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# **Optimizing the Working DRG and Revenue Cycle Through Real-Time Physician Notifications**

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# Speakers



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# CDI CASE EXAMPLES

## Query Challenges

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**Patricia Chua**, RHIT, CCS,  
CCDS President  
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**Patricia Chua, RHIT, CCS, CCDS, is the COO for Innova Revenue Group. She has more than 20 years of experience in the HIM/CDI/coding industry and is one of the nation's foremost experts in coding and clinical documentation integrity (CDI). She is proficient in all aspects of CDI, revenue optimization, inpatient and outpatient coding, auditing, charge capture, and regulatory compliance.**

INNOVA Revenue Group is a small company with the main purpose of assisting organizations to achieve their financial, organizational, and operational goals. INNOVA Revenue Group provides short-term, interim, and long-term end-to-end revenue cycle services for a variety of specialties and facilities that include acute care community hospitals, critical access hospitals, home health facilities, long-term care facilities, ambulatory surgery centers, outpatient clinics, individual provider practices, long-term care hospitals, and psychiatric hospitals. Our cost-effective support/solutions help any size health system or group maximize revenue cycle compliance, efficiency, and productivity.

# Case #1 Debridement



**Case Scenario:** Patient presented with sepsis and was found to have an abscess in the right hand as well as right wrist septic joint. He was taken to the OR for incision and drainage. Blood cultures became positive for MSSA.

## **Procedure Note:**

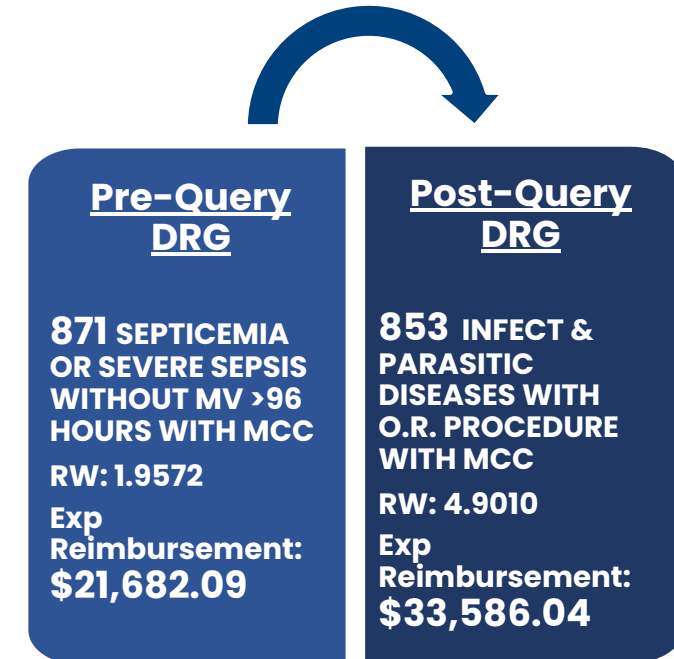
1. Irrigation and debridement of skin, subcutaneous tissue, and muscle for abscess, right thenar musculature.

Careful dissection was carried down through the skin and subcutaneous tissue bluntly. There did not appear to be any new pus; however, we did take cultures. The area was thoroughly irrigated, first with saline and then a 3-minute IriSept soak was done and then he was irrigated with saline. Any marginal-appearing tissue was sharply debrided with tenotomy scissors and removed. The area was packed open.

# Case #1 Debridement

**Query Opportunity:** CDI sent a concurrent query for debridement.

- Excisional vs. non-excisional
- Type of instrumentation used
- Depth of debridement (skin, subcutaneous, soft tissue, muscle, bone)
- Wound measurements
- Type of tissue excised



The provider responded to the query two days after the patient was discharged. **Response: "The OP note describes the procedure sufficiently."**  
CDI responded that we needed further details to properly code the procedure.



On the 4<sup>th</sup> day post discharge, the provider responds to the query that **"My note says removed; this is a synonym for excised. I don't see a need to modify that."** CDI ask that the provider please call to discuss.



On the 8<sup>th</sup> day post-discharge, the provider updated the OP report to include the debridement documentation specifics.



# Case #2 Pneumonia



**Case Scenario:** Patient admitted for acute blood loss anemia in the context of GI bleeding. EGD showed multiple gastric and duodenal ulcers. The patient also with cough and dyspnea. Admitting chest x-ray showed possible RLL infiltrate. The patient was started on Azithromycin. Subsequent chest CT scan showed airway thickening and ground-glass opacities. The patient started on Vancomycin.

