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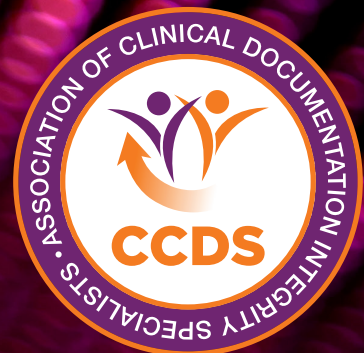


The Clinical Documentation Specialist's Certification Exam Candidate Handbook

CCDS and CCDS-O

The standard of excellence for
clinical documentation specialists
by clinical documentation specialists

2022 Candidate Handbook





About the Association of Clinical Documentation Integrity Specialists

The **Association of Clinical Documentation Integrity Specialists (ACDIS)** is a diverse community of CDI professionals whose backgrounds include nursing, HIM/coding, physicians, case management, quality improvement professionals, and more. Members of **ACDIS** share the latest tested tips, tools, and strategies to implement successful CDI programs and achieve professional growth. **ACDIS'** mission is to bring CDI specialists together.

ACDIS offers its members a bi-monthly journal, quarterly conference calls, news updates, a forms and tools library, a message board, a job board, and discounts on selected products. Members can network with their colleagues and peers through member publications, working groups, local chapter meetings, and the option of attending the **ACDIS** annual conference.

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Note to candidates

It is your responsibility to read and understand the contents of this handbook before applying for certification.

This handbook contains current information about the criteria and process for applying to earn the **ACDIS** certifications **Certified Clinical Documentation Specialist (CCDS)** and **Certified Clinical Documentation Specialist - Outpatient (CCDS-O)**. Please refer to the contents of this handbook for any questions you may have regarding the certification programs.

Additional information is available at the **ACDIS** Web site at www.acdis.org. If you cannot find the information you require or have further questions, you may also contact:

Customer Care

customerservice@hcpro.com

or call **ACDIS** Customer Service at 877-240-6586

Mission statement

The mission of the CCDS and CCDS-O credentials is to elevate the professional standing of clinical documentation specialists. The program draws from experienced clinical documentation specialists in the field to establish criteria for competency in the broad and multidisciplinary bodies of knowledge clinical documentation specialists must know. These include knowledge of healthcare and coding regulations; anatomy, physiology, pharmacology, and pathophysiology; proficiency in medical record review; communication and physician query techniques; relevant regulatory policy and payment methodologies, and data mining and reporting functions.

Statement of nondiscrimination

The opportunity to become a CCDS and/or a CCDS-O is available to all eligible candidates who meet the exam pre-qualifications as identified in the handbook. ACDIS does not discriminate on the basis of age, gender, race, religion, national origin, marital status, sexual preference, or disability.

If special accommodations are required for the examination, notify the program at 800-650-6787.

Clinical Documentation Specialist Certification overview

The purpose of becoming a CCDS and/or a CCDS-O is to recognize that those individuals who perform the role of a clinical documentation specialist have a diverse set of concurrent, prospective, and retrospective medical record review skills, clinical knowledge, and knowledge of documentation, coding, and reimbursement rules and regulations.

Because the credentials were developed to recognize individuals with a proven ability to work as a clinical documentation specialist, candidates for the CCDS and or CCDS-O designation are required to have at least two years of experience in the profession. Additionally, candidates must have some college-level education (see “Certification eligibility requirements” below.)

Successful candidates must achieve a passing score on the certification examination, which tests the candidate’s ability to abide by documentation and coding regulations and apply his or her experience and knowledge to typical scenarios that clinical documentation specialists encounter in their profession.

The certification programs are not designed to determine who shall serve as a clinical documentation specialist. That is the responsibility of the leadership team for each hospital. Instead, the goal is to establish a baseline of competency in professionals who serve as clinical documentation specialists, be they from nursing, HIM/coding, physician/provider, or other healthcare-related backgrounds.

The certification programs are a service provided in conjunction with ACDIS specifically to help those professionals with baseline levels of education and experience as a clinical documentation specialist achieve a mark of distinction and professionalism. The required experience and education ensure that only clinical documentation specialists with proven ability to perform their functions can achieve this certification.

CCDS Certification eligibility requirements

Candidates for the CCDS exam must meet one of the following three education and experience standards and currently be employed as either a concurrent or retrospective Clinical Documentation Integrity Specialist:

- An RN, RHIA, RHIT, MD or DO and two (2) years of experience as a concurrent or retrospective documentation specialist in an inpatient acute care facility using the United States IPPS system.
- An Associate’s degree (or equivalent) in an allied health field (other than what is listed above) and three (3) years of experience as a concurrent or retrospective documentation specialist in an inpatient acute care facility using the United States IPPS system. The education component must include completed college-level course work in medical terminology and human anatomy and physiology.
- Formal education (accredited college-level course work) in medical terminology human anatomy and physiology, medical terminology, and disease process, or the AHIMA CCS or CCS-P credential, and a minimum of three (3) years of experience in the role as a concurrent or retrospective documentation specialist in an inpatient acute care facility using the United States IPPS system.

A year of experience is defined as full-time employment or greater than 2,000 hours worked during that year.

Experience documenting in a medical record as a clinician, resident or equivalent foreign medical graduate does not meet the experience requirement.

What is an inpatient documentation specialist?

- The concurrent documentation specialist conducts daily reviews of medical records for patients who are currently hospitalized or treated in the inpatient setting
- The retrospective documentation specialist reviews medical records daily of post discharge, pre-bill records

Both concurrent and retrospective documentation specialists also:

- Work collaboratively using real-time conversation with physicians and medical team members caring for the patient
- Use their clinical knowledge to evaluate how the medical record will translate into coded data, including reviewing provider and other clinical documentation, lab results, diagnostic information and treatment plans
- Communicate with providers, whether in verbal discussion or by query, for missing, unclear or conflicting documentation
- Educate providers about optimal documentation, identification of disease processes to ensure proper reflection of severity of illness, complexity, and acuity and facilitate accurate coding

CCDS-O Certification eligibility requirements

Candidates for the CCDS exam must meet one of the following two education and experience standards:

- An RN, MD, DO or coding certification (RHIA, RHIT, CCS, CPC, CRC, COC) and two (2) years of experience as an outpatient documentation specialist using United States reimbursement systems.
- An RN, MD, DO or coding certification (RHIA, RHIT, CCS, CPC, CRC, COC), one (1) year of experience as an inpatient clinical documentation specialist, and one (1) year of experience as an outpatient documentation specialist using United States reimbursement systems.

