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The Clinical Documentation Integrity Specialist's Certification Exam Candidate Handbook

CCDS and CCDS-O

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

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 resource library, a community forum, a job board, and discounts on selected products. Members can network with their colleagues and peers through member publications, networking groups, local chapter meetings, and the option of attending the ACDIS annual conference.

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Contents

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** website at _www.acdis.org._ If you cannot find the information you require or have further questions, you may also contact: Customer Care at _customerservice@hcpro.com_ or 1-800-650-6787.

Mission Statement

The mission of the CCDS and CCDS-O credentials is to elevate the professional standing of CDI specialists. The program draws from experienced clinical documentation integrity specialists to establish criteria for competency in the broad and multidisciplinary bodies of knowledge critical to the role of clinical documentation integrity specialists. 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 prerequisites 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 _certfications@hcpro.com_ or 1-800-650-6787.

CCDS/CCDS-O 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 CDI 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 CDI 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 "eligibility requirements").

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 their experience and knowledge to typical scenarios that CDI specialists encounter in their profession.

The certification programs are not designed to determine who shall serve as a CDI 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 CDI 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 CDI specialist achieve a mark of distinction and professionalism. The required experience and education ensure that only CDI specialists with proven ability to perform their functions can achieve this certification.

CCDS Certification

CCDS eligibility requirements

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

▶ 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 Inpatient Prospective Payment System (IPPS).

▶ An associate 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 U.S. IPPS. 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 U.S. IPPS.

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 CDI specialist?

▶ The concurrent documentation integrity specialist conducts daily reviews of medical records for patients who are currently hospitalized or treated in the inpatient setting

▶ The retrospective documentation integrity specialist conducts daily reviews of post-discharge, pre-bill medical records

Both concurrent and retrospective documentation specialists also:

▶ Work collaboratively 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 and identification of disease processes to ensure proper reflection of severity of illness, complexity, and acuity, and facilitate accurate coding

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.

We strongly suggest that you:

▶ Read this *Exam Candidate Handbook*

▶ Understand how to use the allowed resources

▶ Know the eight specific areas of exam content

▶ Review the core competencies within each area and spend extra time on those areas in which you may

> not have experience

> ▶ Read the *ACDIS Code of Ethics, Official Guidelines for Coding and Reporting,* and the ACDIS/AHIMA *Guidelines for Achieving a Compliant Query Practice*

> ▶ Understand that the *CCDS Exam Study Guide* and accompanying practice exam are only 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 skills that do not apply in one particular person's role or circumstances.

CCDS exam allowable resources

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

1. *DRG Expert,* published by Optum (any year)
2. 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. Candidates may not write in their books during the exam.

CCDS examination content

The CCDS examination consists of eight major content areas. Below, 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:

I. **Healthcare regulations, reimbursement, and documentation requirements related to the IPPS: 15 items (10 Recall, 3 Application, 2 Analysis)**

▶ Define the IPPS and the process by which it is updated and revised

▶ Demonstrate a knowledge of Medicare Severity Diagnosis 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 though diagnosis and procedure code assignment

▶ Explain the relationship between documentation and medical necessity of setting

▶ Demonstrate an understanding of criteria to support an inpatient admission (i.e., CMS Two-Midnight Rule)

▶ Demonstrate an understanding of the relationship between principal diagnosis assignment and medical necessity of setting

▶ Define and recognize complication/comorbidity (CC) under the MS-DRG system

▶ Define and recognize major complication/comorbidity (MCC) under the MS-DRG system

▶ Define case mix index (CMI) and its relevance to CDI programs

▶ Explain the role of Medicare contractors, including Recovery Auditors (RA), Medicare Administrative Contractors (MAC), 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

II. **Anatomy and physiology, pathophysiology, pharmacology, and medical terminology: 23 items (12 Application, 11 Analysis)**

▶ 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, and 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), and 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, and chest pain.

• **MDC 6**—Diseases and Disorders of the Digestive System. Examples include esophageal disorders, peritoneal infections, digestive malignancy, GI hemorrhage, ulcer, and obstruction.

