The Why and How of a CDI Program

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Objectives

• Understand the reasons behind a Clinical Documentation Improvement (CDI) Program
• Pinpoint fundamental knowledge needed by CDI staff
• Identify objectives and activities associated with developing a program
• Recognize activities that aid in defining areas of emphasis for organizations
A clinical documentation improvement (CDI) program promotes clear, concise, complete, accurate and compliant documentation.

This is accomplished through *analysis and interpretation* of health record documentation to identify and rectify situations where documentation is insufficient to accurately support the patient’s severity of illness and care, including specificity of principal diagnosis, associated comorbidities or complications, treatments and procedures.

CDI staff will analyze data, formulate physician queries, track CDI program performance, and successfully communicate with physicians, administration, HIM staff and others as necessary.
Reasons for a CDI Program

1. First and foremost, a CDI program promotes the documentation of medical necessity to support:
   a. Admission (inpatient vs. observation or outpatient treatment)
   b. Readmission or continued stay
   c. Therapies, treatments, procedures

2. Ensure that documentation is comprehensive enough to support coding and reimbursement:
   a. Accurate Case Mix Index (CMI)
   b. Correct payment and reduction of compliance risk
   c. Correct identification of the principal diagnosis, secondary diagnoses, MCCs and CCs – ensure sequencing guidelines are followed
3. Promotes compliance with The Joint Commission and Conditions of Participation standards or requirements
4. Support that evidence-based care was followed, allowing for quality measure reporting
Establishing a CDI Program: Staffing

CDI Specialists

- Background – nursing or HIM professionals
- Often credentialed as
  - Clinical Documentation Improvement Practitioner (CDIP) through AHIMA or
  - Certified Clinical Documentation Specialist (CCDS) through ACDIS

Physician Champion

- Motivated to drive change facility wide
- Has a strong rapport with physicians
Fundamental Skills and Knowledge for the CDI Specialist

- Possess **health sciences and pharmacology knowledge** in the specialty(ies) in which they will work
- Demonstrate ability to apply **Official Coding and Reporting Guidelines** to assign a working diagnosis and **MS-DRG**
  - MCCs, CCs and associated conditions to help with **MS-DRG assignment**
- Navigate an **Electronic Health Record (EHR)**
Fundamental Skills and Knowledge for the CDI Specialist – cont’d

- Comprehend effects of Present on Admission (POA) and Hospital Acquired Conditions (HACs) initiatives
- Recognize clinical indicators, diagnostic values, therapies by condition
- Understand quality reporting measures to help promote documentation of compliance with standards
- Possess working knowledge of federal, state, and payer-specific requirements for coding, documentation and reporting e.g. TJC, CMS, COP
Example of How Specificity Can Affect the MS-DRG

Non-specific pneumonia
- MS-DRG 195 Simple pneumonia without CC/MCC, relative weight (RW) 0.037 (FY2012) = $3,535

Staph aureus pneumonia
- MS-DRG 179 Respiratory infections and inflammations without CC/MCC; RW 1.0025 (FY12) = $5,013

Staph aureus pneumonia with acute respiratory insufficiency
- MS-DRG 178 Respiratory infections and inflammations with CC; RW 1.4653 (FY12) = $7,327

Staph aureus pneumonia with acute respiratory failure
- MS-DRG 177 Respiratory infections and inflammations with MCC; RW 2.0653 (FY12) = $10,327

Staph aureus pneumonia with mechanical ventilation
- MS-DRG 208 Respiratory system diagnosis with ventilator support < 96 hours; RW 2.2704 (FY12) = $11,352

*Example using $5,000 as the wage rate
CDI Program - Steps to Success

- Justify the Need
  - Comparative Data
  - Audit Results
  - Payment and Denial Patterns
  - Risk Analysis - Preparation for ICD-10
  - Continuity of Care
  - Support of Evidence Based Medicine
CDI Program- Steps to Success cont’d…