A year of experience is defined as full-time employment or greater than 2,000 hours worked during that year.

Experience documenting in a medical record as a clinician, resident or equivalent foreign medical graduate does not meet the experience requirement.

What is an outpatient documentation specialist?

These functions define the role of an outpatient documentation specialist:

- Conducts reviews of medical records for patients in a variety of outpatient settings including but not limited to physician offices, physician and hospital-owned clinics, ambulatory surgery centers, and hospital emergency departments.
- Collaborates with physicians and medical team members caring for the patient to clarify clinical documentation
- Applies their clinical knowledge to evaluate how the medical record will translate into coded data, including reviewing provider and other clinical documentation, chronic disease processes, medications and their indications, diagnostic information, and treatment plans
- Communicates with providers, whether in verbal discussion or by query, for missing, unclear or conflicting documentation
- Educates providers about optimal documentation and identification of disease processes to ensure proper reflection of severity of illness, complexity, and acuity, and facilitate accurate coding and billing
- Understands risk adjusted payment methodologies, professional coding and billing, and outpatient facility coding and billing, and share this knowledge with providers and members of the healthcare team

CCDS exam allowable resources

Examination takers for the CCDS are allowed to bring the following two resources with them into the examination:

- DRG Expert, published by OPTUM
- One of the following standard drug reference guides:
 - Nursing Drug Handbook/Lippincott's
 - Mosby's Nursing Drug Reference
 - Physicians' Desk Reference (or PDR Nurse's Drug Handbook)
 - Pearson's Nurse's Drug Guide
 - Saunders Nursing Drug Handbook
 - Davis's Drug Guide

Books will be checked for additional pages or loose notes inserted or attached inside. These are not allowed to be brought into the testing room. Tabs are permitted in books as are handwritten notes previously written in the margins of books are permitted. Candidates may not write in their books during the exam.

CCDS-O exam allowable resources

Examination takers for the CCDS-O are allowed to bring one of the following standard drug reference guides with them into the examination:

- Nursing Drug Handbook/Lippincott's
- Mosby's Nursing Drug Reference
- Physicians' Desk Reference (or PDR Nurse's Drug Handbook)
- Pearson's Nurse's Drug Guide
- Saunders Nursing Drug Handbook
- Davis's Drug Guide

Books will be checked for additional pages or loose notes inserted or attached inside. These are not allowed to be brought into the testing room. Tabs are permitted in books as are handwritten notes previously written in the margins of books. Candidates may not write in their books during the exam.

About the certification examinations

To become a CCDS and or a CCDS-O, a candidate must pass an examination. Examinations are offered by computer at more than 14,000 Prometric Test Centers located throughout North America and internationally. Additionally, remotely proctored examinations are offered so that applicants can take the exam from anywhere. Applications from those who meet eligibility requirements are accepted on a rolling basis; there are no deadlines for exam applications and the associated fees.

Examination fees

The fee for the certification application process and examination is \$255 for ACDIS members and \$355 for non-members. Payment may be made by credit card, personal check, or money order for the total amount, payable to HCPPro or ACDIS. All fees are non-refundable.

If you do not pass the exam, you may submit the re-exam application to schedule a new exam (see "Applying for the examination" on p. 11 of the handbook). ACDIS will discount the exam fee to \$125 for one retake only. Subsequent attempts to pass the exam will be at full price (\$355 or \$255 for ACDIS members). There is a mandatory ninety (90) day waiting period between exam attempts.

How to prepare for your CCDS examination

As a CCDS candidate, it is your responsibility to be aware of the first-time exam takers' passing percent—presently about 77%, which means that 23% of exam takers do not pass on their first attempt. Many of these candidates are veteran, knowledgeable, savvy CDI professionals. Not passing the exam is not an indicating of failing. Failing occurs when you decide not to try again.

We strongly suggest that you:

- Read the Exam Candidate's Handbook
- Understand how to use the allowed resources
- Know the eight specific areas of exam content
- Review the core competencies within the area of exam content and ask a peer or mentor for assistance with those areas in which you may not have experience
- Read the ACDIS Code of Ethics, Official Guidelines for Coding and Reporting, and the AHIMA/ACDIS Guidelines for Achieving a Compliant Query Practice
- Understand that the CCDS Exam Study Guide and accompanying practice exam are study guides and not blueprints for the exam

It is the candidate's responsibility to prepare for the exam and understand that some of the exam questions may assess knowledge and skill you do not apply in your role.

How to prepare for your CCDS-O exam

We strongly suggest that you:

- Read the Exam Candidate's Handbook
- Know the five specific areas of exam content
- Review the recommended sources of study
- Review the core competencies within the area of exam content and ask a peer or mentor for assistance with those areas in which you may not have experience
- Read the ACDIS Code of Ethics, Official Guidelines for Coding and Reporting, the AHIMA/ACDIS guidelines for Achieving a Compliant Query Practice, and Queries in Outpatient CDI: Developing a Compliant, Effective Process
- Understand that the CCDS-O Exam Study Guide and accompanying practice exam are study guides and not blueprints for the exam

It is the candidate's responsibility to prepare for the exam and understand that some of the exam questions may assess knowledge and skill you do not apply in your role.

Management and examination services

ACDIS has contracted with Prometric to assist in the development, administration, scoring, and analysis of the CCDS and CCDS-O certification examinations. Prometric is a leading provider of technology-enabled testing and assessment solutions to many of the world's most recognized licensing and certification organizations, academic institutions, and government agencies. Prometric supports more than 7 million test takers annually at its testing locations in more than 180 countries around the world. It also supports remote proctoring, allowing candidates to take their exams from their own homes or elsewhere.

Prometric
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Baltimore, MD 21224
Tel: 1-866-PROMETRIC (776-6387)

Learn more at: <https://live-prometric.pantheonsite.io/contact-us>

ACDIS maintains records, handles finances, and processes examination applications, certification materials, and requests for continuing education approvals.

Test Center locations

A current list of Test Center locations is available at <https://proscheduler.prometric.com/scheduling/searchAvailability>. Specific address information will be provided when a candidate schedules an examination appointment.

Applying for the examinations

All candidates may review the application process on the **ACDIS** Web site at www.acdis.org.

Candidates for certification must list their clinical documentation specialist experience. Applications may be audited to verify work history and educational background, credentials, and licensure. Once a candidate has accumulated the time as a clinical documentation specialist, it does not expire for the purposes of applying for certification.