• **MDC 7**—Diseases and Disorders of the Hepatobiliary System. Examples include cirrhosis, hepatitis, malignancy, pancreatic disorders, and disorders of the liver and the biliary tract.

• **MDC 8**—Diseases and Disorders of the Musculoskeletal system. Examples include fractures, osteomyelitis, and bone diseases.

• **MDC 9**—Diseases and Disorders of the Skin, Subcutaneous Tissue, and Breast. Examples include debridement procedures, skin ulcers, malignant disorders, cellulitis, and trauma.

- **MDC 10**—Endocrine, Nutritional, and Metabolic Disease and Disorders. Examples include diabetes, dehydration, obesity, and malnutrition.
- **MDC 11**—Diseases and Disorders of the Kidney and Urinary Tract. Examples include renal failure (acute/chronic), urinary tract infections, and urinary stones.
- **MDC 16**—Diseases and Disorders of the Blood and Blood-Forming Organs and Immunological Disorders. Examples include red blood cell disorders such as anemia, coagulation disorders, and sickle cell disease.
- **MDC 17**—Myeloproliferative Diseases and Disorders and Poorly Differentiated Neoplasms. Examples include lymphoma, leukemia, and neoplasms.
- **MDC 18**—Infectious and Parasitic Diseases. Examples include postoperative infections, bacterial infections, viral infections, and sepsis.
- **MDC 19**—Mental Diseases and Disorders. Examples include psychoses, developmental disorders, dementia, and behavioral disorders.
- **MDC 20**—Alcohol/Drug Use and Alcohol-/Drug-Induced Organic Brain Disorders. Examples include alcohol/drug abuse and dependence.
- **MDC 21**—Injuries, Poisonings, and Toxic Effects of Drugs. Examples include traumatic injuries, poisoning and toxic effects of drugs, complications of treatment, and adverse reactions.
- **MDC 25**—HIV Infections. Examples include HIV-related and major related conditions as indicated within the *DRG Expert.*

➤ Recognize pharmaceuticals commonly used in the inpatient setting and the disease process(es) they treat

➤ Demonstrate the 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

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

➤ 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 versus radiologist, pathologist, etc.) 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 (e.g., concurrent, retrospective, verbal, etc.)

➤ Demonstrate an understanding of the different physician query formats (e.g., open-ended, multiple choice, 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 (e.g., laboratory results, imaging reports, orders, etc.) into a compliant query

➤ Differentiate compliant from noncompliant queries

➤ Describe situations in which queries are not appropriate (e.g., diagnosis was not evaluated/treated/monitored, etc.)

➤ Demonstrate an understanding of current professional guidance including the ACDIS/AHIMA practice

brief, *Guidelines for Achieving a Compliant Query Practice*

▶ Explain proper mechanisms to address diagnoses in the medical record without clinical support

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

▶ Demonstrate the ability to analyze data and evaluate a CDI program's trends, including the following:

- CDI specialist productivity metrics
- Provider response rates
- CMI

▶ Demonstrate the ability to create forecasting data to predict the direction of the 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 (HVBP) measures
- Patient Safety Indicators (PSI)
- 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 software application skills (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 department specific performance as well as hospital performance over time

▶ Explain how physician documentation impacts publicly reported data (e.g., Leapfrog, Healthgrades)

▶ Demonstrate a working knowledge of the Program for Evaluating Payment Patterns Electronic Report (PEPPER) data

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

▶ 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 the administration

▶ Demonstrate the ability to communicate with physicians in an effective, non-confrontational manner

▶ Describe the roles and responsibilities of a CDI 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

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

- ▶ Explain when the *Official Guidelines for Coding and Reporting* are updated and where to obtain the information
- ▶ Explain the role of the American Hospital Association (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 present on admission indicator assignment and explain its impact on payment
- ▶ Explain how to assign a working DRG when a patient has multiple diagnoses

