Nuance CDE Clinical Documentation Excellence

# **User Guide**

Release 2.1.1



## **Client Support**

Phone: 800.892.5049 Fax: 877.238.2776 Web Portal: http://www.nuance.com/support/index.htm

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# What's New

#### **Table 1: General Enhancements**

Enhancement	Reference
The Product Training section now includes training for <b>Getting Started with CDE For the Coder</b> .	CDE Training on page xix
CDE Login page copyright year has been updated.	First Time Sign In on page 39
	Standard Sign In on page 40
Tooltip has been added to the values of <b>Admit DX</b> column of <i>Triage Worklist</i> screen.	Triage Worklist Columns and Descriptions on page
The <b>Facility</b> drop-down now shows a list of facility ids with their respective description.	51 Triage Worklist Screen
Current user and date/time information can be added to the worksheet section using a short-cut key.	Features and Descriptions on page 48
	About Worksheet on page 89
Refresh button has been provided on the <i>Laboratory</i> tab of the <i>CDS Assistant</i> screen.	Overview of CDS Assistant on page 74
Documents in the <i>Document Viewer</i> tab of the <i>CDS Assistant</i> screen, can now be sorted as newest to oldest or oldest to newest.	Document Viewer on page 85
Users can navigate to individual notifications or clarifications through the notification panel.	Working with Notifications on page 140
While editing existing notes or clarifications, users can navigate to other notifications through the notification panel. The existing edited notes or clarifications stay in draft mode.	Follow or Unfollow Notifications on page 142
Notifications for individual encounters can be followed or unfollowed.	
Triage Prioritization Logic has been updated.	Overview of Prioritization on page 193
New reference categories Patient Safety Indicators (AHRQ) Adult and Patient Safety Indicators (AHRQ) Pediatric have been added to Knowledge	About Knowledge Base on page 175
Base. The Patient Safety Indicators (PSI) help in measuring the safety of hospital care through analysis of inpatient discharge data.	Patient Safety Indicators (AHRQ) Adult on page 188
	Patient Safety Indicators (AHRQ) Pediatric on page 189

# **Live Chat**

#### Overview

CDE is offering Live Chat for some customers. This feature allows the CDS to connect with a Training or Support agent and chat with the agent live. This feature may also be used to facilitate virtual remote training sessions either at go live or after. Virtual training and support allows your agent to send the CDS a URL in the Live Chat dialog box. The user will click the URL to initiate the virtual training or support session. Users can chat by typing and also share their screen with support team and get resolution to the issues faced by them.

Triage	e Worklist							108 Ļ	0 🗎 🗘	2
CDS: All	▼ St	atus: In Progres 🔻	Payer: All	•	Unit: All 🔹 Visit Type: All	•	iPS ▲ ✓	ystem Wor	tklist	60
	ACCOUNT #	PATIENT NAME	ADMIT	PAYER	CDS WORKING REVIEW OR DISCOVERED DX	CLARIFICATION STATUS	LAST REVIEW (ET)	C.E.	сс/мсс	QUALIT
🗆 1	ACC0101MG040320	PETERS, PATRICK	12/15/2019	Medicare	☆ Syncope and collapse Type 1 diabetes mellitus withou +18			2	CC: 0 MCC: 0	^
🗆 1	ACC01025K032520	PETERS, PATRICK	07/08/2018	Medicare	Other chest pain Chronic kidney disease, stage 3 ( +6		04/01/2020 10:55:07 AM	1	CC: 0 MCC: 0	
🗆 1	ACC0304DG032720	White, David	03/01/2020	Medicaid	Unspecified abdominal pain Other chest pain +7		04/02/2020 03:42:20 AM	1	CC: 0 MCC: 0	
🗆 1	ACC0304DG032520	White, David	03/01/2020	Medicaid	Unspecified abdominal pain Other chest pain +7		03/31/2020 04:49:25 PM	1	CC: 0 MCC: 0	
🗆 1	ACC0210DG032520	Thomas, Joshua	03/01/2020	Commercial	Non-ST elevation (NSTEMI) myocard Essential (primary) hypertension +6		03/31/2020 07:03:59 AM	1	CC: 0 MCC: 0	
~	CLUE7958EN020520	00010 01007000	04/04/0000	¥	Allergy status to analgesic agent stat	Due Today	04/03/2020	0	CC: 0	>
					✓ Load Next 50 ✓					

Live chat provides two options:

- Support for 'how to' types of CDE application questions
- Training for CDI process training

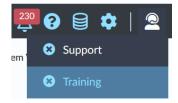
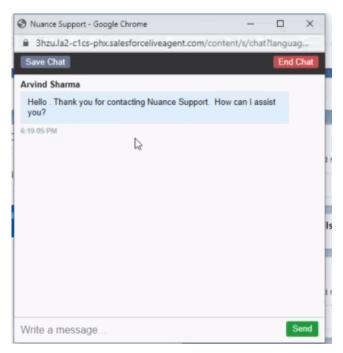


Figure 1: Live Chat - Options

For any kind of support, a window pops up and gives the status of support agent availability. In case the agent is available, you can chat in the window.



