

The Clinical Documentation Improvement (CDI) Add-on



The Optum360[®] Clinical Documentation Improvement (CDI) Add-on provides essential information to assist coders in the translation of clinical documentation for complete and accurate coding, as well as assisting clinicians in thorough documentation at the point of care.

Proper code identification ensures clinical quality, substantiates medical necessity and aids in justification for appropriate reimbursement. Health record documentation as designated by the clinician is the foundation upon which coding decisions are based. As a result, accurate understanding of this documentation and a clear record upon presentation of the patient are critical. With the specificity of ICD-10-CM/PCS and the increased level of detail necessary for proper code selection, the documentation driving the code assignment must be detailed and provide accurate information for reimbursement justification.

Key features and benefits

- **The CDI Add-on includes four different Optum360 sources:**
 - *Clinical Documentation Improvement Desk Reference for ICD-10-CM and Procedure Coding*
 - *Guide to Clinical Validation & Documentation Improvement for Coding*
 - *Physician Consulting ICD-10-CM CDI Improvement Training Content*
 - *Clinical Documentation Guidelines for Facilities*
- **Identify and clarify** — Any confusing, incomplete, conflicting or missing information in the physician documentation portion of the health record that is related to diagnoses or procedures.
- **Search clinical terms, codes, keywords, print and/or email** — Documentation that can be necessary for any clinician, coder or any other health care individual needing information for accurate code identification and a more robust and accurate depiction of patient severity.
- **Foster and enhance** — Communication between members of the CDI team, coders and medical staff.
- **Provide ICD-10-CM education** — Explains how more detailed documentation is necessary in the medical record because of ICD-10 and improves clinical knowledge as related to this increased specificity for both medical and coding staff.
- **Provide continuity of care** — Coordination between the patient and members of the health care team that rely on documentation in the health record for determining ongoing treatment decisions.

Clinical Documentation Improvement*

DESIGNED FOR PHYSICIANS, HOSPITALS, CONSULTANTS

Available: Now
Item No: WA35

\$249.95 Single-user;
multi-user licenses available

Search content across four sources of clinical documentation improvement tools:

- Optum360 Clinical Documentation Improvement Desk Reference for ICD-10-CM and Procedure Coding
- Optum360 Guide to Clinical Validation and Documentation Improvement for Coding
- Additional Physician Specific Clinical Documentation Improvement content from Optum360 Physician ICD-10-CM trainings
- Additional Facility Specific Clinical Documentation Improvement from Optum360 RevenueCyclePro.com

Clinical Documentation Improvement Content

Search content across 4 sources of clinical documentation improvement tools:
 -Optum360's ICD-10-CM Clinical Documentation Improvement Desk Reference
 -Optum360's Guide to Clinical Validation, Documentation and Coding
 -Additional Physician Specific Clinical Documentation Improvement content from Optum 360 Physician ICD-10-CM Trainings
 -Additional Facility Specific Clinical Documentation Improvement from Optum 360's RevenueCyclePro.com

Search Criteria

Search Logic: And Or

Search by code:
(Code Sets: CPT, HCPCS, ICD-9 Vol 1,3 or ICD-10-CMPCS, maximum 4 codes delimited by comma)

Search by clinical term:
(maximum to 4 terms delimited by space)

Clinical Documentation Improvement Search Results

ICD-10-CM Clinical Documentation Improvement Desk Reference

Clinical Topic	Associated Codes	PDF	Email
Asthma	J45.2,J45.20,J45.21,J45.22,J45.3,J45.30,J45.31,J45.32,J45.4,J45.40...	PDF	Email
Chronic Obstructive Pulmonary Disease	J44.0,J44.1,J44.9	PDF	Email
Encephalopathy	G92,G93.1,G93.40,G93.41,G93.49	PDF	Email
Heart Failure	I09.81,I11.0,I13.0,I13.2,I50.1,I50.2,I50.3,I50.4,I50.9,I97.13...	PDF	Email

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Guide to Clinical Validation, Documentation, and Coding

Clinical Topic	Associated Codes	PDF	Email
Acidosis	E87.2	PDF	Email
Chronic Obstructive Pulmonary Disease	J44.1	PDF	Email
Respiratory Failure	J95.821,J95.822,J96.00,J96.01,J96.02,J96.10,J96.11,J96.12,J96.20,J96.21...	PDF	Email
Pulmonary and Respiratory Insufficiency or Distress	J80,J85.1,J85.2,J85.3,J86.4,R06.0,R06.89	PDF	Email
Chest Pain as Principal Diagnosis	R07.1,R07.2,R07.81,R07.82,R07.89,R07.9	PDF	Email
Heart Failure non-rheumatic	I11.0,I13.0,I13.2,I50.1,I50.2,I50.21,I50.22,I50.23,I50.30,I50.31...	PDF	Email

