ADVANTASURE
Fueling Accelerated Performance

Clinical Documentation Improvement Alert

Blue Cross Blue Shield of Michigan
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Please use this alert as a guide during the face-to-face 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.

This alert is for a patient who is a member of another Blue Cross Blue Shield health plan.

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.

Please review the reference tool on the back of this alert for further guidance on documentation and coding of specific conditions.

Location: ______________________ **Provider Name:** ______________________

Member Name: ______________________ **Member DOB:** __________ **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 payor.

_ Yes _ No _ Not Addressed I700 Atherosclerosis of aorta
_ Yes _ No _ Not Addressed F3342 Major depressive disorder, recurrent, in full remission

_ Yes _ No _ Not Addressed E1122 DM type 2 with diabetic chronic kidney disease

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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

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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 _ Patient referred _ Service/Test Completed	_ Not Peformed	Colorectal Cancer Screening: Patient needs colorectal cander screening. 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 _ Service/Test Completed	_ 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.
_ BMI code added to claim _ BMI and weight documented	BMI code not on claim	Adult BMI Assessment: Please calculate and document the patient's weight and BMI in medical record. Submit the corresponding ICD-10 "Z" code on your claim for this visit.

Provider Tax ID: ______________________

Provider Signature: ______________________ **Date:** ______________

01/03/2019

SAMPLE

CDI Alert Reference Tool

Tips on documenting chronic conditions for your patients:

- Coding is based upon clear medical record documentation. Each diagnosis must be **Monitored, Evaluated, Assessed or Treated** at least once a year.
- Each note must be **complete, legible, concise, and contain your signature with credentials.** Only code symptoms if a definitive diagnosis cannot be determined.
- Avoid use of indecisive adjectives such as "history of," "consistent with," "suggestive of," "suspect," etc.

NOTE: The actual ICD-10 code used is dependent upon provider documentation. For a complete list of codes please consult your ICD-10 coding manual.

Respiratory

When clinically indicated, perform yearly spirometry for all patients with COPD. Screen symptomatic patients who have risk factors, e.g., hx of smoking or evidence of COPD on imaging. FEV1/FVC<0.7 at baseline is indicative of airway obstruction. This confirms COPD (emphysema or chronic bronchitis) in the appropriate clinical setting. For asthmatics showing the same results, asthma with chronic obstruction should be documented.

	ICD-10
Asthma with Acute Exacerbation	J45.901
Asthma with Chronic Obstruction	J44.9
Chronic Bronchitis	J42
Smoker's Cough	J41.0
COPD	J44.9
COPD with Acute Exacerbation	J44.1
Chronic Respiratory Failure	J96.10
Emphysema	J43.9
Obesity/Hypoventilation Syndrome	E66.2

Mental Disorders

Patients treated for major depression, with medications, psychotherapy or both, should have the recurrence (single episode or recurrent) and severity (mild, moderate, or severe) of their depression documented. Patients who are asymptomatic as a result of treatment are considered "in remission". Alcohol dependence and drug dependence are lifelong diagnoses. Even after patients quit, they still carry the diagnosis of dependence, and the documentation should reflect that they are "in remission". When withdrawal symptoms occur, whether or not as part of a detoxification process, they should be documented in the record.

Major Depressive Disorder	F32.0 - F32.9, F33.0-F33.5
Episodic Mood Disorder	F39
Bipolar Disorder	F31.0 - F31.9
Schizophrenia	F20.0 - F20.9
Sedative Dependence	F13.9 - F13.99
Alcohol Dependence	F10.2 - F10.239
Opioid Dependence	F11.1 - F11.19

Neurology

Codes for acute cerebrovascular accidents (CVA), whether ischemic or hemorrhagic, should not be used in an office setting unless the CVA is diagnosed acutely in the office. Otherwise, late effects of the CVA, e.g., hemiplegia, hemiparesis, should be documented. Epilepsy and Parkinson's disease are chronic diseases that should be evaluated and documented yearly.

Late Effects of CVA with Hemiparesis/Hemiplegia	I69.059 - I69.959
Parkinson's Disease	G20 - G21.4
Epilepsy	G40.401 - G40.419
Seizure or Convulsions	R56.9

Digestive

Cirrhosis of the liver should be documented yearly along with any complications, e.g., portal hypertension, esophageal varices, hepatic failure and whether the patient had a liver transplant. The underlying cause of cirrhosis should also be documented, e.g., alcohol, chronic hepatitis C and primary biliary cirrhosis.

