Brundage Group
EXCELLENCE IN REVENUE CYCLE

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GOLDEN RULES OF CLINICAL DOCUMENTATION INTEGRITY (CDI)

- ✓ Document DIAGNOSES **not** SIGNS/SYMPTOMS
  - Signs and symptoms do not adequately risk adjust quality metrics
- ✓ ***"Possible", "Probable", "Suspected"*** and ***"Likely"*** diagnoses are acceptable
  - Must be included in the DC summary to be coded
- ✓ Document **queried** diagnoses in the medical record
- ✓ Document **ALL DIAGNOSES** on the DC summary
  - Ensures diagnoses are coded
  - Only coded diagnoses are used to risk adjust quality metrics
- ✓ Document "**P**resent **O**n **A**dmission" (POA) when appropriate
  - Quality metrics risk adjust with diagnoses captured as POA
  - Only diagnoses POA are eligible to be the principal diagnosis
  - POA status can be assigned at any time
- ✓ Avoid ***"history of"*** → instead consider ***"chronic"*** or ***"as a late effect"***
  - *"History of"* is considered a remote condition which is not active nor chronic
- ✓ Avoid the term ***"versus"***
  - Coders are not allowed to interpret documentation
  - When *"versus"* is documented the diagnosis is unclear
- ✓ Avoid the term ***"to cover"*** → instead use the term ***"to treat"***
  - *"To cover"* is an ambiguous term that requires a query

*"The difference between the almost right word and the right word is really a large matter. 'tis the difference between the **lightning bug** and the **lightning**."* –Mark Twain