#### Figure 2: Live chat Window - Agent Available

In case the agent is unavailable, you will have to wait and try again.

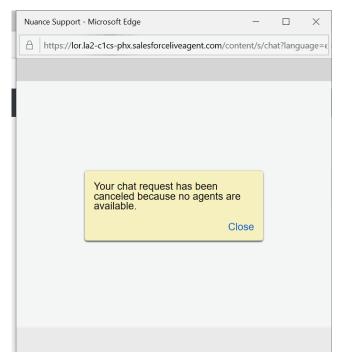


Figure 3: Live chat Window - Agent Unavailable

#### Features

- When Support or Training option is selected, following information is passed to SalesForce Live Chat: -Training or support, First Name, Last Name, Email Address, the user's Healthcare Organization. User does not need to share this information manually with the Agent
- User is made aware of with whom he/she are live chatting with.

• Audio or video is made available from the Live Chat dialog for either Training or Support. The Agent embeds a link that launches the audio and video screen sharing application.

The live chat facility is currently only available to select early adopters. Please reach out to support if you would like to be considered as part of the early adopter program.

#### **Client Support:**

Phone: 800.892.5049

Fax: 877.238.2776

Web Portal: http://www.nuance.com/support/index.htm

# **CDE** Training

This content will help you find links to training and resources that will help you get up to speed on the CDE One workflow, plus in-depth training on all the features and functionality of CDE One.

We have designed the training modules so that you can learn the entire workflow or return for a quick refresher on a specific topic if you need some help from a tutorial or the FAQs. The content is divided into three sections:

### What's New

This section highlights from each major product release with training on the new features and functions.

- What's New for CDE 2.0
- What's New for CDE 2.0.3
- What's New for CDE 2.1
- What's New for CDE 2.1.1

#### **Product Training**

This is a series of training modules, giving you in-depth training for each phase of the CDE workflow. Each module includes interactive lessons, best practices, frequently asked questions and practice scenarios. These modules are equally useful for new CDSs or for current CDSs that need a refresher on the workflow or product functionality.

- Getting Started With CDE
- The CDE Workflow
- Navigating CDE
- Managing Your Worklist
- The CDE Worksheet
- CDS Assistant
- Review
- Clarifications
- Reconciliation
- · Getting started with CDE For the Coder

#### Resources

These are links to our CDE application training resources, like training end user guides and quick reference guides.

- CDE CDS Training End User Guide
- CDE Quick Reference Guide

# Chapter 1

# **About This Guide**

**Topics:** 

- Overview
- Audience and Assumptions

# Overview

This user guide provides in-depth information about Nuance CDE.

# **Audience and Assumptions**

The information in this guide is prepared on the assumption that you have:

- Experience working in the Microsoft Windows environment.
- A computer that has access to Nuance CDE and is connected to a network.
- Appropriate access to patient records.
- Appropriate permission within the application to perform the tasks outlined in this guide. If you find you cannot perform a certain task, check with your System Administrator to see if you have been assigned the appropriate permission.

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# Chapter

# 2

# **About Nuance CDE**

**Topics:** 

- What is Nuance CDE
- Advantages of Nuance CDE

# What is Nuance CDE

Nuance CDE is a comprehensive portfolio of documentation guidance technologies and services that enable CDI teams to focus on quality, and improve clinical and revenue integrity.

#### **Benefits of Nuance CDE**

CDE One includes functionality and features to improve workflow, effectiveness, and outcomes. Some benefits of CDE One include:

- Security and stability: Industry-best disaster recovery and business continuity.
- **Faster deployment**: Nuance can take input from clients and quickly deploy to all customers. Customers' IT teams no longer will have to manage releases as with existing on-premise solutions.
- Cost savings: Cloud-based architecture will decrease IT and support costs.
- **One user experience**: CDI teams benefit from a new design, seamlessly transition between encounter prioritization and workflow management while increasing efficiency, productivity, and satisfaction.
- Advanced analytics: Cloud-based architecture allows clients to generate program status dashboards, drill-down reports and peer-group comparisons, as often as they'd like. No more manual data submission.

# **Advantages of Nuance CDE**

This section describes the advantages of using Nuance CDE.

- Priority ranking of encounters which can be configured
- CLU (Clinical Language Understanding) based columns to reflect the following:
  - CLU suggested or user added codes
  - CC/MCC counts
  - Quality indicators
- All the diagnoses and procedure codes suggested by CLU are displayed under CDS Assistant
- Snippets of documents containing CLU suggested code evidence are displayed in the CDS Assistant snippet view, and the complete document is displayed in the Document Viewer within CDS Assistant

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# Chapter

# 3

# **Getting Started**

## Topics:

- About Getting Started
- Browser Configuration
- Sign In
- Logging Out

# **About Getting Started**

This chapter covers the following initial procedure that you need to perform before using Nuance CDE.

- Overview of Browser on page 30
- First Time Sign In on page 39
- Standard Sign In on page 40
- Rules for Creating Passwords on page 42
- Updating Password on page 41
- Logging Out on page 44

Before you start using the application, your system administrator must set up an account for you and the screen resolution must be 1280 x 768 (or higher) pixels.