Records 1 - 6 of 6

Physician Documentation Improvement Instructions

Clinical Topic	Associated Codes	PDF	Email
Asthma	J45,J45.2,J45.20,J45.21,J45.22,J45.3,J45.30,J45.31,J45.32,J45.4...	PDF	Email
Chronic obstructive pulmonary disease	J44,J44.0,J44.1,J44.9	PDF	Email
Respiratory diseases affecting interstitium	J80,J81,J81.0,J81.1,J82	PDF	Email
Family History	Z80,Z80.0,Z80.1,Z80.2,Z80.3,Z80.4,Z80.41,Z80.42,Z80.43,Z80.49...	PDF	Email

Records 1 - 4 of 4

Facility Documentation Improvement Instructions

Clinical Topic	Associated Codes	PDF	Email
Laparoscopic Gastric Restrictive Procedures	44.95,44.96,44.97,44.98	PDF	Email
Anxiety Disorders	300.00,300.01,300.02,300.09	PDF	Email
Bone Mass Measurement	76977,77078,77080,77081,78350,78351,G0130	PDF	Email
Chest Pain	786.50,786.51,786.59	PDF	Email
Esophagitis	530.10,530.11,530.12,530.19,530.81,530.85	PDF	Email
2009 H1N1	488.1,488.11,488.12,488.19	PDF	Email
Pulmonary Hypertension	416.0,416.8	PDF	Email
Chronic Obstructive Pulmonary Disease	491.1,491.20,491.21,491.22,491.8,491.9,492.0,492.8,493.0,493.21...	PDF	Email
Asthma	493.00,493.01,493.02,493.10,493.11,493.12,493.81,493.82,493.90,493.91...	PDF	Email
Respiratory Failure	518.51,518.53,518.81,518.83,518.84	PDF	Email
Bronchitis	466.0,466.11,466.19,490,491.0	PDF	Email

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Asthma

ASTHMA

Please specify:

1. Identify

- Exposure to environmental tobacco smoke
- Exposure to tobacco smoke in the perinatal period
- History of tobacco use
- Occupational exposure to environmental tobacco smoke
- Tobacco dependence
- Tobacco use

2. Includes

- Allergic (predominantly) asthma
- Allergic bronchitis
- Allergic rhinitis with asthma
- Atopic asthma
- Extrinsic allergic asthma
- Hay fever with asthma
- Idiopathic asthma
- Intrinsic nonallergic asthma
- Nonallergic asthma

3. Type

- Mild intermittent
- Mild persistent
- Moderate persistent
- Severe persistent
- Other
 - Exercise induced bronchospasm
 - Cough variant asthma
- Unspecified
 - Asthmatic bronchitis
 - Childhood asthma
 - Late onset asthma
- Document if any of the above type is
 - Uncomplicated
 - With (acute) exacerbation
 - With status asthmaticus

CDI Add-on provides support with HCC efforts

When you have access to CDI support, you can significantly improve your ICD-10-CM code selection, which improves “RAF” scores for possible increased HCC reimbursement. The example below shows how CDI improvement can positively affect your HCC coding.

CDI support is valuable. It improves overall patient evaluation and aids in providing the a clearer opportunity for reimbursement.

Specific coding example with improved documentation with the CDI add-on support

Specific Coding Example

A 76-year old white female presents today for routine follow-up.

During exam, noticed a **diabetic pressure ulcer** on patient's ankle. Patient states that it has been hurting and that she has been taking Tylenol to help with the pain. Does appear to have some yellowing tissue at the bottom, **which is stage III**. Will prescribe Norco to assist in pain management and refer patient to wound specialist. Wound is attributed to patient's existing, but otherwise **stable atherosclerosis due to diabetes**. **Patient has had previous amputation of left great toe, due to other diabetic vascular complications.**

Patient's diabetes is stable. A1C measured today at 6.2 percent. Patient states that she has been trying to eat a balanced diet. Continuing Metformin 500 mg at twice per day.

Patient's **cardiac conditions of cardiomyopathy and CHF are stable**. Recommend that she continue regular follow-up and medicine regime as recommended by her cardiologist.

Advised patient to follow-up with me in 4 weeks or sooner if **ulcer** worsens.

Element	RAF Value
76-year-old female	0.452
Medicaid eligible	0.161
Diabetes with vascular complications	0.344
Atherosclerosis of extremity with ulceration	1.779
Cardiomyopathy	0.355
Disease interaction (DM+CHF)	0.256
CHF	Same HCC as cardiomyopathy
Amputation of great toe	0.837
Total	4.184
PMPM Payment for Monthly Care	\$2,928.80

All add-on modules may be purchased with a new or existing subscription to an Optum360 online coding tool; multi-user licenses available.



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