- Choose a Model
  - HIM/Coding
  - Case Management
  - Quality

- Staffing the Department
  - Identify a Physician Champion
  - Cross Functional Team – HIM, UR, Revenue, Clinical

- Staff orientation
  - Relationship Building
Choose a tool designed for CDI

Proving return on investment

- **Data Mining**
  - Targeted DRGs
    - CC or MCC rates
  - Case Mix Index
  - POA indicators
  - DNFB accounts
  - Claims rejections/denials management

- **MedPAR**
  - Understand and improve current benchmark
### Using Data Analytics To Target DRGs

<table>
<thead>
<tr>
<th>CDRG</th>
<th>Description</th>
<th>MDC</th>
<th>No. of Claims</th>
<th>ICD-9 Base Rate Reimbursed</th>
<th>Potential Reimbursement Impact ($)</th>
<th>Potential Reimbursement Impact (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>329</td>
<td>major small &amp; large bowel procedures</td>
<td>06</td>
<td>Surgical</td>
<td>$1,371,835</td>
<td>$69,766,783 - $14,114</td>
<td>$70,833,574 - 0.0%</td>
</tr>
<tr>
<td>981</td>
<td>extensive o.r. procedure unrelated to principal diagnosis</td>
<td>Surgical</td>
<td>21</td>
<td>$435,617</td>
<td>$1,371,835 - $62,798</td>
<td>$1,434,617 - 4.6%</td>
</tr>
<tr>
<td>466</td>
<td>revision of hip or knee replacement</td>
<td>Surgical</td>
<td>12</td>
<td>$232,707</td>
<td>$1,434,617 - $62,798</td>
<td>$1,495,404 - 14.6%</td>
</tr>
<tr>
<td>867</td>
<td>other infectious &amp; parasitic diseases diagnoses</td>
<td>Medical</td>
<td>40</td>
<td>$381,189</td>
<td>$1,495,404 - $62,798</td>
<td>$1,553,378 - 14.6%</td>
</tr>
<tr>
<td>628</td>
<td>other endocrine, nutrit &amp; metab o.r. proc</td>
<td>Surgical</td>
<td>14</td>
<td>$163,530</td>
<td>$1,553,378 - $62,798</td>
<td>$1,617,118 - 10.3%</td>
</tr>
<tr>
<td>237</td>
<td>major cardiovasc procedures w mcc</td>
<td>Surgical</td>
<td>13</td>
<td>$274,776</td>
<td>$1,617,118 - $62,798</td>
<td>$1,680,974 - 10.3%</td>
</tr>
<tr>
<td>190</td>
<td>chronic obstructive pulmonary disease</td>
<td>Medical</td>
<td>207</td>
<td>$1,462,929</td>
<td>$1,680,974 - $62,798</td>
<td>$1,745,766 - 10.3%</td>
</tr>
<tr>
<td>579</td>
<td>other skin, subcut tiss &amp; breast proc</td>
<td>Surgical</td>
<td>11</td>
<td>$100,469</td>
<td>$1,745,766 - $62,798</td>
<td>$1,805,235 - 10.3%</td>
</tr>
<tr>
<td>393</td>
<td>other digestive system diagnoses</td>
<td>Medical</td>
<td>50</td>
<td>$329,108</td>
<td>$1,805,235 - $62,798</td>
<td>$1,864,343 - 10.3%</td>
</tr>
<tr>
<td>637</td>
<td>diabetes</td>
<td>Medical</td>
<td>50</td>
<td>$365,015</td>
<td>$1,864,343 - $62,798</td>
<td>$1,923,358 - 10.3%</td>
</tr>
<tr>
<td>775</td>
<td>vag del wo complicating dx</td>
<td>Medical</td>
<td>508</td>
<td>$1,811,137</td>
<td>$1,923,358 - $62,798</td>
<td>$1,982,495 - 10.3%</td>
</tr>
<tr>
<td>871</td>
<td>septicemia w/o mv 96+ hours</td>
<td>Medical</td>
<td>180</td>
<td>$2,379,717</td>
<td>$1,982,495 - $62,798</td>
<td>$2,042,212 - 10.3%</td>
</tr>
<tr>
<td>896</td>
<td>alcohol/drug abuse or dependence w/o rehabilitation therapy</td>
<td>Medical</td>
<td>277</td>
<td>$1,428,873</td>
<td>$2,042,212 - $62,798</td>
<td>$2,102,685 - 10.3%</td>
</tr>
<tr>
<td>377</td>
<td>g.i. hemorrhage</td>
<td>Medical</td>
<td>138</td>
<td>$1,067,669</td>
<td>$2,102,685 - $62,798</td>
<td>$2,167,353 - 10.3%</td>
</tr>
<tr>
<td>602</td>
<td>cellulitis</td>
<td>Medical</td>
<td>253</td>
<td>$1,526,475</td>
<td>$2,167,353 - $62,798</td>
<td>$2,233,138 - 10.3%</td>
</tr>
</tbody>
</table>
CDI Program- Data Mining and Audit

