Clinical Documentation Improvement – A Precursor to ICD-10

Clinical Document Improvement (CDI) is the review of clinical documentation, such as patient charts and notes, before it is sent for diagnosis and procedure coding. CDI determines if there are any gaps or queries in documentation that need to be completed or answered by the physician. Physicians see many patients so clinical documentation should be reviewed soon after the patient encounter to ensure accuracy and completeness.

With ICD-10, clinical documentation that does not include the level of detail needed to determine the correct ICD-10 code can affect coder and physician productivity, result in pended or denied claims, and, worst of all, delay reimbursement. Improvements in your clinical documentations should help coders bill more accurately for services and reduce coder queries.

Here are some tips to help start improving your documentation for ICD-10:

1. ICD-10 is not about having to remember thousands of ICD-10 codes. Most physicians use a limited set of diagnoses on a regular basis. Review a cross section of current clinical documentation to identify and create a reference sheet of common or specialty-specific ICD-9 codes that are used in your practice.

2. ICD-10 supports smarter documentation, not more documentation. Payment is driven by medical necessity and your clinical documentation will help to support this, so it should be precise, evidence-based and justify patient care. Patient encounters should include:
   - Reason for encounter with the relevant history such as past and present diagnoses
   - Assessments and clinical impressions
   - Examination findings and test results
   - Appropriate health risk factors
   - Plan of care, including patient progress and response to treatments

3. Work with your physicians and nurses to have them start including this increased level of detail in their clinical charts and notes. Coders can even start coding ICD-10 equivalents now. This will help validate your supporting detail and prepare test data should you wish to test ICD-10 with your vendors, clearing houses or payers.

4. Take advantage of implementation tools offered by the Centers for Medicare & Medicaid Services (CMS) such as Road to ICD-10. This tool builds a printable action plan for ICD-10 based on specialty, practice size and vendors/payers you interact with. It also gives guidelines for keywords, commonly used codes and specialty-specific scenarios that can help include more detail in your clinical documentation. Road to ICD-10 can be found at roadto10.org.

5. For more information on ICD-10 coding, visit cms.gov/Medicare/Coding/ICD10 to find two short videos. Introduction to ICD-10 Coding gives an overview of ICD-10’s features and explains the benefits of the new code sets to patients and the health care community. ICD-10 Coding and Diabetes uses diabetes as an example to show how the code set captures important clinical details.

If you have questions about ICD-10, please contact your Network Specialist or Ancillary Contracting Specialist, or email ICD10Communications@HorizonBlue.com.

Please also visit HorizonBlue.com/ICD10 for more information on Horizon BCBSNJ’s continued implementation of ICD-10.

Sources include WEDI Low Cost High Impact ICD-10 Action Steps for Providers, September 2014.