

# Clinical Documentation Improvement Alert

Please use this alert as a guide during the face-to-face or telehealth (audio and visual component) patient visit. Exercise your independent clinical judgment when addressing these conditions; the fact that a question is asked does not imply that any particular answer is desired or expected. Please note that the alert may not include all conditions or quality measures that exist for this patient.

**This alert is for a patient who is a member of another Blue Cross Blue Shield health plan.**

Select Yes if the documentation from this visit supports the diagnosis indicated, select No if the patient does not have the condition indicated, select Not Addressed if the condition was not addressed during this visit.

Please refer to the reference tool for further guidance on documentation and coding of specific conditions.

Location: \_\_\_\_\_ Provider Name: \_\_\_\_\_ Alert ID: \_\_\_\_\_  
 MemberName: \_\_\_\_\_ Member DOB: \_\_\_\_\_ Member ID: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

**Confirmation of Diagnosis-** The following diagnoses have been submitted for this patient in prior claims or supplemental data sent to the payor.

- Yes  No  Not Addressed I700 Atherosclerosis of aorta
- Yes  No  Not Addressed F3342 Major depressive disorder, recurrent, in full remission
- Yes  No  Not Addressed E1122 DM type 2 with diabetic chronic kidney disease

**Clinical Documentation Improvement Opportunities-** Based on medical record review of clinical indicators, we identified the below clinical documentation opportunities.

- Yes  No  Not Addressed Obstructive sleep apnea (OSA) noted; please consider screening echocardiogram for pulmonary hypertension given documented risk factor
- Yes  No  Not Addressed The following criteria for morbid obesity were noted: BMI >35 with comorbidities of HTN and DM; please assess for morbid obesity and document if appropriate
- Yes  No  Not Addressed Patient has chronic asthma, on inhalers; please consider screening with PFT for asthma with chronic obstruction

**Star Measure Gap Closure-** Based on claims data, the following Star Measure Gaps need to be addressed during the patient visit. Please perform the steps indicated below and mark the box.

Test ordered  Not Performed Colorectal Cancer Screening: Patient needs colorectal cancer screening.  
 Patient referred Please refer patient for colonoscopy for flex sig, or order FOBT or  
 Service/Test Cologuard test. If already done, please document DOS and place a copy  
 Completed of the report in the chart.

Test ordered  Not Performed Breast Cancer Screening: Patient needs mammogram. Please order test.  
 Service/Test If already done, please document DOS and place a copy of report in  
 Completed chart.

Provider Tax ID: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_