



# Ambulatory Clinical Documentation Excellence: An Ongoing Process

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## Presented By



**Denice Hebert, RN, CCDS-O**, has served as ambulatory CDE specialist since 2016 overseeing the Podiatry, Nephrology, Mobile NP and O65+ specialties as well as assisting with primary care providers. Hebert obtained her CCDS-O certification in November 2019. She collaborates with our EMR diagnoses engine, providers, and IS to improve diagnoses descriptions and codes within EMR. Her 31+ years of nursing background includes CNOR nurse and clinic nursing in ophthalmology, general surgery, orthopedics and urology. She was also the specialty nurse clinic manager before joining the ambulatory CDE team.

## Presented By



**Lisa Schmidt, BS, RN**, joined Ochsner's Clinical Documentation Excellence team in April 2016. Shortly after joining the team, she participated as a presenter for an HCPro Webcast. She has 11 years of experience as an oncology nurse (BMT, inpatient oncology, outpatient chemo infusion) and was an OCN (Oncology Certified Nurse). Schmidt has worked with her department to create guidelines and workflows for the CDE outpatient team. She currently works with several primary care clinics and the hematology/oncology and neurology specialties to educate providers with respect to required documentation and coding.

## Presented By



**Hilary Walters, BSN, RN**, began working in CDE as the ambulatory CDE lead for the Ochsner Health team in June 2015. In November 2016, she was one of the presenters for an HCPro Webcast. She serves as manager of the team since February 2022. Her 23 years of nursing experience includes clinical work in the PICU, general pediatrics, NICU, and well baby nursery. She started her corporate career at Ochsner in 2008 as a nurse auditor in Rev Cycle. After 2½ years as a staff auditor, she served as manager of the nurse audit team for 4 years.

# Ochsner Health System Overview

- The Ochsner Clinic Foundation was founded in 1942 by five visionary physicians. Over the years, Ochsner continued to set milestones in healthcare history.
- Ochsner has more than 36,000 employees and over 4,600 employed and affiliated physicians in over 90 medical specialties and subspecialties. It operates 47 hospitals and more than 370 health and urgent care centers across Louisiana, Mississippi, Alabama, and the Gulf South; and its cutting-edge Connected Health digital medicine program is caring for patients beyond its walls.
- In 2021, Ochsner Health treated more than 1 million people from every state and 75 countries. As Louisiana's top healthcare educator, Ochsner Health and its partners educate thousands of healthcare professionals annually.



# Learning Objectives

- At the completion of this educational activity, the learner will be able to:
  - Discuss one strategy for making the case to hospital administrators for CDE program development/expansion into the ambulatory arena
  - Describe one way to educate physicians about documentation improvement opportunities related to their medical records
  - Identify common documentation deficiencies in the ambulatory/physician practice world
  - Explain common challenges in educating physicians
  - Define ambulatory opportunities for record review
  - Describe one metric that can be used to move ambulatory CDE efforts forward
  - Identify specific physician documentation opportunities by service line



# What Is Ambulatory CDE?

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## The Basics

# Ambulatory Clinical Documentation Excellence (CDE)

- Education
- Assistance
- Communication
- Liaison







## How It Started

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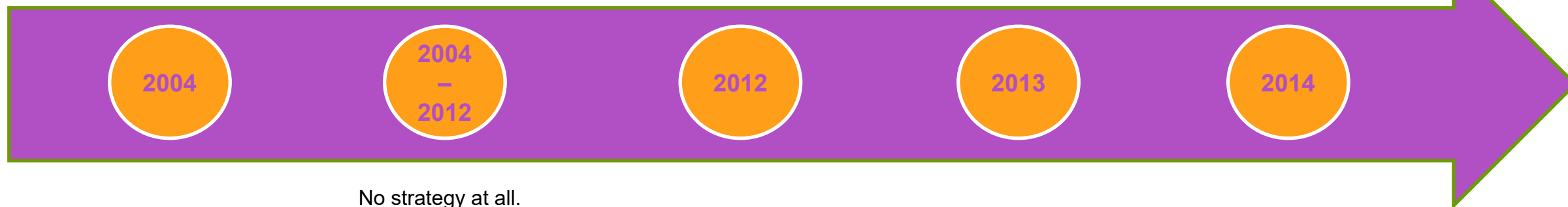
Start Up and Foundation Development

# Ambulatory CDE History and Timeline – Present

Frontline primary care providers got stacks of papers asking us to do "chart reviews" to see if the "master bill" was correct. This was for risk adjustment, but no one knew, and we all discarded them as "just stuff from the insurance company."

New physician leader gave talks to all the PCPs—1 talk only. We again quickly forgot. Online educational modules became mandatory but were also quickly forgotten.

Project lead began trekking across the system, this time taking a two-pronged approach—1:1 education with those providers that had poor capture rates, group lunch and learn-type sessions with all others. By the end of 2014, it was apparent that this wasn't sufficient (although small gains were noted), so we developed the HRA program to recoup losses.



