Remote CDI completion tips



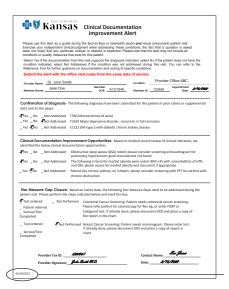
The Remote Clinical Documentation Improvement programTM by Advantasure® is incentive-based and developed to assist providers in accurately capturing their patient's severity of illness in the medical record. The Centers for Medicare & Medicaid Services requires the documentation of certain chronic conditions in the patient's medical record at least once every calendar year. The Remote CDI program makes it easier for providers to accurately capture patients' severity of illness in the medical record.

The program uses the CDI Alert, a one-page guide, to help providers with documentation during the patient's face-to-face or audio and visual telehealth visit.*

Your office will receive alerts up to three times a year.

The CDI Alerts are populated based on information gathered through medical record reviews and historical diagnosis data.

*The telehealth visit must include both an audio and visual component to meet the criteria for the program.



Remote CDI is a prospective program; you'll use the most recent alert during your next scheduled visit with your patient.

How CDI Alerts are populated

- Actual diagnoses submitted on claims by approved providers within the prior two calendar year.
- Potential new diagnoses suspected based on findings in the medical record or based on prior pharmacy and lab claims.
- Star or quality measure gaps identified through claims data. Star gaps may require tests or services to be ordered for your patient.

How to complete a CDI Alert

- Schedule a face-to-face or telehealth visit with your patient.
- Use the CDI Alert as a guide during the visit.
- Mark Yes, if the condition in the Confirmation of Diagnosis and CDI Opportunities section is accurate, active, and addressed by during the face-to-face or telehealth visit.
- Mark No, if the condition isn't accurate, active, or was not addressed during the face-to-face or telehealth visit.
- Mark the action taken next to the *Star Measure Gap Closure* section.

It's a requirement that the CDI Alert is completed at the time of the patient visit with all diagnosis marked *Yes* or *No*.

Items marked *Not Addressed* will populate on future alerts. Alerts are completed when all items in the *Confirmation of Diagnosis* and *CDI Opportunities* sections are marked *Yes* or *No*.

If a patient visit is scheduled prior to receiving the CDI Alert, keep the alert until the patient is scheduled for another visit.



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Medical record documentation

- Document all findings during your assessment in the patient's medical record.
- The completed CDI Alert must be submitted to Advantasure with the corresponding office visit notes from the same date of service.
- The office visit note should include MEAT (monitored, evaluated, assessed and treated) during the patient visit.

The CDI Alert and office notes must be submitted within 14 days of the patient visit to qualify for the incentive.

Queries

You may receive a query if there isn't enough documentation in the office visit notes to support the diagnosis. Queries must be submitted to Advantasure within 30 days of the patient visit to meet CMS' requirement to amend the medical record.

ICD-10-CM diagnoses codes are ICD-10-CM Official Guidelines for Coding and Reporting are subject to change. It's the responsibility of the provider to ensure that current ICD-10-CM diagnosis codes and the current ICD-10-CM Official Coding Guidelines for Coding and Reporting are reviewed prior to the submission of claims.

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