Certified Clinical Documentation Specialist
Examination Content Outline - 2016

1. Healthcare Regulations, Reimbursement, and Documentation Requirements Related to the Inpatient Prospective Payment System (IPPS):
   15 items (Recall: 10, Application: 3, Analysis: 2)
   1. Define the IPPS and the process by which it is updated and revised.
   2. Demonstrate a knowledge of Medicare Severity Diagnostic Related Groups (MS-DRGs).
   3. Demonstrate an understanding of the responsibilities of medical staff (i.e., providers) for documentation necessary for appropriate IPPS reimbursement.
   4. Demonstrate an understanding of the responsibilities of clinical staff for documentation necessary for appropriate IPPS reimbursement.
   5. Explain how documentation impacts reimbursement under the IPPS though diagnosis and procedure assignment.
   6. Explain the relationship between documentation and medical necessity of setting:
      a. Demonstrate an understanding of criteria to support an inpatient admission (i.e., CMS 2-Midnight Rule).
      b. Demonstrate an understanding of the relationship between principal diagnosis assignment and medical necessity of setting.
   7. Define and recognize a complication/comorbidity under the MS-DRG system.
   8. Define and recognize a major complication/comorbidity under the MS-DRG system.
   9. Define case mix index and its relevance to CDI programs.
  10. Explain the role of Medicare Contractors, including Recovery Auditors (RA), Medicare Administrative Contractors (MACs), Comprehensive Error Rate Testing (CERT) contractors, and the Office of Inspector General (OIG), and their impact on CDI efforts.
  11. Recognize coding and billing practices that are vulnerable to denial.

2. Anatomy and Physiology, Pathophysiology, Pharmacology, and Medical Terminology: 23 items (Recall: 0, Application: 12, Analysis: 11)
   1. Identify and apply clinical indicators and query opportunities typically targeted by CDI professionals related to common medical conditions, such as those listed below by Major Diagnostic Category (MDC):
      a. MDC 1 - Diseases and Disorders of the Nervous System
         Examples include: acute CVA, encephalopathy, seizures, cerebral edema, coma
b. MDC 4 - Diseases and Disorders of the Respiratory System
Examples include: pulmonary embolism, respiratory neoplasms, pleural effusions, COPD, respiratory infections, pneumonia, respiratory failure (acute/chronic), ventilation support

c. MDC 5 - Diseases and Disorders of the Circulatory System
Examples include: acute myocardial infarction, heart failure, hypertension, cardiac arrhythmia, syncope and collapse, angina pectoris, chest pain

d. MDC 6 - Diseases and Disorders of the Digestive System
Examples include: esophageal disorders, peritoneal infections, digestive malignancy, GI hemorrhage, ulcer, obstruction

e. MDC 7 - Diseases and Disorders of the Hepatobiliary System
Examples include: cirrhosis, hepatitis, malignancy, pancreatic disorders, disorders of the liver and the biliary tract

f. MDC 8 - Diseases and Disorders of the Musculoskeletal System
Examples include: Fractures, osteomyelitis, bone diseases

g. MDC 9 - Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast
Examples include: debridement procedures, skin ulcers, malignant disorders, cellulitis, trauma

h. MDC 10 - Endocrine, Nutritional and Metabolic Disease and Disorders
Examples include: Diabetes, dehydration, obesity, malnutrition

i. MDC 11 - Diseases and Disorders of the Kidney and Urinary Tract
Examples include: renal failure (acute/chronic), urinary tract infections, urosepsis, urinary stones

j. MDC 16 - Diseases and Disorders of the Blood and Blood Forming Organs and Immunological Disorders
Examples include: Red blood cell disorders- anemia, coagulation disorders, sickle cell disease

k. MDC 17 - Myeloproliferative Diseases and Disorders and Poorly Differentiated Neoplasms
Examples include: Lymphoma, leukemia, neoplasms

