

# Clinical Documentation Integrity (CDI) Best Practices

**BKD**  
CPAs & Advisors

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February 5, 2020



# Objectives

- › Identify CDI Goals
- › Review work flow and associated Metrix for success
- › Examine Collaboration
- › Discuss continuing education

# Agenda

- › CDI goals
- › Case study examples
- › Staffing models
- › Medical staff
- › Workflow
- › Collaboration
- › Education

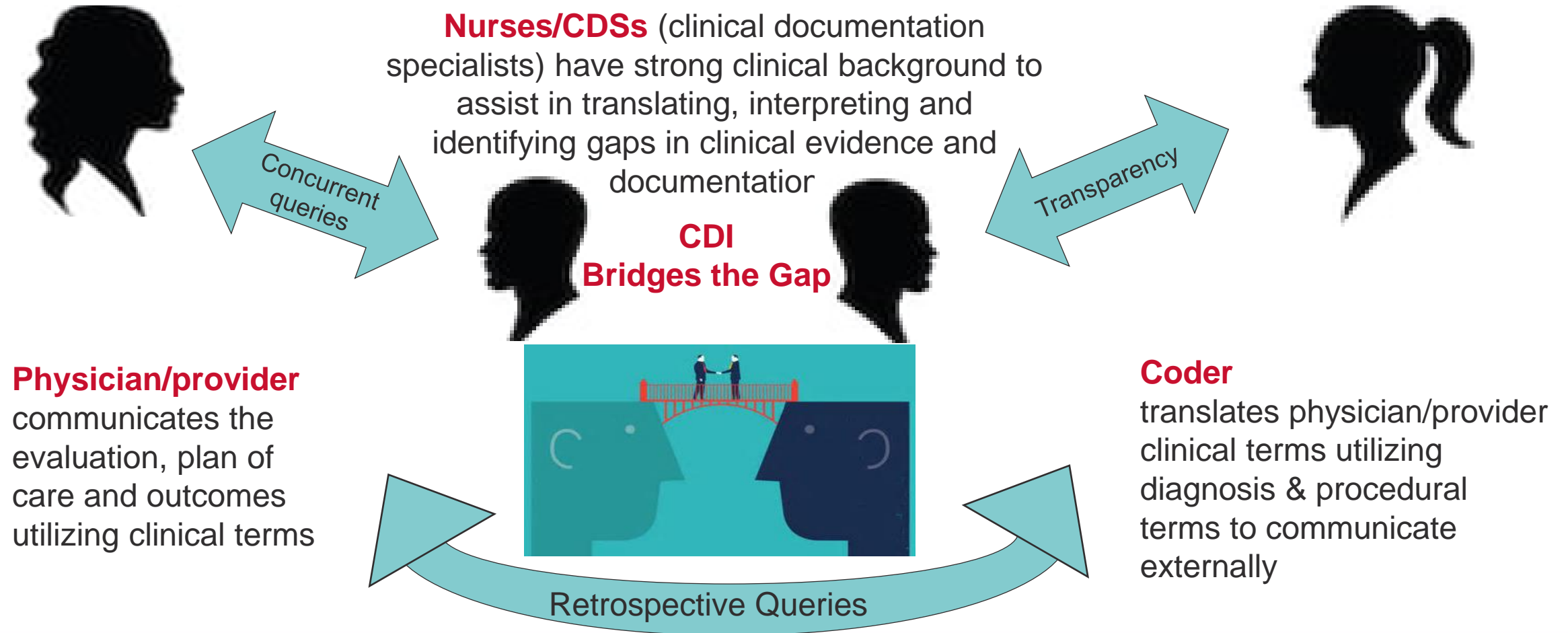
# Clinical Documentation Integrity (CDI) Goals

