



As the CDI profession evolves and guidelines change, CDI professionals are becoming more involved in denials prevention and management. With the release of the 2017 Official Guidelines for Coding and Reporting, which reiterates that coders must code documented conditions regardless of clinical support, CDI professionals have become more involved with denial prevention than ever before. Using the already established query process, Clinical Documentation Specialists (CDS) are able to place concurrent Clinical Validation queries to ensure a complete and accurate record reflecting all conditions treated prior to coding and billing.



The CDI role in denials management is also growing through participation in the appeals process for clinical denials. A partnership between CDI professionals, internal audit teams and Coding department allows for a comprehensive review of payor denials. Having reviewed the record concurrently, the CDS is well positioned to provide insight and rebuttal content for clinical denials. This team approach allows each department to focus on their area of expertise and results in timely and well-crafted denial appeals.

The nThrive CDI Program at Martin Health System has played a significant role in denials prevention and management since 2015. This successful partnership between the Martin Health System Coding Auditor, the Coding department and the CDI department has resulted in an improved denials management approach and response.



As with all functions in the CDI profession, it is beneficial to track conditions being denied. This allows the CDS to create and provide targeted education, coming full circle, and apply denials prevention to daily practice and preventing future denials. CDS professionals also monitor appeal outcomes, measure the financial impact of the CDS participation in the Denials Management Team and demonstrate a return on investment for the time involved and any additional needed CDI professionals.



## Questions?

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