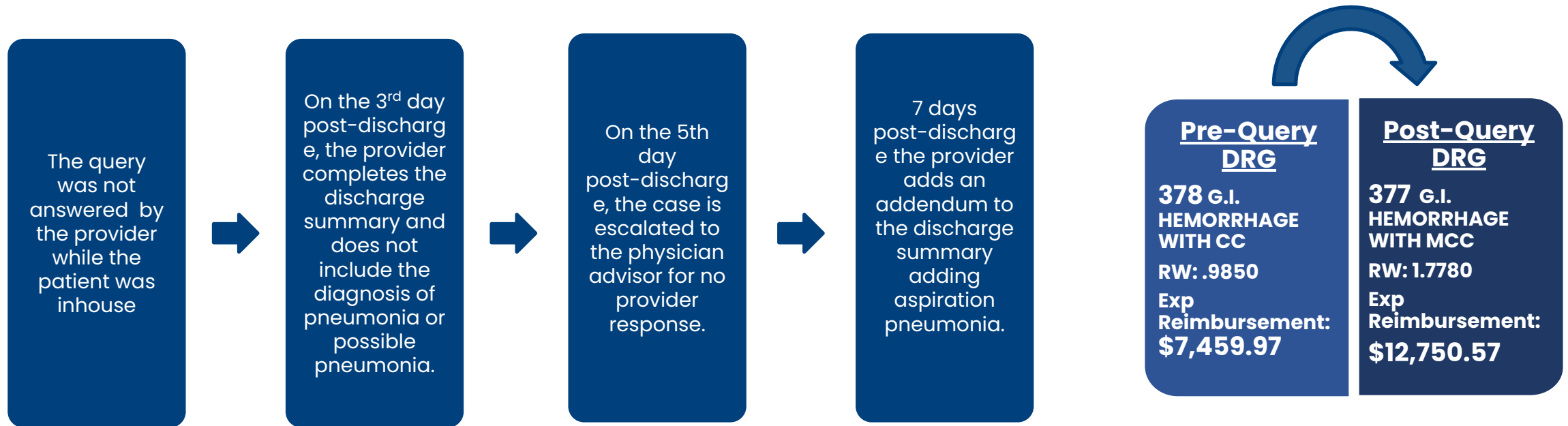
**Progress Notes:**

"Patient with possible RLL pneumonia"

**Query Opportunity:** CDI sent a concurrent query for pneumonia specificity and if it was a definite diagnosis.

- Aspiration pneumonia supported with the use of Vancomycin.

# Case #2 Pneumonia





# Case #3 Malnutrition



**Case Scenario:** Patient admitted with a history of metastatic pancreatic cancer who is admitted to the ICU following a biliary drain placement for a bile duct obstruction.

## **Progress Note:**

# Poor nutrition

-Has some element of gastric obstruction based on EGD

Dietician assessment ordered

## **RD Note:**


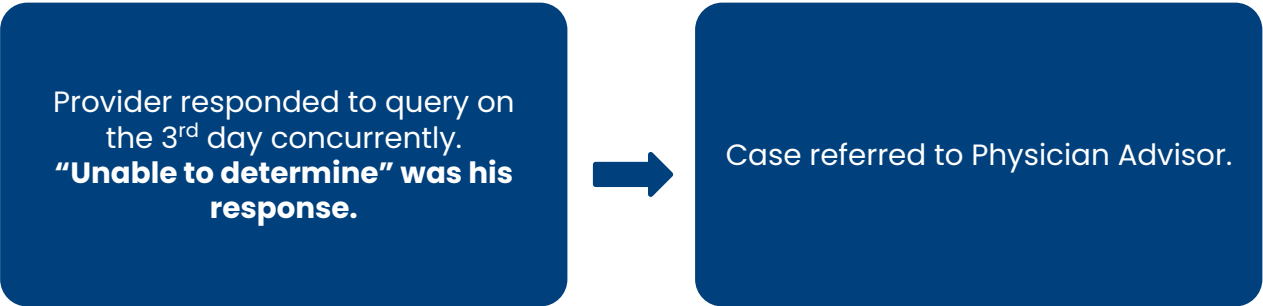
Patient meets ASPEN criteria for moderate protein-calorie malnutrition as evidenced by the following:

Weight loss: 17.87% in the last 6 months

Insufficient energy intake: < 75% (average) of estimated energy requirement for > 7 days. Of note, patient has been able to eat > 75% of some meals recently; ate 100% of lunch today per nursing documentation.

