

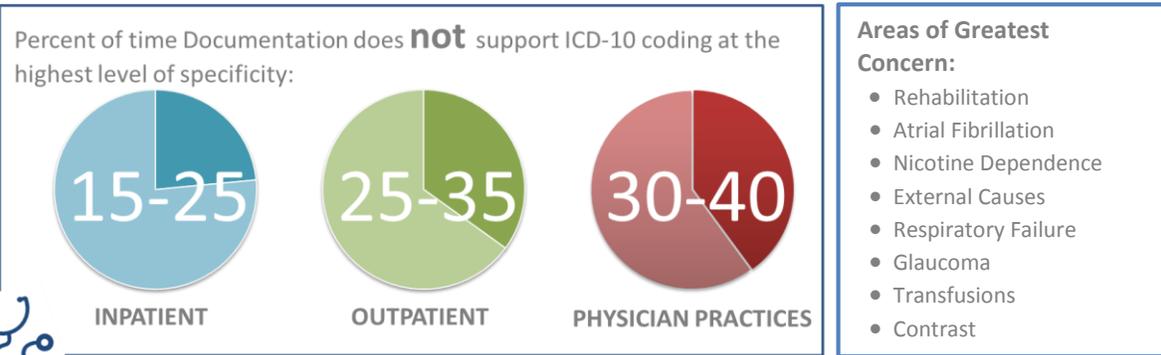
Produced by the Military Health System (MHS) ICD-10 Integrated Project Team (IPT) & Defense Health Agency (DHA) Information Management (IM)

# Clinical Documentation Improvement (CDI): Identifying and Closing the Gaps

ICD-10 has survived the first of April, which puts us within six months from ICD-10 implementation -- the closest we have come yet to the transition date. ICD-10 discussions have continued to heat up, including a February GAO report assessing "CMS's Efforts to Prepare for the New Version of the Disease and Procedure Codes" and a Congressional Hearing focused on industry readiness. These reports and discussions highlighted concerns of ICD-10 opponents as well as the herculean efforts by most in the industry to be ready. It is no secret that this transition is going to be challenging. These forums also addressed the business need for transition, the importance of preparing, business continuity planning, and specifically emphasis on strong CDI programs to mitigate implementation challenges. CDI is an action providers can take now as is a major factor in successful ICD-10 implementation.

## Identifying the Gaps

Our last CDI issue (May/June 2014) focused on the high level ICD-10 pain points in industry; Accuracy of Diagnosis, Completeness of Documentation, and Increased Queries and Clarification. These pain points are a result of gaps between clinical documentation today and what's needed to support the greater ICD-10 specificity. Figure 1 below shows that a significant portion of documentation does not have the specificity needed for ICD-10 and highlights the areas of greatest concern.



**Figure 1.** The graphs depict gaps in documentation for inpatient, outpatient, and physicians based on 125 plus hospitals consulting with 3M Health Information Systems.<sup>1</sup> The list of areas of greatest concern were identified following a documentation analysis conducted by health information management vendor HRS across thousands of medical record reviews in late 2013 and early 2014.<sup>2</sup>

It is important to remember that if it is not documented, it cannot be coded or billed. Successful transition to ICD-10 will be reliant on the quality of the documentation and whether it will be specific enough for coders to accurately code it in ICD-10. Identifying gaps and leveraging lessons learned from others can help focus CDI programs and enhance coder and clinical training initiatives.

# 183

Days Remaining to  
ICD-10 Conversion  
As of 4/1/2015

### Additional Resources

**Clinical Documentation Improvement - Stepping Beyond Fee For Service**  
Webinar 05/12/2015  
12:00- 01:00 PM CT  
(added cost)  
<https://www.ahimastore.org/ProductDetailAudioSeminar.aspx?ProductID=17664>

**ICD-10 Documentation Training for Physicians**  
3-hour online course offered by medical specialty (added cost)  
<http://www.aapc.com/ICD-10/ICD-10-physician-documentation.aspx>

**CMS Releases Two New ICD-10 Videos (Free)**  
• "Introduction to ICD-10 Coding" gives an overview of ICD-10's features and explains the benefits of the new code set to patients and to the health care community.

• "ICD-10 Coding and Diabetes" uses diabetes as an example to show how the code set captures important clinical details.

\*Note that the links above are provided as informational resources only and do not constitute an endorsement of any non-Government site or entity.

<sup>1</sup>3M™ DRG Assurance™ Program." DRG Assurance Program: 3M Health Information Systems. N.p., n.d. Web. 18 Mar. 2015.

