Exam : CDIP

Title : Certified Documentation Integrity Practitioner

Version : DEMO

1.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
Answer: C
Explanation:
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.

2.The clinical documentation integrity (CDI) manager has noted a query response rate of 60%. The CDI practitioner reports that physicians often respond verbally to the query.
What can be done to improve this rate?
A. Have CDI manager teaming with coding supervisor to monitor physician responses
B. Require physicians to document responses in charts
C. Permit CDI practitioners to document physician responses in the charts
D. Allow physician to respond via e-mail
Answer: B
Explanation:
According to the AHIMA/ACDIS Query Practice Brief, one of the best practices for a compliant query process is to require physicians to document their responses to queries in the health record1. This ensures that the documentation is consistent, accurate, and complete, and that the query and response are part of the permanent record. Verbal responses are not acceptable, as they do not provide a clear audit trail and may lead to errors or discrepancies in coding and billing1. Therefore, the CDI manager should educate the physicians on the importance of documenting their responses in the charts and monitor their compliance. The other options are
not recommended, as they may compromise the integrity of the documentation or violate the query guidelines1.
References: Guidelines for Achieving a Compliant Query Practice (2019 Update) - AHIMA

3.The correct coding for heart failure with preserved ejection fraction is
A. 150.32 Chronic diastolic (congestive) heart failure
B. I50.20 Unspecified systolic (congestive) heart failure
C. I50.9 Heart failure, unspecified
D. I50.30 Unspecified diastolic (congestive) heart failure
Answer: D
Explanation:
According to the ICD-10-CM Official Guidelines for Coding and Reporting FY 2023, heart failure with preserved ejection fraction (HFpEF) is also known as diastolic heart failure or heart failure with normal ejection fraction1. The code category for diastolic heart failure is I50.3-, which includes unspecified

diastolic (congestive) heart failure (I50.30), acute diastolic (congestive) heart failure (I50.31), chronic diastolic (congestive) heart failure (I50.32), and acute on chronic diastolic (congestive) heart failure (I50.33)1. If the documentation does not specify the acuity of the diastolic heart failure, the default code is I50.301. Therefore, the correct coding for heart failure with preserved ejection fraction is I50.30.
References: ICD-10-CM Official Guidelines for Coding and Reporting FY 20231

4.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
Answer: D
Explanation:
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.

5.When queries are part of the health record, which of the following physician privilege could be suspended if the provider receives too many deficiencies due to
incomplete records for failure to respond to queries?
A. Admitting
B. Consulting
C. Surgical
D. Credentialing
Answer: A
Explanation:
When queries are part of the health record, which is recommended by AHIMA and ACDIS, physicians are responsible for responding to queries in a timely manner and ensuring that their documentation is complete and accurate. If a provider receives too many deficiencies due to incomplete records for failure to respond to queries, their admitting privilege could be suspended by the medical staff committee as a disciplinary action.
References: AHIMA/ACDIS. “Guidelines for Achieving a Compliant Query Practice (2019 Update).” Journal of AHIMA 90, no. 2 (February 2019): 20-29.