Coder Driven CDI

## in Critical Access Hospitals

Disclaimer

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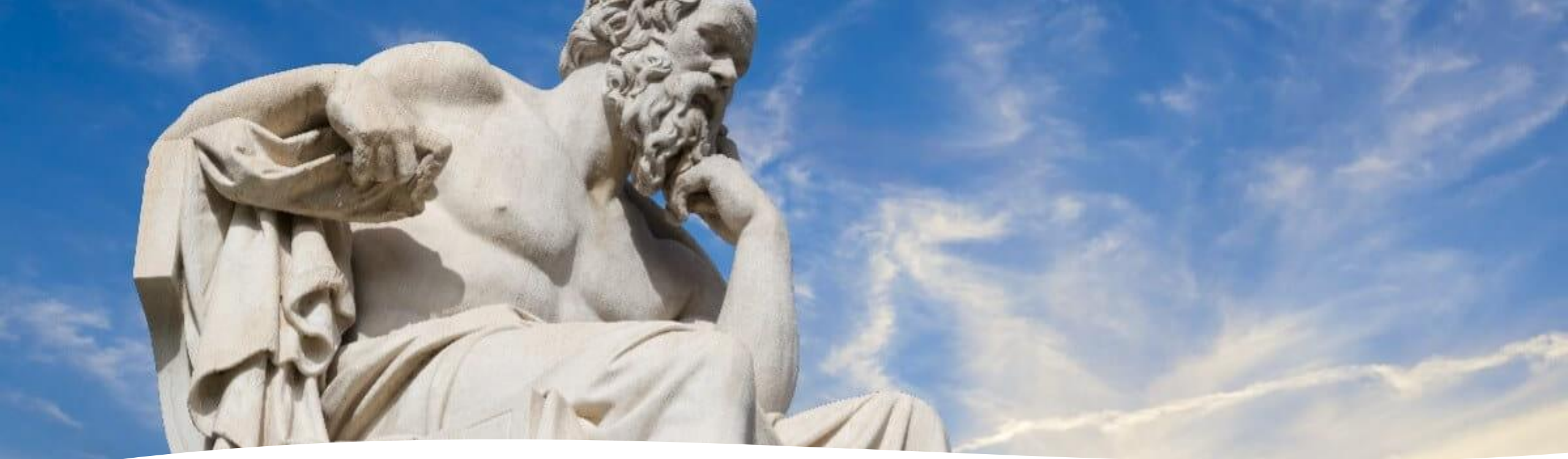
We Wear A lot of Hats

- **Misconceptions of CDI Programs**
  - Staff limitations
  - Expensive software required
  - Skill limitations
  - Inpatient only
  - Not needed for rural hospitals
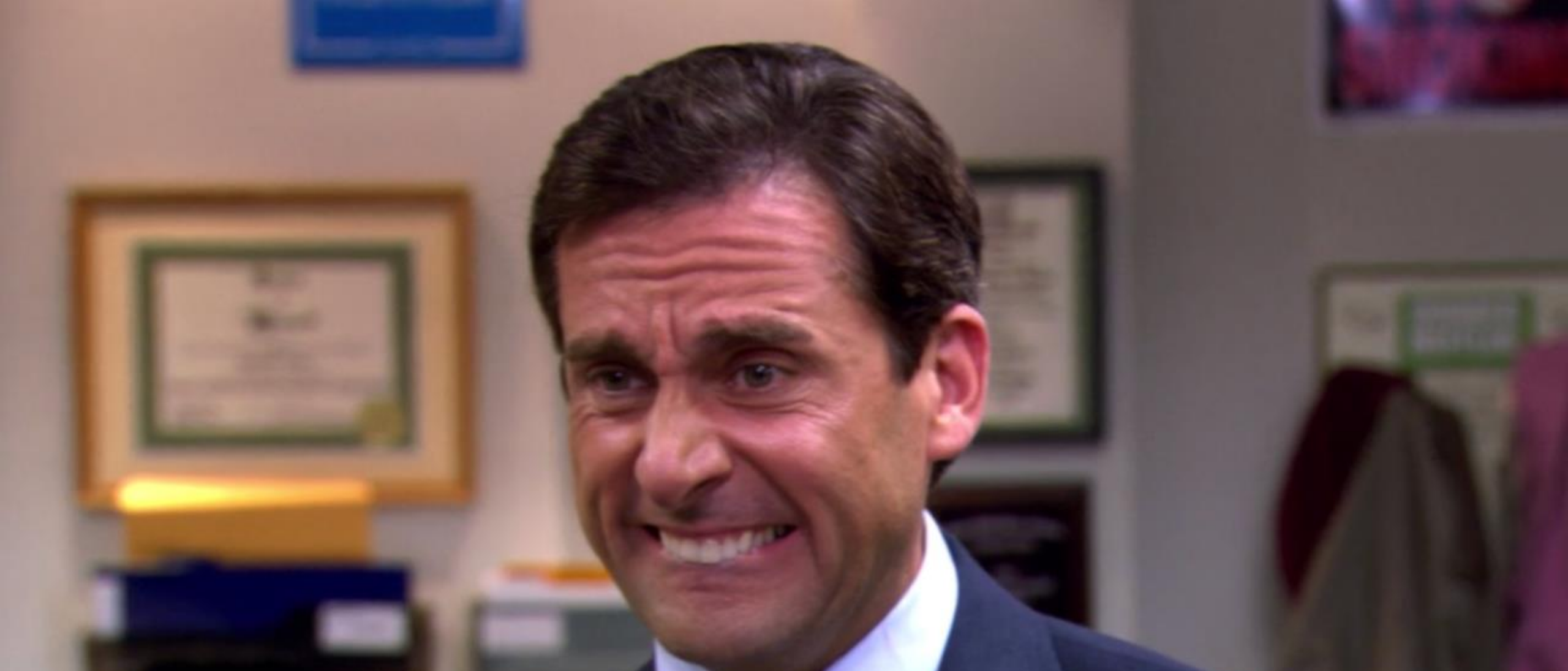
Yes, you do

