



---

# TRUSTED, ACCURATE AND RELIABLE!

---

The most comprehensive IT certification  
preparation materials in the industry!

All rights reserved. No part of this document may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher, except in the case of brief quotations embodied in critical reviews and certain other non-commercial uses permitted by copyright law. Unauthorized copying, reselling, or distribution of this document is strictly prohibited and may result in legal action.

<https://www.virtulearner.com>  
[support@virtulearner.com](mailto:support@virtulearner.com)

**AHIMA**

**CDIP**

**Certified Documentation**

**Integrity Practitioner**

**QUESTION: 1**

An increase in claim denials has prompted a clinical documentation integrity (CDI) manager to engage the CDI physician advisor/champion in an effort to avoid future denials. How does this strategy impact the goal?

- A. Clinicians will not require documentation integrity education.
- B. Physicians can manage the documentation integrity process.
- C. Physicians will learn documentation integrity practices from peers.
- D. The CDI manager will exclusively provide education.

**Answer(s): C**

**QUESTION: 2**

A clinical documentation integrity practitioner (CDIP) generates a concurrent query and continues to follow retrospectively; however, the coder releases the bill before the query is answered. The CDIP wonders if it is appropriate to re-bill the account if the physician answers the query after the bill has dropped. Which policy should the hospital follow to avoid a compliance risk?

- A. A rebilling is permissible when queries are answered after the initial bill.
- B. A post bill query rarely occurs as a result of an audit of other internal monitor.
- C. A post bill query is not appropriate when an error is found after an audit.
- D. A second bill should not be submitted when the first bill was incomplete.

**Answer(s): A**

**QUESTION: 3**

A patient is admitted for pneumonia with a WBC of 20,000, respiratory rate 20, heart rate 85, and oral temperature 99.0°. On day 2, sputum cultures reveal positive results for pseudomonas bacteria. The most appropriate action is to:

- A. code pneumonia, unspecified
- B. query the provider to see if pseudomonas sepsis is supported by the health record
- C. code pseudomonas pneumonia
- D. query the provider to document the etiology of pneumonia

**Answer(s): D**

**QUESTION: 4**

Which of the following can be evidence of physician-hospital alignment?

- A. A high clinical documentation integrity practitioner (CDIP) query rate
- B. A high physician agreement rate
- C. A high physician response rate
- D. A low physician agreement rate

**Answer(s): B**

**QUESTION: 5**

When a change in departmental workflow is necessary, the first step is to

- A. re-engineer the process
- B. assess the current workflow
- C. define the gaps and solutions
- D. set realistic timelines

**Answer(s): B**

**QUESTION: 6**

The third quarter target concurrent physician query response rate for each physician in a hospital gastroenterology department was 80%. Nine physicians met or exceeded this metric; however, two physicians had third quarter concurrent physician query response rates of 19% and 64%. What is the best course of action for the clinical documentation integrity (CDI) physician advisor/champion?

- A. Schedule a meeting with the chair of the gastroenterology department
- B. Schedule individual meetings with each low-performing physician
- C. Schedule a group meeting with all physicians
- D. Schedule individual meetings with each physician

**Answer(s): B**

**QUESTION: 7**

Patient is admitted with oliguria, pulmonary edema, and dehydration. Labs are remarkable for an elevated creatinine of 2.4, with a baseline of 1.1. Patient was hydrated for 48 hours with drop in creatinine. What would the appropriate action be?

- A. No query is needed because the patient was dehydrated
- B. Code acute renal failure since symptoms are there and documented
- C. Query the physician to see if acute renal failure is clinically supported
- D. Query the physician to see if acute renal failure with tubular necrosis is supported

**Answer(s): C**

**QUESTION: 8**

A noncompliant query includes querying the provider regarding:

- A. gram-negative pneumonia on every pneumonia case, regardless of documented clinical indicators
- B. morbid obesity due to BMI of 40.9 documented on the history and physical
- C. acute blood loss anemia due to low hemoglobin treated with iron supplements