The role of the Clinical Documentation Specialist

Per the AHIMA Guidance for CDI programs, the role of the CDI professional is to help providers achieve complete and accurate documentation by:

- Facilitating and obtaining appropriate provider documentation within the medical record for clinical conditions and treatments required for accurate representation of severity of illness, expected risk of mortality and complexity of care of the patient.
- Exhibiting thorough knowledge of clinical documentation requirements as they relate to the classification systems, MS-DRG assignment, the clinical conditions and treatment needs of the patient population.
- Educating members of the patient care team and others regarding documentation guidelines.
- Facilitating the overall quality and completeness of the clinical documentation to accurately represent the severity, acuity, and risk of mortality profile of the patient being treated.

The CDI professional reviews the medical record on a concurrent basis to identify or obtain clarification for the appropriate principal diagnosis, secondary diagnoses and the principal procedure. The medical record is evaluated for completeness, consistency, precision, clarity, and legibility. Based on the clinical review a preliminary DRG is assigned by the CDI professional.

The CDI professional provides education to physicians and other healthcare clinicians by providing formal and information education on documentation best practices and requirements and through the written and verbal clinical documentation clarification query process.

The CDI professional aligns her/himself with the coding professionals by maintaining knowledge of the current Coding Guidelines, ongoing communication, and serving as a liaison between physicians and the coders.

The skills required for this role include:

- A sound clinical background with a working knowledge of disease processes, anatomy and physiology and treatment regimens.
- The ability to analyze and interpret the clinical information in the patient’s medical record.
- A working knowledge of DRG formulation, Coding Guidelines and Coding Clinic guidance.
- Strong written and verbal communication skills demonstrated by the ability to effectively communicate with physicians and other clinicians.
- Knowledge of healthcare regulations, reimbursement and documentation requirements.