• C-DRG 329-Major small and large bowel procedures
  – Translated over to lower weighted DRG as a result of the I-10 standardized definitions being applied to resection versus excision. In ICD-10 more specific root operation codes exist and documentation must support the additional specificity.

• C-DRG 190—Chronic obstructive pulmonary disease
  – Translated over to lower weighted DRG as a result of losing MCC/CC designation when translated or coded in ICD-10. In I-10, more specific diagnosis codes exist that further describe the variety of conditions that fall under the diagnosis of COPD.
# CDI Program – Data Mining MedPAR

<table>
<thead>
<tr>
<th>DRG Group</th>
<th>DRG Group Description</th>
<th>Cases</th>
<th>Hosp CC Rate</th>
<th>Bench CC Rate</th>
<th>Hosp MCC Rate</th>
<th>Bench MCC Rate</th>
<th>Hosp CMI</th>
<th>Bench CMI</th>
<th>Potential Opportunity (1)</th>
<th>Potential RAC Risk (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>193/194/195</td>
<td>SIMPLE PNEUMONIA &amp; PLEURISY</td>
<td>99</td>
<td>88%</td>
<td>74%</td>
<td>36%</td>
<td>22%</td>
<td>1.15</td>
<td>1.04</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>190/191/192</td>
<td>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</td>
<td>93</td>
<td>81%</td>
<td>65%</td>
<td>54%</td>
<td>33%</td>
<td>1.04</td>
<td>0.96</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>291/292/293</td>
<td>HEART FAILURE &amp; SHOCK</td>
<td>77</td>
<td>86%</td>
<td>75%</td>
<td>30%</td>
<td>30%</td>
<td>1.12</td>
<td>1.08</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>469/470</td>
<td>MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY</td>
<td>66</td>
<td>6.1%</td>
<td>4.0%</td>
<td>6.1%</td>
<td>4.0%</td>
<td>2.19</td>
<td>2.16</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>391/392</td>
<td>ESOPHAGITIS, GASTROENT &amp; MIS DIGEST DISORDERS</td>
<td>64</td>
<td>4.7%</td>
<td>12%</td>
<td>4.7%</td>
<td>12%</td>
<td>0.74</td>
<td>0.77</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>308/309/310</td>
<td>CARDIAC ARRYTHMIA &amp; CONDUCTION DISORDERS</td>
<td>53</td>
<td>49%</td>
<td>55%</td>
<td>15%</td>
<td>20%</td>
<td>0.76</td>
<td>0.80</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>871/872</td>
<td>SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS</td>
<td>48</td>
<td>63%</td>
<td>65%</td>
<td>63%</td>
<td>65%</td>
<td>1.63</td>
<td>1.65</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>896/897</td>
<td>ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY</td>
<td>47</td>
<td>8.5%</td>
<td>11%</td>
<td>8.5%</td>
<td>11%</td>
<td>0.72</td>
<td>0.74</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>064/065/066</td>
<td>INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION</td>
<td>34</td>
<td>88%</td>
<td>68%</td>
<td>26%</td>
<td>20%</td>
<td>1.31</td>
<td>1.19</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>377/378/379</td>