No strategy at all. Physicians totally unaware that HCCs even existed.

System noticed that we had millions of dollars left on the table because of poor capture of HCCs. Developed plan to capture by again relying on PCPs to capture data.

# Ambulatory CDE History and Timeline – Present

HRA program became fully developed and will be a persistent force to help capture risk. Ambulatory CDE team implemented with 2 RN CDE specialists for PC/IM physician review/ support on every level (system, regional and local). Soon, adding another RN CDE specialist.

Implementation of more specialties, Podiatry, Neurology, Cardiology, Pulmonology, and Nephrology, along with another RN CDE Specialist, totaling 6. Added 2 more HCC coders. As the system added more PC/IM providers, education focused on pre-visit, post-visit reviews, retro reviews and in-person education through department meetings and 1:1s.

2022 started with a bang! We are no longer under HIM/Revenue Cycle but have moved to Ochsner Health Network (OHN) under Finance! With this new organizational change, we have implemented a FOCUS Program and have a clearer understanding of our goals and the impact we make on the organization.



Record review plan for PCPs fully implemented with a focus on pre-visit reviews. Developed method for getting specialty physicians on board as well. Two more RN CDE specialists were added along with implementation of Hem/Onc specialty. We also added an HCC coder.

Due to COVID, team transitioned to Zoom education, with no change in structure or type of reviews. Added GI and 65+ specialties and resumed Nephrology with new lead.

## In the Beginning

- The Ambulatory Clinical Documentation Excellence Department (CDE) was formed in June 2015
- Team staffed with RN Lead and **4** staff RNs
- Expanded team by 3 in 2016/2017 for a total of 8 – **1** RN team lead, **6** full time RNs and **1** HCC coder
- Started efforts with primary care
- Physician leads were utilized for peer-to-peer educational support
- Expanded beyond primary care to several specialties

# Original Education Plan in 2015

- Initial 1:1 education for all primary care providers
  - 10 retrospective reviews
  - General HCC and risk adjustment education
  - RAF scores
  - MEAT documentation to support HCC capture
  - Education on missed HCC opportunities
  - Tip cards distributed
- Follow-up education for all primary care providers 3 months later
  - Similar process as initial education
  - Did initial education move the needle? Did provider documentation improve? Stay the same? Worsen?
- Pre-visit review and query process introduced in 2017
  - Education given to primary care providers and specialty providers

## Specialty Physician Advisor Role

- Commitment to serve as specialty physician lead
- Time allocation based on need/size of department
- Role & responsibilities
- Expectations
- Subject matter expert

## Expansion to Specialties

- **Hematology/Oncology** – 08/2016
- **eAWV** (formerly HRA) - 2017
- **Neurology** – 01/2017
- **Podiatry** – 01/2017
- **Cardiology** – 04/2017 (paused in 2018\*) - Resumed 2019
- **Nephrology** – 08/2017 (paused in 2018\*) - Resumed late 2021
- **Pulmonology** – 03/2018
- **GI** – 07/2021
- **Mobile NP/65 Plus** – 11/2021
- **Endocrinology** – 09/2022
- **Rheumatology** – 01/2023

\*Pause in specialties due to physician lead changes

## Specialty – Targeted Education

- Other specialties not in full specialty service process, received targeted general education specific to those corresponding diagnosis codes and coding rules:
  - **Ophthalmology (2020)**
  - **Gynecology Oncology (2020)**
  - **Radiation Oncology (2020)**
  - **Surgical Oncology (2020)**





# OHN and Restructuring of Our Team: Current State

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2022 - New Year, New Department, New Beginning!

# Where We Are Now

- Expanded team in 2022 by **3** RNs and **1** Coding Consultant
- Current team:
  - Director
  - Manager
  - **8** Full time RNs
  - **1** PRN RN
  - **1** Coding educator
- Continued team expansion is being implemented
- Educating:
  - 350 Primary care providers
  - 480 Specialty providers

# Focused CDE Review & Education Program (2022)

## Session Specifics

### Introductory call

- 10 chart retro-reviews
- Initial education plan of opportunities

### Focus Sessions

- 4+ Sessions
- Real-time feedback on patients seen to ensure supporting MEAT criteria
- Ensure utilization of provider tools

### 1<sup>st</sup> Follow Up

- 90 days after completion of Focus Session
- 2 Sessions
- 5-10 chart reviews since last session with feedback based on plan

### 2<sup>nd</sup> Follow Up

- 90 days after completion of 1<sup>st</sup> Follow Up
- 1 Session
- 5-10 chart reviews
- Any necessary revisions to education plan