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

- ▶ 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 indicated by the OIG
- ▶ Demonstrate what constitutes a leading query
- ▶ Explain the goals and objectives of a CDI department beyond reimbursement
- ▶ Identify potential compliance risks indicated in a PEPPER report

VIII. Impact of reportable diagnoses on quality of care: 10 items (3 Recall, 3 Application, 4 Analysis)

- ▶ 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:
  - 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 in this CMS quality initiative
- ▶ Demonstrate an understanding of CDI's impact on documentation and code assignment in relation to HVBP
- ▶ Identify components of PSI 90, specifically PSIs 03, 06, and 08–15, and describe its impact as a quality measure
- ▶ Identify PSIs beyond those included in PSI 90 and describe their impact as quality measures
- ▶ Identify coded data elements that can impact the reporting of PSIs in regard to Medicare claims
- ▶ Compare and contrast healthcare-associated 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 CDI 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 CDI 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 Certification Exam

CCDS-O certification eligibility requirements

Candidates for the CCDS-O 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 CDI specialist using U.S. reimbursement systems.

▶ An RN, MD, DO, or coding certification (RHIA, RHIT, CCS, CPC, CRC, COC), one (1) year of experience as an inpatient CDI specialist, **and** one (1) year of experience as an outpatient CDI specialist using U.S. 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 CDI 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 shares this knowledge with providers and members of the healthcare team

How to prepare for your CCDS-O exam

We strongly suggest that you:

▶ Read this *Exam Candidate Handbook*

▶ Know the five specific areas of exam content

▶ Review the core competencies within each area and spend extra time on those areas in which you may not have experience

▶ Read the *ACDIS Code of Ethics, Official Guidelines for Coding and Reporting,* the ACDIS/AHIMA *Guidelines for Achieving a Compliant Query Practice,* and ACDIS' *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 skills you do not apply in one particular person's role or circumstances.

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.

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.

The examination is composed of 140 multiple-choice questions. Twenty 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

CCDS-O examination content outline

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

▶ Demonstrate knowledge of the *Official Guidelines for Coding and Reporting*

• 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.B.14 of the *Official Guidelines for Coding and Reporting*

• Explain relevant concepts from Section I of the *Official Guidelines for Coding and Reporting,* including chapter-specific guidelines

- Identify relevant coding principles from Section IV of the *Official Guidelines for Coding and Reporting,* including uncertain diagnoses, chronic diseases, and codes that describe signs and symptoms
- Define the criteria for what constitutes a reportable diagnosis, as outlined in Section IV of the *Official Guidelines for Coding and Reporting,* 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 versus 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

II. 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 in 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 the ability to perform prospective and retrospective case reviews and apply knowledge to case scenarios with clarification opportunities

➤ Recognize common pharmaceuticals/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

III. 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 beyond diagnoses that impact risk scores

- 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 the parameters and requirements of compliant CMS-HCC reporting

➤ Identify diagnoses that qualify as CMS-HCCs and risk adjust, principally outpatient but also inpatient

IV. 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 to departments/services, including providers, clinical staff, and the administration

- Demonstrate the ability to communicate with providers in an effective, nonconfrontational manner

➤ Describe critical performance indicators and data elements that demonstrate the impact of CDI specialist efforts, including:

- Productivity (number 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 the prior year

- 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

V. 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 MSSP and describe ACOs as well as next generation ACO models

▶ Describe the basic functions of the Medicare Access and CHIP Reauthorization Act (MACRA), including knowledge of:

- MIPS and Alternative Payment Models (APM)
- 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 (MAC) and Comprehensive Error Rate Testing (CERT) contractors

▶ Demonstrate a foundation 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 (e.g., open-ended, multiple choice, and yes/no) and their proper application
- Describe situations in which queries are not appropriate (e.g., diagnosis was not evaluated/ treated/ monitored, etc.) and proper management of diagnoses that lack clinical support, including the 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

CCDS sample exam questions

Sample question 1: Which of the following can be considered a factor when selecting an E/M code for office or other outpatient services?