<td>G.I. HEMORRHAGE</td>
<td>34</td>
<td>76%</td>
<td>76%</td>
<td>15%</td>
<td>17%</td>
<td>1.05</td>
<td>1.07</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>689/690</td>
<td>KIDNEY &amp; URINARY TRACT INFECTIONS</td>
<td>28</td>
<td>39%</td>
<td>20%</td>
<td>39%</td>
<td>20%</td>
<td>0.96</td>
<td>0.87</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>480/481/482</td>
<td>HIP &amp; FEMUR PROCEDURES EXCEPT MAJOR JOINT</td>
<td>27</td>
<td>85%</td>
<td>74%</td>
<td>26%</td>
<td>15%</td>
<td>2.15</td>
<td>1.98</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>640/641</td>
<td>NUTRITIONAL &amp; MIS METABOLIC DISORDERS</td>
<td>26</td>
<td>15%</td>
<td>17%</td>
<td>15%</td>
<td>17%</td>
<td>0.76</td>
<td>0.77</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>602/603</td>
<td>CELLULITIS</td>
<td>25</td>
<td>20%</td>
<td>12%</td>
<td>20%</td>
<td>12%</td>
<td>0.97</td>
<td>0.91</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>329/330/331</td>
<td>MAJOR SMALL &amp; LARGE BOWEL PROCEDURES</td>
<td>22</td>
<td>95%</td>
<td>78%</td>
<td>32%</td>
<td>32%</td>
<td>3.40</td>
<td>3.23</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>438/439/440</td>
<td>DISORDERS OF PANCREAS EXCEPT MALIGNANCY</td>
<td>21</td>
<td>62%</td>
<td>62%</td>
<td>24%</td>
<td>16%</td>
<td>1.08</td>
<td>1.02</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>177/178/179</td>
<td>RESPIRATORY INFECTIONS &amp; INFLAMMATIONS</td>
<td>20</td>
<td>90%</td>
<td>85%</td>
<td>50%</td>
<td>36%</td>
<td>1.73</td>
<td>1.62</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>388/389/390</td>
<td>G.I. OBSTRUCTION</td>
<td>18</td>
<td>72%</td>
<td>61%</td>
<td>28%</td>
<td>14%</td>
<td>1.05</td>
<td>0.92</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
## Examples of Needed Documentation Specificity

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Code</th>
<th>Physician Specialty</th>
<th>Documentation Requirements</th>
<th>No. of Possible ICD-10-CM Codes</th>
<th>Hospital Health Care Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>491.22 Obstructive Chronic Bronchitis w Acute Bronchitis</td>
<td>Anesthesia Internal Medicine Pulmonology Radiology</td>
<td>Chest X-ray Arterial blood gases Pulmonary function tests Dyspnea, breathlessness, tachypnea Diffuse wheezing, diminished breath sounds, prolonged expiration Chronic productive cough Bronchospasm Hypoxemia Upper respiratory infection, airway inflammation Tachycardia</td>
<td>1</td>
<td>217</td>
</tr>
</tbody>
</table>
CDI Program- Steps to Success cont’d…

- Establish a training program
  - Physician education program
    - Encourage CDI orientation for credentialing of new staff
  - ICD-9/10 basics
  - Focus on target DRGs (select a few at a time)
  - Shadowing on the floor
- Develop compliant, meaningful queries
  - Engage physician champion
- Monitoring effectiveness
  - Reporting and trending
# Targeted Education – Tools