### Bi-Annual Refresh/Review

**Index** – Provider groups will be prioritized based on:

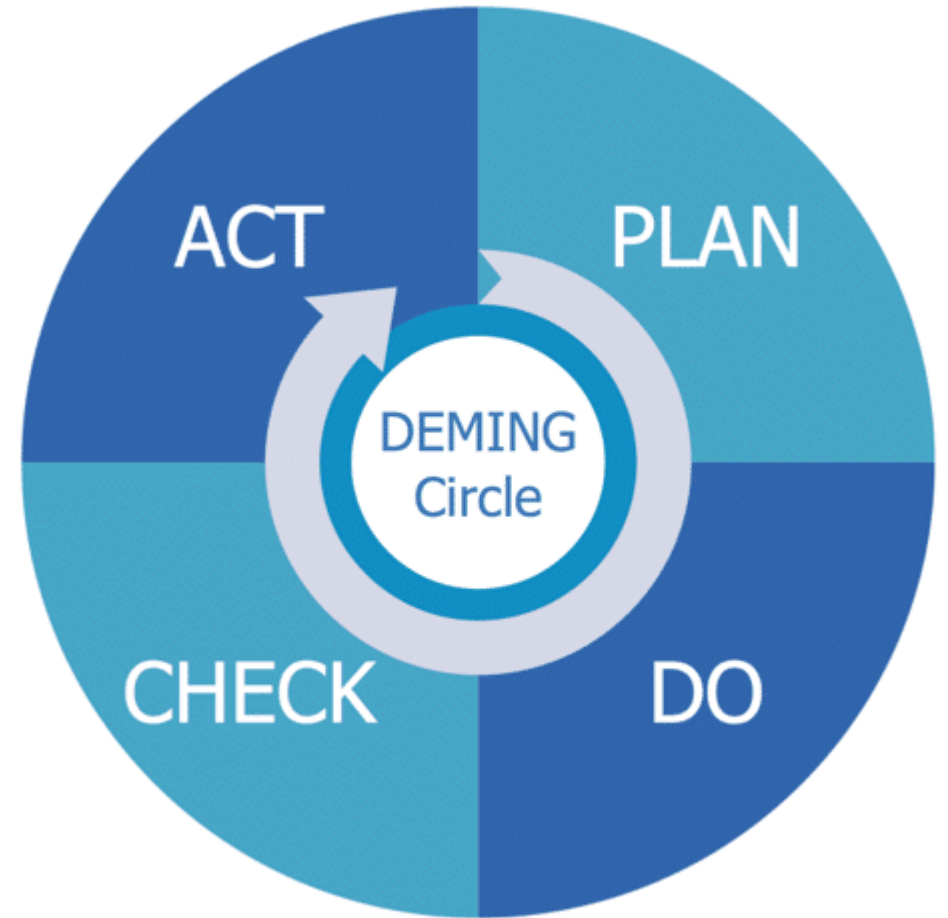
- Value-based panel size
- HCCs per patient
- HCC Recapture Rate
- BPA Action Rate

**Education** – The program consists of education based on the following points of interest:

- Provider EMR Tools – BDGD, BPA, HCC Recapture Dashboard, Queries, In-Basket Messages
- Problem List Charting
- Code / Requirements updates in accordance with CMS Guidelines
- EMR updates / best practices
- Opportunity trends based on advanced analytics
- Best documentation tips and practices based on pre-chart and concurrent reviews

# CDE Provider Action Plan: Primary Care and Specialties

- 1) Encourage patients to receive an eAWV (previously HRA)
- 2) Use Pre-Charting Tab to evaluate patient HCC status prior to visit through BPA actions
- 3) Utilize point of care tools at each encounter
  - Black Dot / Green Dot (BDGD)
  - HCC Best Practice Advisory (BPA)
- 4) Ensure MEAT criteria is met for supporting documentation of all conditions
- 5) Utilize CDE dashboards to monitor progress
  - HCC Recapture Dashboard(s)
  - CDE EMR Tools Dashboard
- 6) Schedule educational opportunities
  - Provider Peer-to-Peer
  - Focused CDE Review & Education Program
- 7) Questions or concerns will be assigned CDE Nurse





# Tools

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## Development of EMR Tools

# Problem List Documentation/Charting

Thoracic aortic atherosclerosis Edit Notes Unprioritized ☒

[Details](#) [Overview](#) Code: I70.0 Noted: 5/11/2022 Edited: [redacted] Today

8/15/12 CT Abdomen/pelvis: Atherosclerotic calcification of the aorta without aneurysm.

[Current Assessment & Plan Note](#) Edited: [redacted] Today

On aspirin and statin. Blood pressure control. Continue to follow

Calcification of aorta Change Dx Resolve

[Details](#) [Overview](#) Code: I70.0 Noted: 11/02/2016 Edited: [redacted] 11/2/2016

Portable Chest 12/24/2008 (in legacy)

[Last Assessment & Plan Note](#) Edited: [redacted] 1/29/2018

Continues on statin and focused on keeping blood pressure controlled

**Related Goals**

**Related Goals is currently read-only.**  
You do not have security to edit goals.

None for this problem

# Active Diagnosis Review (HCC Scorecard)

aka Black Dot/Green Check, HCC Scorecard

The tool provides three levels of categorization of HCCs:

**Chronic** – Represents an HCC that was billed, or “captured,” in the previous year and has a high probability of still being an *active diagnosis*. Should be captured **yearly**.