# Case #3 Malnutrition

**Query Opportunity:** CDI sent a concurrent query for the malnutrition degree.



<u>Pre-Query DRG</u>	<u>Missed DRG Opp</u>
<b>446 DISORDERS OF THE BILIARY TRACT WITHOUT CC/MCC</b>	<b>445 DISORDERS OF THE BILIARY TRACT WITH CC</b>
<b>RW: .8117</b>	<b>RW: 1.0996</b>
<b>Exp Reimbursement: \$6,303.77</b>	<b>Exp Reimbursement: \$8,224.53</b>



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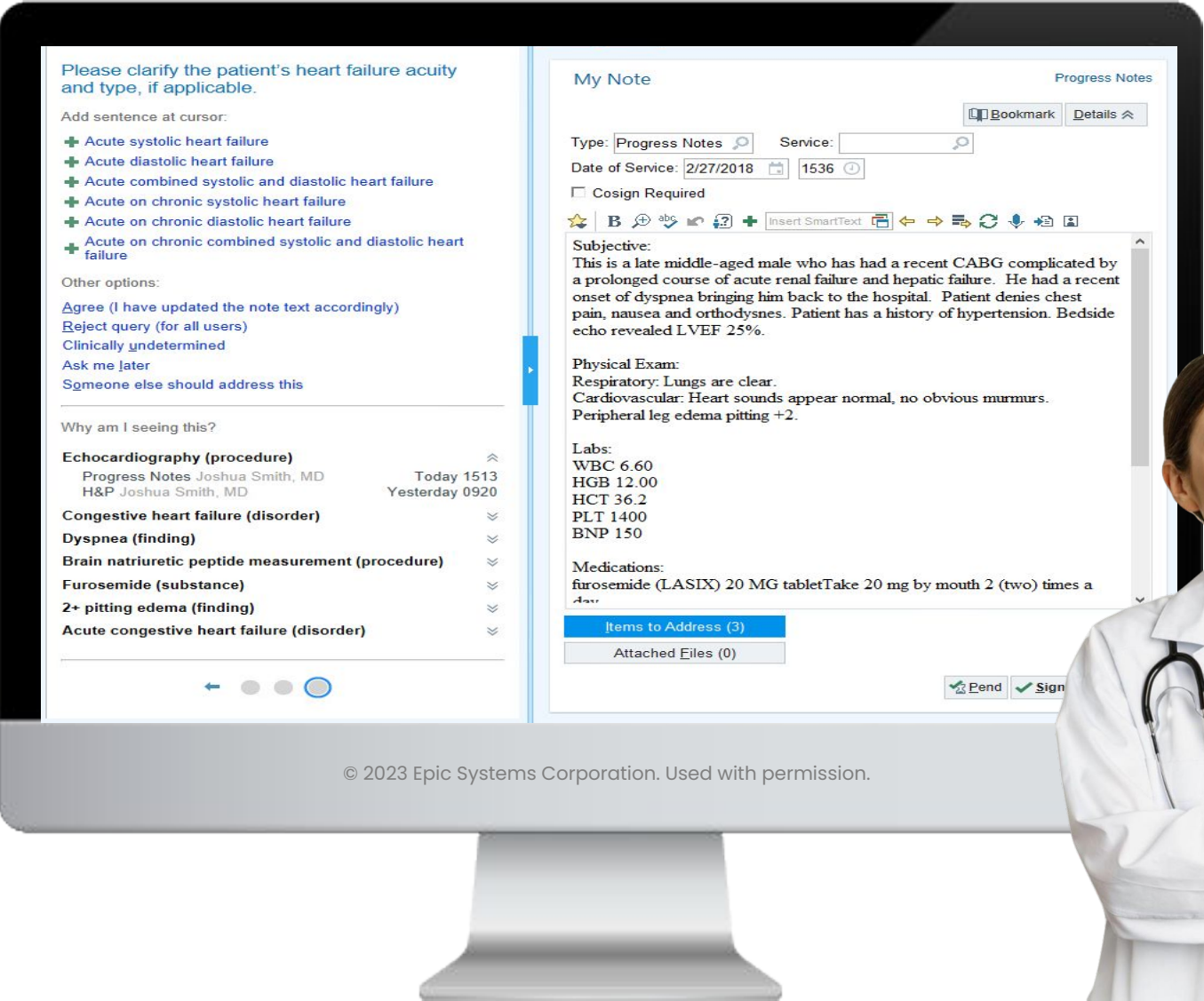
# AI Solution: CAPD360 Insight

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# CAPD360 Insight For NoteReader CDI