## **Browser Configuration**

### **Overview of Browser**

Nuance CDE uses Microsoft Internet Explorer as its web browser. For the application to function properly, you need to configure your browser to display the correct font size, use the proper settings, and get updated pages every time it connects to the server.

### **Configuring Standard Browser Settings**

- **Note:** Please make sure that you are not signed in to Nuance CDE application when configuring the browser.
- 1. Start Internet Explorer.
- 2. Configure the Internet options as follows:
  - a. Select Tools > Internet Options.
  - b. On the General tab, in the Temporary Internet Files or Browsing History section, click Settings.

Internet (	Options					?	×
General	Security	Privacy	Content	Connections	Programs	Advanc	ed
Home p	-	ate home	page tabs,	type each add	lress on its (	own line.	
		Use cu	irrent	Use default	Use n	ew tab	
Startup	o tart with ta	hs from t	he last ses	sion			20
	tart with ho			SIGH			
Tabs -					020		-
Char	nge how we	bpages a	re displaye	ed in tabs.	Т	abs	
Browsi	ng history						-
form	te tempora information elete brow	n.		kies, saved pas	sswords, an	d web	
				Delete	Set	tings	
Appea	rance —						-
(	Colors	Lang	guages	Fonts	Acce	ssibility	
			O	C Ci	ancel	Apply	,

### Figure 4: General Tab

- **c.** On the **Temporary Internet Files** tab, from the **Check for newer versions of stored pages** section, select one of the following radio buttons as necessary:
  - Every time I visit the page
  - Every time I start Internet Explorer
  - Automatically
  - **Note:** Do not select the **Never** radio button.

Website Data Settings				?	×
Temporary Internet Files	History	Caches a	nd databases		
Internet Explorer stores for faster viewing later.	copies of	webpages,	images, and me	dia	
Check for newer versions	s of stored	pages:			
O Every time I visit t	he webpa	ge			
O Every time I start I	Internet E	xplorer			
Automatically					
() Never					
Disk space to use (8-102- (Recommended: 50-25			250 ≑		
Current location:					
C:\Users\arijit_ghosh\App INetCache\	Data\Loci	al (Microsof	t\Windows\		
Move folder	View obje	ects	View files		
			OK	Ca	ncel

#### Figure 5: Temporary Internet Files Tab

- d. Click OK to close the Settings window and apply the change.
- e. Click OK to close the Internet Options window.
- 3. Configure the text size by selecting View > > Text Size > Medium.
- 4. Configure the encoding by selecting View > Encoding > Auto-Select.
- 5. Restart your browser to apply all settings.
  - Note: The use of supplemental browser toolbars such as Yahoo! Companion or Google is not recommended with Nuance CDE. You should remove or disable these toolbars when using Nuance CDE.

### **Disabling the Clipboard Pop Up**

This section describes how to disable the clipboard pop-up.

- 1. In the Internet Explorer browser window, select **Tools** > **Internet Options**.
- 2. In the Internet Options window, Click the Security tab.

Internet Options					? X	
General Security	Privacy	Content	Connections	Programs	Advanced	
Select a zone to v	view or cha	nge securi	ty settings.			
			/ (			
Internet I	ocal intrar	net Trust		stricted sites		
Truste	d sites e contains	wohsitos t	batuou	Site	es	
trust no your file	t to damag	e your con	nputer or			
- Security level fo	or this zone	-				
0	<b>tom</b> ustom setti To change To use the	the setting	gs, dick Custon Ided settings, d	n level. lick Default	level.	
Enable Pr	otected M	ode (requi	res restarting I	nternet Exp	lorer)	
		Cust	tom level	Default	level	
			Reset all zone	s to default	level	
Some settir	ngs are ma	naged by y	your system ad	ministrator.		
		Ok	Ca	ancel	Apply	

Figure 6: Security Tab- Trusted Sites Settings

- 3. Click the Trusted Sites symbol.
- From the Security tab, click the Custom Level button. The Security Settings - Trusted Sites Zone window is displayed.

pplications		
components with m	anifests	~
		>
estart your comput	ter	
ault)	×	Reset
	ant components components with m	

Figure 7: Security Settings - Trusted Sites Zone

5. From the Scripting section, select Enable for Allow Programmatic Clipboard Access.

Security Settings - Trusted Sites Zone	$\times$
Settings	
<ul> <li>Scripting</li> <li>Active scripting</li> <li>Disable</li> <li>Enable</li> <li>Prompt</li> <li>Allow Programmatic clipboard access</li> <li>Disable</li> <li>Enable</li> <li>Prompt</li> <li>Allow status bar updates via script</li> <li>Disable</li> <li>Enable</li> <li>Prompt</li> <li>Allow status bar updates via script</li> <li>Disable</li> <li>Enable</li> <li>Enable</li> </ul>	
<ul> <li>Allow websites to prompt for information using scripted window:</li> <li>Disable</li> <li>Enable</li> <li>Enable XSS filter</li> <li>Disable</li> </ul>	
*Takes effect after you restart your computer	]
Reset custom settings	
Reset to: Medium (default) ~ Reset	
OK Cancel	

### Figure 8: Security Settings Scripting

6. Click OK to return to the Internet Options window.

### **Security Settings**

### **Requisites for Configuring Security Settings**

Prior to running the application or integration, the following Internet Explorer settings must be set. These settings apply to any workstation that uses the application or integration. The Nuance CDE server is added as a trusted site, so that these settings apply only to the Nuance CDE application, but do not affect other Internet or Intranet applications.

