Vendor:AHIMA

Exam Code:CDIP

Exam Name: Certified Documentation Integrity Practitioner

Version: Demo

QUESTION 1

Which of the following committees should determine the chain of comnfand that will be used to manage physicians who are either unresponsive or uncooperative with the clinical documentation integrity (CDI) program?

A. Oversight

B. Communications

C. Operations

D. Compliance

Correct Answer: A

The oversight committee is responsible for establishing the policies, procedures, and guidelines for the CDI program, as well as monitoring its performance and outcomes. The oversight committee should include representatives from senior leadership, medical staff, coding, quality, compliance, and other relevant stakeholders. The oversight committee should determine the chain of command that will be used to manage physicians who are either unresponsive or uncooperative with the CDI program, as well as the consequences for non-compliance. The other committees are not directly involved in setting the chain of command or the disciplinary actions for the CDI program. The communications committee is responsible for facilitating the information flow and feedback among the CDI staff, providers, coders, and other departments. The operations committee is responsible for managing the day-to-day activities and functions of the CDI staff, such as staffing, training, productivity, and workflow. The compliance committee is responsible for ensuring that the CDI program adheres to the ethical and legal standards and regulations, such as query compliance, documentation integrity, and privacy and security.

QUESTION 2

A patient receives a blood transfusion after a 400 ml blood loss during surgery. The clinical documentation integrity practitioner (CDIP) queries the physician for an associated diagnosis. The facility does not maintain queries as part of the permanent health record. What does the physician need to document for the CDIP to record the query as answered and agreed?

A. That the blood loss was not clinically significant

B. The associated diagnosis and the clinical rationale in the progress notes

C. A cause-and-effect relationship between anemia and the underlying cause

D. The associated diagnosis directly on the query form

Correct Answer: B

The physician needs to document the associated diagnosis and the clinical rationale in the progress notes for the CDIP to record the query as answered and agreed because this is the best way to ensure that the health record reflects the patient\\'s condition and treatment accurately and completely. The associated diagnosis is the condition that caused or contributed to the blood loss and the need for transfusion, such as acute blood loss anemia, hemorrhage, or trauma. The clinical rationale is the explanation of how the diagnosis is supported by the clinical indicators, such as laboratory values, vital signs, symptoms, or procedures. Documenting the associated diagnosis and the clinical rationale in the progress notes also helps to avoid any confusion or inconsistency with other parts of the health record, such as the

discharge summary or the coding. (CDIP Exam Preparation Guide) References: CDIP ontent Outline1 CDIP Exam Preparation Guide2 Guidelines for Achieving a Compliant Query Practice (2019 Update)3

QUESTION 3

Which of the following individuals should the clinical documentation integrity (CDI) manager consult when developing query policy and procedures?

A. Chief Medical Officer

B. Compliance Officer

C. CDI practitioner

D. Chief Financial Officer

Correct Answer: A

The clinical documentation integrity (CDI) manager should consult the Chief Medical Officer when developing query policy and procedures because the Chief Medical Officer is responsible for overseeing the quality and safety of patient care, ensuring compliance with regulatory and accreditation standards, and providing leadership and guidance to the medical staff. The Chief Medical Officer can help to establish the goals, scope, and authority of the CDI program, as well as to support the query process and promote provider education and engagement. (CDIP Exam Preparation Guide) References: CDIP ontent Outline1 CDIP Exam Preparation Guide2

QUESTION 4

A query should be generated when documentation contains a

A. postoperative hospital-acquired condition

B. principal diagnosis without an MCC

C. diagnosis without clinical validation

D. problem list with symptoms related to the chief complaint

Correct Answer: C

A query should be generated when documentation contains a diagnosis without clinical validation, meaning that there is no evidence in the health record to support the diagnosis or that the diagnosis is inconsistent with other clinical

indicators. A diagnosis without clinical validation may affect the accuracy and completeness of coding, quality measures, reimbursement, and patient care.

References: AHIMA/ACDIS. "Guidelines for Achieving a Compliant Query Practice (2019 Update)." Journal of AHIMA 90, no. 2 (February 2019): 20-29.