Candidates must meet all required work and education requirements must be met prior to submitting and application.

To apply, complete the online examination application, which is available online at www.acdis.org in the Certification “How to Apply” section. Once you click the online application link, login using your ACDIS credentials, or create a new login to complete the online application. You will have the opportunity to save a draft and return to the online application if you are unable to complete it in one sitting. Credit card payment is required in order to submit the application.

For questions, please contact Customer Service via email certifications@hcpro.com or call 877-240-6586.

ACDIS and HCPro will process the application and send a receipt confirmation to the candidate. Upon approval the candidate's name will be sent to Prometric. Candidates will then schedule their own exam on the Prometric website.

Eligibility period

A candidate's application is valid for 90 days (3 months) from the date the name is submitted to the exam company, during which the candidate must schedule an appointment to test on the computer and take the examination.

A candidate who fails to take the exam within the eligibility period forfeits the application and all fees paid to take the examination. A complete re-examination application and examination fee are required to reapply for examination. A candidate is allowed to take only the examination for which application is made and a confirmation notice is received. Unscheduled candidates (walk-ins) are not eligible to take the exam.

Scheduling an examination appointment

After you have registered for the examination and received notification of your eligibility, you will receive an email explaining how to schedule your exam with Prometric. Please use the embedded links contained in your email to schedule your exam, as these have your personalized information auto-populated in Prometric's scheduling tool. Candidates may take their exam at a Prometric testing center or via remote proctoring.

If you do not receive your email, or if any information in the email is incorrect or has changed, please contact Customer Service at customerservice@hcpro.com. In addition, please contact our customer service team if you need to cancel your exam.

Schedule by phone: Candidates are strongly encouraged to schedule online. Should you require additional assistance, Prometric's scheduling number is 1-800-864-5257 (North America only) between 8:00 a.m. and 5:00 p.m. Eastern time on weekdays, excluding holidays observed by Prometric.

Special arrangements for candidates with disabilities

Prometric makes every effort to provide reasonable testing accommodations that enable all test takers to take examinations on a level playing field. Its Testing Accommodation Solutions enable candidates, regardless of a recognized need or challenge, an equal and fair chance to sit for an exam. Prometric works in partnership with ACDIS to ensure that test takers with unique needs have full access to the programs and services available.

Prometric takes pride in the amount of support it provides to test takers. Its comprehensive line-up of testing aides meets most needs, whether they involve special scheduling/timing, location/setting, software, equipment, or the use of personal assistants. A full list of the services and accommodations can be accessed by reading its Testing Accommodations brochure. While requests for testing accommodations must be reasonable, approved (based upon appropriate documentation) and scheduled prior to a test taker appearing for an examination, we are committed to making sure you receive the appropriate accommodations to which you are entitled.

Learn more about special accommodations at <https://www.prometric.com/test-takers/arrange-testing-accommodations>

You can view a complete list of available testing accommodations at <https://www.prometric.com/sites/default/files/2021-09/Prometric%20Testing%20Accommodations%20One-Pager.pdf>

To request special accommodations, please complete the Request for Special Examination Accommodations form available at <https://acdis.org/certification/ccds/apply> (found on the ACDIS website on the "How to Apply" pages under the "Certification" tab) and submit with your exam application.

Examination and appointment changes

If you wish to reschedule or cancel, you must contact ACDIS at customerservice@hcpro.com no later than five days prior to your appointment. ACDIS will provide instructions for rescheduling or canceling your appointment. We recommend you contact ACDIS as soon as possible to give you enough time to receive your instructions and complete your rescheduling or cancellation no later than five days prior to your appointment.

There is no reschedule or cancel fee due to Prometric if you complete your rescheduling or cancellation process 30 or more days before your test date. Prometric charges a fee of \$35 if you complete your rescheduling or cancellation process 5-29 days prior to your test date.

You are not permitted to make changes to your exam date or time within five days of your appointment. Four or fewer days prior to the appointment date, the option to reschedule or cancel will not be available and you will forfeit your exam registration and fees if you are not present for the exam.

All examination schedule changes must be made with Prometric online or by phone. A voicemail message is not an acceptable form of canceling or rescheduling an appointment.

Plan to arrive 30 minutes before your scheduled appointment time, whether you are testing in a center or with remote online proctoring.

If you arrive more than 30 minutes late to your scheduled testing time, you will not be admitted to take your online or in-person examination.

A candidate who fails to report for an examination forfeits the application and all fees paid to take the examination. A completed application and examination fee are required to reapply for examination.

Inclement weather/power failure/other emergency

Sometimes unforeseen circumstances require a Test Center to unexpectedly close, including inclement weather, power failures, etc. Should this happen, Prometric will make every effort to contact you so that you don't show up at the center. Prometric will reach out by e-mail and by telephone, so please ensure that the contact information you provide during the scheduling and registration process is accurate.

Should your center unexpectedly close for any reason, you will be contacted by the Prometric re-scheduling department within 48-72 hours to reschedule your exam.

To check the status of your testing center location, please visit the Prometric Site Updates page, where you'll find a list of all centers that are closed due to inclement weather or other circumstances.

CCDS Examination content

The CCDS examination is based upon eight major content areas. Each of the content areas is briefly described and followed by an outline of the topics included in the area. In addition, the number of examination questions devoted to each major content area is noted.

The examination is composed of 140 multiple-choice questions, A-D. Even though the examination consists of 140 questions, your score is based on 120 questions; 20 questions are pretest questions not included in the scored examination result. Pretest questions will be disbursed within the examination, and you will not be able to determine which of the questions are being pretested and which will be included in your score. This allows the question to be validated as accurate and appropriate before it is included as a measure of candidate competency in a scored position.

Each question on the examination is categorized by a cognitive level that a candidate would likely use to respond. These categories are:

- **Recall:** The ability to recall or recognize specific information
- **Application:** The ability to comprehend, relate, or apply knowledge to new or changing situations
- **Analysis:** The ability to analyze and synthesize information, determine solutions, and/or evaluate the usefulness of a solution

The test is designed to contain approximately 30% recall questions, 40% application questions, and 30% analysis questions.

CCDS Examination content outline

The CCDS exam covers the following core competencies:

Healthcare regulations, reimbursement, and documentation requirements related to the IPPS: 15 items (Recall 10, application 3, analysis 2)

- Define the IPPS and the process by which it is updated and revised
- Demonstrate a knowledge of Medicare Severity Diagnostic Related Groups (MS-DRGs)
- Demonstrate an understanding of the responsibilities of medical staff (i.e., providers) and clinical staff for documentation necessary for appropriate IPPS reimbursement
- Explain how documentation impacts reimbursement under the IPPS through diagnosis and procedure assignment.