**Acute** – Represents an HCC that was billed, or “captured” in the previous year but was an *acute* condition that, typically, does not continue to be active year after year.

**Suspect** – Identifies possible conditions from *one of two sources*:

- Conditions that were billed anytime in the past three (3) years, but it was not billed in the *previous* year.
- Claims billed from providers outside (External Claims) of Ochsner’s instance of EMR.

**Green Check** – HCC Category has been refreshed this year.

**Black Dot** – HCC Category that has *not* been captured this year.

If diagnosis is active, please add to the encounter and **document MEAT**. If inactive, please update/resolve diagnosis on the Problem List to reflect patient’s condition to greatest specificity.

Please send all questions/inquiries to [redacted] and an internal associate will respond as soon as possible.

The Active Diagnosis Review is a *visual* tool only

## Active Diagnosis Review (HCC)

### Chronic

#### ✓ HCC 18 - Diabetes with Chronic Complications

Type 2 diabetes mellitus with diabetic nephropathy, without long-term current use of insulin [E11.21]  
Type 2 diabetes mellitus with renal manifestations [E11.29]  
Neuropathy due to secondary diabetes [E13.40]

#### ✓ HCC 19 - Diabetes without Complication

Long term (current) use of insulin [Z79.4]

#### ✓ HCC 48 - Coagulation Defects and Other Specified Hematological Disorders

Senile purpura [D69.2]

#### ✓ HCC 80 - Coma, Brain Compression/Anoxic Damage

Cytotoxic cerebral edema [G93.6]

#### ✓ HCC 85 - Congestive Heart Failure

Chronic diastolic (congestive) heart failure [I50.32]  
Chronic diastolic heart failure [I50.32]

#### ✓ HCC 103 - Hemiplegia/Hemiparesis

Hemiparesis of left dominant side as late effect of cerebral infarction [I69.352]

#### ✓ HCC 108 - Vascular Disease

Aortic atherosclerosis [I70.0]  
Tortuous aorta [I77.1]  
Right-sided carotid artery disease [I77.9]

### Acute

#### ✓ HCC 21 - Protein-Calorie Malnutrition

Moderate malnutrition [E44.0]

#### ✓ HCC 100 - Ischemic or Unspecified Stroke

Cerebrovascular accident (CVA), unspecified mechanism [I63.9]  
Acute embolic stroke [I63.9]  
Arterial ischemic stroke, multifocal, multiple vascular territories, acute [I63.89]  
CVA (cerebral vascular accident) [I63.9]

### Suspect

#### ● HCC 176 - Complications of Specified Implanted Device or Graft

Infection and inflammatory reaction due to other urinary catheter, initial encounter [T83.518A]  
Catheter-associated urinary tract infection [T83.511A, N39.0]  
Urinary tract infection associated with indwelling urethral catheter [T83.511A, N39.0]