You can use the Internet Explorer Administration Kit (IEAK) provided by Microsoft to create and manage custom browser software packages with the application settings. When these packages are installed on clients' desktops, they receive customized versions of Internet Explorer with the settings and options selected. After you deploy Internet Explorer, you can use the IEAK Profile Manager to change browser settings and restrictions automatically.

### **Configuring Security Settings**

These settings apply only to Nuance CDE, and do not affect other Internet or Intranet applications you use from your browser.

- 1. Take note of the location of the Nuance CDE production server (and test server, if applicable). You can find the name of the location by opening the application and viewing the URL. The name appears after https:// and is followed by a colon.
- 2. In the Internet Explorer browser window, select **Tools**\Internet Options.
- 3. In the Internet Options window, Click the Security tab.

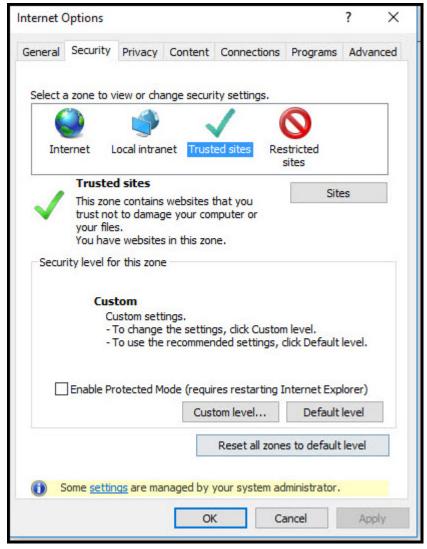


Figure 9: Security Tab- Trusted Sites Settings

- 4. Click the Trusted Sites symbol and then click the Sites button
- 5. In the Trusted Sites window, do the following:
  - a) In the edit box located at top of the window, type https://<application URL> and then click the Add button. The name appears in the Websites list.

this website to the zone:		
tps:// <application url=""></application>		Add
osites:		
dictaphone.com	^	Remov
elementk.com		
force.com	~	
	>	
	>	

### Figure 10: Trusted Sites Window

- b) Uncheck the Require server verification (https:) for all sites in this zone check box.
- **Note:** Add the following URLs to the trusted site list:
  - https://app.powerbi.com/: used for accessing the CDE Analytics
  - https://dc.services.visualstudio.com/: used for accessing the application insight
  - https://az416426.vo.msecnd.net: used for accessing the CDE Analytics
  - https://\*.analysis.windows.net/: used for accessing the CDE Analytics
  - https://nuancehdp.auth0.com: used for the central authentication
- 6. Click OK or Cancel.
- 7. From the **Security** tab with the **Trusted Sites** symbol selected, click the **Custom Level** button. The Security Settings - Trusted Sites Zone window is displayed.

ED.0			
	Framework		^
et L	oose XAML		
5	Disable		
0	Enable		
	) Prompt		
	AML browser applications		
5	Disable		
9	Enable		
	) Prompt		
er x	(PS documents		
	Disable		
	Enable		
_	-	to	
RET .NET	Framework-reliant componer		
NET	-		~
NET	Framework-reliant componer Permissions for components w		~
₽ .NET ₽ .NET ₽	Framework-reliant componer Permissions for components w	ith manifests	>
<ul> <li>.NET</li> <li>P</li> <li>F</li> <li>A</li> <li>Takes eff</li> </ul>	Pramework-reliant componer Permissions for components w	ith manifests	>
NET	Framework-reliant componerts w Permissions for components w Disable fect after you restart your co m settings	ith manifests	×
NET	Framework-reliant componerts w Permissions for components w Dicable fect after you restart your co	ith manifests	
<ul> <li>NET</li> <li>P</li> <li>F</li> <li>Takes eff</li> </ul>	Framework-reliant componerts w Permissions for components w Disable fect after you restart your co m settings	ith manifests	

Figure 11: Security Settings - Trusted Sites Zone

8. From the Settings section, select Enable for Font download.

Security Settings - Internet Zone	×
Settings	
<ul> <li>Enable</li> <li>Script ActiveX controls marked safe for scripting*</li> <li>Disable</li> <li>Enable</li> <li>Prompt</li> <li>Disable</li> <li>Enable</li> <li>Disable</li> <li>Enable</li> <li>Enable</li> <li>Prompt</li> <li>Enable</li> <li>Enable</li> <li>Enable</li> <li>Enable</li> <li>Enable</li> <li>Enable</li> <li>Enable</li> <li>Enable</li> <li>Prompt</li> <li>Enable</li> <li>Enable</li></ul>	
O Disable	
*Takes effect after you restart your computer	
Reset custom settings <u>R</u> eset to: Medium-high (default) ~ Reset	
OK Cancel	

Figure 12: Security Settings Font Download

9. Click OK to return to the Internet Options window.

## **Recommended Options**

#### **Blocking Debugger**

Block debugger error messages by adjusting two settings:

- 1. In your browser, select **Tools** > **Internet Options**.
- 2. Click the Advanced tab.
- 3. Check Disable script debugging for Internet Explorer and Other
- 4. Uncheck Display a notification about every script error.

