# AAPC

*AAPC-CDEI*
*Certified Documentation Expert Inpatient*

**For More Information – Visit link below:**
**https://www.examsempire.com/**

**Product Version**

1. **Up to Date products, reliable and verified.**
2. **Questions and Answers in PDF Format.**


**https://examsempire.com/**

# Latest Version: 6.0

## Question: 1

As a CDEI specialist, you will review the documentation for acronyms or other deficiencies, such as missing signatures. CDEI do not review claims submissions or other billing related responsibilities, these are generally handled by a billing department. CDEI are also not responsible for capturing data on how many patients are discharged or how many patients a provider is seeing on a daily basis.

A. Rationale #29
B. Rationale # 38
C. Rationale # 30
D. Rationale #58

**Answer: A**

## Question: 2

The MRI of the neck is supported as patient was admitted for cervicalgia (neck pain) and had a motor vehicle accident. The chest X-ray is also supported by clinical indicators. The admission is supported based on the level of injuries sustained. The Narcotic prescription is supported as the patient was diagnosed with severe fractures. B is the correct answer, as there is no diagnosis or documentation of signs and symptoms to support the need for an X-ray of the leg.

A. Rationale #34
B. Rationale #33
C. Rationale #36
D. Rationale # 32

**Answer: D**

## Question: 3

An effective inpatient CDI program includes accurate reporting of ICD-10-CM and PCS codes, as well as proper MS-DRG assignment. Generally, there is a decrease of provider queries and the quality of queries improve. CPT codes are not used to report inpatient procedures and therefore are not a way to measure an effective CDI program.

A. Rationale #28
B. Rationale #26
C. Rationale # 30

D. Rationale #27

**Answer: C**

## Question: 4

The CDEI specialist is not responsible for documenting services rendered. The CDEI will assist with documentation improvement, including EHR use medical necessity. Such reviews are often used as additional resources to better educate coders and providers, if needed.

A. Rationale #26
B. Rationale #52
C. Rationale #29
D. Rationale # 30

**Answer: A**

## Question: 5

The CDEI is not responsible for reviewing the professional coding component of documentation as that will fall under the responsibilities of the outpatient CDI specialist. As a CDEI specialist, a person will be required to make sure all inpatient documentation if accurate and clear for validation of inpatient services.

A. Rationale # 32
B. Rationale #14
C. Rationale # 30
D. Rationale #28

**Answer: D**

## Question: 6

Policy for record retention

A. Which is an example of an internal documentation guideline that a facility might use to ensure accurate medical record documentation?
B. There is heightened awareness and demand for clincial documentation improvement. Which of the following is the main reason?
C. Which statement is TRUE regarding an effective method for communicating documentation deficiencies to a provider?

D. Developing internal policies is beneficial to every hospital. All of the following are examples of appropriate policy development EXCEPT

**Answer: D**

## Question: 7

The abbreviation q.i.d is generally acceptable, though some hospitals may have their own policies on it's use, and in instances where that is not the case a deficiency should be assigned. However, the use of abbreviation q.o.d is on the "Do Not Use" list released by the Joint Commission. This would prompt the assignment of a deficiency. A deficiency would also be assigned anytime a signature or time stamp was missing or incomplete on a medical record. Illegible documentation should also be assigned a deficiency in order maintain the clarify of the record.

A. Rationale # 190
B. Rationale # 38
C. Rationale #29
D. Rationale #32

**Answer: B**

## Question: 8

Generally documentation should be completed as soon as possible, regardless of where the service was performed or by who. Typically, this means within 24 hours or at most a few days. Hospitals will have individual policies indicating requirements.

A. Rationale #32
B. Rationale #27
C. Rationale # 30
D. Rationale #73

**Answer: B**

## Question: 9

24 hours

A. It is recommended that the provider document within how many hours of care being provided, including after the patient is discharged
B. Which is an example of an internal documentation guideline that a facility might use to ensure accurate medical record documentation?

C. Which of the following is a tool that uses artificial intelligence to find key information from unstructured written or spoken processes?
D. Examples of common deficiencies in the medical record that are simple to prevent include all of the following EXCEPT?

**Answer: A**

## Question: 10

A concurrent review is performed while the patient is still admitted. Prospective reviews are hardly used in the inpatient setting as they require prior knowledge and review of past patient records prior to admission. A retrospective review is performed after discharge and after the claim is processed. Coders may perform some reviews depending on the facility in conjunction with CDEI, but rarely do CDEI not perform some form of documentation review.

A. Rationale # 32
B. Rationale #180
C. Rationale # 38
D. Rationale #36

**Answer: D**

## Question: 11

A chest X-ray would not be medically necessary for a patient with an ear infection as the ear infection would not correlate to chest-related or breathing issues.

A. Rationale # 30
B. Rationale #32
C. Rationale # 32
D. Rationale #34

**Answer: D**

## Question: 12

Deficiencies may not be identified until after the provider has left the facility.

A. Which of the following is NOT a responsibility of a CDEI specialist?
B. Which of the following statements is TRUE regarding quality assurance of patient care?
C. Which of the following does NOT meet the  of a medically necessary service?

D. Which of the following is a challenge for an inpatient hospital in regard to maintaining consistent and quality documentation?

**Answer: D**

# Thank You for Trying Our Product

**Special 16 USD Discount Coupon: NSZUBG3X**

**Email: support@examsempire.com**

**Check our Customer Testimonials and ratings available on every product page.**

**Visit our website.**

**https://examsempire.com/**