The CDI Mindset
An Approach to Medical Record Review and Coding

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Introduction

• What is CDI?
• Where did CDI come from?
• What is the CDI mindset?
• Why should you personally implement a CDI mindset?
• How will it affect my current process?

Agenda

01 Introduction
02 The Disease Process
03 The Chart Review
04 The Art of the Query

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Introduction

• What is CDI?
CDI is a continuous improvement process of reviewing clinical documentation to identify opportunities for improvement to accurately reflect the severity of illness and the appropriate level of care for the patient.

Introduction

• What is CDI?
• Primarily Concurrent Review
• Evolving into Prospective Review
• Originally performed in the Inpatient setting
• Evolving into the Outpatient setting

Introduction

• What is CDI?
• Certification Highly Required
• CDIP (AHIMA)
• CCDS and CCDS-O (ACDIS)
• CDEO (AAPC)
Introduction

DRG Validation
Beginnings of CDI

1995
MS-DRGs

2007
Recovery Audit Program

2010
ICD-10

2015
Medicare Risk Adjustment

2018 and beyond
Future of CDI:
• Outpatient CDI
• Better use of technology
• Use of Data Analytics

Introduction

• What is the true purpose of CDI?
  • Improve patient care
• Documentation Improvement
  • Accurate diagnosis reporting
  • Clinical validation of documentation
  • Physician interaction and education

Introduction

• What is the true purpose of CDI?
  • Accurate Data Reporting
    • MDRG
    • CC/MCC Capture
    • APR-DRG
    • SOI/ROM Capture
    • Case Mix Index
    • HCC
    • Risk adjustment score
Introduction

• What is the true purpose of CDI?
  • Denial Defense
  • Clinical Validation
• Quality
  • Patient Safety Indicators
  • Hospital Acquired Conditions

Introduction

• How is CDI achieved (SUCCESS)?
  • A CLEAR purpose of CDI
    • It is not just about the queries
    • It is not just about making money
  • Commitment of the stakeholders
    • Support from the TOP-DOWN
  • Physician buy-in
    • Create open conversation
    • Establish a connection
    • Openly educate in both directions

The Disease Process

The Clinical Truth™

“The clinical truth should be the guiding principle for clinical documentation specialties, providers, coders, other ancillary clinicians, care managers and the administration. Without this objective, the clinical documentation economics may not be reflective of the true nature of the patient’s condition. It presents the facility to audits and denials that are counterproductive. Key drains on revenue and ultimate patient care. Proper documentation, coding, medical necessity, reimbursement will result in improved patient care.”

Dr. Cesar Limjoco
CDI Physician Advisor Consultant

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The Disease Process

- Pathophysiology: There’s a beginning and an end
- Components of a disease
  - How does disease start/originate?
  - How does the disease present itself?
  - How do I find out this patient has the disease?
  - How does this disease get treated?
  - What other conditions result from the disease?

Base your understanding of the disease process on clinical guidelines (not coding clinic).
- Example sources
  - KDIGO.org
  - SurvivingSepsis.org
  - GoldCOPD.org
  - Myocardial Infarction Guidelines

You will only understand the disease process through practice and asking tons of questions
- Physicians
- Nurses
- Medical Coders
The Disease Process

- Suggested alternative methods to understand the disease process
  - Mind mapping
  - Cross-referencing

Mind Mapping

- Diagram to visualize and organize information
- Starts with a central topic
- Connects ideas/concepts with lines from central topic
- 1974 term popularized by Tony Buzan
- Learning/education tool
  - Brainstorming
  - Visual thinking
  - Problem solving

Mind Mapping

- Example: Congestive Heart Failure
  - Sign and symptom
    - SOB, edema, JVD
  - History
    - Cardiac
  - Diagnostic Tests
    - PRO BNP, ECHO, CXR
  - Treatment/Procedures
    - Diuresis, ACE, ARB, O2
Mind Mapping

- Example: Pneumonia
  - Sign and symptom
    - SOB, fever, N/V
  - History
    - Nursing home, CVA, sick contacts
  - Diagnostic Tests
    - WBC, CXR, Sputum
  - Treatment/Procedures
    - Antibiotics, O2
Mind Mapping

• Benefits
  • Lays out everything
  • Allows you to deconstruct the disease and put it back together again
  • Analyze individual components of the disease
  • Provides opportunity for cross-referencing
  • Develop memory and understanding
  • Helps you ask the RIGHT questions

Cross-Referencing

• Reference information with other relative information
• Where is this done in Medical Coding?
  • Instructional Notes
  • Manifestation Codes

Cross-Referencing

• Reference information with other relative information
• Where is this done in Medical Coding?
  • Instructional Notes
  • Manifestation Codes
Cross-Referencing

- One part of a mind map can cross over to another mind map.
  - What other condition has this component?
  - What diagnosis do I see this in?
- The diagnosis is your central idea.
- Use mind mapping to assist in clinically validating a diagnosis with the support of documentation.
Critical Thinking

Critical thinking is an essential skill for any CDI professional.

