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**New Guidelines for Achieving a Compliant Query Practice Presented
at AHIMA CDI Summit**

Updated Practice Brief to be used as a gold standard for query process

CHICAGO – July 15, 2019 – The evolution of reimbursement methods, moving beyond resource use to a more descriptive account of the patient’s diagnosis and care given, is driving the need for more precise and accurate clinical documentation—and industry-wide best practices for clinical documentation querying.

At the [American Health Information Management Association’s](#) (AHIMA) CDI Summit, co-authors of the brief, Gloryanne Bryant, RHIA, CDIP, CCS, CCDS, and William Haik, MD, FACCP, CDIP, shared insights from the AHIMA and Association of Clinical Documentation Improvement Specialists (ACDIS) updated practice brief, *Guidelines for Achieving a Compliant Query Practice (2019 Update)*.

Clinical documentation improvement (CDI) and coding professionals rely on a query process to clarify documentation and code assignment for every encounter in a healthcare setting. The updated practice brief serves as a gold standard resource for professionals in all healthcare settings who participate in query processes and supports necessary industry-wide best practices for clinical documentation querying, according to the authors. The best practices should be integrated into the healthcare organizations’ business and workflow processes and the overall function of querying.

“Our goal for this brief is to provide an ethical standard across the board for everyone involved in performing queries to ensure each patient’s encounter with a healthcare professional is accurately reflected in their health record. Incorrect documentation can result in issues including billing errors and misrepresentation in a patient’s health history,” Bryant said.

Key updates in the practice brief include:

- When and how to use prior encounters in queries
- Defining the term “clinical indicators”
- Using query templates to write queries with non-leading language
- Reiterating that one should avoid using the word “possible” in all queries

“A patient’s health record paints a richer picture of their history,” Haik said. “As a physician, it’s important to use this brief to work alongside coding and CDI professionals to standardize the query process and ensure that every patient’s health history is accurately documented.”

“When technology shifts and advances, HIM professionals step up, adjusting and improving the way we do our job,” said AHIMA CEO Wylecia Wiggs Harris, PhD, CAE. “This updated practice brief serves as a check and balance for everyone involved in the query process to ensure accuracy and compliance throughout.”

Also presented at the summit

The Importance of Accurate Documentation and Coding – A Physician’s Perspective

Dr. Rae Godsey, DO, MBA, CPC, Associate Vice-President/Medical Director, Risk Adjustment and STARS at Humana shared the physician’s perspective about the best practices for achieving accurate documentation and coding to capture the true health status of the patient. Godsey will also dive into how important this is in the changing healthcare landscape.

The [AHIMA CDI Summit](#) is the premier industry event attended by key leaders and professionals in CDI and coding and is dedicated to advancing the documentation journey and exploring the challenges presented by today’s complex healthcare environment. The Summit is taking place July 14-15, 2019 in Chicago.

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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 in health information and to actively contributing to the development and advancement of health information professionals worldwide. AHIMA’s mission is to empower people to impact health. www.ahima.org