CDIP Q&As

Certified Documentation Integrity Practitioner

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QUESTION 1

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 2

While reviewing a chart, a clinical documentation integrity practitioner (CDIP) needs to access the general rules for the ICD-10-CM Includes Notes and Excludes Notes 1 and 2. Which coding reference should be used?

A. Faye Brown\\'s Coding Handbook

B. AMA CPT Assistant

C. ICD-10-CM Official Guidelines for Coding and Reporting

D. AHA Coding Clinic for ICD-10-CM

Correct Answer: C

The coding reference that should be used to access the general rules for the ICD-10-CM Includes Notes and Excludes Notes 1 and 2 is the ICD-10-CM Official Guidelines for Coding and Reporting. This document provides the conventions and instructions for the proper use of the ICD-10-CM classification system, including the definitions and examples of the Includes Notes and Excludes Notes 1 and 2. The document is updated annually by the Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), and is available online at 2. The other coding references listed are not specific to ICD-10-CM or do not contain the general rules for the Includes Notes and Excludes Notes 1 and 2. References: 1: AHIMA CDIP Exam Prep, Fourth Edition, p. 133 3 2: ICD-10-CM Official Guidelines for Coding and Reporting FY 2021 4

QUESTION 3

Which physician would best benefit from additional education for unanswered queries?

Physician	Number of Queries	Agree	Disagree	No Response
Dr. A	31	25	5	1
Dr. B	32	28	2	2
Dr. C	18	2	16	0
Dr. D	10	0	1	9

A. Dr. A

B. Dr. B

C. Dr. C

D. Dr. D

Correct Answer: D

According to the Documentation Integrity Practitioner (CDIP? study guide, the physician with the highest number of unanswered queries would benefit from additional education. In this case, Dr. D has the highest number of unanswered queries with 9. Unanswered queries may indicate a lack of understanding, engagement, or compliance with the query process, which may affect the quality and accuracy of clinical documentation and coding1. Therefore, Dr. D would best benefit from additional education for unanswered queries, such as the importance of timely and appropriate query responses, the impact of queries on severity of illness, risk of mortality, and reimbursement, and the best practices for a compliant query practice2. References: QandA: What to do with unanswered queries | ACDIS Guidelines for Achieving a Compliant Query Practice (2019 Update) - AHIMA

QUESTION 4

A physician documented the specific site of the malignancy in the medical record documentation; however, the coder is unable to locate a specific entry in the ICD-10-CM Alphabetical Index to match the specified diagnosis. Which abbreviation used in the Alphabetical Index will assist the coder in assigning the appropriate diagnosis code for the specified condition?

A. DRG

B. OCE

C. NOS

D. NEC

Correct Answer: D

The abbreviation NEC stands for "not elsewhere classified" and is used in the ICD-10-CM Alphabetical Index when a specific code is not available for a condition. The coder should use the NEC notation to locate the closest existing code that matches the documented diagnosis. For example, if the physician documented a malignant neoplasm of the left upper eyelid, but the Alphabetical Index only has an entry for malignant neoplasm of eyelid NEC, then the coder should use the code C44.10 (Unspecified malignant neoplasm of unspecified eyelid, including canthus) and assign a seventh character to specify laterality. (CDIP Exam Preparation Guide) References: CDIP ontent Outline1 CDIP Exam Preparation Guide2 ICD-10-CM Official Guidelines for Coding and Reporting FY 20213

QUESTION 5

A modifier may be used in CPT and/or HCPCS codes to indicate

A. a service or procedure was increased or reduced

B. a service or procedure was performed in its entirety

C. a service or procedure resulted in expected outcomes

D. a service or procedure was performed by one provider

Correct Answer: A

According to the AHIMA CDIP Exam Preparation Guide, a modifier is a two-digit numeric or alphanumeric code that may be used in CPT and/or HCPCS codes to indicate that a service or procedure has been altered by some specific circumstance, but not changed in its definition or code1. One of the reasons to use a modifier is to indicate that a service or procedure was increased or reduced in comparison to the usual service or procedure2. For example, modifier 22 can be used to report increased procedural services that require substantially greater time, effort, or complexity than the typical service3. The other options are not correct because they do not reflect the purpose of using modifiers. A service or procedure performed in its entirety does not need a modifier, as it is assumed to be the standard service or procedure. A service or procedure resulting in expected outcomes does not affect the coding or reimbursement of the service or procedure. A service or procedure performed by one provider may need a modifier depending on the type of provider, the place of service, and the payer rules, but it is not a general reason to use a modifier. References: CDIP Exam Preparation Guide - AHIMA Modifiers: A Guide for Health Care Professionals - CMS CPT?Modifiers: 22 Increased Procedural Services | AAPC