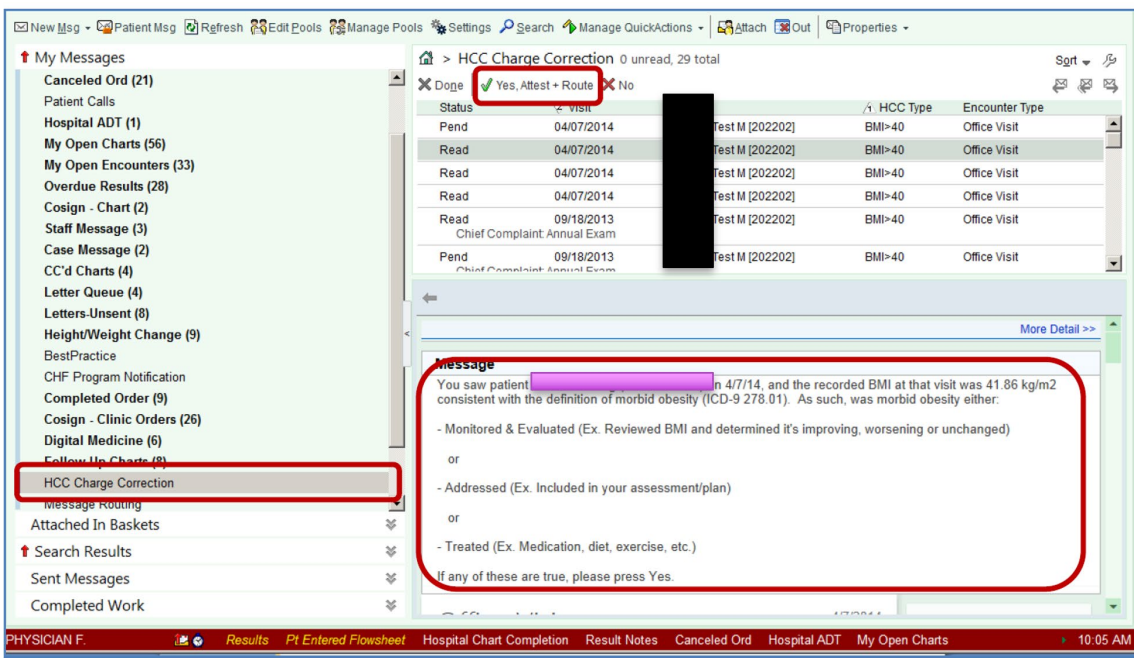


# HCC Charge Correction (Addendums)

## HCC Charge Correction: (In-Basket Message)

- Select the **HCC Charge Correction** message and review the content for that particular HCC category
- Click “Yes, Attest + Route”
- Click “Sign and Route” to file the addendum note
- Remember to add **MEAT**

### As it appears as an In-Basket Message:



The screenshot shows the software interface for HCC Charge Correction. On the left, a sidebar lists various message categories, with 'HCC Charge Correction' highlighted. The main window displays a table of messages. The first message is 'HCC Charge Correction' with a status of 'Pend' and a date of '04/07/2014'. The 'Yes, Attest + Route' button is highlighted with a red box. Below the table, a message box contains the following text:

You saw patient [redacted] in 4/7/14, and the recorded BMI at that visit was 41.86 kg/m<sup>2</sup> consistent with the definition of morbid obesity (ICD-9 278.01). As such, was morbid obesity either:

- Monitored & Evaluated (Ex. Reviewed BMI and determined it's improving, worsening or unchanged)
- or
- Addressed (Ex. Included in your assessment/plan)
- or
- Treated (Ex. Medication, diet, exercise, etc.)

If any of these are true, please press Yes.

### As it appears in the visit encounter:

#### Progress Notes

[redacted] • Family Medicine • Encounter Date: 4/19/2021 • Creation Time: 4/19/2021 10:53 AM • Signed

Patient, [redacted], presented with a recorded BMI of 40.56 kg/m<sup>2</sup> consistent with the definition of morbid obesity (ICD-10 E66.01). The patient's morbid obesity was monitored, evaluated, addressed and/or treated. This addendum to the medical record is made on 04/19/2021.

The In-Basket Message-HCC Charge Correction is an **addendum** that is populated into the note of the visit encounter. The diagnosis must be added to the Problem List and the Visit Diagnosis.



# BPA Button Options – Current State

BestPractice Advisories

HCC BPA (1)

Review the below diagnoses to refresh the HCC status for the current year.

Accept (5)

For more information on Ochsner  Probable Condition Logic click this [link](#).

Probable condition based on  documentation - Morbid obesity

Search

Add Visit Diagnosis

Do Not Add

N/A to Patient

☒ Add to Problem List

Other nonthrombocytopenic purpura [Search](#)

Add Visit Diagnosis

Do Not Add

Resolve Problem

Other nonthrombocytopenic purpura is already on the Problem List.

Last Addressed by  MD on 2/18/2019.

Pulmonary fibrosis, unspecified [Search](#)

Add Visit Diagnosis

Do Not Add

Resolve Problem

Pulmonary fibrosis is already on the Problem List.

Exudative age-related macular degeneration of left eye with inactive choroidal neovascularization [Search](#)

Add Visit Diagnosis

Do Not Add

Resolve Problem

Exudative age-related macular degeneration of left eye with inactive choroidal neovascularization is already on the Problem List.

## Always included:

- 1) **Add Visit Diagnosis** – This will always populate and by selecting will add to the current encounter. The provider will still need to add the necessary supporting documentation (MEAT) for that condition.
- 2) **Do Not Add** – This will always populate and by selecting it will NOT add to current encounter but will populate on the next encounter if condition remains open (not captured) for the current year.

## With single option:

- 1) **Resolve Problem** – By resolving the problem it will remove the condition from the tool and the Problem List and the BPA will not fire again unless condition is added back to the problem list (with recapture condition).
- 2) **N/A to Patient** – This icon dismisses that condition from firing again (for suspects) and removes it from the Problem List.

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# HCC BPA Sources

**BestPractice Advisories**

HCC BPA (1)

Review the following conditions related to patient HCC status for the current year ✓ Accept (1)

For info on conditions not previously coded, click this link: [Probable Condition logic](#).

**Traumatic subdural hemorrhage with loss of consciousness of unspecified duration, initial encounter**

[Assessment & Plan Note](#) [Search](#)

Add Visit Diagnosis Do Not Add Resolve Problem

✓ Subdural hematoma is already on the Problem List.

Assessment & Plan Note for Subdural hematoma:

★ B A + abc ↶ ↷ ? + Insert SmartText ↶ ↷ ↻

✓ Accept (1)

Identified from  
External Claim /  
Source

**BestPractice Advisories**

HCC BPA (1)

Review the following conditions related to patient HCC status for the current year ✓ Accept (1)

For info on conditions not previously coded, click this link: [Probable Condition logic](#).

