



news

233 N. Michigan Ave., 21st Fl.
Chicago, IL 60601

phone >>(312) 233-1100
fax >>(312) 233-1090
web >>www.ahima.org

For more information, please contact:

Mary Jo Contino
312-558-1770
mjcontino@pci-pr.com

From Providers to Payers, Up-to-Date CDI is Key

New AHIMA toolkits provide insights for ever-evolving coding processes

CHICAGO – April 19, 2018 – A successful healthcare community calls for complete, easily communicated data across the continuum of care. From a provider’s perspective, it is important to keep a complete record, not just of inpatient procedures, but for all patient care settings. For payers, comprehensive documentation of care is crucial to determine whether claims should be accepted or denied.

But with so many factors and players in the industry, how can we be sure everyone has the information they need to make the right decisions for patients?

The answer to seamless communication across the healthcare spectrum lies within clinical documentation improvement (CDI) programs and the trained health information management professionals that ensure they are conducted effectively. In its new CDI toolkits, the [American Health Information Management Association \(AHIMA\)](#) expands on the importance of accurate, complete coding, particularly in areas of recent importance: outpatient and denials management.

“The documentation in a patient’s health record must hold the complete patient story, and that story does not stop when a patient leaves the hospital or when the records face the involved payer,” said AHIMA CEO Wylecia Wiggs Harris, PhD, CAE. “It’s essential that HIM professionals have the tools they need to document each part of this story for these key audiences – from all part of the healthcare continuum – to assure the best treatment can be delivered to the patient.”

Outpatient Clinical Documentation Improvement (CDI) Toolkit

The healthcare industry’s shift from a fee-for-service to value-based model has introduced the need for CDI programs beyond the inpatient setting. The [AHIMA Outpatient CDI toolkit](#) examines steps for starting an outpatient CDI program in non-hospital settings, such as physician clinics, emergency departments, home health and more.

Features of the toolkit include:

- A summary of how outpatient documentation differs from inpatient protocols, including details on the appropriate ICD-10 codes, drivers for outpatient CDI and how to approach each outpatient setting.
- An outline of risk adjustment measures to consider, including how to use CMS Hierarchical Condition Categories (CMS-HCCs) to determine proper reimbursement.
- Tools for using queries to support the communication between CDI professionals and the provider, from analyzing query rates (which measures review and response rates) to writing a complete query to ensure they receive the information needed for clear and complete documentation.
- Appendices such as a glossary of CDI terms relating to outpatient technologies and differentiators as well as a pre-hire assessment and answer sheet for incoming CDI professionals.

CDI and Coding Collaboration in Denials Management Toolkit

Insurance denial claims occur across healthcare and can have costly consequences when not dealt with appropriately. The [AHIMA CDI and Coding Collaboration in Denials Management toolkit](#) outlines the appeals process for denials management, as well as ways to prevent denials from occurring in the first place.

In addition to robust CDI programs for providers, documentation measures are necessary to validate that payments are only made for claims that are for covered services. For large payers, such as Medicare, it is important that these services are properly coded. This toolkit ensures that HIM professionals can perform their critical role in compiling an accurate representation of health services for Medicare and other large payers.

Features of the toolkit include:

- An overview of the types of claims reviews that a specialist may encounter, including descriptions of automated, non-medical and medical record reviews.
- A guide for building the case of a possible appeal, from compiling the tools needed to file an appeal to creating a concrete appeal letter, using a provided template as a starting point.
- Strategies for preventing denials, including how to create a CDI tip sheet for physicians, how to write compliant queries and how to ensure specificity in coding.
- Appendices such as glossary of denials management terms and technologies and a pre-hire assessment and answer sheet for incoming CDI professionals

The toolkits are free for AHIMA members and can be found online in AHIMA's HIM Body of Knowledge and on [AHIMA's web store](#).

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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