A Brief History

- **Diagnostic-Related Group (DRG) system**
  - 1983

- **Medicare Severity (MS)-DRG system**
  - 2008
  - CC list completed revised

What is CDI?

- **CDI Defined**
  - The process of enhancing healthcare records to establish accurate reimbursements
  - Includes a review of disease process, diagnostic findings for inaccurate or unspecified documentation
  - Improve outcomes for payment based on the clinical picture of the stay
    - In other words…

Financial Impact

Think Outside the Box

- **Solid documentation is the <u>foundation</u> of the HIM profession**
    - Ensure documentation supports continuity of care and medical records standards
    - Review charges for most appropriate services based on medical record
    - Select codes to support medical necessity for services provided

At Your Fingertips

- **Medical Coders**
  - Review medical records to establish accurate diagnoses
  - Review diagnostic findings for inaccurate or unspecified documentation
  - Improve outcomes for payment based on the clinical picture of the stay
  - In other words
    - THEY CAN MAKE FINANCIAL IMPACTS!

What can CDI do for me?

- Improve physician efficiency
- Improve quality metrics
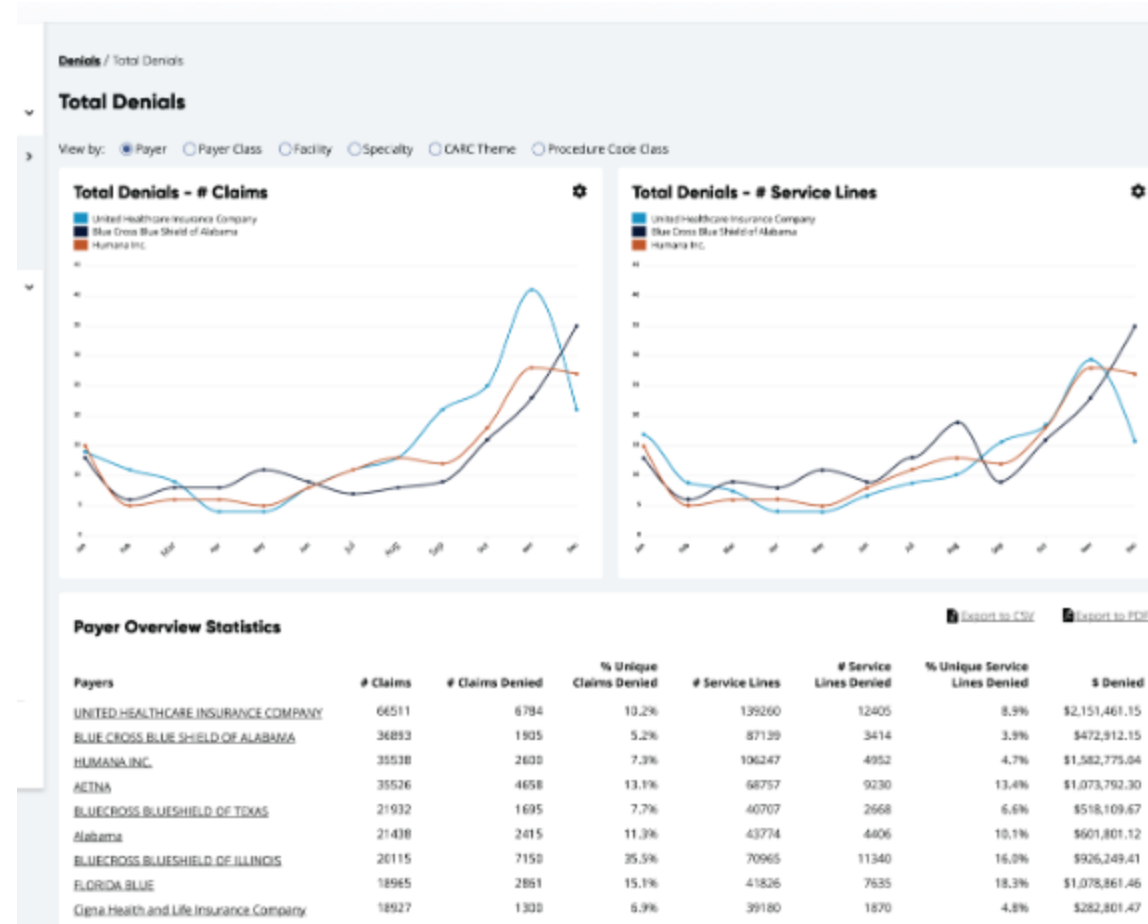- Enhance financial outcomes
- Decrease payor denials

