



TIP SHEET

Remote CDI completion tips

The Remote Clinical Documentation Improvement program by Advantasure® is incentive-based and developed to assist providers in accurately capturing their patient’s severity of illness in the medical record. The Centers for Medicare & Medicaid Services requires the documentation of certain chronic conditions in the patient’s medical record at least once every calendar year. The Remote CDI program makes it easier for providers to accurately capture patients’ severity of illness in the medical record.

The program uses the CDI Alert, a one-page guide, to help providers with documentation during the patient’s face-to-face or audio and visual telehealth visit.* Your office will receive alerts up to three times a year.

Remote CDI is a prospective program; you’ll use the most recent alert during your next scheduled visit with your patient.

The CDI Alerts are populated based on information gathered through medical alert record reviews and historical diagnosis data.

*The telehealth visit must include both an audio and visual component to meet the criteria for the program.

How CDI Alerts are populated

- Actual diagnoses submitted on claims by approved providers within the prior two calendar years
- Potential new diagnoses suspected based on findings in the medical record or based on prior pharmacy and lab claims
- Star or quality measure gaps identified through claims data. Star gaps may require tests or services to be ordered for your patient

ADVANTASURE Clinical Documentation Improvement Alert

Please use this alert as a guide during the face-to-face or telehealth (audio and visual component) patient visit. Exercise your independent clinical judgment when addressing these conditions; the fact that a question is asked does not imply that any particular answer is desired or expected. Please note that the alert may not include all conditions or quality measures that exist for this patient. Select 'Yes' if the documentation from this visit supports the diagnosis indicated, select 'No' if the patient does not have the condition indicated, select 'Not Addressed' if the condition was not addressed during this visit. You can refer to the Reference Tool for further guidance on documentation and coding of specific conditions. Submit the alert with the office visit notes from the same date of service.

Location: _____ Member Name: _____
 Member ID#: _____ Member ID: _____ Appointment Date: _____

Confirmation of Diagnosis - The following diagnoses have been submitted for this patient in prior claims or supplemental data sent to the payer.

Yes No Not Addressed I700 Atherosclerosis of aorta
 Yes No Not Addressed F3342 Major depressive disorder, recurrent, in full remission
 Yes No Not Addressed E1322 DM type 2 with diabetic chronic kidney disease

Clinical Documentation Improvement Opportunities - Based on medical record review of clinical indicators, we identified the below clinical documentation opportunities.

Yes No Not Addressed Obstructive sleep apnea (OSA) noted; please consider screening echocardiogram for pulmonary hypertension given documented risk factor
 Yes No Not Addressed The following criteria for morbid obesity were noted: BMI >35 with comorbidities of HTN and DM; please assess for morbid obesity and document if appropriate
 Yes No Not Addressed Patient has chronic asthma, on inhalers; please consider screening with PFT for asthma with chronic obstruction

Star Measure Gap Closure - Based on claims data, the following Star Measure Gaps need to be addressed during the patient visit. Please perform the steps indicated below and mark the box.

Test ordered Not Performed Colorectal Cancer Screening: Patient needs colorectal cancer screening.
 Patient referred
 Service/Test Completed Not Performed Please refer patient for colonoscopy for flex sig, or order FOBT or Cologuard test. If already done, please document DOS and place a copy of the report in the chart.
 Test ordered Not Performed Breast Cancer Screening: Patient needs mammogram. Please order test. If already done, please document DOS and place a copy of report in chart.
 Service/Test Completed

Provider Tax ID: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

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How to complete a CDI Alert

- Schedule a face-to-face or telehealth visit with your patient.
- Use the CDI Alert as a guide during the visit.
- Mark **Yes**, if the condition in the *Confirmation of Diagnosis* and *CDI Opportunities* section is accurate, active, and addressed by during the face-to-face or telehealth visit.
- Mark **No**, if the condition isn't accurate, active, or was not addressed during the face-to-face or telehealth visit.
- Mark the action taken next to the Star Measure Gap Closure section.

Items marked *Not Addressed* will populate on future alerts. Alerts are completed when all items in the *Confirmation of Diagnosis* and *CDI Opportunities* sections are marked **Yes** or **No**.

If a patient visit is scheduled prior to receiving the CDI Alert, keep the alert until the patient is scheduled for another visit.

It's a requirement that the CDI Alert is **completed** at the time of the patient visit with all diagnosis checked **Yes** or **No**.

Medical record documentation

- Document all findings during your assessment in the patient's medical record.
- The completed CDI Alert must be submitted to Advantasure with the corresponding office visit notes from the same date of service.
- The office visit note should include MEAT (monitored, evaluated, assessed and treated) during the patient visit.

The CDI Alert and office notes must be submitted within 14 days of the patient visit to qualify for the incentive.

Queries

You may receive a query if there isn't enough documentation in the office visit notes to support the diagnosis. Queries must be submitted to Advantasure within 30 days of the patient visit to meet CMS' requirement to amend the medical record.

A completed CDI Alert must be submitted within 14 days of the patient visit with the office visit notes from the same date of service. Healthy Blue portal closures don't qualify for the Remote CDI incentive.

ICD-10-CM diagnoses codes are ICD-10-CM Official Guidelines for Coding and Reporting are subject to change. It's the responsibility of the provider to ensure that current ICD-10-CM diagnosis codes and the current ICD-10-CM Official Coding Guidelines for Coding and Reporting are reviewed prior to the submission of claims. Advantasure® is an independent company that provides health care technology solutions and services for Blue Cross Blue Shield of Michigan.