- Explain the relationship between documentation and medical necessity of setting
- Demonstrate an understanding of criteria to support an inpatient admission (i.e., CMS 2-Midnight Rule)
- Demonstrate an understanding of the relationship between principal diagnosis assignment and medical necessity of setting
- Define and recognize a complication/comorbidity under the MS-DRG system.
- Define and recognize a major complication/comorbidity under the MS-DRG system
- Define case mix index and its relevance to CDI programs
- 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.
- Recognize coding and billing practices that are vulnerable to denial.

Anatomy and physiology, pathophysiology, pharmacology, and medical terminology:
23 items (Recall 0, Application I2, Analysis II)

- 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):
 - **MDC 1** – Diseases and Disorders of the Nervous System. Examples include: acute CVA, encephalopathy, seizures, cerebral edema, coma
 - **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.
 - **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.
 - **MDC 6** – Diseases and Disorders of the Digestive System. Examples include: esophageal disorders, peritoneal infections, digestive malignancy, GI hemorrhage, ulcer, obstruction.
 - **MDC 7** – Diseases and Disorders of the Hepatobiliary System. Examples include: cirrhosis, hepatitis, malignancy, pancreatic disorders, disorders of the liver and the biliary tract.
 - **MDC 8** – Diseases and Disorders of the Musculoskeletal system. Examples include: Fractures, osteomyelitis, bone diseases.

- **MDC 9** – Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast. Examples include: debridement procedures, skin ulcers, malignant disorders, cellulitis, trauma.
 - **MDC 10** – Endocrine, Nutritional and Metabolic Disease and Disorders. Examples include: Diabetes, dehydration, obesity, malnutrition.
 - **MDC 11** – Diseases and Disorders of the Kidney and Urinary Tract. Examples include: renal failure (acute/chronic), urinary tract infections, urosepsis, urinary stones.
 - **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.
 - **MDC 17** – Myeloproliferative Diseases and Disorders and Poorly Differentiated Neoplasms. Examples include: Lymphoma, leukemia, neoplasms.
 - **MDC 18** – Infectious and Parasitic Diseases. Examples include: postoperative infections, bacterial infections, viral infections, sepsis.
 - **MDC 19** – Mental Diseases and Disorders. Examples include: psychoses, developmental disorders, dementia, behavioral disorders.
 - **MDC 20** – Alcohol/Drug Use and Alcohol/Drug Induced Organic Brain Disorders. Examples include: alcohol/drug abuse, dependence
 - **MDC 21** – Injuries, Poisonings and Toxic Effects of Drugs. Examples include: traumatic injuries, poisoning and toxic effects of drugs, complications of treatment, adverse reactions.
 - **MDC 25** – HIV Infections. Examples include: HIV related and major related conditions as differentiate within the DRG Expert.
- Recognize pharmaceuticals commonly used in the inpatient setting and the disease process (es) they treat.
 - Demonstrate ability to interpret medications as a clinical indicator.
 - Identify diagnostic tests (e.g., labs, radiology, etc.) as possible clinical indicators to support documentation clarification opportunities
 - Recognize standard medical abbreviations used in the healthcare setting.

Medical record documentation: 23 items (Recall: 6, Application 11, Analysis 6)

- Explain which elements of the health record can be used for diagnosis and/or procedure code assignment.
- 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.

- Identify documentation in need of clarification for accurate code assignment.
- Demonstrate an understanding of when a physician query is warranted.
- Explain the different types of physician queries (i.e., concurrent, retrospective, verbal, etc.)
- Demonstrate an understanding of the different physician query formats (i.e., open ended, multiple choice, and yes/no) and their proper application.
- Define the concept of clinical indicator(s).
- Demonstrate an understanding of how to translate clinical indicators in the health record (i.e., laboratory results, imaging reports, orders, etc.) into a compliant query
- Differentiate compliant from non-compliant queries.
- Describe situations in which queries are not appropriate (i.e., diagnosis was not evaluated/treated/monitored, etc.).
- Demonstrate an understanding of current professional guidance including the AHIMA-ACDIS practice brief, Guidelines for Achieving a Compliant Query Practice.
- Explain proper mechanisms to address diagnoses in the medical record without clinical support.

Healthcare facility CDI program analysis: 10 items (Recall 3, Application 4, Analysis 3)

- Demonstrate the ability to analyze data and evaluate a CDI program's trends.
 - CDI specialist productivity metrics
 - Provider response rates
 - Case mix index (CMI)
- Demonstrate the ability to create forecasting data to predict the direction of a CDI program.
- Recognize the importance of the following metrics/methodologies for evaluating CDI program performance:
 - CMI
 - CC/MCC capture
 - Severity of Illness/Risk of Mortality
 - Hospital Value Based Purchasing measures

- Patient Safety Indicators
- Monitoring of high frequency DRGs
- Identify methods for measuring physician performance related to documentation
- Demonstrate an ability to track and trend data to measure individual physician performance over time
- Demonstrate basic computer skills and basic software applications (e.g., basic Excel spreadsheet functions)
- Demonstrate an ability to identify and apply hospital specific financial data.
- Identify performance standards used to evaluate individual CDI specialists' performance.
- Demonstrate an ability to track and trend data to measure hospital performance over time
- Demonstrate an ability to track and trend data to measure department-specific performance over time
- Explain how physician documentation impacts publicly reported data (e.g., Leapfrog, Healthgrades)
- Demonstrate a working knowledge of a PEPPER (Program for Evaluating Payment Patterns Electronic Report) data

Communication skills: 11 items (Recall: 3, Application 6, Analysis 2)

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

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

- Explain when Official Guidelines for Coding and Reporting are updated and where to obtain official information
- Explain the role of AHA Coding Clinic in code assignment.
- Define and apply the principles of principal diagnosis assignment.
- Apply coding guidelines when selecting a principal diagnosis.
- Define and apply the principles of secondary diagnosis assignment.
- Explain how discharge dispositions and the location to which the patient is transferred impact payment.
- Identify which conditions are considered hospital acquired conditions by CMS.
- Define the basics of the present on admission indicator assignment and explain its impact on payment
- Explain how to assign a working DRG when a patient has multiple diagnoses in play

Professionalism, ethics, and compliance: 11 items (Recall 4, Application 4, Analysis 3)