## Computer-Assisted Physician Documentation



### Present

- Present queries as soon as possible while case details are still top of mind

### Remain

- Remain completely in Epic so providers don't need toggle between screens

### Ensure

- Ensure queries are clinically justified and compliant without over-prompts

### Allow

- Allow query logic & workflow to be customized

### Cover

- Cover Revenue, Risk and Quality Sensitive Diagnoses



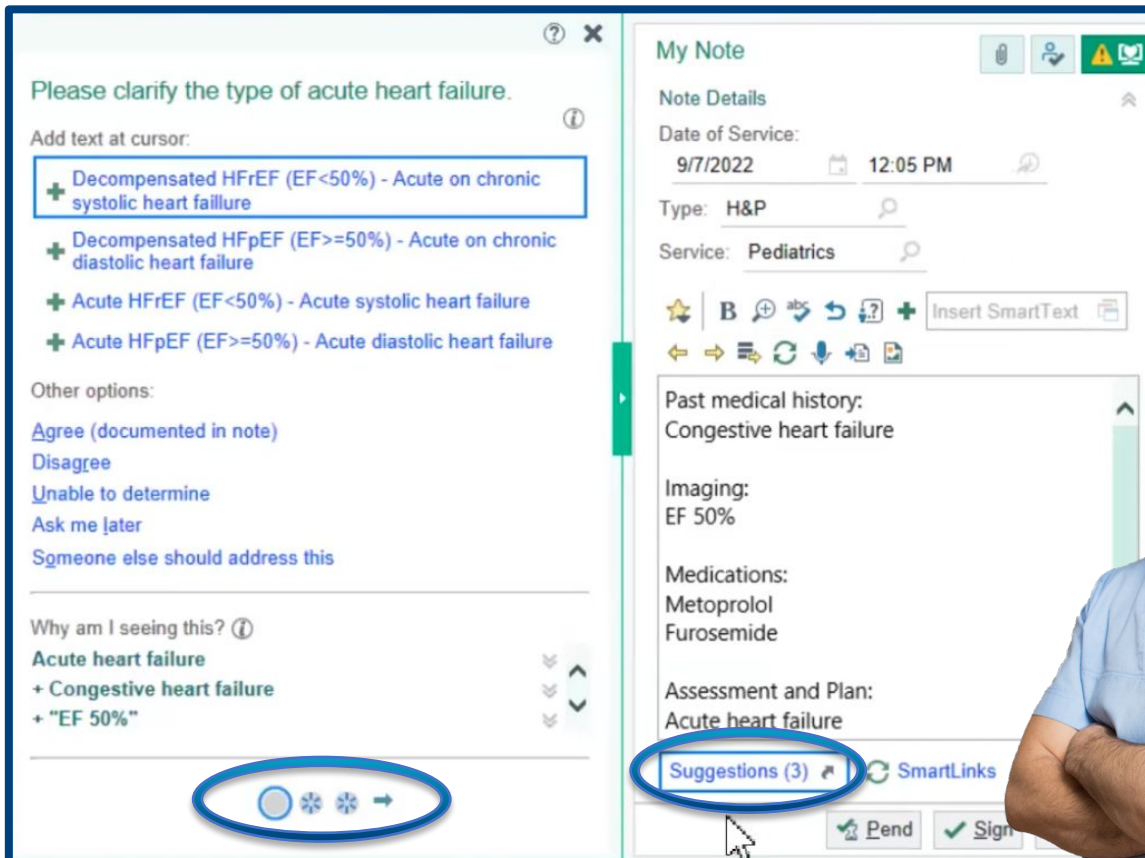
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# ►Epic's Gold Standard CDI Workflow App

Epic's ONLY Embedded Note Editor within the EHR note screen

Complete provider documentation for quality rankings & compliant reimbursement



The screenshot displays the Epic's Gold Standard CDI Workflow App interface. On the left, a panel titled "Please clarify the type of acute heart failure." contains a list of options for adding text at the cursor. The first option, "Decompensated HFrEF (EF<50%) - Acute on chronic systolic heart failure," is selected and highlighted with a blue border. Below this list, there are links for "Other options:" including "Agree (documented in note)", "Disagree", "Unable to determine", "Ask me later", and "Someone else should address this". At the bottom of this panel, a section titled "Why am I seeing this?" shows "Acute heart failure" with sub-items "+ Congestive heart failure" and "+ 'EF 50%'". A blue oval highlights a set of navigation icons at the bottom of this panel. On the right, the "My Note" section shows "Note Details" including "Date of Service: 9/7/2022 12:05 PM", "Type: H&P", and "Service: Pediatrics". Below this, there are fields for "Past medical history: Congestive heart failure", "Imaging: EF 50%", "Medications: Metoprolol, Furosemide", and "Assessment and Plan: Acute heart failure". A blue oval highlights the "Suggestions (3)" link at the bottom of the "Assessment and Plan" section. The interface also includes a "SmartLinks" button and "Pend" and "Sign" buttons at the bottom right.



