



Guide to Clinical Validation and Documentation Improvement for Coding

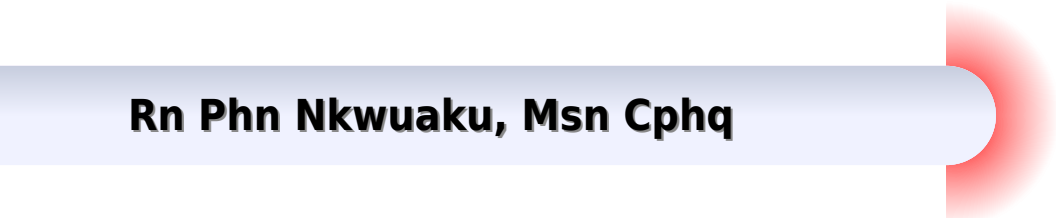
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Rn Phn Nkwuaku, Msn Cphq



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Optum360,2013-09 The 2014 Guide to Clinical Validation Documentation and Coding provides the clinical criteria necessary for code assignment This resource describes the clinical documentation needed for determining if the condition is a complication or when a medical condition should be coded as an additional diagnosis Now coders utilization review staff and HIM managers can systematically evaluate the clinical criteria that influence code assignments and patient care Covers 50 of the most challenging inpatient medical diagnoses and procedures Provides detailed clinical criteria and physician documentation requirements Code assignment justifications are thoroughly outlined Helps craft physician queries Learn how to address fine distinctions in a patient s medical condition and ensure appropriate reimbursement Provides a detailed clinical description of problematic diagnoses or procedures from a coder s perspective plus the clinical criteria that support code assignment Assists coders in determining what clinical elements are necessary for initial diagnosis code assignment when it should be coded as a complication and when the condition should be coded as an additional diagnosis Ties in to ICD 10 PCS Identifies other terminology that would qualify for the ICD 10 PCS specific root operation term **400+ Cdi**

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CDIS or anyone involved in clinical documentation The book has current ICD 10 CM PCS update with pertinent information on the 2018 Official Coding Guidelines for Coding and Reporting Coding Clinic advice Pay for Performance sample queries various disease processes by MDCs CDI strategy for success in inpatient rehab rehab impairment group codes and categories list of all the surgical and MS DRGs and much more Remember if it was not documented and documented accurately it never happened

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