#### Allowing Pop-ups

- 1. In your browser, select **Tools** > Internet Options.
- 2. Click the Privacy tab.
- **3.** Click on the **Settings** button to view and modify the behavior of the pop-up blocker. The **Pop-up Blocker Settings** window is displayed.
- 4. Add the address of the website from which you wish to allow pop-up windows.
  - Note: Type the address as follows, https://<application URL>
- Click the Add button. The address gets displayed in the Allowed Sites: list.
- 6. Select **Medium** from the **Blocking Level** drop-down list to block all pop-up windows except those located in your Local Intranet or Trusted Sites content zones.
- 7. Click Close.

#### **Setting Multiple Windows Option**

- 1. If you want to open a new web site in a separate window while keeping the application open in its own window, uncheck **Reuse windows for launching shortcuts**
- 2. Click OK to save the settings and close the Internet Options window.

#### **Using Disable Toolbars Option**

- 1. Select View\Toolbars.
- 2. On the list of toolbars, uncheck the relevant toolbar.

#### **Setting Print Page Options**

When you print from Nuance CDE applications, you can change the appearance of the page.

- 1. From your browser, select File\Page Setup.
- 2. Select your preferred settings and click OK.

## Sign In

#### **Local Authentication**

#### **First Time Sign In**

This section describes how you can sign-in to Nuance CDE for the first time.

Before you start, your system administrator must set up an account for you.

For first time sign in follow the below steps:

1. Start your web browser.

Nuance recommends using Microsoft Internet Explorer 11 (IE 11) as the default web browser.

2. Type the URL in the Address field and press Enter or click Search icon.

The Nuance CDE login screen is displayed.

	admin
	Password
	Sign In
_	

Figure 13: Login Screen

3. Type your ID in the User ID field.

Note: If you do not know your User ID, ask your system administrator.

- 4. Type the password provided by your system administrator in the Password field.
- 5. Press Enter or click Sign In.

The update password screen is displayed.

Nuance <sup>®</sup> CDE
Enter a new password for your account.
Old Password
New Password
Confirm Password
Update
Cancel

#### Figure 14: Update Password Screen

- 6. Type the password provided by the system administrator in the Old Password field.
- 7. Type a new password in the New Password field.
- 8. Again, type the new password in the **Confirm Password** field.
- Click Update to change the password or click Cancel to abort. The Triage Worklist screen is displayed.

#### **Related concepts**

Rules for Creating Passwords on page 42

Password Settings on page 42

#### **Standard Sign In**

This section describes how you can sign-in to Nuance CDE.

**1.** Start your web browser.

It is recommended to use Microsoft Internet Explorer 11 (IE 11) as the default web browser.

2. Type the URL in the Address field and press Enter or click Search icon.

The Nuance CDE login screen is displayed.

	Nuance <sup>®</sup> CDE
	Welcome to <b>CDE</b> , the clinical documentation solution for health information professionals.
	admin
	Password
	Sizn In
_	
your User We may also u Nuance, and th	se of this system constitutes consent to security monitoring and testing. All activity is logged by ID. This software uses browser cookies to provide our users with the best possible experience. use third-party cookies for analytics. By continuing to use this site you agree to the use of cookies. he Nuance logo, are trademarks and/or registered trademarks of Nuance Communications, Inc. or the United States and/or other countries. All other brand and product names are trademarks or
© 2018	registered trademarks of their respective companies.

Figure 15: Login Screen

- 3. Type your ID in the User ID field.
  - **Note:** If you do not know you User ID, ask your system administrator.
- 4. Type the password in the **Password** field.
- 5. Press Enter or click Sign In.

The Triage Worklist screen is displayed.

#### **Updating Password**

Nuance CDE allows you to change your password from the Triage Worklist screen.

- **1.** Sign in to the application.
- 2. From the top right, navigate to the icon with your name, and then click the **Update Password** link.