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

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

- Demonstrate knowledge of the significance of documentation and code assignment upon mortality index (Severity of Illness/Risk of Mortality)
- Demonstrate knowledge of mortality reviews and interpreting observed/ expected ratios
- Define how quality data is acquired through both record abstraction and claims data
- Explain the significance of these different types of quality metrics used by CMS:

- Hospital Value Based Purchasing (HVBP)
- Hospital Acquired Condition (HAC) Reduction Program
- Hospital Readmissions Reduction Program
- 30-day Mortality Measures
- Analyze the financial impact of the Hospital Inpatient Quality Reporting Program on an organization, and the role of CDI regarding this CMS quality initiative
- Demonstrate an understanding of CDI impact on documentation and code assignment in relation to Hospital Value Based Purchasing (HVBP)
- Identify components of Patient Safety Indicator (PSI) 90 and its impact as a quality measure:
 - PSI 03—Pressure Ulcer Rate
 - PSI 06—Iatrogenic Pneumothorax Rate
 - PSI 08—Postoperative Hip Fracture Rate
 - PSI 09—Postoperative Hemorrhage or Hematoma Rate
 - PSI 10—Postoperative Acute Kidney Injury Rate
 - PSI 11—Postoperative Respiratory Failure Rate
 - PSI 12—Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate
 - PSI 13—Postoperative Sepsis Rate
 - PSI 14—Postoperative Wound Dehiscence Rate
 - PSI 15—Accidental Puncture or Laceration Rate
- Identify other Patient Safety Indicators beyond or in addition to PSI 90 and their impact as a quality measure(s)
 - Identify coded data elements that can impact the reporting of Patient Safety Indicators (PSIs) in regard to Medicare claims
 - Compare and contrast Hospital Acquired Infections (HAI) from documentation that supports the assignment of a “complication code”

CCDS sample exam questions

Sample question 1: Which of the following medications is commonly prescribed to stimulate appetite in patients with neoplasm or HIV-related cachexia?

- A. Meridia®
- B. Namenda®
- C. Megace®
- D. Synthroid®

Answer: C

Sample question 2: When there is conflicting clinical documentation in the medical record, clarification must be provided by the

- A. physician assistant
- B. consulting physician
- C. attending physician
- D. emergency physician

Answer: C

Sample question 3: Which of the following is considered a major complication/ comorbidity (MCC)?

- A. chronic obstructive pulmonary disease
- B. bacteremia
- C. congestive systolic heart failure
- D. severe protein-calorie malnutrition

Answer: D

Sample question 4: A patient was admitted with shortness of breath, swelling in the lower extremities, severe weakness, elevated BNP of 1,000, and EF=25%. The patient's history and physical includes history of heart failure. The echocardiogram report states left ventricular dysfunction. Which of the following should the clinical documentation specialist consider when querying the practitioner for the appropriate documentation?

- A. combined diastolic and systolic heart failure
- B. congestive systolic heart failure
- C. acute and chronic systolic heart failure
- D. acute and chronic diastolic heart failure

Answer: C

Sample question 5: Various methods exist for measuring how well physicians participate in CDI programs. Which of the following metrics indicates a lack of physician engagement?

- A. volume of queries generated
- B. volume of non-responses
- C. volume of “agree” responses
- D. volume of “disagree” responses

Answer: B

Sample question 6: It is important for the clinical documentation specialist to discuss a concurrent query with the physician when

- 1. only part of the query is answered
 - 2. there is conflicting documentation
 - 3. the physician documents a probable diagnosis
 - 4. the physician refuses to acknowledge or respond to the query
- A. 1, 2, and 3 only
 - B. 1, 2, and 4 only
 - C. 1, 3, and 4 only
 - D. 2, 3, and 4 only

Answer: B

Sample question 7: Which of the following is classified by CMS as a hospital-acquired condition (HAC) when not present on admission (POA) to the hospital?

- A. Fat embolism
- B. Kidney disease
- C. Pneumonia
- D. Fractured ulna

Answer: D

Sample question 8: Aplastic anemia is a condition that:

- A. Is hereditary and can only be sequenced as the principal diagnosis
- B. Is defined as bone marrow failure causing a reduction in white blood cells, red blood cells, and platelets
- C. Is chronic and easily treated
- D. Qualifies as a major comorbid condition (MCC)

Answer: B

Sample question 9: If the documentation indicates that the patient was admitted with fever, shortness of breath, chest pain, and nonproductive cough, and the chest x-ray confirms a pleural effusion, which type of effusion is most suspicious for this patient?

- A. Malignant
- B. Transudative
- C. Exudative
- D. Serosanguinous

Answer: C

CCDS-O Examination content

The CCDS-O examination is based upon five major content areas. Each of the content areas is briefly described and followed by an outline of the topics included in the area. In addition, the number of examination questions devoted to each major content area is noted.

The examination is composed of 140 multiple-choice questions.

Each question on the examination is categorized by a cognitive level that a candidate would likely use to respond. These categories are:

- **Recall:** The ability to recall or recognize specific information
- **Application:** The ability to comprehend, relate, or apply knowledge to new or changing situations
- **Analysis:** The ability to analyze and synthesize information, determine solutions, and/or evaluate the usefulness of a solution

CCDS-O Examination content outline

I. Healthcare regulations, reimbursement, and documentation requirements related to the Official Guidelines for Coding and Reporting (OCG), the Outpatient Prospective Payment System (OPPS), and provider coding and billing

- Demonstrate knowledge of the OCG for ICD-10-CM
 - Identify core concepts of a first-listed diagnosis
 - Identify core concepts of additional/secondary diagnoses
 - Identify documentation from non-providers that can be used for code assignment, as described in Section I, B14 of the OCG
 - Explain relevant concepts from Section I of the OCG including chapter-specific guidelines
 - Identify relevant coding principles from Section IV of the OCG including uncertain diagnoses, chronic diseases, and codes that describe signs and symptoms
 - Define criteria of what constitutes a reportable diagnosis, as defined in Section IV of the OCG including first-listed and co-existing conditions
- Explain the role of AHA Coding Clinic/CPT Assistant in code assignment.
- Demonstrate knowledge of the OPPS
 - Identify services covered under the OPPS
 - Identify code sets used in the OPPS
 - Identify methodologies used in OPPS reimbursement including Ambulatory Payment Classifications (APC)
 - Demonstrate an understanding of the responsibilities of providers and other clinical staff for documentation necessary for appropriate OPPS reimbursement.
 - Explain core concepts related to patient status, including inpatient vs. observation
- Explain professional billing concepts and their application, including:
 - Current Procedural Terminology (CPT) codes, specifically Evaluation and Management (E/M) and relevant CMS Documentation Guidelines, and where documentation may be obtained from the medical record
 - Understand the basic concepts of the documentation necessary for professional fee reimbursement under the Medicare Physician Fee Schedule, including the relationship of CPT and ICD-10-CM for medical necessity, claims submission, and reimbursement
 - Unspecified diagnoses

