Denial trends and CDI involvement

As part of the 13th annual Clinical Documentation Integrity Week, ACDIS conducted a series of interviews with CDI professionals on a variety of emerging industry topics. Vanessa Elliott, MBA-HM, RN, CCDS, enterprise system CDI educator at WVU Medicine in West Virginia, answered these questions. She is a member of the ACDIS Furthering Education Committee. For questions about the committee or the Q&A, contact ACDIS Associate Editor Jess Fluegel (*jfluegel@acdis.org*).

Q How is your CDI team involved with denials? Is it informally on a case-by-case basis, directly helping appeal letters, or something else in between? Who on your team is involved with denials management and/or appeals?

A Our CDI team reviews six cases weekly that are assigned to us via a software program. There are three CDI specialists who are Level 3s that work on these every week. I track the denials in a spreadsheet with details on them.

Q Respondents continue to report the majority of their denials originate from private payers, from 30.22% in 2022 to 38.61% this year. Does this mirror your experience? Do you have thoughts on why private payers seem to have surpassed Medicare as the biggest group denying claims in recent years?

A This is 100% the case for us as well. I think this is happening because most of these payers charge a lower rate for coverage and the elderly typically are looking for ways to cut costs, but they don't always know what they are buying into at the time.

Q About 81% of respondents reported that sepsis is one of their top five denied diagnoses, followed by 62.38% who said respiratory failure was in their top list. Why do you think these two diagnoses pose such a denial risk?

A Sepsis is a big one because many payers stick with Sepsis-3 as criteria, and with the SIRS and Sepsis-2 still being around, it has made it very challenging when reviewing these cases. Both respiratory failure and sepsis are diagnoses where providers tend to differ on when they define this as a validated diagnosis.

Q There was a significant increase in the number of respondents who included kidney disease in their top five denied diagnoses, from 15.83% in 2022 to 29.70% this year. Have you noticed an increase in certain kinds of denials over the last year? What types of diagnoses do you see most frequently denied? How have you worked to fight against those denials?

A For our team, we see sepsis, acute respiratory failure, and type 2 MI most often. We have encouraged clinical validation of cases that we do review when a diagnosis is in question. We don't review 100% of cases, however, so there are cases that are not being reviewed by the CDI team.

Q What other departments or groups have you collaborated with on the denials management/appeals process? In what capacity do

they collaborate (e.g., through monthly meetings, during the appeal writing process, etc.)?

A We meet with the denials team quarterly to brainstorm ideas, and we also attend some of the denial meetings to review cases that are pending.

Q **The most common denial mitigation tactic was clinically validating high-risk diagnoses concurrently (43.22%), followed by reviewing denials on a case-by-case basis upon request (40.69%). What methods do you think are most effective and the best use of CDI time? If a CDI team doesn't have access to denial volumes, how can they effectively choose a focus area?**

A Focusing on validating any diagnosis is important if it is questionable or not supported well by documentation. Most of the ones that we send the queries on would be sepsis and acute respiratory failure.

Q **How do you measure the success of CDI's involvement with this process? What metrics do you track and how are you tracking them?**

A Currently there is not a report that we have from denials to track these. I must manually look at the ones we disagreed on and then track if it has been overturned or denied. I do that periodically and provide the overturn rate on the ones that we review, and the dollar amount we have recouped, based on the information in the system where denials are tracked. I also try to review these when I'm able and see if there is an educational opportunity for the CDI specialist that maybe could be shared retrospectively for education.