l. MDC 18 - Infectious and Parasitic Diseases
Examples include: postoperative infections, bacterial infections, viral infections, sepsis

m. MDC 19 - Mental Diseases and Disorders
Examples include: psychoses, developmental disorders, dementia, behavioral disorders

n. MDC 20 - Alcohol/Drug Use and Alcohol/Drug Induced Organic Brain Disorders
Examples include: alcohol/drug abuse, dependence

o. MDC 21 - Injuries, Poisonings and Toxic Effects of Drugs
Examples include: traumatic injuries, poisoning and toxic effects of drugs, complications of treatment, adverse reactions

p. MDC 25 - HIV Infections
Examples include: HIV related and major related conditions as differentiated within the DRG Expert

2. Recognize pharmaceuticals commonly used in the inpatient setting and the disease process (es) they treat.
3. Demonstrate ability to interpret medications as a clinical indicator.
4. Identify diagnostic tests (e.g., labs, radiology, etc.) as possible clinical indicators to support documentation clarification opportunities.
5. Recognize standard medical abbreviations used in the healthcare setting.

3. **Medical Record Documentation: 23 items** *(Recall: 6, Application: 11, Analysis: 6)*

1. Explain which elements of the health record can be used for diagnosis and/or procedure code assignment.
2. Explain how the role of the provider in relation to the patient (i.e., attending physician vs. radiologist, pathologist, or other) affects diagnosis code assignment.
3. Identify documentation in need of clarification for accurate code assignment.
4. Demonstrate an understanding of when a physician query is warranted.
5. Explain the different types of physician queries (i.e., concurrent, retrospective, verbal, etc.).
6. Demonstrate an understanding of the different physician query formats (i.e., open ended, multiple choice, and yes/no) and their proper application.
7. Define the concept of clinical indicator(s).
8. Demonstrate and understanding of how to translate clinical indicators in the health record (i.e., laboratory results, imaging reports, orders, etc.) into a compliant query.
9. Differentiate compliant from non-compliant queries.
10. Describe situations in which queries are not appropriate (i.e., diagnosis was not evaluated/treated/monitored, etc.).
11. Demonstrate an understanding of current professional guidance including the AHIMA-ACDIS practice brief, Guidelines for Achieving a Compliant Query Practice.
12. Explain proper mechanisms to address diagnoses in the medical record without clinical support.

4. **Healthcare Facility CDI Program Analysis: 10 items** *(Recall: 3, Application: 4, Analysis: 3)*

1. Demonstrate the ability to analyze data and evaluate a CDI program's trends:
   a. CDI specialist productivity metrics.
   b. Provider response rates.
   c. Case mix index (CMI).
2. Demonstrate the ability to create forecasting data to predict the direction of a CDI program.
3. Recognize the importance of the following metrics/methodologies for evaluating CDI program performance:
   a. CMI.
   b. CC/MCC capture.
   c. Severity of Illness/Risk of Mortality.
   d. Hospital Value Based Purchasing measures.
   e. Patient Safety Indicators.
   f. Monitoring of high frequency DRGs.
4. Identify methods for measuring physician performance related to documentation.
5. Demonstrate an ability to track and trend data to measure individual physician performance over time.
6. Demonstrate basic computer skills and basic software applications (e.g., basic Excel spreadsheet functions).
7. Demonstrate an ability to identify and apply hospital specific financial data.
8. Identify performance standards used to evaluate individual CDI specialists' performance.
9. Demonstrate an ability to track and trend data to measure hospital performance over time.
10. Demonstrate an ability to track and trend data to measure department-specific performance over time.
11. Explain how physician documentation impacts publicly reported data (e.g., Leapfrog, Healthgrades).
12. Demonstrate a working knowledge of a PEPPER (Program for Evaluating Payment Patterns Electronic Report) data.