# Realize the Power of Concurrent, Proactive CDI



## Embedded Editor



**My Note**

Note Details

Date of Service: 9/7/2022 12:05 PM

Type: !

Service: Pediatrics

✱ B [Icons] + Insert SmartText

← → [Icons]

Past medical history:  
Congestive heart failure

Imaging:  
EF 50%

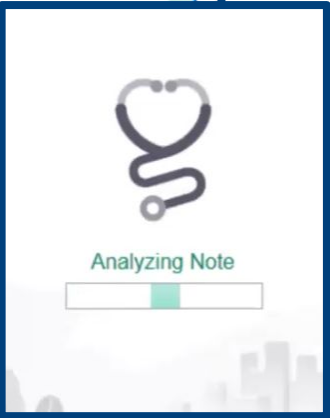
Medications:  
Metoprolol  
Furosemide

Assessment and Plan:  
Acute heart failure

Analyze Note SmartL

Pend

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## Care Team Mode



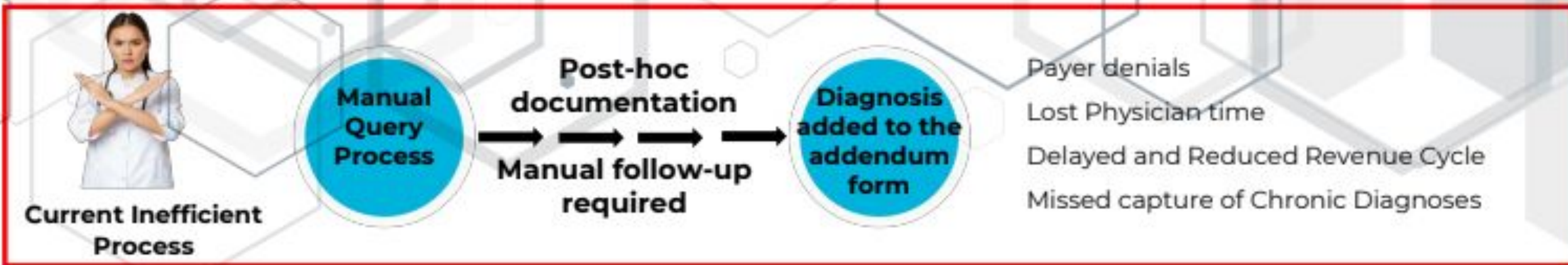


# Physician Workflow with CAPD360

## HITEKS™ Epic-Integrated Tools



## Manual or No Concurrent System (without HITEKS)



# Embedded, Direct & Silent Modes

## Embedded Direct Mode

Presented to Individual Providers with notification under their Note (not via inbasket/email)

Uses Note side-bar: Query Title, Suggestions & Evidence

Reduce denials from changed documentation  
Reduce overall query burden

## Care Team Direct Mode

Presented to all Providers of Record for Signed Notes

Uses Preferred Screens: Note Side-bar, To-Do List, Patient List

Increase responses by providers before discharge by 321%

## Silent Mode to CDS

Presented "Silently" in Epic Work Queues (E.g. Complex Queries like Sepsis)