**Type 2 diabetes mellitus with stage 4 chronic kidney disease, without long-term current use of insulin**

[Assessment & Plan Note](#) [Search](#)

Add Visit Diagnosis Do Not Add N/A to Patient

☒ Add to Problem List

✓ Accept (1)

Identified from  
Care Everywhere

# Pre-Charting Tools (Prior State)

## PRE-CHARTING: CDE Pre-Visit Query

Pre-Charting (Pended orders and notes will delete in 7 days if the patient no shows/cancels)

Problem List Visit Diagnoses BestPractice **CDE Pre-Visit Query** Answer Qnrs Patient Instructions

Search for new diagnosis **+ Add** Previous Problems

Common	Physical Exam	Preop	HTN	Hyperlipidemia	DM
	Elevated BS	Hypothyroid	CAD	LFTs	LBP
	Anxiety	Depression	Bronchitis	Sinusitis	URI
	Viral Syndrome	GERD	Morbid Obesity	Rotator Cuff	Skin lesion
	Smoker	Screen Breast	Screen DXA	Screen Colon	Screen Prostate
	Screen AAA	Vitamin D	Refused Pneumovax	Refused Statin	Refused Immunization

No visit diagnoses.

**BestPractice Advisories**

No advisories to address.

**CDE Pre-Visit Query**

Pre-Visit Query  
Clinical Documentation Excellence Clarification

Location in Record and Date: ☐ COPD documented  
 Location in Record and Date: ☐ Other Chronic Respiratory Issue documented:  
 Location in Record and Date: ☐ O2 Sat:  
 Location in Record and Date: ☐ O2 use/dependence documented  
 Location in Record and Date: ☐ SOB/DOE documented  
 Location in Record and Date: ☐ Wheezing/Crackles/Etc.  
 Location in Record and Date: ☐ Medications:  
 Location in Record and Date: ☐ Imaging:

Please document in your clinic note using MEAT (Monitor, Evaluate, Assess and/or Treat) and add to the Problem List if your patient has:

Respiratory Dx  
 Other  
 Clinically Undetermined

CDE Reviewer Contact Information

## VISIT ENCOUNTER (Rooming Tab): Pre-Visit Comments

**Provider – View Comments from Rooming**

- After opening the patient's encounter, providers will be on the Rooming tab by default.
- If a pre-visit comment is entered for this visit, a section will appear called 'PreVisit Comments'.

8/2/2016 visit with Physician Family Medicine, MD for NEW PATIENT

Images References SmartSets Media Manager Preview AVS Print AVS

Patient Alerts Visit Info Vitals Additional Vitals **PreVisit Comments** Fall Risk History

- Click the section header, or scroll to the section to view the pre-visit comments.
- Review the comments and make any needed changes to the patient's chart.

CDE PreVisit Comments

**CDE Pre-Visit Review**

**CDE Clarification Request**

02/21/13 Office Visit with Vascular Surg Historical BMI: 26.86  
 03/28/16 Visit note Wt: 69.9 kg BMI: 21.13  
 03/28/16 Labs Albumin: 2.5 (L) Total Protein: 6.7 (WNL)  
 03/28/16 Visit note:  
 [X] "Fatigued"  
 [X] "Anorexia: Periactin"  
 Prostate cancer metastatic to bone, "Pt reports that over the past 1-2 months he has had decreased appetite, weight loss, and diffuse bone pain especially in his lower back."

Please document in your clinic note if the patient has:

**Malnutrition**  
**Cachexia**  
**Unable to Determine**  
**Other**

## Query BPA – Present State

Users now have access to a hyperlink which will display the information the CDE nurses have entered in the Pre-visit Query.

▼ BestPractice Advisories

Collapse All ↺

HCC BPA (1) ⌵

ⓘ Review the following conditions related to patient HCC status for the current year

✕ ⌵

For info on conditions not previously coded, click this link: [Probable Condition logic](#)

[↗ CDE Pre-Visit Documentation Query](#)

Acknowledge Reason

Reviewed Query

N/A

✓ Accept



# Query BPA – Present State

## Example of BPA Query

### CDE Pre-Visit Query

Specialty query for: Internal Medicine

### Internal Medicine Query

Clinical Documentation Excellence Clarification

Location in Record and Date: CT Chest Lung Screening-8/5/2022  
"Aorta and vasculature: Atherosclerosis including coronary arteries."

Location in Record and Date: CT Abdomen Pelvis-3/20/2022  
"Severe calcific atherosclerosis of the aorta."