## Successful CDI Programs enable accurate representation of a patient's clinical status in the patient health record

- Accurate and comprehensive **patient health records**...if it isn't documented, it wasn't done and can't be coded
- Accurate and specific **coding**
- Supports patient **acuity**, severity of illness (**SOI**) and risk of mortality (**ROM**)
- Documents and supports services provided
- Support **medical necessity** and **quality** of care
- Appropriate length of stay (**LOS**) and care management
- Minimizes **clinical denials**
- Timely and accurate **reimbursements**
- Maintain **compliance** with regulatory and governmental agencies
- Utilize clinical terms recognized by physician/providers and necessary by Medicare, Medicaid and other payors for coding, billing and reimbursement accuracy
- Translation of clinical terms into numeric terms (Dx, Px, DRG) for reimbursement

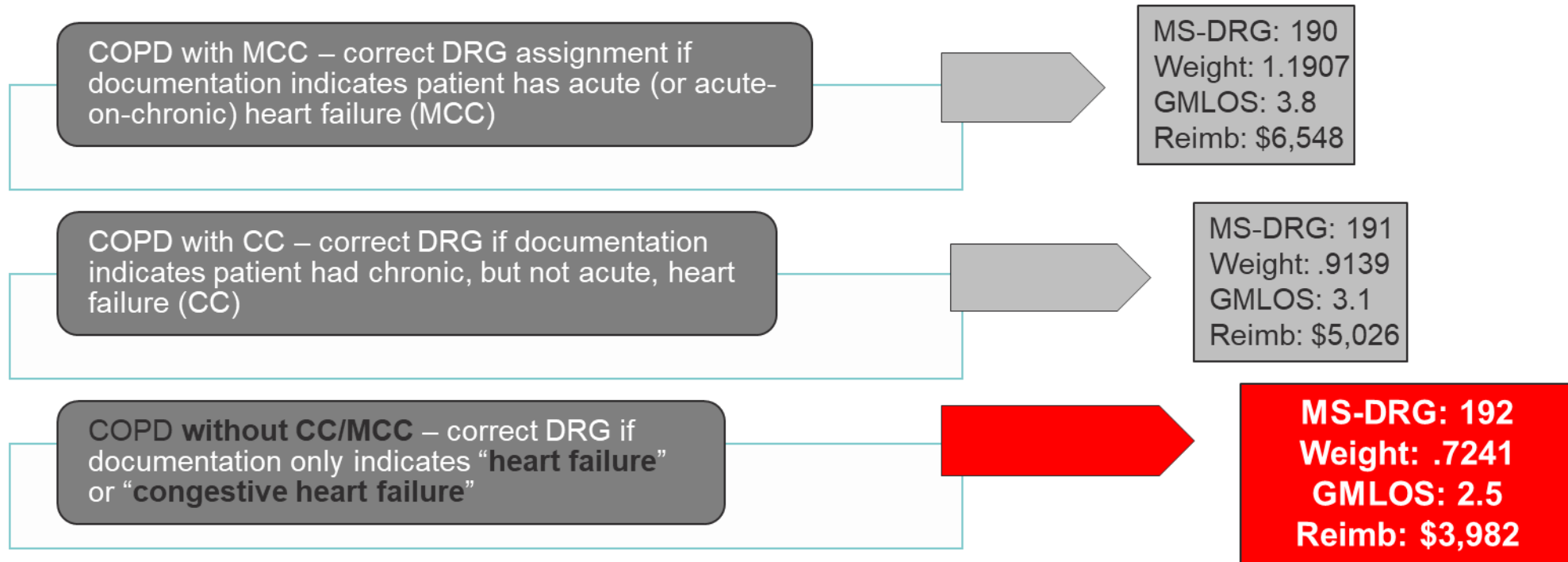
# Goals: CDI Bridges the Gap

CDI programs facilitate accurate representation of patient's clinical status



# CDI Case Study #1 – Words Make a Difference

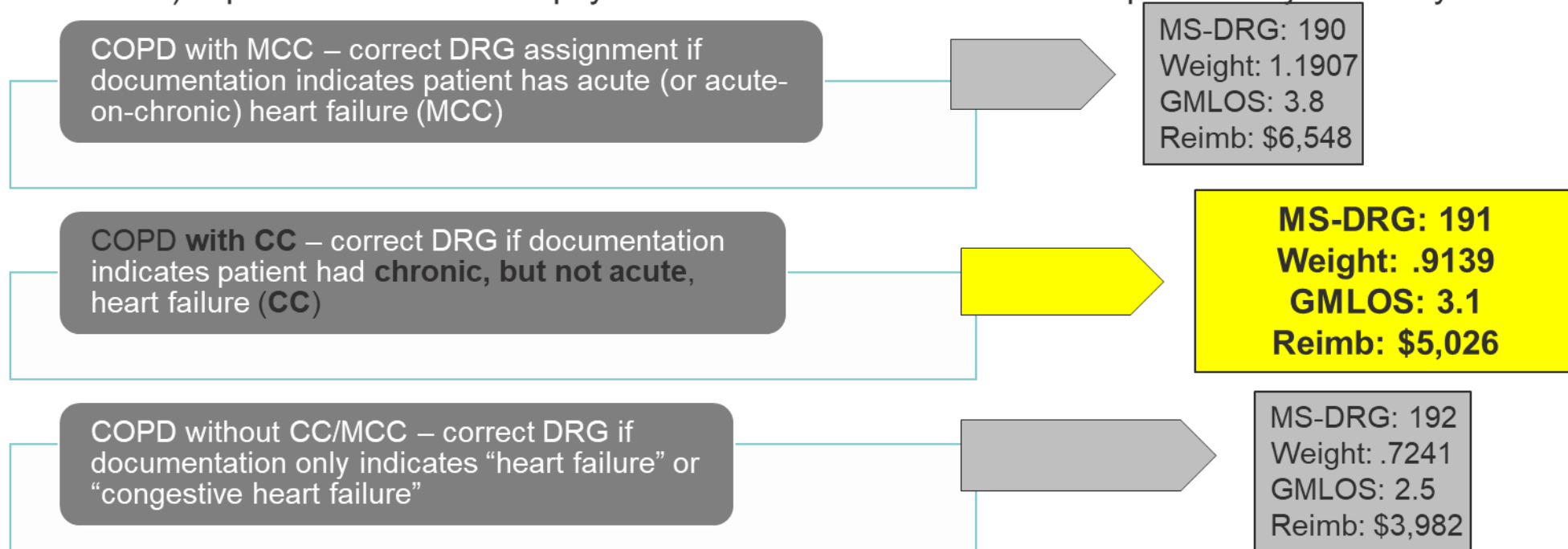
Patient admitted with “exacerbations of chronic obstructive pulmonary disease (COPD) with heart failure.” The type of heart failure a patient has will affect payment under MS-DRGs. **Note:** The patient stays four days.



MS-DRG	FY 2019 FINAL Post-Acute DRG	FY 2019 FINAL Special Pay DRG	MDC	TYPE	MS-DRG Title	Weights	Geometric mean LOS	Arithmetic mean LOS
190	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	1.1907	3.8	4.7
191	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	0.9139	3.1	3.7
192	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	0.7241	2.5	3.0