N	uance <sup>®</sup> C	DE					Account Number 🗸 Search		Q	Facility:	AII 🗸	💄 a	admin
	] Triage	Worklist									Update Pa	ssword	
С	DS: All	•	Status: Follow-up 🔻	Payer: All	•	Unit: All	•	<b>4</b> ~	<b>=</b> ~	View: System De			0
	RANK 🔺	ACCOUNT #	PATIENT NAME	ADMIT	PAYER		CDS WORKING REVIEW OR DISCOVERED DX	CLARIFICATION STATUS	LAST REVIEW	CC/MCC	QUALITY	PROC	^
	11	951681705	ZUAOJT, VTHRHD	02/09/2018	klwlm		🌟 Headache	Overdue 1 of 1	05/07/2018	CC: 0 MCC: 0			
	11	183306963	HANOCW, OLIFLD	02/07/2018	KbLdY					CC: 0 MCC: 0			
	11	212778679	UTDIQR, AIJQZU	02/07/2018	KbLdY					CC: 0 MCC: 0			
	11	236143331 🕑	DFBWCT, UQBMOY	12/26/2017	KSqKf		Hypertensive chronic kidney disease			CC: 0 MCC: 0	-		

#### Figure 16: Update Password Link

3. Type the old password in the Old Password field.

Nuance <sup>®</sup> CDE
Enter a new password for your account.
Old Password
New Password
Confirm Password
Update
Cancel

#### Figure 17: Update Password Screen

- 4. Type a new password in the New Password field.
- 5. Again, type the new password in the Confirm Password field.
- 6. Click **Update** to change the password or click **Cancel** to abort. The *Triage Worklist* screen is displayed.

#### **Related concepts**

Rules for Creating Passwords on page 42

Password Settings on page 42

#### **Rules for Creating Passwords**

Follow these rules when creating a password:

- Choose a password that is easy for you to remember, but difficult for others to guess. Avoid using your
  name or the names of family members, familiar dates, such as birthdays, or common words, such as
  password. Pass-phrases can also be used.
- The password must comply with the following rules that define a strong password. It must be between 8 and 128 characters in length and must include at least three out of the following four criteria:
  - Upper case letter
  - Lower case letter
  - Number
  - Special character
- Apart from the above rules, the password cannot be same as previous 10 passwords that you had set.
- Passwords are case sensitive. For instance, Pb2Ag and pb2ag are different passwords. To make your password more secure, use a mixture of uppercase and lowercase letters.

#### **Password Settings**

• The maximum password age is 90 days.

- Password once changed can only be updated after a minimum of one day.
- While logging into the application, if you enter a wrong password five times, your account gets locked out, as you cross the maximum failed attempts allowed.
  - **Note:** After the last failed login attempt, your account stays locked out for 15 minutes.

#### Single Sign On

#### About Single Sign-On

Single Sign-On (SSO) helps you to use your own identity provider (IdP) to access supported Nuance applications. Single sign-on eliminates the need of maintaining multiple credentials and also improves overall system security.

When you login to the application using the single sign-on, the system directly displays the *Triage Worklist* screen, no login credentials are required. If you have any issue with the login, please contact your system administrator.

## **Logging Out**

=

This section describes about how to log out from the Nuance CDE.

From the top right, navigate to the icon with your name, and then click the Logout link.

Nuance <sup>®</sup> Cl	DE				Account Number 🗸	Search		Q	Facili	ty: All 🗸	💄 admin
Triage 7	Worklist									Update Passv	vord
CDS: All	•	Status: Follow-up 👻	Payer: All	▼ Unit: All	•			<b>4</b> ×	<b>Z</b> ×	Logout View: Joy's list 👻	
RANK 🔺	ACCOUNT #	PATIENT NAME	ADMIT	CDS WORKING DX	G REVIEW OR DISCOVERED	CLARIFICATION STATUS	CC/MCC	QUALITY	PROC	LOS	^
11	951681705	ZUAOJT, VTHRHD	02/09/2018	🜟 Headache		Overdue 1 of 1	CC: 0 MCC: 0			90	
11	183306963	HANOCW, OLIFLD	02/07/2018				CC: 0 MCC: 0			92	
11	212778679	UTDIQR, AIJQZU	02/07/2018				CC: 0 MCC: 0			92	
□ 11	236143331 🗗	DFBWCT, UQBMOY	12/26/2017	Hypertensive of	chronic kidney disease w stg		CC: 0 MCC: 0	-		135	

Figure 18: Logout Link

You have successfully logged out message is displayed and you are logged out from the application.

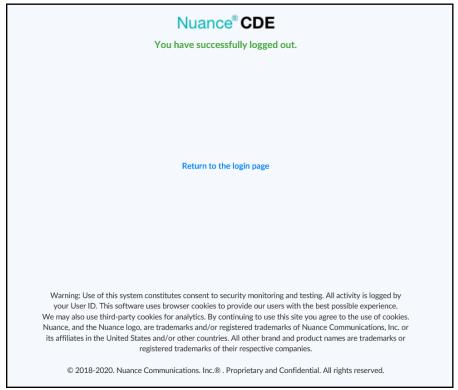


Figure 19: Logout Screen

**Note:** To return to the login screen, click the **Return to the login page** link. If your facility is using single sign-on then after clicking the **Return to the login page** link, the *Triage Worklist* screen is displayed.