Other Chronic Conditions: HLD, HTN

Please document in your clinic note using MEAT (Monitor, Evaluate, Assess and/or Treat) and add to the Problem List if your patient has:

Aortic Atherosclerosis  
Other  
Clinically Undetermined

# HCC Provider View Recapture Dashboard: Primary Care Only

**Background** – Risk Adjustment has become increasingly more important for advanced healthcare organizations that are in value-based contracts. This payment methodology is specific to the Medicare and Medicare Advantage population. One of the major contributors to the success of risk adjustment programs is their ability to recapture patient diagnosis that map to hierarchical condition categories (HCCs) that were captured in the previous year, known as the recapture rate.

**Purpose** – Ochsner Health Network has developed the HCC Recapture Dashboard to provide actionable data to their providers in an easy-to-understand format.

**Intent** – The intent of the dashboard is to provide the necessary data to assist providers in recapture, outline the progress made by those providers, and provide vital information that will assist the provider in the recapture journey.

**Logic** – The dashboard measures the amount of **chronic HCCs** that have been captured in the current year to those same chronic HCC categories from the prior year. These are defaulted to Humana MA, Humana TCA, PHN, and MSSP contracts with Blue Connect and United as selectable options.

**Questions** – The HCC Recapture Dashboard-Provider View User Guide is available to provide users with all the functions and capabilities of the dashboard. Any additional questions can be directed to the respective CDE Nurse Educator or PI Coordinator.

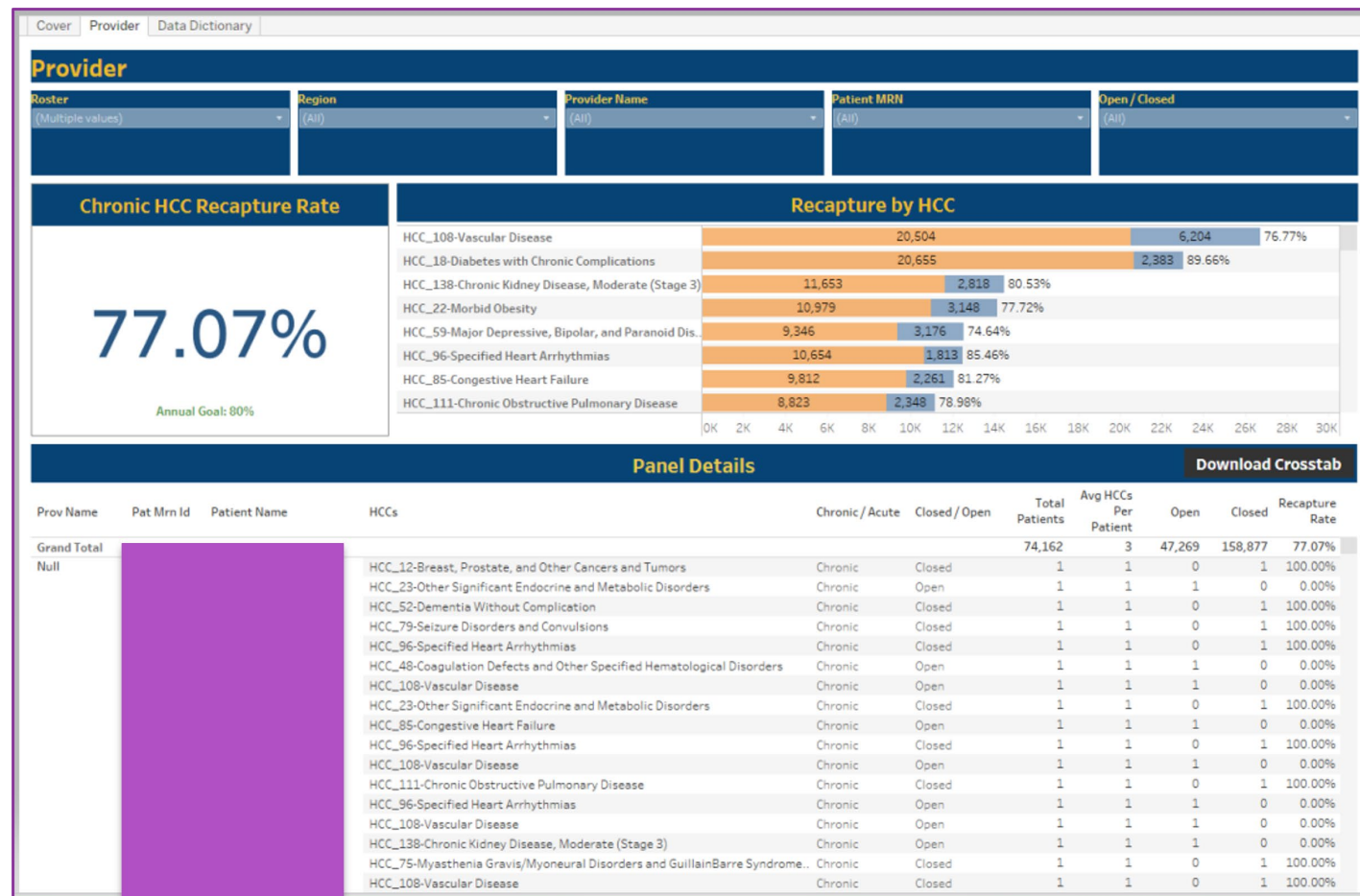


Tableau link for the Provider Dashboard: [HCC Provider Supplemental Dashboard: Provider - Tableau Server \(ochsner.org\)](#)

# PRIMARY CARE / INTERNAL MEDICINE Tip Card

## Primary Care / Internal Medicine

High quality documentation will help us better care for our patients. Please see below for helpful reminders.