# CDI Case Study #1 – Words Make a Difference (con't)

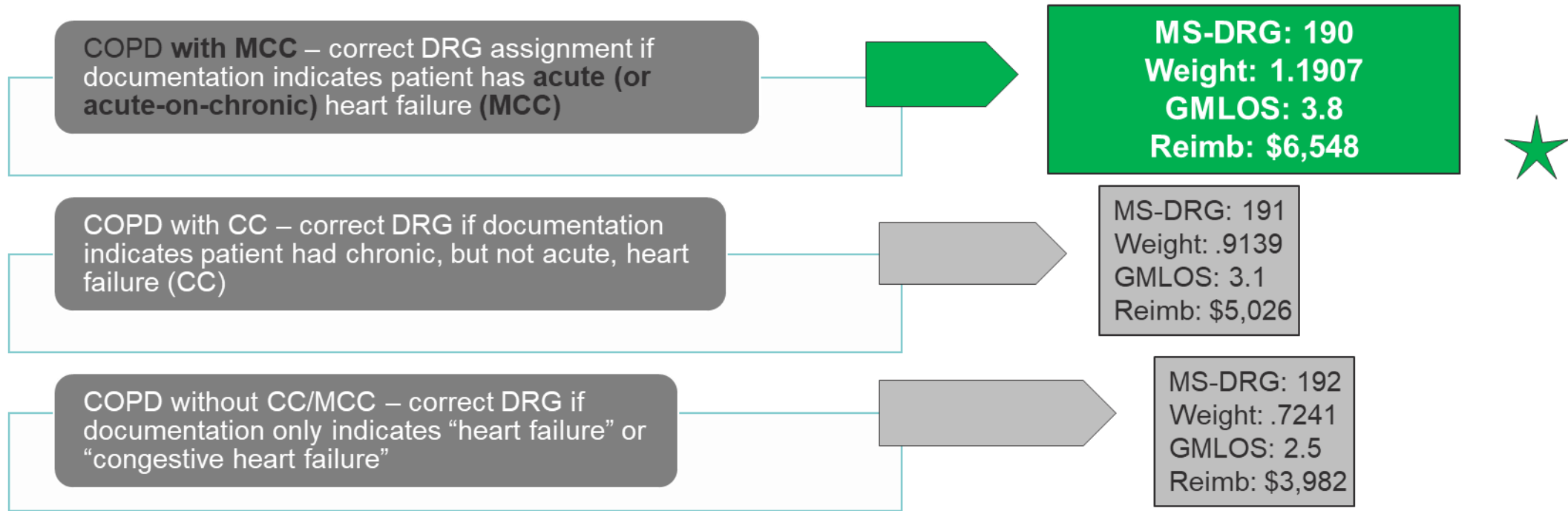
Patient admitted with “exacerbations of COPD with **chronic** heart failure.” The type of heart failure (physician documentation) a patient has will affect payment under MS-DRGs. **Note:** The patient stays four days.



MS-DRG	FY 2019 FINAL Post-Acute DRG	FY 2019 FINAL Special Pay DRG	MDC	TYPE	MS-DRG Title	Weights	Geometric mean LOS	Arithmetic mean LOS
190	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	1.1907	3.8	4.7
191	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	0.9139	3.1	3.7
192	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	0.7241	2.5	3.0

# CDI Case Study #1 – Words Make a Difference, Once More

Patient admitted with “exacerbations of COPD with *acute-on-chronic diastolic* heart failure.” The type of heart failure a patient has will affect payment under MS-DRGs. **Note:** The patient stays four days.