2. Diseases and disease processes, and application to the clinical chart review

- Identify and apply clinical indicators and query opportunities related to common medical conditions, abnormal findings, external causes, and other factors influencing health status, as outlined within the Tabular List of Diseases and Injuries, including the following:
 - Infectious and Parasitic Diseases (A00-B99)
 - Neoplasms (C00-D49)
 - Diseases of the Blood & Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism (D50-D89)
 - Endocrine, Nutritional and Metabolic Diseases (E00-E89)
 - Mental, Behavioral and Neurodevelopmental Disorders (F01-F99)
 - Diseases of the Nervous System (G00-G99)
 - Diseases of the Circulatory System (I00-I99)
 - Diseases of the Respiratory System (J00-J99)
 - Diseases of the Digestive System (K00-K94)
 - Diseases of the Skin and Subcutaneous Tissue (L00-L99)
 - Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)
 - Diseases of the Urinary System (N00-N99)
 - Pregnancy, childbirth and the Puerperium (O00-O99)
 - Certain Conditions Originating in the Perinatal Period (P00-P96)
 - Congenital Malformations, Deformations and Chromosomal Abnormalities (Q00-Q99)
 - Symptoms, Signs and Abnormal Clinical and Laboratory Findings (R00-R99)
 - Injury, poisoning and Certain Other Consequences of External Causes (S00-T88)
 - Factors Influencing Health Status and Contact with Health Services (Z00-Z99)
- Identify opportunities for clarification typically presented in primary care visits
- Demonstrate ability to perform prospective case reviews
- Application to case scenarios with clarification opportunities
- Demonstrate an ability to perform retrospective case reviews
 - Application to case scenarios with clarification opportunities
- Recognize common pharmaceuticals and medications and the disease process(es) they treat.

- Identify diagnostic tests (e.g., labs, radiology, etc.), elements of consult notes, and medications without a corresponding diagnosis, as possible clinical indicators to support documentation clarification opportunities
- Recognize standard medical abbreviations used in healthcare settings.

3. Risk adjustment models and impact of documentation and coding

- Explain the concept of risk adjustment and its relationship to medical record documentation
 - Explain health record elements that impact risk scores, beyond diagnoses
 - Recognize and define common risk adjustment methodologies including those used by Medicare, Medicaid, and commercial payers
- Explain fundamentals of the CMS Hierarchical Condition Category (HCC) risk adjustment model
 - Describe the principles of the Medicare Advantage program including capitated payments
 - Demonstrate an understanding of Medicare risk adjustment factor (RAF) scoring, including how RAF scores are calculated
 - Define the following concepts within the CMS-HCC model:
 - Hierarchies
 - Disease interactions
 - Beneficiary demographics (community and institutional)
- Explain parameters and requirements of compliant CMS-HCC reporting
- Identify diagnoses that qualify as CMS-HCCs and risk adjust, principally outpatient but also inpatient

4. CDI program concepts: Department metrics and provider education

- Demonstrate an ability to develop succinct, effective provider education
 - Identify methods for creating provider education forms and tools
 - Demonstrate the ability to produce basic educational presentations specific for departments/services, including providers, clinical staff, and administration
 - Demonstrate the ability to communicate with providers in an effective, non-confrontational manner

- Describe critical performance indicators and data elements that monitor the impact of CDI specialist efforts, including:
 - Productivity of outpatient chart reviews, query rates, and provider educational sessions conducted
 - Rates of diagnoses captured as coded data as a result of CDI intervention
- Demonstrate an ability to track and trend data to measure organizational performance over time.
- Demonstrate the ability to analyze data and evaluate outpatient CDI department performance, including:
 - HCC reporting, including HCCs that are dropped, recaptured, and/or newly added over prior year
 - Risk adjustment factor (RAF) scoring, including progression over baseline and trending
 - Accountable Care Organization (ACO) and Medicare Shared Savings Program (MSSP) impact, including quality scores and performance payments
- Identify physician performance metrics, including:
 - RAF scores
 - E/M billing
 - Risk adjusted diagnosis capture rates
 - Denial rates for medical necessity of care
 - Unspecified code use
 - Provider engagement metrics including query response rates, query agreement rates, and problem list updates
- Explain how physician documentation impacts publicly reported data (e.g., Hospital Compare, Merit-based Incentive Payment System).
- Demonstrate a baseline of inpatient CDI knowledge, including basic differences between inpatient and outpatient coding guidelines

5. Quality, regulatory, and health initiatives

- Demonstrate knowledge of the concepts of population health, including areas of CDI collaboration with utilization review and care coordination
- Define the operations of the Medicare Shared Savings Program (MSSP)
 - Describe Accountable Care Organizations (ACOs) and next generation ACO models

- Describe the basic functions of the Medicare Access and CHIP Reauthorization Act (MACRA), including knowledge of:
 - Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs)
 - Quality reporting including the CMS Quality Payment Program and its measures
 - Explain how RAFs impact quality scores and cost-efficiency metrics
 - Demonstrate an understanding of CDI impact on documentation and code assignment as it relates to quality reporting
- Explain the role of Medicare Contractors, including Medicare Administrative Contractors (MACs) and Comprehensive Error Rate Testing (CERT) contractors
- Demonstrate a grounding in regulatory and association/best practice compliance documents and initiatives
 - Demonstrate how to develop a compliant query to the provider, as defined by Queries in Outpatient CDI: Developing a Compliant, Effective Process
 - Demonstrate what constitutes a leading query to the provider, as defined by Queries in Outpatient CDI: Developing a Compliant, Effective Process
 - Demonstrate an understanding of acceptable provider query formats (i.e., open ended, multiple choice, and yes/no) and their proper application
 - Describe situations in which queries are not appropriate (i.e., diagnosis was not evaluated/ treated/monitored, etc.) and proper management of diagnoses that lack clinical support, including process of clinical validation
 - Define the goals and objectives of the Medicare Risk Adjustment Data Validation (RADV) Program
 - Identify compliance concerns regarding maintenance of the problem list
 - Identify areas of potential noncompliance as identified by the Office of Inspector General (OIG) in its Work Plan
 - Maintain confidentiality of the medical record and other information relevant to the practice of CDI, including core tenets of HIPAA

On the day of your examination

Prometric Testing Center

Prometric strives to ensure that all test takers who visit its Test Centers have a safe, secure, and stress-free experience. In response to the COVID-19 pandemic, Prometric has worked with third-party experts, including epidemiologists from Johns Hopkins University, to modify and enhance its established Test Center procedures to minimize the risk of transmission and to protect test takers and staff. You can view a complete list of Prometric Test Center Regulations here: <https://www.prometric.com/sites/default/files/TestCenterRegulations.pdf>.

