CLINICAL VALIDATION OF DIAGNOSES

CDI Education January 2020

Accreditation Information

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Learning Objectives

At the completion of this activity, participants should be able to:

- Define the clinical validation process
- List one example of clinical validation of a diagnosis
- Summarize why clinical validation is important



Definition

Clinical Validation is the process of ensuring that <u>diagnoses</u> that are recorded in the EMR are supported by <u>clinical indicators</u> within the record

Those clinical indications can be found in:

- Provider's observations: physical exams, assessments, signs
 & symptoms (noted in HPI, ROS, etc.)
- Diagnostic Findings: VS, Lab Results, Imaging Results, I&O, etc.
- Other Notes: Emergency Services, Nursing, Respiratory Therapist, Nutritionist, Physical Therapist, Occupational Therapist, Speech Therapist, etc.
- Treatment/Management Notes: Medications, IV Fluids,
 Procedures performed, O2 Supplementation, Therapies



Examples of Clinical Indicators

Diagnosis of Encephalopathy in a patient that is noted to be alert and oriented x3 as per baseline

CKD Stage 3 (HCC) with no evaluation of renal function via labs (e.g. GFR, Creatinine, BUN, etc.) or treatment

Malnutrition diagnosed without: an RD assessment, appropriate labs, recent weight loss, muscle wasting, decreased grip strength, decreased intake of food/fluids

Respiratory Failure without: SOB, wheezing/rhonchi/ diminished breath sounds, hypoxia, increased Oxygen delivery



Why is Clinical Validation of Diagnoses Important?

Diagnoses are coded and billed which results in influencing both the provider's and the organizations reimbursement and quality reporting.

CMS employs the **False Claims Act** which states "it is a crime to knowingly make a false record or file a false claim regarding any federal healthcare program." This applies to any person, organization or program that provides health benefits and is funded directly, in whole or in part, by the US Government or any State Healthcare system. The word "knowingly" includes actual knowledge that a claim is false, or acting with "reckless disregard" as to whether a claim is false.

Both Commercial payers and CMS require the reporting of clinically valid diagnoses. CMS collaborates with Recovery Auditors, established under the Medicare Prescription Drug, Improvement & Modernization Act of 2003, to monitor and address improper Medicare payments paid to healthcare providers under fee-for-service Medicare plans. Improper payments apply to medical necessity, coding errors and clinical validation.



References

2020 ACDIS Pocket Guide. Prescott, L. & Manz, J. HC Pro. P72-75.

The Federal Civil False Claims Act, Section 1902(a)(68) of the Social Security Act: www.ssa.gov/OP_Home/ssact/title19/1902.htm

The Federal Civil False Claims Act, Sections 3279m through 3733 of Title 31 of the United States Code:

www.justice.gov/sites/default/files/civil/legacy/2011/04/22/C_FAUDS_FCA_Primer.pdf