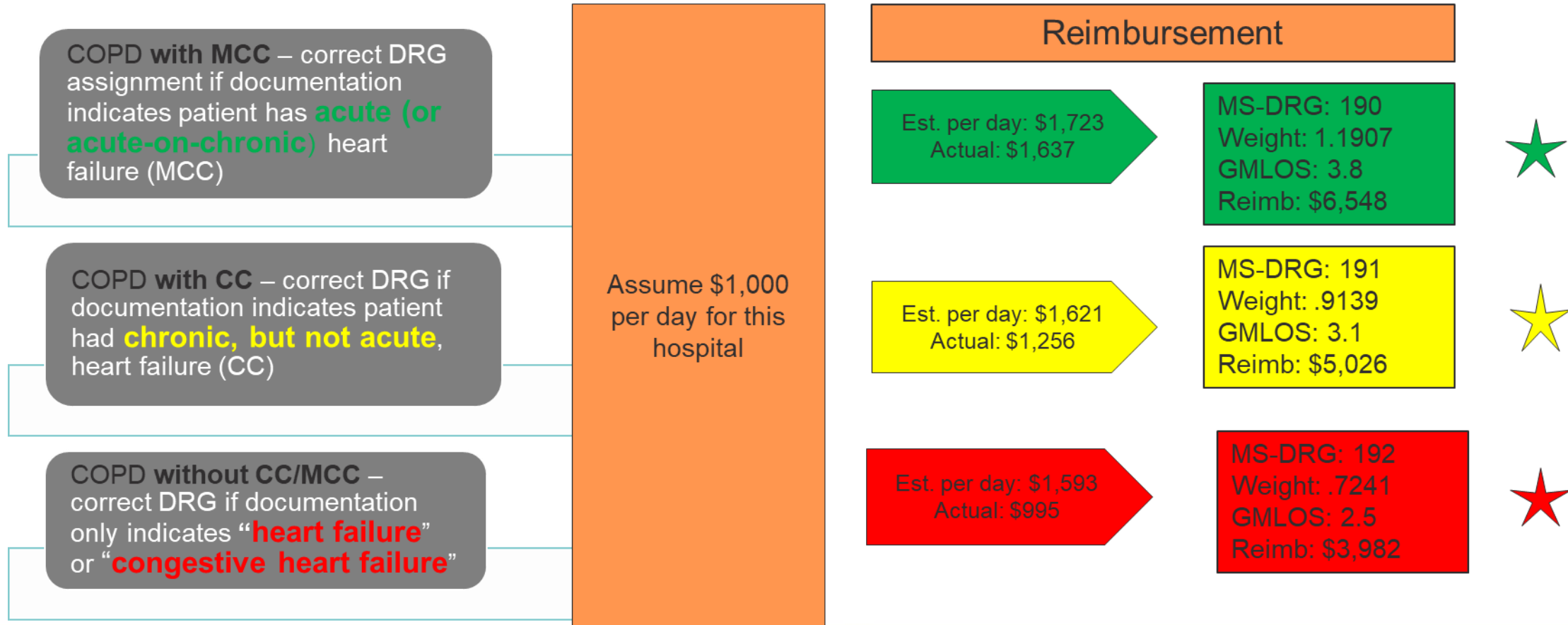
MS-DRG	FY 2019 FINAL Post-Acute DRG	FY 2019 FINAL Special Pay DRG	MDC	TYPE	MS-DRG Title	Weights	Geometric mean LOS	Arithmetic mean LOS
190	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	1.1907	3.8	4.7
191	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	0.9139	3.1	3.7
192	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	0.7241	2.5	3.0





# CDI Case Study #1 – Words Make a Difference, Final

Patient admitted with “**exacerbations of COPD \_\_\_\_\_ with heart failure.**” The type of heart failure a patient has will affect payment under MS-DRGs. **Note:** The patient stays four days.



# CDI Case Study #2 – CDI & Coding for Pneumonia

## Initial documentation

85 y/o female presented from nursing home to Hospital's ER – cough, fever, weakness, fatigue, confusion. Chest x-ray in ER demonstrated right lower lobe pneumonia, principal Dx. Pt admitted to IP status – 7/15/19 to 7/19/19 (Four day LOS)

MS-DRG 195 – Pneumonia w/o CC or MCC (GLOS 2.6) \$4,793

## Concurrent query

Day two of admission, CDS identified low serum blood sodium levels in lab results and physician ordered PO sodium replacement. CES queried physician to determine if low sodium levels pertain to kidney failure hypothyroidism, adrenal insufficiency or hyponatremia. Physician responded, "Hyponatremia."

