

Example of Clinical Documentation Improvement Job Description

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Our growing company is looking for a clinical documentation improvement. We appreciate you taking the time to review the list of qualifications and to apply for the position. If you don't fill all of the qualifications, you may still be considered depending on your level of experience.

Responsibilities for clinical documentation improvement

- Broad knowledge of health care regulations
- Oversees that CDI staff are providing expert level review of inpatient clinical records within 24-48 hours of admit
- Proactively manages facility CDI and HSC MS-DRG discrepancy request reviews (including corresponding communications, escalation paths and tracking/trending/comparison of data)
- Reporting to HSC Leadership significant coding trends identified through the CDI process
- Maintains up-to-date knowledge of regulatory changes impacting coding requirements
- Coordinates training and education for coders and facility-based CDI staff when trends are identified
- Manages expectations and ensures services are delivered accordingly
- Initiate quality of care measure process for required conditions from the initial chart review process
- Initiate & participate in formal and informal, required and voluntary continuing education opportunities
- Be willing to learn and consistently take instructions from Superiors (Supervisor/Manager/Director) whiles ensuring that the chain of command is followed within the department

- Minimum of five (5) years of progressive experience in an acute care hospital setting
- Registered Nurse with current D.C
- Minimum of 5 years recent clinical experience in an acute care setting
- BSN degree or equivalent
- Cardiology experience a plus
- Nurse (RN, NP), Physician (MD, DO, FMG), Physician Assistant (PA)