

Building defensible query practices under regulatory pressure

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The regulatory environment surrounding CDI has never been more demanding, and therefore, compliant query practices have never mattered more. Recovery audit contractors, commercial payers, and government reviewers are scrutinizing documentation and claims with unprecedented precision. Against that backdrop, one principle must anchor every CDI program: a defensible query practice is a formally governed, clinically grounded process in which every query is supported by objective clinical indicators, free of leading language, and consistently documented. This is not an aspirational standard; it is the measurable baseline against which programs will be evaluated by auditors and regulators alike, as defined by the joint ACDIS/AHIMA *Guidelines for Achieving a Compliant Query Practice* and the accompanying ACDIS white papers.

Together, these resources give CDI professionals a clear, unified framework that supports both the mechanics of compliant query writing and the broader operational and governance needs of a mature CDI program. Within this framework, the primary purpose of a query is to clarify provider documentation so that it accurately reflects the patient's clinical picture, which may, in turn, influence reimbursement, quality metrics, data integrity, and regulatory reporting. This intent has effectively become a regulatory litmus test, and organizations that drift from it by allowing queries to appear reimbursement-driven or inadequately supported, risk claim denials, repayment demands, and allegations of upcoding.

As CDI continues to evolve, ACDIS white papers translate core guidelines into practical application across an increasingly complex landscape. With CDI efforts now extending into outpatient settings, risk adjustment, and denial management, these resources offer focused guidance on governance, analytics, and navigating the nuanced line between compliant queries and informal clinical communication.

That distinction is critical. Any communication intended to influence or clarify documentation within a specific patient record constitutes a query. Informal exchanges, though more often efficient, cannot replace a compliant query process. When relied upon, they introduce documentation vulnerabilities that are difficult to support during audits and may compromise the integrity of the medical record.

Defensible query practices are built, not assumed. CDI programs need formal written policies defining who is authorized to issue queries, which formats are acceptable, how queries are retained, and what escalation pathways exist when disagreements arise. Treating queries as part of the legal or business record is a requirement many organizations have been slow to implement, yet auditors increasingly expect it. A query that is retained, time-stamped, and linked to its clinical rationale is a defensible artifact instead of a liability.

The integration of AI and automation into CDI workflows adds another dimension. These tools offer real efficiency gains, faster query generation, and improved response rates, but they also carry risk if compliance guardrails are not built in from the start. The ACDIS guidance is clear: AI-enabled query tools must meet the same standards as manually generated queries. Human review, compliance auditing, and policy integration are not optional add-ons; they are requirements.

The revised draft of the joint ACDIS/AHIMA guidelines remains open for public comment through June 12, 2026, with a final version anticipated this summer. CDI professionals should not wait for publication to act. Reviewing the draft now, identifying gaps, and beginning policy revision will position programs ahead of the standard against which future audits will be measured.

In an environment where regulators routinely reference published industry standards when evaluating

documentation and claims, alignment with the joint ACDIS/AHIMA *Guidelines* and ACDIS white papers is both a strategic advantage and a professional obligation. The integrity of the medical record depends on the integrity of the query, and CDI professionals are the standard-bearers of both.