Automates Sending to Provider in Preferred Screens

Follow-up for Queries that are not responded to

# Extensive Query Library



## HCC, MS-DRG, MS-DRG Base, APR Base, APR SIO/ROM Impact



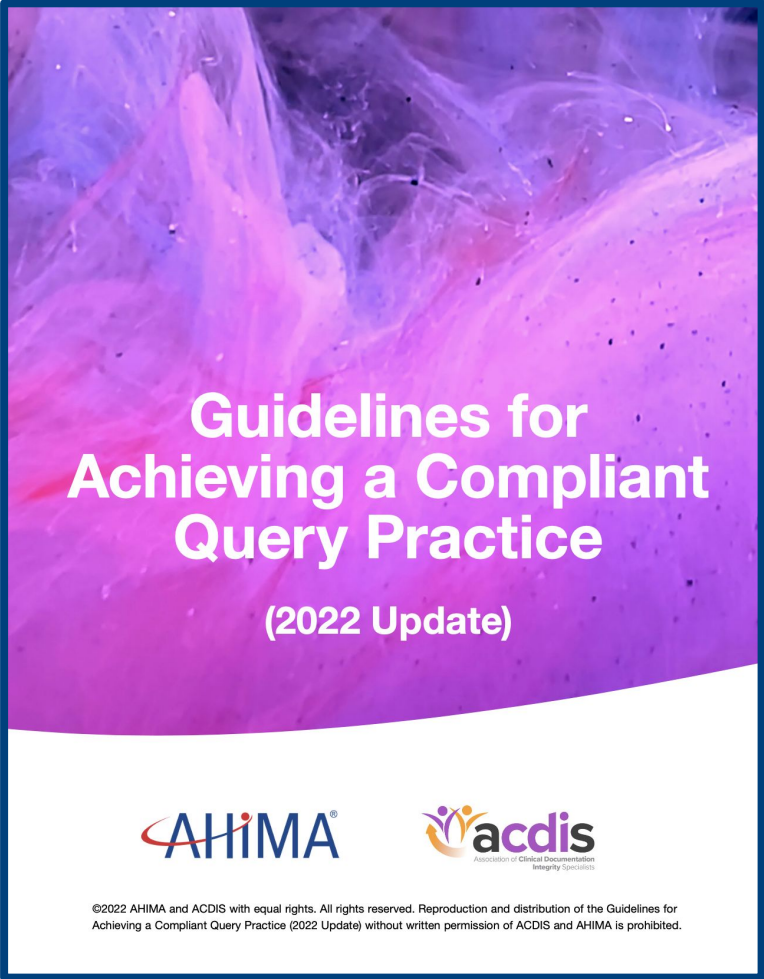
Abdominal Pain	Acute COPD/Asthma	Hypomagnesemia
Abnormal CXR on Antibiotic	Cor Pulmonale	Hyponatremia
Acidosis	Debridement	Hypophosphatemia
Acute Blood Loss	Diabete Mellitus Hyperglycemia	Incision and drain
Acute Heart Failure	Diabetic Hyperosmolarity	Malignant Hypertension
Acute Hypercapnic Respiratory Failure	Diabetic Ketoacidosis	Nicotine Withdrawal
Acute Hypoxic Respiratory Failure	Drug Overdose	Pneumonia Specificity
Acute Myocardial Infarction	DVT	Pulmonary Embolism POA
Acute on Chronic Diastolic Heart Failure	Dysphagia Phase	Respiratory Failure
Acute on Chronic Systolic Heart Failure	Elevated lactate with Sepsis (Severe Sepsis)	Sepsis
Acute Respiratory Failure	Elevated Troponin	Sepsis with specific sources of infection
Acute tubular necrosis	Fracture	Shock
AIDS/HIV	Gastroenteritis	Simple Pneumonia
ARDS	Hepatic Failure Severity	SIRS
Asthma Severity	HIV - Symptomatic/Asymptomatic	Spinal Cord Edema
Acute Asthma/COPD	Hypercalcemia	Thiamine Deficiency
Atrial Fibrillation	Hyperkalemia	Thrombocytopenia
Bowel Obstruction	Hypernatremia	Uncontrolled diabetes
Child Abuse	Hyperphosphatemia	Urosepsis
Chronic Heart Failure Type	Hypertension	UTI
Coma	Hypocalcemia	UTI Linkage to catheter
Complex Pneumonia	Hypokalemia	

## Elixhauser-Focused Queries



Anemia - Macrocytic	Lymphoma
Anemia - Microcytic	Malnutrition
Brain Hemorrhage	Metabolic Encephalopathy
Cause of Delirium	Midline Shift
Cerebral Edema	Mild/Moderate Malnutrition
Chronic Kidney Disease	Morbid Obesity >35+ & >40
CVA	Obesity BMI>30
Cause of Delirium	Pancytopenia
Drug induced hemorrhage disorder	Portal Hypertension
Encephalopathy	Pulmonary Embolism Specificity
End-Stage Renal Disease	Pulmonary Hypertension
Fluid Overload	Right Heart Failure Etiology
GI Bleeding + Ulcer	Septic Encephalopathy
Hepatic Encephalopathy/Failure	Severe Malnutrition
HFpEF with EF >=50%	Solid Cancer
HFrEF with EF<50%	Subdural Hemorrhage/Hematoma
Hypertensive Encephalopathy	Toxic Encephalopathy
Hypothyroidism	Uncontrolled diabetes
Immobility Status	Underweight
Leukemia	

# Compliant Query Practices\* Followed by HITEKS

The image shows the front cover of a document titled "Guidelines for Achieving a Compliant Query Practice (2022 Update)". The top half of the cover has a purple and pink abstract background. The title is written in white, bold, sans-serif font. Below the title, the logos for AHIMA and ACDIS are displayed. At the bottom, there is a small copyright notice.