MS-DRG 194 – Pneumonia with CC (GLOS 3.3) \$5,992

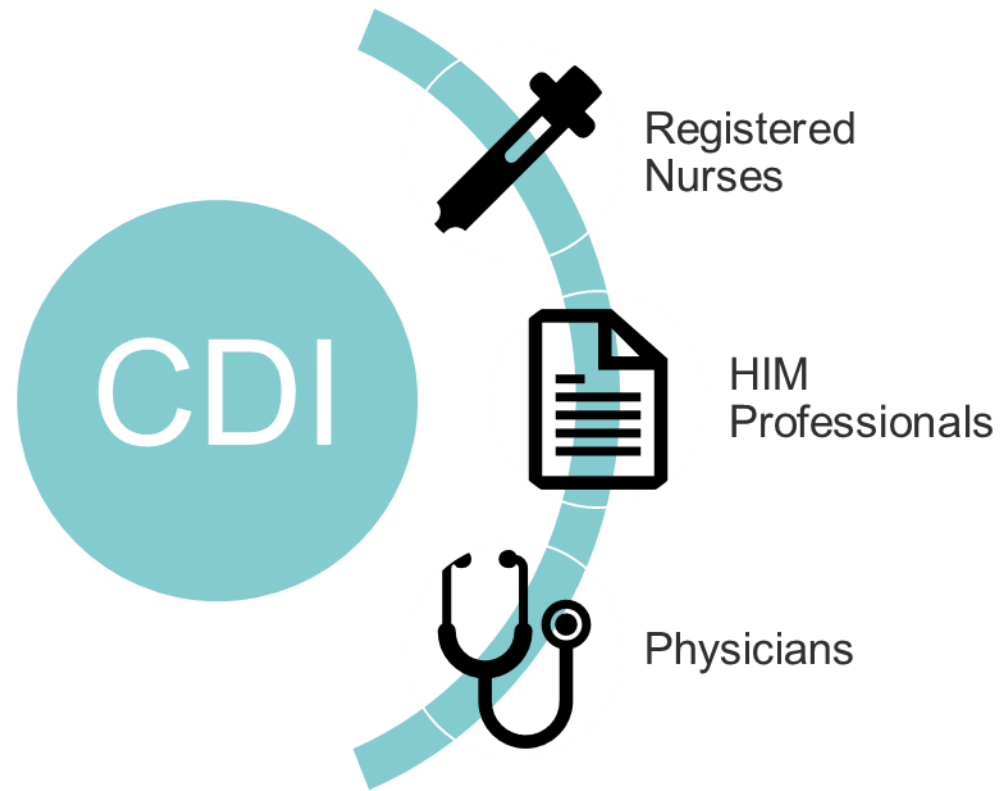
## Retrospective query

Three days > discharge – HIM reviewed H&P and identified patient had a history of valvular heart disease and current medications included ace inhibitors and beta blockers. Patient also admitted with SOB and swelling of extremities. Physician ordered EKG and continued patient's home medications.

Coder queried physician to determine if patient's medications were to treat high blood pressure, previous stroke or heart failure/type. The physician responded, "Acute systolic congestive heart failure."

MS-DRG 193 – Pneumonia with MCC (GLOS 4.2) \$8,332

# Staffing Models



# Medical Staff

- › Physician leader, advisor, champion role:
  - Educate medical staff
  - Support CDI staff
  - Peer-to-peer interactions
  - Policies and procedures
  - Escalation policy

# Workflow

- › At-Risk areas
  - Diagnoses
    - › Sepsis, pneumonia, altered mental status
  - Specialty
    - › Ortho, neuro, surgical
  - Quality
    - › PSI, readmissions
  - Case management/UR
    - › Covered days