## ICD-9 Codes with Multiple ICD-10 Code Matches

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>ICD-9</th>
<th>Description</th>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>487.0 Pneumonia, Organism NOS</td>
<td>J1100</td>
<td>Flu due to unidentified flu virus w unsp type of pneumonia</td>
<td>J129</td>
<td>Viral pneumonia, unspecified</td>
</tr>
<tr>
<td>250.80 DMII Other, Not Stated as Uncontrolled</td>
<td>E11618</td>
<td>Type 2 diabetes mellitus with other diabetic arthropathy</td>
<td>E11620</td>
<td>Type 2 diabetes mellitus with diabetic dermatitis</td>
</tr>
<tr>
<td></td>
<td>E11621</td>
<td>Type 2 diabetes mellitus with foot ulcer</td>
<td>E11622</td>
<td>Type 2 diabetes mellitus with other skin ulcer</td>
</tr>
<tr>
<td></td>
<td>E11628</td>
<td>Type 2 diabetes mellitus with other skin complications</td>
<td>E11630</td>
<td>Type 2 diabetes mellitus with periodontal disease</td>
</tr>
<tr>
<td></td>
<td>E11638</td>
<td>Type 2 diabetes mellitus with other oral complications</td>
<td>E11649</td>
<td>Type 2 diabetes mellitus with hypoglycemia without coma</td>
</tr>
<tr>
<td></td>
<td>E1165</td>
<td>Type 2 diabetes mellitus with hyperglycemia</td>
<td>E1169</td>
<td>Type 2 diabetes mellitus with other specified complication</td>
</tr>
<tr>
<td>424.0 Mitral Valve Disorder</td>
<td>I340</td>
<td>Nonrheumatic mitral (valve) insufficiency</td>
<td>I348</td>
<td>Other nonrheumatic mitral valve disorders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>443.8 Lap Gastroenterostomy</td>
<td>0D16479</td>
<td>Bypass Stomach to Duoden with Autol Sub, Perc Endo Approach</td>
<td>0D1647A</td>
<td>Bypass Stomach to Jejunum with Autol Sub, Perc Endo Approach</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Bypass Stomach to Duoden with Synth Sub, Perc Endo Approach</td>
</tr>
</tbody>
</table>
Resources

- 2012 version of Official Coding and Reporting Guidelines

- Information on ICD-10 from CMS

- Information on CDI from AHIMA
  http://www.ahima.org/certification/cdip.aspx

- Information on CDI from ACDIS
  http://www.hcpro.com/acdis/index.cfm
Additional ICD-10 Resources from Elsevier and QuadraMed

- Websites
  - www.icd-10online
  - www.quadramed.com

- Upcoming Webinars
  - September 19 at 1:00 pm EST
    - QuadraMed presents: “How to Achieve Compliant Coding and Accurate Documentation in ICD-9 and ICD-10”
  - September 27 at 1:00 pm EST
Questions and Wrap-Up

Thank you for attending our webinar!

Please complete the survey, your feedback helps us to design training to meet your needs.

The Power Point slides and CE Certificate for this webinar can be downloaded from:

http://icd-10online.com/rcc-web-certification
Elsevier/QuadraMed CDIP Solutions

- Quantim CDI Tool
- CDIP Start up and Implementation
- CDIP Assessment and Review
  - Three Phased Approach
    - Assess, Audit, Analyze
    - Educate
    - Re-Audit
- CDIP Education
  - On-line
  - In-Person
Elsevier/QuadraMed ICD-10 Solutions

- ICD-10 Services
  - ICD-10 On-Line Readiness Assessment
  - ICD-10 Webinar and Whitepaper Series
  - ICD-10 Education
    - Role-based Online
      - CDI, Coding, Revenue Cycle, Compliance, Health Sciences
    - Instructor-Led
  - ICD-10 Data Analytics
  - Supportive Hard-Copy Materials/Resources
  - Simulator Dual-Coding “Practice-Tool”
  - Elsevier Interactive (Netter’s)
Interactive Online Education

Demo of Clinical Documentation Improvement Education