QUESTION 5

A clinical documentation integrity (CDI) program that is compliant with regulations from the facility\\'s payors results in

A. higher overall program cost

B. need for more CDI staff

C. less risk from audits

D. meeting external benchmarks

Correct Answer: C

QUESTION 6

The clinical documentation integrity (CDI) manager reviewed all payer refined-diagnosis related groups (APR-DRG) benchmarking data and has identified potential opportunities for improvement. The manager hopes to develop a work plan to target severity of illness (SOI)/risk of mortality (ROM) by service line and providers. How can the manager gain more information about this situation?

A. Audit cases for missed diagnosis by the CDI practitioner to target in the education plan

B. Audit focused cases by physicians that have a higher SOI/ROM for education plan

C. Audit cases that have high SOI/ROM assigned by coders for education and follow-up

D. Audit focused APR-DRGs and develop education plan for CDI team and physicians

Correct Answer: D

APR-DRGs are a patient classification system that assigns each inpatient stay to one of more than 300 base APR-DRGs, and then further stratifies each base APR-DRG into four levels of severity of illness (SOI) and risk of mortality (ROM), based on the number, nature, and interaction of complications and comorbidities (CCs) and major CCs (MCCs). SOI reflects the extent of physiologic decompensation or organ system loss of function, while ROM reflects the likelihood of dying. Both SOI and ROM are used to adjust payment rates, quality indicators, and performance measures for hospitals and other healthcare providers. The CDI manager can gain more information about the potential opportunities for improvement by auditing focused APR-DRGs that have a high impact on SOI/ROM levels, such as those that have a large variation in relative weights across the four severity levels, or those that have a high frequency or volume of cases. The audit can help identify the documentation gaps, inconsistencies, or inaccuracies that may affect the assignment of SOI/ROM levels, such as missing, vague, or conflicting diagnoses, procedures, or clinical indicators. The audit can also help evaluate the CDI team\\'s performance in terms of query rate, response rate, agreement rate, and accuracy rate. Based on the audit findings, the CDI manager can develop an education plan for both the CDI team and the physicians to address the specific documentation improvement areas and provide feedback and guidance on best practices.

A. Audit cases for missed diagnosis by the CDI practitioner to target in the education plan. This is not the best way to gain more information about the situation, because it may not capture all the factors that affect SOI/ROM levels, such as procedures, clinical indicators, or interactions among diagnoses. It may also focus only on the CDI practitioner\\'s performance, without considering the physician\\'s role in documentation quality and completeness.

B. Audit focused cases by physicians that have a higher SOI/ROM for education plan. This is not a valid way to gain more information about the situation, because it may not identify the documentation improvement opportunities for cases that have a lower SOI/ROM than expected, based on their clinical complexity and acuity. It may also create a perception of bias or favoritism among physicians, if only some are selected for audit and education. C. Audit cases that have high SOI/ ROM assigned by coders for education and follow-up. This is not a reliable way to gain more information about the situation, because it may not reflect the true SOI/ROM levels of the cases, if there are errors or discrepancies in coding or grouping. It may also overlook the documentation improvement opportunities for cases that have low SOI/ROM assigned by coders, despite having high clinical complexity and acuity. References: CDIP Exam Preparation

Guide, 2021 Edition. AHIMA Press. ISBN: 9781584268530 3MTM All Patient Refined Diagnosis Related Groups (APR DRGs) | 3M United States QandA: Understanding SOI and ROM in the APR-DRG system | ACDIS Use SOI/ROM scores to enhance CDI program effectiveness | ACDIS

QUESTION 7

An organization dealing with staffing shortages has adopted a policy requiring clinical documentation integrity practitioner (CDIP) to stop reviewing any record after a major complication or co-morbidity is found. What is the unintended consequence of this?

A. Increase in case mix index

B. Reduced risk of clinical denials

C. Increased number of records reviewed by each CDIP

D. Decrease in severity of illness and risk of mortality

Correct Answer: D

Severity of illness (SOI) and risk of mortality (ROM) are two metrics that measure the complexity and acuity of a patient\\'s condition, based on the number, nature, and interaction of complications and comorbidities (CCs) and major CCs

