CDIP$^{Q\&As}$

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QUESTION 1

Which of the following is MOST likely to trigger a second-level review?

A. A procedure code that increases reimbursement

B. A diagnosis that impacts a quality-of-care measure

C. An account coded before the discharge summary is available

D. A record with multiple major complicating conditions (MCCs)

Correct Answer: D

According to the AHIMA CDIP Exam Preparation Guide, a second-level review is a process that involves a review of coded records by a designated person or team to ensure the accuracy and completeness of coding and documentation1. A second-level review may be triggered by various factors, such as high-risk or high-dollar accounts, coding quality indicators, payer requirements, or internal audit findings1. One of the factors that is most likely to trigger a second-level review is a record with multiple major complicating conditions (MCCs)2. MCCs are diagnoses that significantly affect the severity of illness and resource utilization of a patient, and are assigned a higher relative weight in the DRG system3. A record with multiple MCCs may indicate a complex or unusual case that requires additional validation and verification of the coding and documentation. A record with multiple MCCs may also affect the reimbursement, risk adjustment, and quality scores of the hospital, and therefore may be subject to external scrutiny or audit4. The other options are not as likely to trigger a second-level review, as they are not as indicative of coding or documentation issues or risks. A procedure code that increases reimbursement may not necessarily require a second-level review, unless it is inconsistent with the documentation or the clinical indicators. A diagnosis that impacts a quality-of-care measure may be relevant for CDI purposes, but not necessarily for coding validation. An account coded before the discharge summary is available may be incomplete or inaccurate, but it may also be corrected or updated before final billing. References: CDIP Exam Preparation Guide - AHIMA Building a Resilient CDI: Second Level Review Major Complications or Comorbidities (MCC) and Complications or Comorbidities (CC) | CMS Demystifying and communicating case-mix index - ACDIS

QUESTION 2

Which of the following should be examined when developing documentation integrity projects?

A. Query rates from coding staff

B. CC and MCC capture rates

C. Coding productivity statistics

D. Physician satisfaction surveys

Correct Answer: B

The factor that should be examined when developing documentation integrity projects is CC and MCC capture rates. CC stands for complication or comorbidity, and MCC stands for major complication or comorbidity. These are secondary diagnoses that affect the severity of illness (SOI) and risk of mortality (ROM) of the patient, as well as the reimbursement and quality measures of the hospital. CC and MCC capture rates measure how well the clinical documentation reflects the presence and impact of these conditions on the patient\\'s care. Examining CC and MCC capture rates can help to identify documentation improvement opportunities, goals, strategies, and outcomes4 References: 1: https://www.ahima.org/media/owmhxbv1/cdip_contentoutline_2023_final.pdf 4:

https://my.ahima.org/store/product?id=67077

QUESTION 3

A query should include

A. information from previous encounters

B. the impact on quality

C. the impact of reimbursement

D. relevant clinical indicators

Correct Answer: D

A query should include relevant clinical indicators from the health record that support the need for clarification and the query options. Clinical indicators are objective and measurable signs, symptoms, laboratory results, diagnostic test results, medications, treatments, and other documented findings that are related to a specific diagnosis or condition. Information from previous encounters, the impact on quality, and the impact of reimbursement are not appropriate to include in a query, as they may introduce bias, lead the provider, or imply a desired response.

QUESTION 4

Which of the following individuals is the first line of escalation for an unanswered query?

A. CDI Manager

B. CDI Steering Committee

C. Medical Director

D. HIM/Coding Manager

Correct Answer: A

The first line of escalation for an unanswered query is the CDI Manager because they are responsible for overseeing the CDI program and ensuring compliance with query policies and procedures. The CDI Manager can monitor the query response rates, identify the providers who are not responding, and communicate with them to address any issues or barriers. The CDI Manager can also provide education and feedback to the providers on the importance and benefits of timely query responses. If the CDI Manager is unable to resolve the problem, then they can escalate it to the next level, such as the Medical Director or the CDI Steering Committee. (CDIP Exam Preparation Guide) References: CDIP ontent Outline1 CDIP Exam Preparation Guide2 QandA: Establishing an escalation policy for inappropriate queries3

QUESTION 5

For inpatients with a discharge principal diagnosis of acute myocardial infarction, aspirin must be taken within 24 hours of arrival unless a contraindication to aspirin is documented. How should this be documented in the health record?

A. The name of the medication (aspirin), the date and time it was last administered

B. The name of the medication (aspirin), the date, time and location where it was last administered

C. The name of the medication (aspirin) and the date it was last administered

D. The name of the medication (aspirin), the date and location where it was last administered

Correct Answer: B

The name of the medication (aspirin), the date, time and location where it was last administered should be documented in the health record for inpatients with a discharge principal diagnosis of acute myocardial infarction, unless a contraindication to aspirin is documented. This is because aspirin is a core measure for acute myocardial infarction patients, and its administration within 24 hours of arrival is an indicator of quality of care and patient safety. The date, time and location are important to verify that the medication was given within the specified timeframe and to avoid duplication or omission of doses4 References: 1: https://www.ahima.org/media/owmhxbv1/cdip_contentoutline_2023_final.pdf 4: https://my.ahima.org/store/product?id=67077