<sup>2</sup> Hinkle-Azzara, Barbara; Carr, Kimberly J. "Bird's Eye View of ICD-10 Documentation Gaps: Vendor analysis offers big picture look at nationwide documentation holes—and how to fill them." Journal of AHIMA 85, no.6 (June 2014): 34-38.

# Closing the Gaps

The Services have taken the MHS' lead in addressing CDI by taking advantage of the extra time allotted by last year's ICD-10 delay to ensure each MTF will be prepared to produce quality documentation. The Service specific CDI programs are highlighted below.

## Army

Patient Administration Systems and Biostatistical Activity (PASBA), in preparation for the implementation of ICD-10-CM/PCS, has provided surge face-to-face training to all 33 Army Military Treatment Facilities (MTF) as well as two Defense Health Agency (DHA) Military Treatment Facilities – Walter Reed National Military Medical Center - Bethesda and Fort Belvoir Community Hospital. In addition, at least two coding professionals from each MTF attended the AHIMA ICD-10/PCS Train-the-Trainer. To further prepare, PASBA followed industry recommendations to focus on improving clinical documentation by establishing a Clinical Documentation Improvement Program. PASBA has developed a CDI Program model by including a combination of staff training, competencies, educational tools, developing best practices, policies and procedures, and plan to standardize compliant queries. Currently the Army is in the early stages of executing and implementing the program by focusing on staff training to meet the goals and expectation of this model. PASBA arranged for and coordinated the delivery of face-to-face CDI Boot Camp training for MRAs/Coding/CDI specialists at Fort Lee, Virginia. PASBA values the MEDCOM coding staff and will continue to coordinate future dedicated training, especially CDI, for ICD-10 (concentrating on Neonatal/Obstetrics), to meet program goals and expectations to better improve clinical documentation, improve quality measures, and by benchmarking Army data to monitor the effectiveness of their CDI Program.

## Navy

In preparing Navy Medicine for the transition to the ICD-10 code set, Navy's Bureau of Medicine & Surgery's (BUMED) Health Information Management (HIM) implemented a Clinical Documentation Improvement (CDI) Program across the enterprise. The goal of Navy Medicine's CDI Program is to improve the accuracy, clarity, and specificity of provider documentation to achieve complete and accurate code assignment for the reporting of diagnoses and procedures as required by ICD-10. BUMED HIM developed a CDI Program Framework to provide the structure for a CDI Program at each military treatment facility (MTF). In supporting implementation, a CDI training team provided on-site training of multiple stakeholders (i.e. Physicians, Mid-level Practitioners, Coders, etc.) at six MTFs and recommended on areas for program improvement for each MTF. To further support MTFs in their development, execution, and advancement of their CDI Programs, BUMED HIM hosts a collaboration site that provides available CDI Program resources that include a CDI Program manual, tools, and other material. Other ongoing efforts include monthly CDI working group meetings with representatives from BUMED, the Regions, and MTFs to review ongoing CDI operations.

**The Golden Rule:**  
If it is not documented it cannot  
be coded or billed.

## Air Force

Air Force Medical Operations Agency (AFMOA) and Clinical Documentation Improvement (CDI) participants met to revisit the early goals and expectations of the program. Initiatives included identifying physician champions to assist with hospital-wide communication and creating round tables with key personnel, i.e. discharge planners, case managers and utilization review personnel who routinely engage with physicians and can be instrumental in assisting with documentation challenges. Military treatment facilities (MTFs) were also advised to assess their current physician query process, how effective communication is, and what training has been provided in response to documentation challenges. Coders, auditors and trainers were asked to team up and identify documentation challenges for their respective MTFs. These documented challenges were submitted to AFMOA which in turn will assist with CDI training tools as the Air Force Medical Service moves forward with ICD-10. AFMOA has also taken the CDI challenge by facilitating communication through CDI mailbox, Webpage link, and with planned future quarterly CDI alerts for continued education and training. CDI meetings will be scheduled as the committee evolves and more training needs are identified.

For more information, please contact: [HIPAATCSmail@dha.mil](mailto:HIPAATCSmail@dha.mil)

Or visit <http://health.mil/hipaatcsi>

For coding information, please contact the DHA Medical Coding Program Office: [dha.ncr.business-spt.mbx.mcpointo@mail.mil](mailto:dha.ncr.business-spt.mbx.mcpointo@mail.mil)

Or visit <http://health.mil/About-MHS/Defense-Health-Agency/Business-Support/Medical-Coding-Program-Office>