5. **Communication Skills: 11 items** *(Recall: 3, Application: 6, Analysis: 2)*

1. Identify methods for creating physician education forms and tools.
2. Demonstrate the ability to produce basic educational presentations specific for departments/services, including physicians, nurse practitioners, and administration.
3. Demonstrate the ability to communicate with physicians in an effective, non-confrontational manner.
4. Describe the roles and responsibilities of a documentation specialist.
5. Describe the roles and responsibilities of a coder working in conjunction with a CDI department.
6. Demonstrate the ability to reconcile discrepancies between working DRG assignments assigned by CDI staff and final, coded DRGs.
7. Identify situations in which verbal, personal communications with physicians are more favorable than written communication.

6. **Official Guidelines for Coding and Reporting: 17 items** *(Recall: 6, Application: 8, Analysis: 3)*

1. Explain when *Official Guidelines for Coding and Reporting* are updated and where to obtain official information.
2. Explain the role of AHA *Coding Clinic* in code assignment.
3. Define and apply the principles of principal diagnosis assignment.
4. Apply coding guidelines when selecting a principal diagnosis.
5. Define and apply the principles of secondary diagnosis assignment.
6. Explain how discharge dispositions and the location to which the patient is transferred impact payment.
7. Identify which conditions are considered hospital acquired conditions by CMS.
8. Define the basics of the present on admission indicator assignment and explain its impact on payment.
9. Explain how to assign a working DRG when a patient has multiple diagnoses in play.
7. **Professionalism, Ethics, and Compliance: 11 items** (Recall: 4, Application: 4, Analysis: 3)

1. Maintain confidentiality of the medical record and other information relevant to the practice of CDI.
2. Identify initiatives that ensure DRG compliance.
3. Identify areas of potential DRG creep as identified by the Office of Inspector General (OIG).
4. Demonstrate what constitutes a leading query to the physician.
5. Explain the goals and objectives of a clinical documentation department beyond reimbursement.
6. Identify potential compliance risks identified in a PEPPER report.

8. **Impact of Reportable Diagnoses on Quality of Care: 10 items** (Recall: 3, Application: 3, Analysis: 4)

1. Demonstrate knowledge of the significance of documentation and code assignment upon mortality index (Severity of Illness/Risk of Mortality).
2. Demonstrate knowledge of mortality reviews and interpreting observed/expected ratios.
3. Define how quality data is acquired through both record abstraction and claims data.
4. Explain the significance of these different types of quality metrics used by CMS:
   a. Hospital Value Based Purchasing (HVBP).
   b. Hospital Acquired Condition (HAC) Reduction Program.
   c. Hospital Readmissions Reduction Program.
   d. 30-day Mortality Measures.
5. Analyze the financial impact of the Hospital Inpatient Quality Reporting Program on an organization, and the role of CDI regarding this CMS quality initiative.
6. Demonstrate an understanding of CDI impact on documentation and code assignment in relation to Hospital Value Based Purchasing (HVBP).
7. Identify components of Patient Safety Indicator (PSI) 90 and its impact as a quality measure:
   a. PSI 03 - Pressure Ulcer Rate.
   b. PSI 06 - Latrogenic Pneumothorax Rate.
   c. PSI 07 - Central Venous Catheter Related Bloodstream Infection Rate.
   d. PSI 08 - Postoperative Hip Fracture Rate.
   e. PSI 12 - Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate.
   f. PSI 13 - Postoperative Sepsis Rate.
   g. PSI 14 - Postoperative Wound Dehiscence Rate.
   h. PSI 15 - Accidental Puncture or Laceration Rate.
8. Identify other Patient Safety Indicators beyond or in addition to PSI 90 and their impact as a quality measure(s).
9. Identify coded data elements that can impact the reporting of Patient Safety Indicators (PSIs) in regards to Medicare claims.
10. Compare and contrast Hospital Acquired Infections (HAI) from documentation that supports the assignment of a “complication code”.

7-15-15
Effective Date: January 2016