Alcoholic Liver Cirrhosis	K70.2 - K70.31
Chronic Viral Hepatitis	B18.0 - B18.9
Esophageal Varices without Bleeding	I85.00
Portal Hypertension	K76.6
Liver Transplant Status	Z94.4

Cardiovascular System

CHF, aortic and peripheral atherosclerosis, and arrhythmias are chronic illnesses that should be evaluated and documented on an annual basis, whether symptomatic or asymptomatic. Pharmacological treatment(s) should be documented regardless of whether there have been changes made to the regimen.

Aortic Atherosclerosis Aneurysm	I70.0
Abdominal Aortic Aneurysm	I71.9
Aortic Ectasia or Dilated Aorta	I77.819
PAD/PVD	I73.89
Leg Varicosity with Ulcer and Inflammation	I83.20 - I83.229
Angina Pectoris	I20.8 - I25.799
Cardiomyopathy	I42.9
Congestive Heart Failure	I50.20 - I50.9
Atrial Fibrillation	I48.0 - I48.91
Paroxysmal Supraventricular Tachycardia	I47.1
Pulmonary Hypertension	I27.20

Diabetes

Diabetes should be evaluated and documented yearly. Combination codes that link diabetes with its complications should be used when certain conditions caused by diabetes are also present. These include diabetic neuropathy, CKD, retinopathy and peripheral vascular disease. Uncontrolled diabetes must be further specified as diabetes with hyperglycemia or with hypoglycemia.

	ICD-10
Type 2 Diabetes without Complications	E11.9
Type 2 Diabetes with Chronic Kidney Disease (CKD)	E11.22
CKD (Stage 3) GFR 30 - 59	N18.3
CKD (Stage 4) GFR 15 - 29	N18.4
CKD (Stage 5) GFR<15	N18.5
ESRD	N18.6
Type 2 Diabetes with Ophthalmic Complications	E11.311 - E11.39
Diabetic Retinopathy	E11.319
Type 2 Diabetes with Neurological Complications	E11.40 - E11.49
Diabetic Neuropathy	E11.40
Type 2 Diabetes with Peripheral Circulatory Complications	E11.51 - E11.59
Type 2 Diabetes with Gangrene	E11.52
Type 2 Diabetes with Periperial Vascular Disease	E11.51
Type 2 Diabetes with Other Complications	E11.6 -E11.8
Type 2 Diabetes with Ulcer of Lower	E11.621
Limb Type 2 Diabetes with Dermatitis	E11.620
Type 2 Diabetes, Poorly Controlled (Out of Control, Inadequate Control)	E11.65

Endocrine Disorders

Hyperparathyroidism should be suspected in patients with elevated calcium levels. Patients with CKD are particularly at risk and should be screened with an intact PTH level. Hyperparathyroidism should be documented when the PTH level is high. A low PTH level denotes hypoparathyroidism.

Hyperparathyroidism	E21.3
Hyperparathyroidism of Renal Origin (Due to CKD)	N25.81
Hypoparathyroidism	E20.9

Malnutrition

Patients with a low BMI<19 or with unintentional weight loss >10% of body weight within one year should be evaluated for protein-calorie malnutrition. Poor oral intake and a low serum albumin are additional indicators. Cachexia usually occurs in patients with terminal illness, e.g., malignancy, end stage COPD or CHF, and should be documented in cases of severe weight loss with muscle wasting.

Protein Calorie Malnutrition	E44.0, E44.1, E46
Cachexia	R64

Morbid Obesity

Patients with BMI >35 and comorbidities such as DM, heart disease, obstructive sleep apnea, GERD, osteoarthritis and HTN meet the diagnostic criteria for morbid obesity. Patients with BMI ≥40, regardless of comorbid conditions, also meet the criteria.

Morbid (Severe) Obesity	E66.01
BMI>40.0	Z68.41- Z68.45

Malignancy

Malignancies should be documented as active only while the patient is receiving active treatment. This includes surgery, chemotherapy, radiation and long term adjuvant therapy. Once treatment is completed, malignancies should be documented and coded as "personal history of." Hematologic malignancies, however, can be coded as "in remission" after treatment is completed.

Leukemia, Unspecified, Active	C95.00
Multiple Myeloma, Active	C90.00
Breast Cancer (In Active Treatment)	C50.911 - C50.919
Prostate Cancer (In Active Treatment)	C61
Leukemia,Unspecified, in Remission	C95.91
Multiple Myeloma, in Remission	C90.01
Personal History of Prostate Cancer	Z85.46

Secondary/Metastatic Malignancy

Any lymph node involvement and/or distant metastases should be included in the documentation of malignancies.

Secondary/Metastatic Malignant Neoplasm of Lymph Node	C77.9
Secondary/Metastatic Malignant Neoplasm of Unspecified Site	C79.9

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