We recommend you view the linked video below (less than five minutes in duration) for a detailed overview of what to expect during your upcoming visit to a Prometric Test Center, so that you will feel more prepared and more confident in your testing experience.

Video: <https://live-prometric.pantheonsite.io/test-takers/what-expect>

It is important to arrive 30 minutes early to your scheduled appointment time to that you have ample time for check-in. Bring a copy of your confirmation email as it contains your confirmation number and your Prometric ID.

Remote Proctoring

If you have signed up for remote proctoring, carefully review your appointment confirmation email. It contains important instructions on test security procedures, a link to install the ProProctor application and perform a system check to ensure compatibility with your computer, environmental requirements, prohibited items and expected examinee conduct, and Test Center processes.

Remote online proctoring allows candidates to take the exam from the comfort of their own home, but be warned: You will be under the supervision of a proctor who will insist on a full inspection of your testing environment.

Among the noteworthy requirements:

- You will need a very clean, clutter free workplace free of all pictures, books (except allowed resources), papers, etc. This includes second monitors, and more.
- Your person will be inspected (sleeves, any areas where clothing could have pockets, behind your ears for possible Bluetooth devices, etc)
- Your desk and chair will be inspected. Be prepared to move your computer camera around to show the room.

- Make sure you have your exam number and a driver's license or other ID with a photo
- Make sure the name on your ID matches the name used to register for the exam

Please read the remote proctoring instructions in your email to avoid surprises.

Identification

You will be required to present one valid, government-issued photo ID with a signature (e.g., driver's license, passport). If you are testing outside of your country of citizenship, you must present a valid passport. If you are testing within your country of citizenship, you must present either a valid passport, driver's license, national ID or military ID. The identification document must be in Latin characters and contain your photograph and signature.

Failure to provide appropriate identification at the time of the examination is considered a missed appointment, and no refund will be provided.

Security and safety

If you're taking the CCDS/CCDS-O exam via remote proctoring, please review the Prometric Pro-Proctor User Guide. It contains a helpful list of dos and don'ts, and requirements for your test-taking environment.

You can download and view the guide here: https://www.prometric.com/sites/default/files/2020-04/PrometricProUserGuide_3.1_1.pdf

If you are taking your exam in a Prometric Test Center, you will be required to bring and wear a mask during the entirety of their time at the Test Center, or your exam will be terminated. *A mask is not mandatory if you are testing at a state university site where an executive order prohibits the mandating of face coverings or restricting activities.* Both medical masks or cloth face coverings are acceptable, in accordance with the specifications established by the CDC. Masks with exhale/one-way valves are prohibited to use at the testing center, due to the lack of viral particle filtration provided by these masks. Masks with wearable technology are also prohibited. Any test taker that comes to the Test Center without an acceptable mask will not be allowed to test, marked as a "no show," and will not be eligible for a free reschedule.

Test takers must also comply with any other local or federal mandates and guidelines.

Test takers will be assigned a locker number and key to place their belongings, if needed. Test takers will retain the key, and the locker area will remain under video surveillance while the center is open.

Please view the following video for more information: <https://www.prometric.com/test-takers/what-expect>

Examination Restrictions

Candidates in Test Centers will be provided with a physical, analog hand-held white board; one (1) white board eraser, cloth, or tissue; and up to three (3) dry erase markers of any color. These may be used to as scratch/note taking during the exam.

Remotely proctored candidates will have access to an online scratch pad.

No documents or notes of any kind may be removed from the Test Center.

No questions concerning the content of the examination may be asked during the examination.

Eating, drinking, or smoking is not permitted in Test Centers.

You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

Misconduct

If you engage in any of the following conduct during the examination, you may be dismissed, your scores will not be reported, and examination fees will not be refunded. Examples of misconduct are when you:

- Create a disturbance or are abusive or otherwise uncooperative;
- Display and/or use electronic communications devices such as pagers, cellular/smartphones,
- Talk or participate in conversation with other examination candidates;
- Give or receive help or are suspected of doing so;
- Leave the Test Center during the administration;
- Attempt to record examination questions or make notes;
- Attempt to take the examination for someone else;
- Are observed with personal belongings, or
- Are observed with unauthorized notes, books or other aids.

Practice examination

Prior to attempting the timed examination, you will be given the opportunity to practice. The time you use for this practice examination is not counted as part of your examination time. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

Timed examination

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen. The examination contains 140 questions. Three hours are allotted to complete the examination.

If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to answer each question before ending the examination. There is no penalty for guessing.

Bathroom/personal breaks are permitted, but the timer does not stop.

A “section time remaining” indicator at the top of the screen indicates how much time you have remaining. A progress bar indicates what percentage of the exam you have completed. You can bookmark questions for later review. To identify unanswered and bookmarked questions, view the grid icon at the bottom of the screen. If you do not answer a question and have time remaining, the computer will tell you.

During the examination, you may make comments for any question by clicking on the Comment button. This opens a dialog box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

Following the examination

After finishing the examination, candidates will receive instant notification of “pass” or “fail.” They will be asked to take a short survey of their testing experience. Additional details on their test performance will be provided in the form of a score report, which includes raw scores by major content category. A raw score is the number of questions you answered correctly. Your pass/fail status is determined by your raw score. Even though the examination consists of 140 questions, your score is based on 120 questions; 20 questions are pretest questions.

If you pass the examination

If you pass the examination, you may use the designation CCDS and/or CCDS-O immediately. Your certification is valid for two years from the date of your exam. You will receive a certificate and lapel pin by US Mail by the end of the month following the examination month.

Your employer, manager or supervisor should accept the score report as temporary proof that you passed the exam until your certificate arrives by US Mail.