# Workflow, Continued

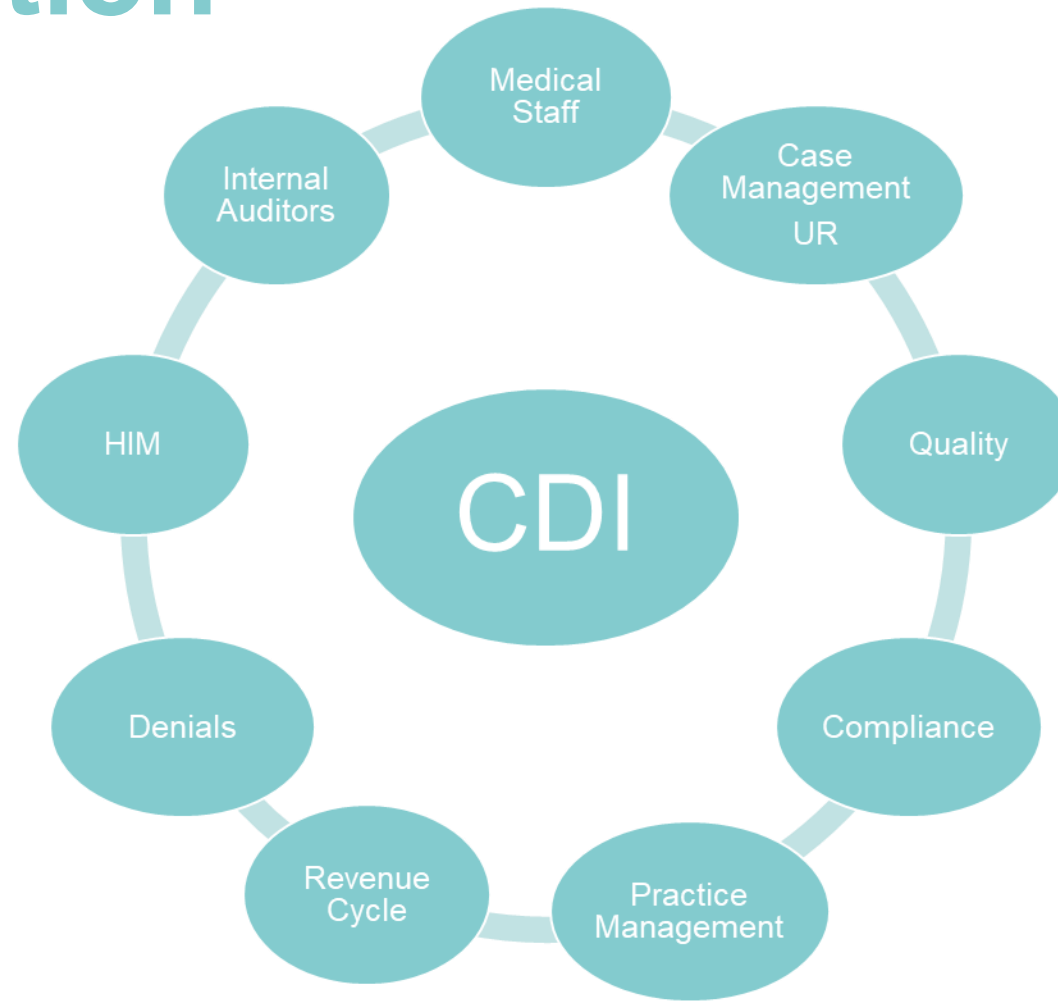
## › Workflow process

- Payor
- Department
- Specialty
- Floor

## › KPIs

- Review rate
- Query rate
- Query response rate
- Query response time
- Query agreement rate
- DRG reconciliation rate
- Case mix index (CMI)
- Denials

# Collaboration



# Education

## › Physician Education

- Documentation practices
- Trends and benchmarks
- CDI orientation for new medical staff
- Determine best medium for education
  - › Short face-to-face
  - › Medical staff meetings
  - › Newsletter
- Competition
  - › Best improved documentation



# Education, Continued

- › Coding and CDI collaborative education monthly meetings:
  - Documentation practices
  - Trends and benchmarks
  - Coding practices
  - New technologies and techniques
  - New federal regulations
  - Denials
  - Audit findings

# Questions?

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# Thank You!

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# Disclosure

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U65RH31261, Delta Region Health Systems Development, \$8,000,000 (0% financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*