A. Time spent with consulting physician, laboratory test results, blood analysis
B. Total time of the encounter and medical decision-making
C. Patient age, relationship status, history of acute care episodes
D. Mental health and relationship status

Answer: B

Sample question 2: How is a patient's prospective risk status quantified within the CMS-HCC methodology?

A. The community factor assigned to the patient's HCC grouping
B. The sum of assigned HCCs and community factors, which create an individual risk score
C. The number of HCCs assigned, which lead to an individual risk factor
D. Each disease category's relative weight multiplied by the community factor

Answer: B

Sample question 3: How is payment determined using the Department of Health and Human Servies (HHS)-HCC methodology?

A. Payment is determined concurrently
B. Payment is determined prospectively
C. Payment is determined retrospectively
D. Payment is flat and calculated every three years

Answer: A

Sample question 4: An ACO participating in an advanced APM has a patient population of 24,000, a cost benchmark of $750 PMPM, actual expenditures of $214,000,000, an actual maximum shared savings rate (MSR) of 45%, and an actual maximum loss rate (MLR) of 30%. How much shared savings or losses would this ACO have?

A. Savings with earnings of $600,000
B. Savings with earnings of $900,000
C. Losses with payback of $600,000
D. Losses with payback of $900,000

Answer: B

Sample question 5: Which of the following is solely a list of outpatient CDI metrics?

A. Denial tracking reports, documentation gaps for MS-DRG assignment, and number of provider engagement encounters
B. E/M coding patterns, RAF scores, and CC/MCC reporting rates
C. RAF scores, dropped condition recapture, and number of provider engagement encounters
D. Unspecified code usage reports, E/M comparative analysis, and DRG tracking

Answer: C

About the Certification Examinations

To become a CCDS 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 $280 for ACDIS members and $380 for non-members. Payment may be made by credit card. 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"). ACDIS will discount the exam fee to $150 for one retake only. Subsequent attempts to pass the exam will be at full price ($380 or $280 for ACDIS members). There is a mandatory ninety (90) day waiting period between exam attempts.

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
1501 South Clinton St
Baltimore, MD 21224
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** website at *www.acdis.org.*

Candidates for certification must list their CDI 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 CDI specialist, it does not expire for the purposes of applying for certification.

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

To apply, complete the online examination application, which is available online at *www.acdis.org* in each certification's "How to Apply" section or at *https://ccdso.simplifycertifications.com/login*. 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 Care via email *certifications@hcpro.com* or call 1-800-650-6787.

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 completed re-examination application and examination fee are required to reapply for examination. A candidate is allowed to take only the examination for which the application is submitted 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 Care at *customerservice@hcpro.com.* In addition, please contact our customer care 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.

Examination and appointment changes

If you wish to reschedule or cancel your exam, you must contact Customer Care at *customerservice@hcpro.com* or 1-800-650-6787.

If your exam is 30 days or more away (not counting the exam date): You will not be charged a fee by Prometric.

If your exam is 7-29 days away (not counting the exam date): You will be charged a $35 reschedule/cancellation fee by Prometric.

If your exam is 7 days or less away (not counting the exam date): The fees for the exam are not refundable at this point. If you wish to take the exam at a future date, you must reapply and repay the application fee.

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 Test Center Closures page *www.prometric.com/closures* where you'll find a list of all centers that are closed due to inclement weather or other circumstances.

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 lineup of testing aids 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 *www.prometric.com/test-takers/arrange-testing-accommodations*.

You can view a complete list of available testing accommodations at *www.prometric.com/test-owners/resources/testing-accommodations-pre-approved-items*.

To request special accommodations, please complete the Request for Special Examination Accommodations form available at *https://acdis.org/certification/ccds/apply* (or *https://acdis.org/certification/ccds-o/apply*) and submit with your exam application. You will receive an email from *certifications@hcpro.com* with next steps once your application has been reviewed and approved.

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. You can view a complete list of Prometric Test Center Policies at *www.prometric.com/covid-19-update/test-center-policies*.