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# Chapter

## **CDE Triage**

#### **Topics:**

- About Triage Worklist
- Triage Worklist Screen Features and Descriptions
- Triage Worklist Columns and Descriptions
- About Pediatric Worklist
- Pediatric Worklist Features
- Creating a Custom Worklist
- Editing a Custom Worklist
- Managing a Custom Worklist
- Visual Indicators
- Quality Indicators
- Resolving a quality alert
- Encounter Status and Description
- Using Quick Search from the Triage Worklist
- Setting-up the Triage Worklist Columns
- Assign and Unassign Encounter
- Assigning Encounters to Review Not Needed Status
- CDS Assistant
- Document Viewer

## **About Triage Worklist**

System default worklist screen is displayed when you log into the application for the first time. You can create your customized worklist and set it as a default. After you setting the custom worklist as default, everytime you log into the application, the custom worklist is displayed.

Nuance <sup>®</sup> C	DE		Account Nu	mber 🗸 Search		٩	Facility: All	~	admin		
Triag	e Worklist										Help 🏩
CDS: All	▼ Sta	atus: All 🔻	Payer: All	•	Unit: All Visit Type: A	.11 🗸	<b>*</b> ~	₩~	ALL	•	•
RANK	ACCOUNT #	PATIENT NAME	ADMIT	PAYER	CDS WORKING REVIEW OR DISCOVERED DX	CLARIFICATION STATUS	LAST REVIEW (ET)	C.E.	CC/MCC	QUALITY	PROC
3	ACC0508DG05231	Moore, Terri1 T	05/05/2019	Medicaid	🚖 Headache	Overdue 1 of 1	08/08/2019 07:09:40 AM	11	CC: 0 MCC: 0		^
3	ACC0205DG060319	Johnson, Amanda	05/01/2019	Medicare	🔶 Headache Essential (primary) hypertension	Overdue 1 of 1	06/04/2019 01:48:36 AM	7	CC: 0 MCC: 0		
3	ACC0205DG052119	Johnson, Amanda T	05/01/2019	Medicare	🚖 Headache	Overdue 2 of 2	05/22/2019 02:58:52 AM	7	CC: 0 MCC: 0		
3	ACC0106DG011619	PETERS, PATRICK P	11/08/2018	Medicare	Long term (current) use of insulin	Overdue 6 of 6	06/14/2019 09:55:23 AM	4	CC: 0 MCC: 0		
□ 3	ACC0502DG021219	Peters, Terri T	11/08/2018	Medicare	🚖 Headache	Overdue 32 of 32	02/17/2019 09:16:26 AM	4	CC: 0 MCC: 0		
3	ACC0107DG021219	PETERS, PATRICK T	11/08/2018	Medicare	🚖 Fever, unspecified Abrasion, unspecified knee, initial en	Overdue 8 of 8	02/17/2019 01:41:51 AM	4	CC: 0 MCC: 0		
3	ACC0101DG011519	PETERS, PATRICK	11/08/2018	Medicare	Syncope and collapse Long term (current) use of insulin +12	Overdue 8 of 8	02/17/2019 12:49:58 AM	4	CC: 0 MCC: 0		
3	ACC0205DG121818	Johnson, Amanda	11/08/2018	Medicare	Human immunodeficiency virus [HIV.	Overdue 8 of 8	12/20/2018 10:45:46 AM	4	CC: 0 MCC: 0		•
3	ACC0205DG121318	Johnson, Amanda	11/08/2018	Medicare	🚖 Pneumonia, unspecified organism	Overdue 1 of 1	12/13/2018 03:19:47 PM	4	CC: 0 MCC: 0		
□ 3	ACC0205DG121218	Johnson. Amanda	11/08/2018	Medicare	🔶 Pneumonia. unspecified organism	Overdue	12/13/2018	4	CC: 0		>
					<ul> <li>Load Next 50</li> </ul>						
Showing 50 of 1	7798 encounters								Upd	ated 08/16/2019	06:30:53 AM ET

Figure 20: Triage Worklist Screen

#### **Related tasks**

Creating a Custom Worklist on page 58

#### **Related reference**

Triage Worklist Screen Features and Descriptions on page 48 Information in this section cover all the features available on the *Triage Worklist* screen.

Triage Worklist Columns and Descriptions on page 51

Information in this section covers all the Triage Worklist columns. You can configure these columns.

## **Triage Worklist Screen Features and Descriptions**

Information in this section cover all the features available on the *Triage Worklist* screen.

#### Table 2: Triage Worklist Screen Features and Descriptions

Features	Description
≡	Main navigation. Navigates to <i>Triage Worklist</i> , <i>Analytics</i> , and <i>Audit Trail</i> screen.
Search Q	Quick search a specific account number, MRN, or patient name.
	For more information, refer to Using Quick Search from the Triage Worklist on page 66
Facility: All	Displays a list of facilities (facility id with description).
	Select single, multiple or all facilities from the drop- down list.
	By default, all facilities are selected.
	The <b>Clear Selected Items</b> link appears only when one or more facility is selected. This link can be used to clear the selection.
CDS: All	Retrieve a list of encounters which are unassigned or assigned to a CDS. One or more CDSs can be selected from drop-down list and it displays the list of the CDSs available for the selected facility.
	By default, your user name is selected.
	The <b>Clear Selected Items</b> link appears only when one or more CDS is selected. This link is used to clear the selection.

