

CERNER FLASH

October 30, 2018

Documentation Query

1. Coding or Clinical Documentation Improvement (CDI) query will be in message center in the 'Sign' folder under 'Documents'

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2. Double click on message to view query (see page 2)





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Sign × FORWARDED SIGN DOC: ZZTEST, BUILDTHREE ×		
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ZZTEST, BUILDTHREE	DOB:06/05/68	Age:49 years
Allergies: Allergies Not Recorded	Dose Wt: <no available="" data=""></no>	Advance Directive
Care Team. <no contact="" primary=""></no>	HealtheLife. No	Clinical Hial. <no <="" data="" th=""></no>
*P	reliminary Report *	
Coding Query	, ,	
Patient: ZZTEST, BUILDTH REE MRN: 300000202110 Age: 49 years Sex: Male DOB: 06/05/68 Associated Diagnoses: None Author: Cerner Test, HIM: Coder Cerner	FIN: 7000000022341	
Basic Information Coder Information: Attention		
ATTENTION: The Clinical Documentation Specialists (Cl responded to the Physician Query, please sign/submit th Queries are made part of the Legal Health Record. If you	D1) and HIM Coding Staff appreciate your assistance in e note. The CD1 & HIM Coding staff will review the resp i have any questions, please contact the author of this	clarifying documentation. Once you have conse and follow-up if needed. Please note: message via Inbox Messaging.
Please add your clarifying information to this docum	ent by selecting MODIFY icon on the toolbar.	
General Information HIV was documented in the		
History/Risk Factors:		
Clinical Indicators:		
CD4 Count: Other lab values:		
Treatment:		
In your professional opinion, can you please clarify if the above clinica	l indicators and treatment signify one of the following c	onditions?
[] Patient with HIV disease - admitted with HIV related condition. (PI	ease specify)	
[] Patient with HIV disease - admitted with unrelated condition		
[] Patient with previously diagnosed HIV related illness		
[]HIV Positive, Asymptomatic (no previous HIV related Illness)		
[]Other (Please Specify)		
[]Clinically unable to determine		





. It	you	have any questio	ns, please contact the author o	t
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4. Respond to the query by placing an X within the brackets [] of the desired diagnosis (**see example A**) or by marking other and specifying a diagnosis (**see example B**).

In your professional opinion, can you please clarify if the above clinical indicators and treatment signify one of the following conditions?

[] HIV, asymptomatic without a related condition [] AIDS, with related infection, please specify infection [] Unable to determine [] Other, please specify







5. Click on the line item under "Comments" that says 'Please select one of the above options and sign'

* Comments <hide structure=""> <use dictate=""> <use free="" text=""></use></use></hide>
Please select one of the above options and sign.

6. The phrase will turn green

* Comments <Hide Structure> <U se Dictate> <U se Free Text> (Please select one of the above options and sign.)





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7. Sign the PowerNote by clicking the sign/submit button (looks like a pencil).

P Documentation - ZZTEST, PATIENT SEVEN - 300001432346 Op Task Documentation Term Tools Edit View SI ■ P C M A C C C C C C C C C C C C C C C C C	ened By MacPhee, Shawn				
CDI Query Sign/Submit General Information Comments	Arial Patent: ZZTEST, PATIENT SEVI Age: 4 years Sex: Female Associated Disproses: None Author: MacPhee, Shawn Basic Information <show struct<="" th=""><th>12 - @ EN MRN: 3000 DOB: 05/09/14</th><th>哈 能 이 여 01432346 FIN: 70000 <use free="" text=""></use></th><th>B ∐ / S</th><th></th></show>	12 - @ EN MRN: 3000 DOB: 05/09/14	哈 能 이 여 01432346 FIN: 70000 <use free="" text=""></use>	B ∐ / S	

8. Click the sign button. The query will then close and leave your message center.

Sign/Sub	mit Note					
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