Always remember that you have to document **"MEAT"** to capture a diagnosis. (**M**onitor, **E**valuate, **A**ssess, and/or **T**reat). This can be short and concise: just state the condition, who is managing, stable/unstable, etc.

Credit for HCCs is captured by placing the medical condition/diagnosis on the Problem List and then add to Visit Diagnosis, if applicable.

### Documentation Tips:

**A-FIB** – a pacemaker does not resolve A-fib

**Amputations** - never go away, status must be coded yearly – code each amputation separately

**Cancer** - can only be coded when on treatment and/or there is evidence of disease (leukemia/multiple myeloma have remission codes)

**CHF** – never goes away

**CVA** - code only during active event w/in 24 hours

**DVT/PE** - only active for 3 to 6 months, with current anticoagulant treatment v. prophylaxis

**Hemiplegia/Hemiparesis** - residual effects coded as long as they exist

**MI** - Code should change to "History of" after 4 weeks.

**Morbid Obesity** – BMI  $\geq 40$  or 100# overweight (must document diagnosis with BMI and education documented) *or*

**Severe Obesity** (BMI  $\geq 35.0$ ) with comorbidity (must document the comorbidity)

*If a diagnosis is part of your Medical Decision-Making process, it should be captured at the time of the visit.*

### Clinical Documentation Excellence Team

For more information, please contact the team via email

## Staff contact information

POWER of the PRACTICE link:

<http://myworld.ochsner.org/personal/rmckinney/documents/forms/all.aspx/CDEAmbulatorydocumentationguidelines>

Click on CDE Ambulatory Documentation Guidelines



9/12/22 Revised

## PRIMARY CARE / INTERNAL MEDICINE

### Common HCCs

Alcohol dependence *or* Alcohol dependence in remission

Amputation status Foot, Leg, Above or below Knee, Toes

Angina (if current meds are controlling pain)

Aortic atherosclerosis

Aortic ectasia

Atrial fibrillation/Atrial flutter

AV Shunt/Fistula

Bronchiectasis

Calcified lung granulomas

Chronic bronchitis

Chronic Respiratory Failure

CKD 3 (3a/3b), CKD 4, CKD 5 or ESRD **\*\*Dialysis status**-must be coded in addition to CKD/ESRD status

COPD/Emphysema (should be supported by PFT)

\*DM with specified complications - See linking information

Emphysema

Hemiplegia/Hemiparesis following cerebral infarction

Hyperparathyroidism (specify cause - Primary, Secondary, Tertiary)

Immunodeficiency/Immunosuppression due to: drugs **OR** external causes, in conditions classified elsewhere)

Spinal Enthesopathy (Ligamentum Flavum Hypertrophy)

Macular degeneration (wet, exudative, disciform)

Major Depression Disorder

Myelomalacia (softening of spinal cord) found on CT/MRI

Morbid obesity (BMI  $\geq 40$ ) *or* Severe Obesity with comorbidity (BMI  $\geq 35$ )

Ostomy Status – colostomy, ileostomy, nephrostomy tube, gastrostomy, PEG tube, tracheostomy, urostomy

Pulmonary heart disease / Pulmonary Hypertension

PVD or Poor Peripheral Circulation

Rheumatoid arthritis

Senile Purpura

Thrombocytopenia/Thrombocytosis (Primary) and purpura

\*Pacemakers – document/capture the underlying rhythm



### \* Diabetes Linking Info:

*Always link to any associated disorder for increased impact.*

- DM w/ CKD or Nephropathy
- DM w/ Charcot joints
- DM w/ Circulatory problems
- DM w/ Dermatitis
- DM w/ Foot Ulcer
- DM w/ Gastroparesis
- DM w/ Hyperglycemia
- DM w/ Neuropathy
- DM w/ Osteomyelitis
- DM w/ eye conditions
  - Cataract, Retinopathy, or Diabetic Macular Edema [wet vs dry]





## How It's Going

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Headwinds and Tailwinds



# Noted Take-Aways

## Headwinds

Access to Providers/Scheduling

Number of Sessions- Missed time with patients

Need for more staffing to carry out goals and expand Specialty footprint

## Tailwinds

Personalized 1:1 education

Real time feedback on CDE tools

Work in  
progress!!

check back soon...





## Thank you.

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In order to receive your continuing education certificate(s) for this program, you must complete the online evaluation. The link can be found in the continuing education section of the Resource Hub.