Kelli Estes, RN, CCDS
Clinical Nurse Investigator

The Chart Review

- Types of chart review
  - Retrospective
  - Concurrent
  - Prospective

The Chart Review

- Retrospective
  - The review is performed after discharge
  - Challenge in making documentation changes
  - All information is available at the time of review
The Chart Review

• Concurrent
  • The review is performed during hospitalization
  • Limited information at the time of every review
  • Physician is available and can recall the patient’s information

The Chart Review

• Prospective
  • The review is performed before the office visit
  • Preferred method for outpatient CDI

The Chart Review

• You cannot perform a proper chart review unless you have a solid foundation in the disease process
  • CDI goes beyond what is documented by physicians
    • CDI looks into what is not documented
    • Physical examinations
    • Laboratory/Radiology
    • Operative reports
    • Nursing and Ancillary
The Chart Review

- Understand what is going with the patient and the events leading up to the hospitalization/office visit.
- Establish a mental timeline
- Leveraging the disease process
- Performing a thorough investigation

You are the CDI Specialist

- We review one case
- Concurrent review
- We review this case piece by piece
- Ask yourself these questions:
  1. What does this patient POTENTIALLY have?
  2. What is the next step?
     a) Diagnostic Testing
     b) Consultations
     c) Treatment

Case Discussion #140

- Chief complaint
  - Vomiting coffee-ground material for 3 days
  - Black color stool

- History
  - Peptic ulcer disease, GERD.
  - Diabetes, Hyperlipidemia, HTN, SSS (asymptomatic).
  - AFIB on Faxaza

- VITALS
  - Temp 97.7, HR 97, BP 127/75, Resp 16, SPO2 97%
The Chart Review

• After identifying the potential conditions you should look for evidence to support your potential conditions
  • Based on the disease process
  • Based on your knowledge of the medical record
    • Do you know where to go to find the supporting information?

The Art of the Query

CDI is more than Queries

* It is my sincere hope the CDI profession refrains from the temptation to go down the "easy" path and stake its claims on hunting down HCCs in the name of reimbursement.*

Glenn Krauss
CEO and Founder of Core-CDI

The Art of the Query

• The Query is more than…
  …getting a physician to document something so you can bill it
  …getting a doctor to document to solve your coding dilemma
  …trying to optimize for a higher reimbursement
The Art of the Query

• A Query should be:
  • Sophisticated
  • Clinical supported
  • Compliant
  • Relevant
The Art of the Query

Case Discussion #138

• CDI Query 1
  • Dear Doctor,
  • Patient admitted with PNA and COPD/lung exam. Patient with left shift. COPD chronic illness, drug abuse, with fever, typhoid on Clopheno and Azithromycin
  • Please clarify if you are treating a possible/probable/suspected/likely or confirmed
    • Bacterial Pneumonia
    • Bacterial Pneumonia, Body Gram Positive
    • Bacterial Pneumonia, Body Gram Negative
    • Pneumonia Virus
    • Other Diagnosis
    • Not applicable

The Art of the Query

• Documentation needs clarification. The patient was admitted with pressure ulcers. The patient was documented with sepsis/septic shock in the H&P/ED/progress notes. The diagnosis of sepsis was not brought forth to discharge summary.
  • Patient was admitted with WBC of 10, BP 75/49, Temp of 36.7, HR of 11, and respirations of 18. Patient was treated with antibiotics

The Art of the Query

• Based on your judgment, can you please clarify if the patient:
  a. Ruled in for sepsis
  b. Ruled out for Sepsis

• Was sepsis present on admission:
  a. Yes
  b. No
The Art of the Query

• A Query should be a:
  • Communication tool on a physician level
  • Tool to present the clinical evidence in the medical record

Bridging the Gap

One of the challenges most CDI’s have is bridging the gap between what is clinical present, what is documented, and how it should be coded.

Medical Coders, HIM professionals, Nurses, and even Foreign Medical Graduates & Physician Champions are faced with this challenge.

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Hello CDI Network!

When you hear that an inpatient CDI program has a 21 query-a-day requirement (not a typo), what questions or flags immediately pop up?
The Art of the Query

• A Query should NOT be a...
  …guessing game for the physician.
  …method of teaching the physician coding guidelines.
  …way to measure success in a CDI program.

The Art of the Query

• If your query process is not up to par:
  • lose credibility
  • inaccurate metric data
  • can lead to a denial
  • can lead to fraud
Thank you!

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