diagnoses, a diagnosis with a manifestation, or a diagnosis with an associated complication. A complication is a condition that arises during the hospital stay that prolongs the length of stay by at least one day in approximately 75 percent of cases1. Complications may affect payment and severity of illness and risk of mortality classifications. Examples of combination codes that include a diagnosis with an associated complication are: I50.23 Acute on chronic systolic (congestive) heart failure K57.21 Diverticulitis of large intestine with perforation and abscess with bleeding O34.211 Maternal care for incompetent cervix with cerclage, first trimester A diagnosis that is an integral part of a disease process is not a valid option for combination codes, because it does not represent a separate or additional condition that needs to be coded. For example, chest pain is an integral part of acute myocardial infarction and does not require a separate code. A diagnosis with an associated procedure is not a valid option for combination codes, because procedures are coded separately from diagnoses using ICD-10-PCS codes. For example, appendicitis with appendectomy is not a combination code, but rather two codes: one for the diagnosis (K35.80 Acute appendicitis without perforation or gangrene) and one for the procedure (0DTJ4ZZ Resection of appendix, percutaneous endoscopic approach). A diagnosis with a sequelae or late effect is not a valid option for combination codes, because sequelae or late effects are coded separately from the original condition using the appropriate code from category B90-B94 Sequelae of infectious and parasitic diseases or category I69 Sequelae of cerebrovascular disease, followed by the code for the specific condition2. For example, hemiplegia following cerebral infarction is not a combination code, but rather two codes: one for the sequelae (I69.351 Hemiplegia and hemiparesis

following cerebral infarction affecting right dominant side) and one for the original condition (I63.9 Cerebral infarction, unspecified). References: CDIP Exam Preparation Guide, 2021 Edition. AHIMA Press. ISBN: 9781584268530 ICD-10-CM Official Guidelines for Coding and Reporting FY 2022 Identifying ICD-10 Combination Codes - Outsource Strategies International

QUESTION 13

When there is a discrepancy between the clinical documentation integrity practitioner\\'s (CDIP\\'s) working DRG and the coder\\'s final DRG, which of the following is considered a fundamental element that must be in place for a successful resolution?

A. Physician and CDIP interaction

B. Coder and CDIP interaction

C. Executive oversight

D. Physician advisor/champion involvement

Correct Answer: B

According to the AHIMA/ACDIS Query Practice Brief, one of the fundamental elements that must be in place for a successful DRG discrepancy resolution is a collaborative and respectful interaction between the coder and the CDIP1. The coder and the CDIP should communicate effectively and timely to identify and resolve any DRG mismatches, using evidence-based guidelines, coding conventions, and query standards1. The coder and the CDIP should also share their knowledge and expertise with each other, and seek clarification from the provider or the physician advisor/champion when necessary1. The other options are not considered fundamental elements for DRG discrepancy resolution, although they may be helpful or supportive in some situations. References: Guidelines for Achieving a Compliant Query Practice (2019 Update) - AHIMA

QUESTION 14

Whether or not queries should be kept as a permanent part of the medical record is decided by

A. physician preference

B. state law

C. federal law

D. organizational policy

Correct Answer: D

According to the AHIMA/ACDIS Query Practice Brief, whether or not queries should be kept as a permanent part of the medical record is decided by the organizational policy of each facility1. There is no federal or state law that mandates the retention of queries in the medical record, although some external reviewers may request copies of queries to validate the query wording and compliance2. Physician preference is not a valid factor in determining the query retention policy, as queries should be handled consistently across the organization3. Therefore, the correct answer is D. organizational policy. References: Guidelines for Achieving a Compliant Query Practice (2019 Update) - AHIMA QandA: Develop policies regarding query retention | ACDIS QandA: Keep query retention policies consistent | ACDIS

QUESTION 15

Which of the following indicates a noncompliant multiple-choice query? One that does NOT

A. include at least four options

B. allow the provider to add their own response

C. list options in alphabetical order

D. include the option of "unable to determine"

Correct Answer: A

A noncompliant multiple-choice query is one that does not include at least four options because it may limit the provider\\'s choice and suggest a preferred answer. A compliant multiple-choice query should include at least four options that are clinically significant, reasonable, and plausible based on the clinical indicators and documentation in the health record. The options should also be listed in alphabetical order to avoid any bias or preference. A compliant multiple-choice query should also allow the provider to add their own response if none of the options are appropriate, and include the option of "unable to determine" if the provider cannot make a definitive diagnosis based on the available information. (CDIP Exam Preparation Guide) References: CDIP ontent Outline1 CDIP Exam Preparation Guide2 Guidelines for Achieving a Compliant Query Practice (2019 Update)3