Start Your Program

- **Utilize the resources you have available**
  - Even one busy surgeon can create an impact

Start Your Program

- Identify key staff members
  - HIM/Coding Leadership
  - Coding staff
  - Provider(s)

- Define your objectives
  - Trend your organization
  - Identify target areas

Where Do I Start?

- What is your number one outpatient hospital denial?

- What is your number one service with the most documentation requests?

- Do you have an area with increased risk?

- Trend the data, what service could your providers improve with education?
  - The data is at your fingertips!!

- Remember track your results..

CDI Targets

- **OIG High Risk Diagnosis List**

- **TPE Audit Topics**
    - Therapy and Rehabilitation Services
    - Infusion Services
    - Lipid Panels
    - Wound Care
    - Botox Injections
    - Routine Foot Care

- **Evaluation and Management Services**

- **Frequently denied services**

Start Your Program

- Meet monthly
  - What is your monthly/quarterly goal?
    - Decrease specific denials
    - Decrease medical necessity errors
    - Improve target area documentation
  - Plan education opportunities for target areas
    - One on one target provider education
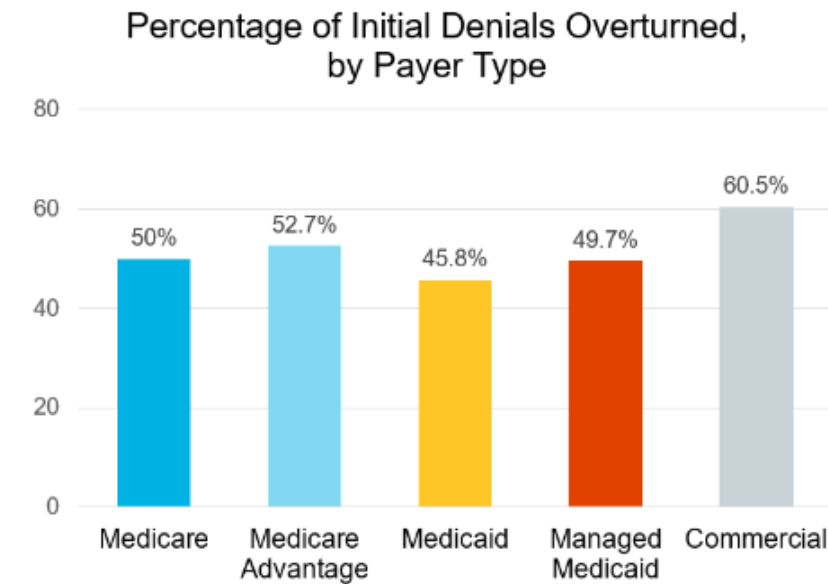   - Provider meetings