If you do not pass the examination

If you do not pass the examination, you may schedule a reexamination appointment by submitting the Re-Exam application found on the ACDIS website. ACDIS will discount the exam fee to \$125 for the first retake only. Subsequent attempts to pass the exam will be at full price (\$355, or \$255 for ACDIS members). There is a waiting period of ninety (90) days between examination attempts.

Appeals

Because the performance of each question on the examination that is included in the final score has been pretested, there are no appeal procedures to challenge individual examination questions, answers, or a failing score. The Certification Programs will always apply the same passing score (“cut score”) and the same answer key to all candidates taking the same form of the exam.

Appeals may be made on the following grounds:

- Candidate eligibility
- Revocation of credential
- Inappropriate examination administration procedures or environmental testing conditions severe enough to cause a major disruption of the examination process

All appeals must be submitted in writing to:

ACDIS

Attention Certified Clinical Documentation Specialist Program

100 Winners Circle Suite 300

Brentwood, TN 37027

Or email: certifications@hcpro.com

The candidate must explain in detail the nature of the request and the specific facts and circumstances supporting the request, including reasons why the action or decision should be changed or modified.

The candidate must also provide accurate copies of all supporting documents.

Eligibility and revocation appeals must be received within thirty (30) days of the initial action. Appeals for alleged inappropriate administration procedures or severe adverse environmental testing conditions must be received within sixty (60) days of the release of examination results.

The Certification Programs will respond within thirty (30) days of receipt of the appeal. If this decision is adverse, the candidate may file a second-level appeal within thirty (30) days.

A three-member panel of the appropriate Certification Board will review the initial decision and respond with a final decision within forty-five (45) days of receipt.

Scores cancelled by ACDIS or Prometric

ACDIS is responsible for the integrity of the scores it reports. On occasion, occurrences such as computer malfunction or misconduct by a candidate may cause a score to be suspect.

ACDIS is committed to rectifying such discrepancies as expeditiously as possible. ACDIS may void examination results if, upon investigation, violation of its regulations is discovered.

Copyrighted examination questions

All examination questions are the copyrighted property of ACDIS. It is forbidden under federal copyright law to copy, reproduce, record, distribute, or display examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

Confidentiality

Information about candidates' examination results are considered confidential; however, ACDIS reserves the right to use information supplied by or on behalf of a candidate in the conduct of research. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

ACDIS recognizes the achievement of all individuals who successfully complete the Certification examinations on the ACDIS website or in CDI Journal. Applicants may decline this option on the application form.

Recertification

The recertification process for the CCDS and CCDS-O ensures that clinical documentation improvement professionals stay abreast of changing government and private-payer regulations, documentation and coding requirements, and important developments in the field of CDI.

Individuals who hold either credential must apply for recertification every two years from the date on which they passed the exam. Certification holders must submit evidence of 30 Continuing Education Units (CEUs) relevant to the field of CDI by using the Credentialing Center website found on the ACDIS website and at <https://ccds.simplifycertifications.com/login>. Re-taking the CCDS/CCDS-O examination is not necessary unless the certification holder fails to recertify within one year of the recertification due date.

Individuals who hold both credentials simultaneously must submit a combined total of 40 CEUs relevant to the field of CDI. ACDIS will establish a single recertification date, which shall be every two years from the date on which they passed their second exam. For example, if a candidate successfully passed the CCDS Exam on Jan. 1, 2022, then passed the CCDS-O exam on Oct. 1, 2022, his or her recertification due date for both credentials by which he or she must submit 40 CEUs would be Oct. 1, 2024.

Please review the document CEU Qualifying Activities for examples of acceptable CE activities. ACDIS sends email reminders as an individual's recertification due date approaches but it not responsible for late recertification because of undelivered or ignored email.

It is the individual's responsibility to update address and email changes with the ACDIS office. Send updates or changes to Customer Care, **customerservice@acdis.org**.

Individuals who fail to recertify in a timely manner may incur a late fee or have their certification revoked. Replacement certificates can be purchased for \$25.

Although ACDIS strongly recommends submitting the required CEUs by the two-year recertification date, certification holders are extended a 45-day grace period to submit their CEUs. Failure to submit CEUs within this 45-day grace period will result in suspension of the credential. A former credential holder may recertify by reapplying for and successfully passing the appropriate exam.

A percentage of participants will be audited to ensure that they have met the CEU requirements. Individuals who hold the CCDS or CCDS-O should keep a record of participation in all of their CEU qualifying activities in the event of an audit.

Certification maintenance fees

ACDIS members pay a certification maintenance fee of \$100 when submitting their CCDS or CCDS-O Recertification Application. The fee for non-ACDIS members is \$200.

ACDIS members who hold both the CCDS and CCDS-O pay a certification maintenance fee of \$175 when submitting their joint Recertification Application. The fee for non-ACDIS members is \$275.

Failure to renew

A certificant who fails to renew his or her certification is no longer considered certified and may not use the credential in professional communications, such as on letterhead, stationery and business cards, in directory listings, or in signature.

Disciplinary policy

The CCDS and CCDS-O Certification Committees are independent and autonomous bodies within ACDIS that has been established to oversee and manage the Certified Clinical Documentation Specialist certification programs. In order to maintain and enhance the credibility of the CCDS certification program the Certification Committees have adopted the following administrative procedures to allow individuals to bring conduct-related complaints to the attention of ACDIS.

The Certification Committees shall undertake sanctions against applicants, candidates, or individuals relating to failure to meet requirements for initial certification or recertification, or misrepresentation/misuse of the certification. The certification programs are a voluntary process, not required by law for employment in the field. Monitoring and evaluating actual job performance is beyond the scope of the Certification Boards or ACDIS.

Applications may be refused, candidates may be barred from future examinations, or candidates or individuals already certified may be sanctioned, including revocation of their certification designation, for the following reasons:

- Attesting to false information on the examination application, recertification documents, or during random audit procedures of both forms
- Giving or receiving information to or from another candidate during the examination
- Removing or attempting to remove examination materials or information from the testing site
- Possessing or distributing unauthorized official testing or examination materials
- Representing oneself falsely as a CCDS or CCDS-O

The Certification Boards note that the ACDIS Code of Ethics applies to all ACDIS members, as well as any professionals holding the CCDS and CCDS-O who are not ACDIS members.

Contact us

If you have questions regarding the CCDS or CCDS-O exam or their requirements, please email questions to the Certification Office certifications@hcpro.com

You may also write to:

Simplify Compliance
100 Winners Circle, Suite 300
Brentwood, TN 37027
Tel: 877-240-6586
Web site: www.acdis.org