



CDIP^{Q&As}

Certified Documentation Integrity Practitioner

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QUESTION 1

A query should be generated when the documentation is

- A. legible
- B. consistent
- C. complete
- D. conflicting

Correct Answer: D

A query should be generated when the documentation is conflicting, meaning that there is contradictory or inconsistent information in the medical record that may affect the accuracy of coding, quality reporting, or reimbursement. For example, if the documentation in the progress notes differs from the documentation in the discharge summary, or if different providers document different diagnoses or procedures for the same patient, a query may be needed to resolve the discrepancy and obtain clarification from the source of the documentation. A query should not be generated when the documentation is legible, consistent, or complete, as these are desirable characteristics of documentation that do not require further clarification or verification. References: CDIP Content Outline (<https://www.ahima.org/media/1z0x0x1a/cdip-exam-content-outline.pdf>) Accurate Documentation is Essential ?Knowing When to Query your Providers1

QUESTION 2

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 CDIP. 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 standards. 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 necessary. 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 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

A patient was admitted with complaints of confusion, weakness, and slurred speech. A CT of the head and MRI were performed and resulted in normal findings. Daily aspirin was administered and a speech therapy evaluation was conducted. The final diagnosis on discharge was transient ischemic attack, and cerebrovascular disease was ruled out. What is the correct diagnostic related group assignment?

- A. 093 Other Disorders of Nervous System without CC/MCC
- B. 948 Signs and Symptoms without MCC
- C. 069 Transient Ischemia
- D. 066 Intracranial Hemorrhage or Cerebral Infarction without CC/MCC

Correct Answer: C

Transient ischemic attack (TIA) is a neurological event with the signs and symptoms of a stroke, but which go away within a short period of time. TIA is assigned to DRG 069, which is a medical DRG. Cerebrovascular disease was ruled



out, so it cannot be coded as a secondary diagnosis. The other options are incorrect because they do not reflect the principal diagnosis of TIA.

QUESTION 5

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

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