CDIP$^{Q\&As}$

Certified Documentation Integrity Practitioner

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QUESTION 1

A pressure ulcer stage III is documented in the progress note. The clinical documentation integrity practitioner (CDIP) has queried the attending regarding the present on admission status of the pressure ulcer but has not received a response in an appropriate time frame. What should the CDIP do next?

A. Escalate issue to medical staff leadership

B. Query wound care nurse

C. Escalate issue to hospital administration

D. Query surgical consultant

Correct Answer: A

According to the AHIMA-ACDIS Practice Brief, 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 attending physician has not responded to the query in an appropriate time frame, the CDIP should escalate the issue to the medical staff leadership, such as the chief medical officer, the department chair,

or the physician advisor, who can facilitate communication and education with the attending physician and ensure documentation integrity and compliance1.

References:

Guidelines for Achieving a Compliant Query Practice (2019 Update) - AHIMA1

QUESTION 2

Which of the following should be shared to ensure a clear sense of what clinical documentation integrity (CDI) is and the CDI practitioner\\'s role within the organization?

A. Productivity standards

B. Review schedule

C. Milestones

D. Mission

Correct Answer: D

Sharing the mission of the CDI program should be done to ensure a clear sense of what CDI is and the CDI practitioner\\'s role within the organization. The mission statement defines the purpose, goals, and values of the CDI program, and

how it aligns with the organization\\'s vision and strategy. The mission statement also communicates the benefits and expectations of the CDI program to various stakeholders, such as providers, executives, coders, quality staff, and patients.

The mission statement can help establish the credibility, professionalism, and identity of the CDI practitioners, and guide their daily activities and decisions 2.

References: 1: AHIMA CDIP Exam Prep, Fourth Edition, p. 133 3 2: Mission CDI: Guiding goals, values, and principles 1

QUESTION 3

A key physician approaches the director of the coding department about the new emphasis associated with clinical documentation integrity (CDI). The physician does not support the program and believes the initiative will encourage inappropriate billing.

How should the director respond to the concerns?

A. Develop an administrative panel to oversee CDI process

B. Refer the physician to the finance department to discuss required billing changes

C. Involve the physician advisor/champion in addressing the medical staff\\'s concerns

D. Inform the physician that changes must be made

Correct Answer: C

The director should involve the physician advisor/champion in addressing the medical staff\\'s concerns because the physician advisor/champion is a key member of the CDI team who can provide clinical expertise, education, and leadership to

promote CDI among physicians. The physician advisor/champion can help to explain the goals and benefits of CDI, such as improving patient care quality, accuracy of documentation, and appropriate reimbursement. The physician advisor/

champion can also address any misconceptions or fears that the physicians may have about CDI, such as encouraging inappropriate billing or increasing their workload. The physician advisor/champion can serve as a liaison between the CDI

team and the medical staff, and foster a culture of collaboration and trust.

References:

CDIP?ontent Outline (https://www.ahima.org/media/1z0x0x1a/cdip-exam- content-outline.pdf)

CDIP?Exam Preparation Guide (https://my.ahima.org/store/product?id=67077)

QUESTION 4

Which of the following clinical documentation integrity (CDI) dashboard metrics is frequently used to help evaluate the credibility of CDI practitioner queries and the success of the CDI program?

A. CDI agreement rate

B. CDI query rate

C. Provider response rate

D. Provider agreement rate

Correct Answer: D

The provider agreement rate is the percentage of queries that result in a change in the documentation or coding that is consistent with the query. It is a measure of the accuracy and appropriateness of the queries, as well as the provider\\'s acceptance of the CDI program\\'s recommendations. A high provider agreement rate indicates that the CDI practitioners are asking relevant and compliant queries that improve the quality and specificity of the documentation. The other options are not directly related to the credibility of the queries or the success of the CDI program. The CDI agreement rate is the percentage of queries that agree with the coder\\'s final DRG assignment. The CDI query rate is the percentage of records that generate a query from the CDI practitioner. The provider response rate is the percentage of queries that receive a response from the provider.

QUESTION 5

A resident returns to the long-term care facility following hospital care for pneumonia. The physician\\'s orders and progress note state "Continue IV antibiotics for pneumonia - 3 more days, after which time the resident is to have a repeat x-ray to determine status of the pneumonia". Is it appropriate to code the pneumonia in this scenario?

A. Yes J18.8, Pneumonia, other specified organism

B. No, since the patient needed a repeat x-ray, the condition does not clarify as a diagnosis

C. Yes, J18.9, Pneumonia, unspecified organism, should be coded until the condition is resolved

D. Yes, J18.9, Pneumonia, unspecified organism, Z79.2 should be coded along with long term antibiotics

Correct Answer: D

It is appropriate to code the pneumonia in this scenario because the condition is still present and being treated at the time of admission to the long-term care facility. According to the ICD-10-CM Official Guidelines for Coding and Reporting, a diagnosis is reportable if it is documented as "present on admission" or "active" by the provider, or if it requires or affects patient care treatment or management 2. In this case, the pneumonia is still active and requires IV antibiotics and a repeat x-ray, which indicates that it affects the patient care treatment and management. Therefore, the pneumonia should be coded as J18.9, Pneumonia, unspecified organism, which is the default code for pneumonia when no causal organism is identified 3. In addition, the code Z79.2, Long term (current) use of antibiotics, should be coded to indicate that the patient is receiving long term antibiotic therapy as part of the treatment plan 4. References: 1: AHIMA CDIP Exam Prep, Fourth Edition, p. 138 5 2: ICD-10-CM Official Guidelines for Coding and Reporting FY 2021, Section I.B.14 3: ICD-10-CM Code J18.9 - Pneumonia, unspecified organism 4: ICD-10-CM Code Z79.2 Long term (current) use of antibiotics