Start Your Program

- Develop a communication strategy
  - Email
  - Tip Sheets
  - One on one education
  - Clinical or registration staff inclusion
- What communication do your providers prefer?
  - Physician BUY IN
    - More efficient documentation process?
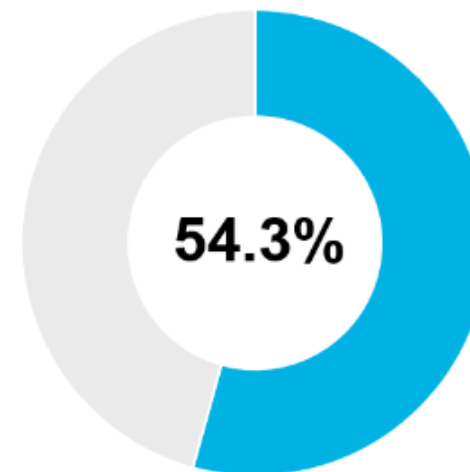   - Better patient care and quality metrics?
    - RVUs?

Start Your Program

- Track metrics for targeted areas
  - Are you making the impact you want to see?

Percentage of Initial Denials Overturned, by Payer Type

- Medicare: 50%
- Medicare Advantage: 52.7%
- Medicaid: 45.8%
- Managed Medicaid: 49.7%
- Commercial: 60.5%

Source: Premier National Survey on Payment Delays and Denials, October-December 31, 2023

Percentage of Initial Denials by Private Payers That Were Overturned

54.3%

Considerations for CDI Implementation

- **Query process for specific target**
  - If you query, ensure it is compliant
    - Multiple choice queries should only include clinically relevant options (all options that are supported by clinical indicators within the health record)
      - Sodium level is 122 and a query is sent to determine a diagnosis can be provided; hypernatremia would not be an appropriate option
      - Allow for the option of "Other" to allow providers to customize the response
    - Present only the information from the health record, without subjective interpretation– identify what clarification is required

Considerations for CDI Implementation

- **When to query**
    - To support conditions that are clinical evident and meet UHDDS requirements
    - To resolve a conflicting diagnoses
    - To clarify the reason for the encounter
    - To establish a cause and effect relationship between medical conditions

Considerations for CDI Implementation

- **When NOT to query**
  - Every discrepancy or unaddressed documentation issue does require a query
  - When there is sufficient documentation to assign a valid code and no indicators that the code can be specified to a higher degree

Compliant Queries

✓Provide multiple choice answers that are supported by the record

  ✓Diagnosis answer options that are not in the medical record should be supported by clinical indicators sourced from the medical record

✓Include a non-leading query statement (i.e., please clarify the diagnosis, can a diagnosis be provided) that is clear, concise, and specific to the necessity of the query)

✓Titles of queries should be non-leading

Query Example

- The patient presented with diabetic ulcer to the right lower foot. Please clarify the depth of the ulcer
  - Limited to skin breakdown only
  - Fat layer exposed
  - Necrosis of muscle
  - Muscle involvement without evidence of necrosis
  - Bone involvement
  - Unable to determine
  - Other

Considerations for CDI Implementation

- **Targeted education**
  - Have a unite purpose
    - Ensure this is shared with your providers
  - Clear and concise – KEY!
  - Leverage a clinical expert to help develop educational content
    - Create partnerships with providers who are willing to assist in planning and implementing improvements
  - Avoid burn out

Staff Supplementation

- **Technology based software solutions**
  - AI Driven CDI Software
    - Be weary - One size does NOT fit all

Empower Staff

- **Clinical Documentation Learning Programs**
  - ACDIS
  - Clinical Documentation Bootcamp

- **Clinical Documentation Certifications**
  - AAPC CDEO (Clinical Documentation Expert – Outpatient)
  - AHIMA CDIP (Clinical Documentation Integrity Practitioner)

"How do you know if you're winning, if you're not keeping score?"

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Questions?

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