

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.

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. You can refer to the Reference Tool for further guidance on documentation and coding of specific conditions.

Submit the alert with the office visit notes from the same date of service.

Location: _____ Provider Name: _____ Alert ID: _____

Member Name: _____ 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. Please refer patient for colonoscopy for flex sig, or order FOBT or Cologuard test. If already done, please document DOS and place a copy of the report in the chart.
- Patient referred
- Service/Test Completed

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

Provider Tax ID: _____

Contact Name: _____

Provider Signature: _____

Date: _____