DOCUMENTATION IMPROVEMENT or Doctor Improvement?

By Diane Lemire MHA, RHIA, CCS, I10 Trainer
The L.E. Myre Co.
For the HIS Conference April 26, 2012
Sacramento Calif.
Learning Objectives

- To understand the importance of clinical documentation improvement
- To learn best practices for CDI
- To gain increased knowledge about the role of CDI, as sites prepare for a new coding classification system
CDI = Clinical Documentation Improvement

- Heavily promoted program after 2007 with the beginning of MS-DRGs

- Some programs prior to this time
What is CDI?

- To promote the process of Querying
- To promote accuracy in documentation
- To assist in correcting discrepancies
- Oh, yes and also to increase reimbursement
Formal CDI Programs (IP)

- “Bought” or brought in to a Facility where Nurses are the CDIs on the floor
- CDIs Query on a concurrent basis
- CDIs see the physicians on the floor and try to explain “clinically” why particular words are needed
CDI Queries – For Outpatients

- Try to catch physicians/surgeons to explain the nuances of better documentation, not coding

- Severity is a key factor

- Medical necessity is a key also
Documentation Accuracy

- The words “acute” and “chronic” add to the importance of the severity of the patient

- Adding a couple of chronic conditions in the history adds to the severity of the patient

- Specificity of site/area of surgery is a critical factor
Documentation Discrepancies

☐ Is it transcription or the doctor?

☐ Can it be changed, should it be changed?

☐ A coder’s MOST important task
When to Query?

- When treatment is being given for a condition that has not been documented

- Whether a condition was ruled out or not
What is a Leading Query?

- Does not have enough supporting material in the record to be warranted
- Introduces information that is not already in the record
- Sounds directing, prodding, or as though physician is being led to make an assumption
What is a Leading Query (2)?

- Asks questions that can only be responded to by a Yes or a No
- Indicates the financial impact of the response
- Is designed so that all that is required is the signature
- Challenges the physician’s judgment
When querying does not occur:

- inaccurate coding
- lost revenue
- lost opportunity to educate physicians
- a pattern of not clarifying may bring a coder’s knowledge into question
Increasing Reimbursement

- Querying for more specific information and to clarify information can only aid in increasing reimbursement, even with outpatients.
Example for Doctors:

- Eye surgery –

- Patient came in with a laceration of the globe. Physician did surgery to remove the foreign body that caused the laceration and to suture the globe.

- **Questions**: What is the globe? What exactly was sutured?
Impact of Example:

- Eye surgery –
  
  Case: FB from globe
  Surgery: removal with suture
  
  Question: What part of the globe? conjunctiva, cornea, lens, orbit, superficial surface
  
  If unspecified, the APC would lead to reimbursement of about $244

- Eye surgery –
  
  Case: FB from cornea of eye, through incision then suture repair
  
  APC with more specific information in this case may lead to reimbursement of $2638
Example for Doctors:

- Buttock case –

- Patient came in with severe fistula in anal area, quite deep into the pelvis. Physician did a fistulectomy and closed the area with skin graft.

- **Questions**: Where exactly/how deep into what tissue was the fistula? What was actually closed – skin, soft tissue, perineum??
Impact of Example:

Case: Fistula, anal
Surgery: Fistulectomy with skin graft, less than 10 sq cm
APC reimbursement: $2057

Fistula, sigmoid perineal
Surgery: the same, different site
APC reimbursement: $
Best Practice?

- Face to face time with doctors
- Bring expert doctors in
- Show how better documentation can affect the physician’s reimbursement too
- No payer difference
Best Practice?

- To get along and to work well with the physicians
- Ask the physicians to do lunchtime education with the cases that are more difficult in their specialty
- Is there a physician champion? or go between?
Physicians are not Coders

- Best practice is when Physicians or their offices/billers and coders can work together to get a best result

- We are not adversaries

- OIG looks at both physician office and hospital/clinic bills for matches
Clinical Knowledge?

☐ For coders

☐ If it isn’t documented, it doesn’t exist

☐ RAC reviews are more clinically oriented, even for outpatients
It is all in the WORDS

☐ Some entity needs to assist in ensuring that the exact words coders need to assign codes are there

☐ No assuming, please
Role of CDI in I10?

- It is less about diagnoses than about procedures
- Coders need to know their A&P
- Outpatient coders are less inclined to be impacted by ICD10PCS
Role of CDI in I10?

- Most of the Querying in I10 will be for the specificity of procedures, the sites of the actual procedures, as noted in the previous examples.

- For outpatient coders it will still be about obtaining more specificity/medical necessity in diagnostic coding.
CDI and 2013 (oops 2014)

- Training and education have begun and are continuing

- Physician education will begin at the end of 2013/beginning of 2014
Thank you so much!!

Diane Lemire
The L.E. Myre Co.
www.thelemyreco.com
209.883.1862