(MCCs). SOI reflects the extent of physiologic decompensation or organ system loss of function, while ROM reflects the likelihood of dying. Both SOI and ROM are divided into four levels: minor, moderate, major, or extreme. These metrics

are used to adjust payment rates, quality indicators, and performance measures for hospitals and other healthcare providers. If a CDIP stops reviewing any record after a major CC is found, they may miss other CCs or MCCs that could affect

the patient\\'s SOI and ROM levels. For example, a patient with pneumonia and sepsis would have a major CC (pneumonia) and an MCC (sepsis). If the CDIP stops reviewing the record after finding pneumonia, they would not capture sepsis,

which would increase the patient\\'s SOI and ROM levels from major to extreme. This would result in underreporting the patient\\'s true complexity and acuity, and potentially lead to lower reimbursement, lower quality scores, and higher denial

risk. Therefore, the unintended consequence of this policy is a decrease in SOI and ROM levels for patients who have more than one CC or MCC.

References:

CDIP Exam Preparation Guide, 2021 Edition. AHIMA Press. ISBN:

9781584268530

QandA: Understanding SOI and ROM in the APR-DRG system 3MTM All Patient Refined Diagnosis Related Groups (APR DRGs) Severity of illness | definition of severity of illness by Medical dictionary Using Severity Adjustment Classification for Hospital Internal and External Comparisons

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QUESTION 8

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 9

When benchmarking with outside organizations, the clinical documentation integrity practitioner (CDIP) must determine if the organization is benchmarking with which of the following criteria?

A. Hospital within its region

B. Hospitals that are its peers

C. Hospital within its county

D. Hospital within its state

Correct Answer: B

When benchmarking with outside organizations, the clinical documentation integrity practitioner (CDIP) must determine if the organization is benchmarking with hospitals that are its peers because peer hospitals have similar characteristics

such as size, location, teaching status, case mix index, and payer mix. Benchmarking with peer hospitals allows for a more accurate and meaningful comparison of performance indicators and outcomes.

(CDIP Exam Preparation Guide)

References:

CDIP ontent Outline1

CDIP Exam Preparation Guide2

QUESTION 10

What type of query may NOT be used in circumstances where only clinical indicators of a condition are present, and the condition/diagnosis has not been documented in the health record?

A. Multiple-choice

B. Open-ended

C. Verbal

D. Yes/No

Correct Answer: D

A yes/no query may not be used in circumstances where only clinical indicators of a condition are present, and the condition/diagnosis has not been documented in the health record because it may lead to leading or suggesting a diagnosis that is not supported by the provider\\'s documentation. A yes/no query should only be used when there is clear and consistent documentation of a condition/diagnosis in the health record, and the query is seeking confirmation or denial of a specific fact or detail related to that condition/diagnosis. A multiple-choice, open-ended, or verbal query may be more appropriate to allow the provider to choose from a list of possible diagnoses, provide additional information, or explain the clinical reasoning behind the documentation. (CDIP Exam Preparation Guide) References: CDIP ontent Outline1 CDIP Exam Preparation Guide2 AHIMA Practice Brief: Guidelines for Achieving a Compliant Query Practice3

QUESTION 11

Which of the following is an appropriate first step to address physicians with low query response rates?

A. An educational session between the clinical documentation integrity practitioner (CDIP) and physician

B. The medical staff review the physician\\'s noncompliance to consider sanctions

C. The physician receives a suspension until query responses are improved

D. A meeting between the physician advisor/champion and the noncompliant physician

Correct Answer: A

An appropriate first step to address physicians with low query response rates is an educational session between the clinical documentation integrity practitioner (CDIP) and physician because it provides an opportunity to explain the purpose and benefits of the query process, to identify and address any barriers or challenges to responding, and to offer feedback and guidance on how to improve query response rates. An educational session can also help to build rapport and trust between the CDIP and the physician, and to demonstrate respect and professionalism. (CDIP Exam Preparation Guide) References: CDIP ontent Outline1 CDIP Exam Preparation Guide2 Understanding CDI Metrics3

QUESTION 12

When a change in departmental workflow is necessary, the first step is to

A. define the gaps and solutions

B. set realistic timelines

C. re-engineer the process

D. assess the current workflow

Correct Answer: D

The first step in changing a departmental workflow is to assess the current workflow and identify the problems or inefficiencies that need to be addressed. This will help to define the gaps and solutions, set realistic timelines, and re-engineer the process. References: AHIMA. "CDIP Exam Preparation." AHIMA Press, Chicago, IL, 2017: 125- 126.