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Clinical Validation Reviews on the Rise
Auditors increasingly seek reasoning behind diagnoses in health records

CHICAGO – July 10, 2018 – Recent advancements in clinical documentation improvement (CDI) programs have allowed healthcare organizations to become more specific in recording and coding healthcare diagnoses. While this has significantly decreased the frequency of auditors denying reimbursement, they are now looking deeper within the health record for clinical validation, or proof of why a diagnosis was made.

In the article, "You Got Proof? Payers, Auditors Increase Clinical Validation Checks," from the July/August issue of the *Journal of AHIMA*, the monthly journal of the American Health Information Management Association (AHIMA), health information management (HIM) professionals discuss the specific challenges that clinical validation checks pose, offering advice on how to prevent and respond to this new type of audit.

"As with all HIM professionals, the roles of the physician, coding professional and CDI specialist are constantly evolving, particularly when it comes to ensuring the integrity of each patient's health record," said AHIMA CEO Wylecia Wiggs Harris, PhD, CAE. "It's important for us to have ongoing discussions, sharing knowledge of how we can best meet clinical validation standards while always putting the patient's health first."

In response to increased clinical validation audits, experts in the article suggest that CDI professionals conduct their own clinical validation assessments to prepare for third-party audits, cautioning against overly aggressive CDI, which can lead to repeated coding and documenting conditions that aren't clinically relevant or don't exist. Additional recommendations include:

- Working closely with physicians through training sessions and educational materials. This helps to determine the standard clinical criteria they should use to support recorded diagnoses, which includes evidence-based definitions.
- Challenging auditor denials in clinical validation when providers feel the criteria is met. Oftentimes, a judge will rule in favor of a physician's expertise.
- Writing thoughtful queries for physicians. By offering selectable bullets of specific diagnoses, CDI professionals can ensure validation without creating a "burnout" effect with physicians.

The article includes a sample query e-mail among other tools that can be used to navigate the clinical validation process and further understand the effects these checks have on claims.

Also in this issue

Combining Perspectives on Patient Matching

Accurate patient matching is vitally important to patient safety and healthcare cost efficiency, and numerous industry experts have put forward technologies and strategies to address the issue. In the article "Advancing a Nationwide Patient Matching Strategy," a group of patient matching experts from the government, technology vendors, healthcare organizations, and other organizations summarize and outline proposed solutions to identify characteristics and themes to include in a national strategy.

Read these articles and more in the July/August issue of the *Journal of AHIMA* or online at journal.ahima.org.

About AHIMA

The American Health Information Management Association (AHIMA) represents more than 103,000 health information professionals in the United States and around the world. AHIMA is committed to promoting and advocating for best practices and effective standards in health information and to actively contributing to the development and advancement of health information professionals worldwide. AHIMA is advancing informatics, data analytics, and information governance to achieve the goal of providing expertise to ensure trusted information for healthcare. www.ahima.org