## Guidelines for Achieving a Compliant Query Practice

(2022 Update)

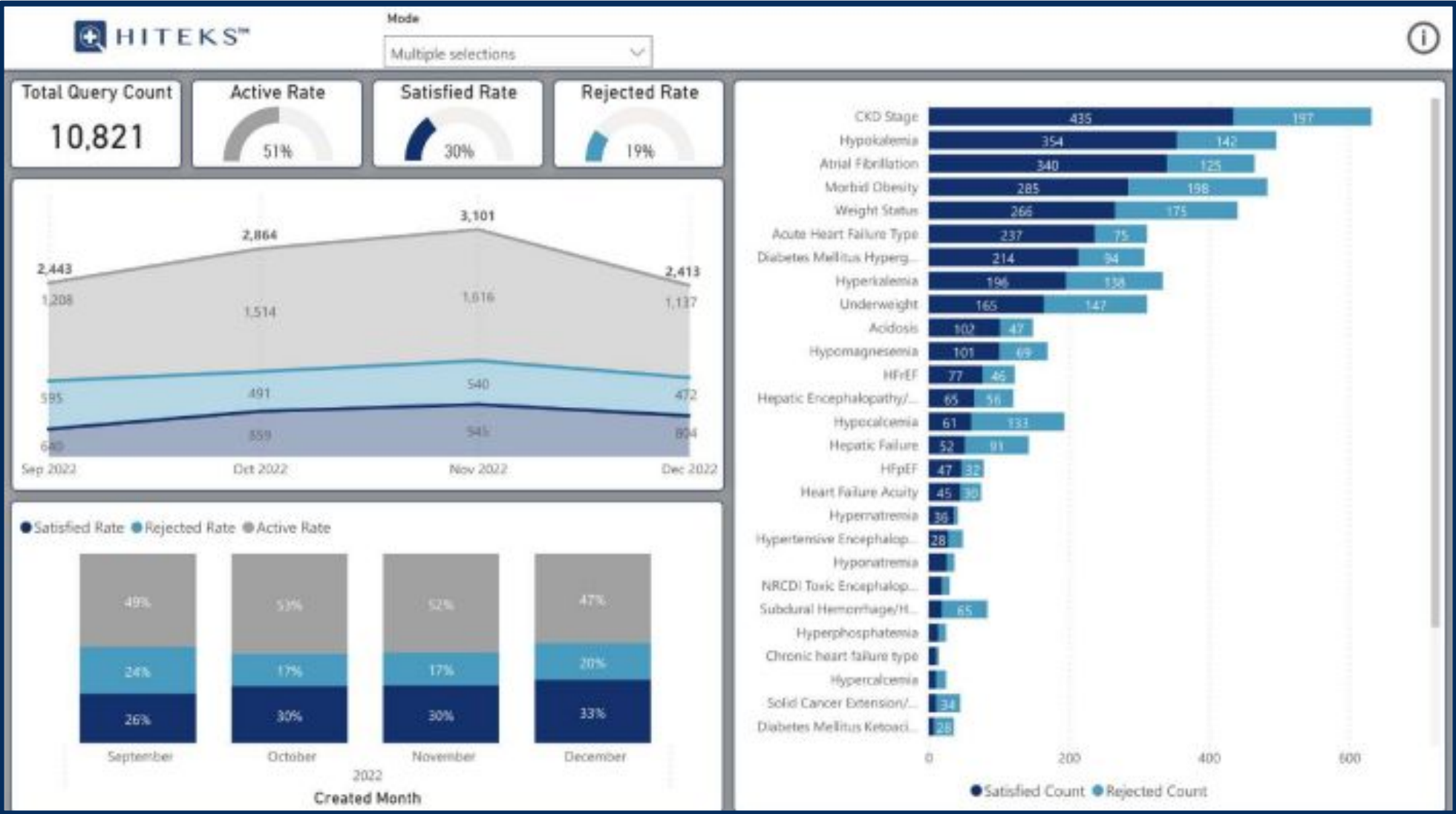


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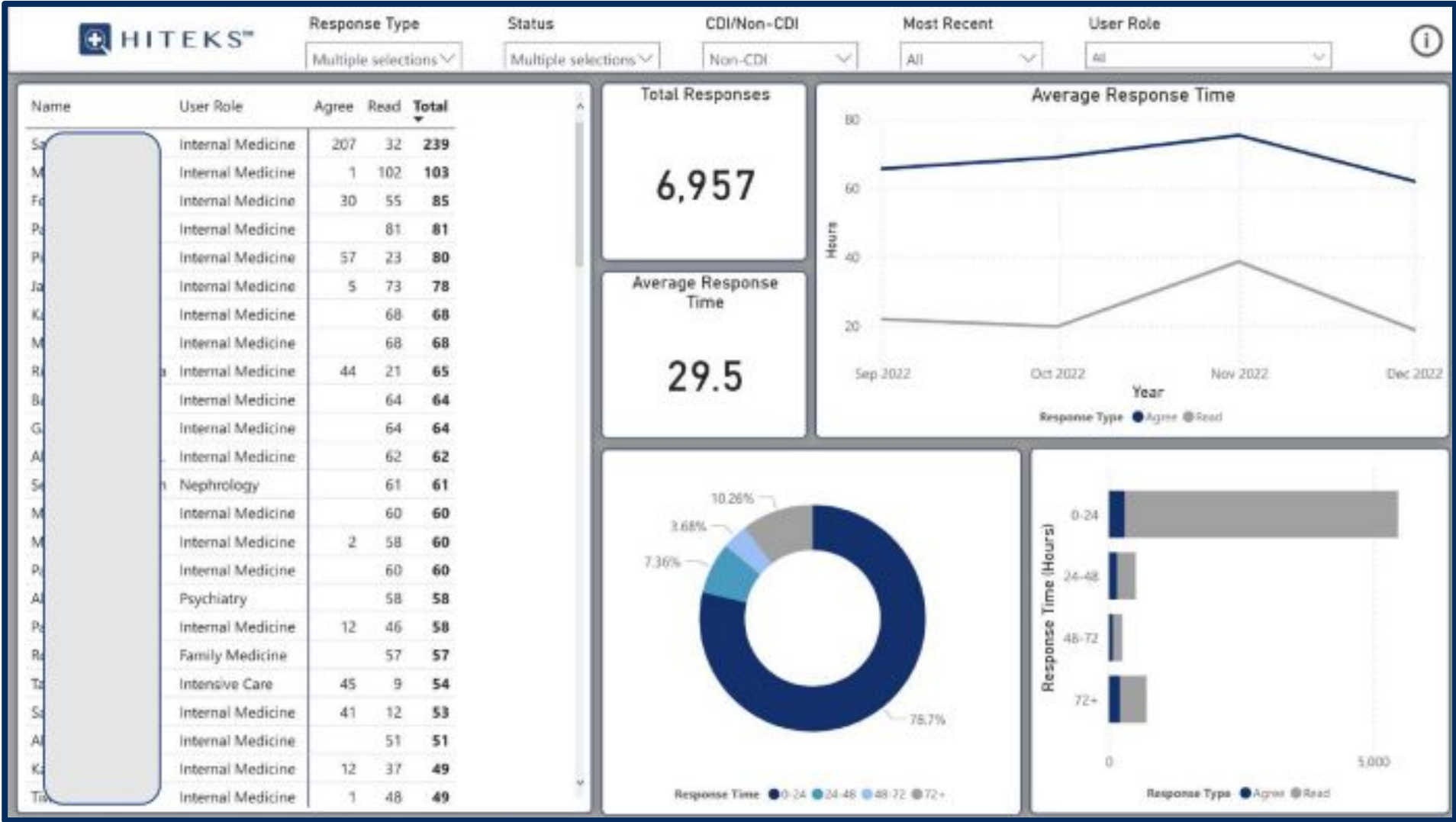
1. All queries are memorialized
2. Query titles and suggestions are not leading
3. Query formats follow the Guidelines
4. Provider queries include relevant clinical indicator(s)
5. Undocumented diagnoses are not specifically suggested
6. Choices provided as part of the query reflect patient-specific conclusions
7. Prior information from other encounters is limited
8. Links are provided to access the clinical indicators.
9. Impact on reimbursement, payment methodology, quality metrics or severity of illness are not indicated in the query process



# PowerBI Reporting Dashboard: Query Summary (using test data for example only)



# PowerBI Reporting Dashboard: Response Times (using test data for example only)





# The HITEKS Difference



1. 100% Proactive vs Reactive to boost CMI & Revenues.
2. Over 120 query customizable query templates.
3. Real-time, fully formed autonomous and compliant.
4. Embedded in Epic workflow.
5. Proven reduction in provider burden and response.
6. No additional software or hardware.

## Thank You

**Call us at:** +1-212-920-0929

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**Visit:** [www.hiteks.com](http://www.hiteks.com)