We recommend you view the following video (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: *www.prometric.com/test-takers/what-expect*.

It is important to arrive 30 minutes prior to your scheduled appointment time to ensure 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.

Review the Prometric Pro-Proctor User Guide for a helpful list of dos and don'ts as well as requirements for your test-taking environment. You can download and view the guide at _www.prometric.com/sites/default/files/2020-04/PrometricProUserGuide_3.1_1.pdf_.

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 or are not a Permanent Legal Resident, you must present a valid passport. If you are testing within your country of citizenship or the country within which you are considered a Permanent Legal Resident, 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

Prometric no longer requires candidates or test center personnel to wear masks unless required by building management or government mandates. Prometric will continue to allow and encourage the wearing of masks for those who prefer to do so. For more information, visit _www.prometric.com/covid-19-update/covid-19-update_.

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: _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 as scratch paper 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 one unscheduled 10-minute break, but the timer does not stop and you must go back through security screening before you'll be permitted to continue with the exam.

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 include 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 you have not answered all the questions 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.

You may take one unscheduled 10-minute break, but the timer does not stop and you must go back through security screening before you'll be permitted to continue with the exam.

A "section time remaining" indicator at the top of the screen signifies 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 leave 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 via U.S. 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 U.S. 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 application website. ACDIS will discount the exam fee to $150 for the first retake only. Subsequent attempts to pass the exam will be at full price ($380, or $280 for ACDIS members). There is a waiting period of ninety (90) days between examination attempts. You may not apply or pay to retake the exam until the 90-day waiting period has passed.

Appeals

Because the performance of each question on the examination 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
Attn: CCDS/CCDS-O Certification Programs
35 W. Wacker Drive | 16th Floor
Chicago, IL 60601-5809
1-800-650-6787

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 is 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.

Recertification

The recertification process for the CCDS and CCDS-O ensures that CDI professionals stay abreast of changing government and private payer regulations, documentation and coding requirements, and important developments in 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 (CEU) relevant to the field of CDI by using the Credentialing Center website found on the ACDIS website and at *https://ccds. simplifycertifications.com/login/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, 2024, then passed the CCDS-O exam on Oct. 1, 2024, the recertification due date for both credentials by which they must submit 40 CEUs would be Oct. 1, 2026.

Please review the following document for examples of acceptable CEU activities: *https://acdis.org/sites/acdis/ files/CCDS-CCDSO%20CEUs.pdf*.

ACDIS sends email reminders as an individual's recertification due date approaches but is not responsible for late recertification because of undelivered or ignored emails. It is the individual's responsibility to update address and email changes with the ACDIS office. Send updates or changes to Customer Care at *customerservice@hcpro.com*.

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 render a certification inactive and trigger a late fee ($150). Certification holders must recertify and pay the recertification fee plus the late fee within one year of their certification expiration to continue using the credential. After one year, the certification holder is no longer certified and must reapply for and pass 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 their participation in all CEU-qualifying activities in the event of an audit.

Recertification fees

ACDIS members pay a recertification fee of $125 when submitting their CCDS or CCDS-O Recertification Application. The fee for non-ACDIS members is $225.

ACDIS members who hold both the CCDS and CCDS-O pay a recertification fee of $200 when submitting their joint Recertification Application. The fee for non-ACDIS members is $300.

Failure to recertify

A CCDS/CCDS-O holder who fails to renew their certification after one year is no longer certified and may not use the credential in professional communications, such as on letterhead, stationery, and business cards, in directory listings, or in their signature.

Disciplinary Policy

The CCDS and CCDS-O Certification Committees are independent and autonomous bodies within ACDIS established to oversee and manage the CCDS/CCDS-O certification programs. To maintain and enhance the credibility of the CCDS/CCDS-O certification programs, 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 and 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 at *certifications@hcpro.com*

You may also write to:

ACDIS
Attention: CCDS/CCDS-O Certification Programs
35 W. Wacker Drive | 16th Floor
Chicago, IL 60601-5809
1-800-650-6787

Website: *www.acdis.org*