Features	Description
Status: All	Retrieve a list of encounters by selecting one or more statuses.
	By default, all the following status are selected:
	<ul> <li>Auto Reconciled</li> <li>Discharged</li> <li>In Progress</li> <li>Reconcile - Impact</li> <li>Reconciliation Hold</li> <li>Review Complete</li> <li>Review Not Needed</li> <li>Untouched</li> </ul>
	The <b>Clear Selected Items</b> link appears only when one or more status is selected. This link is used to clear the selection.
	Refer to Encounter Status and Description on page 65.
Payer: All	Retrieve a list of encounters by selecting one or more payers.
	By default, all the payers are displayed in alphanumeric order.
	The <b>Clear Selected Items</b> link appears only when one or more payer is selected. This link is used to clear the selection.
Unit: All 👻	Retrieve a list of encounters by selecting one or more units from the drop-down list and it displays the list of units available for the selected facility.
	By default, all the unit IDs are displayed in alphanumeric order.
	The <b>Clear Selected Items</b> link appears only when one or more unit is selected. This link is used to clear the selection.
Visit Type: All	Retrieve a list of encounters based on the visit type of the patient.
	By default, all the visit types are displayed.
≗ Assign ∨	Assign selected encounters to a CDS if you are an administrator, or to yourself, and also you can unassign an encounter.
View: System Default Worklist 🔻	Create and manage worklists.
≅ Status ∨	Assign the <b>Review Not Needed status</b> to selected encounters.

Features	Description
C	Navigate to CDS Assistant screen.
	Add or remove Triage Worklist columns.
0	Refresh Triage Worklist columns.
*	Navigate to the <i>Configuration</i> screen, if you have administration permissions.

#### **Related tasks**

Using Assign Encounters to CDS on page 69

Assigning Encounters to Review Not Needed Status on page 73

#### Related reference

Encounter Status and Description on page 65 This section describes the encounter status displayed on the Triage Worklist screen.

## **Triage Worklist Columns and Descriptions**

Information in this section covers all the Triage Worklist columns. You can configure these columns.

#### Table 3: Triage Worklist Columns and Descriptions

Worklist Columns	Descriptions
ACCOUNT#	Patient's account number
	<b>Note:</b> This is a mandatory column and is displayed by default.
ADMIT DX (Admitting Diagnosis)	Diagnosis at the time of the patient's admission.
	Note: Tooltip has been added to the values to show the code as well as description.
ADMIT SERVICE (Admitting Service)	Provider group/service where the patient is admitted to, such as Cardiology or Orthopedics.
ADMIT (Admit Date)	Patient's date of admission
AGE	Patient's age at the time of admission
PROVIDER (Attending Provider)	Name of the attending physician
СС/МСС	Number of CC/MCC codes added in the Working Review section in the <i>Review</i> screen.
	Note: CC/MCC count on worklist should reflect all CC/MCCs in the Review Screen (not just the impacting ones).
	When a red flag displays, you can click the flag to open CDS Assistant with CLU suggested CC/MCC codes displayed.
CDS	Name of the Clinical Documentation Specialist assigned to the encounter.

Worklist Columns	Descriptions
CDS WORKING REVIEW OR DISCOVERED DX	Displays suggested code with a blue hyperlink, and manually added codes with black font. Target diagnosis codes are displayed with a star(*).
	Partial codes are displayed in upper-case, and fully qualified codes are displayed in mixed-case (upper and lower).
	Click the link to display CLU suggested CC, HAC, MCC, and Target diagnosis codes in the CDS Assistant.
	When you add a primary diagnosis code in the Working Review and save, this column then displays that diagnosis description and is no longer a link.
	If there are more than two codes in the column, then the count of extra codes is displayed in the second row.
	<b>Note:</b> This is a mandatory column and is displayed by default. It cannot be removed.
Clinical Evidence (C.E.)	Number of clinical evidences available for the encounter.
Clarification Status	Status of open clarifications
	<ul> <li>Due Today - Follow up date is today.</li> <li>Due in (X) days - Follow up date is tomorrow or later.</li> <li>Overdue - Follow up date was yesterday or prior.</li> </ul>
DOB (Date of Birth)	Patient's date of birth
DISCHARGE (Discharge Date)	Patient's date of discharge
FACILITY	Facility ID associated with the encounter.
Final Coded DRG	Final coded DRG either imported from the coding system or manually added in the <i>Reconciliation</i> screen.
	Note: If the final imported codes have an incomplete coding status, then the system will not display the final coded DRG.
FOLLOW-UP (Encounter Follow-up Date)	Date entered in the encounter <b>Follow-up Date</b> field.
LAST REVIEW (Last Review Date and Time)	Date and time the encounter was last saved.
LOS (Length of Stay)	Patient's duration of stay in a facility. Duration is displayed in number of days.
MRN (Medical Record Number)	Patient's Medical Record Number
PATIENT NAME	

Worklist Columns	Descriptions
PAYER	Primary payer (insurance) associated with the encounter.
PROC (Procedures)	Indicates CLU suggested procedure codes.
	When a red flag displays, you can click the flag to open CDS Assistant with CLU suggested procedure codes displayed.
QUALITY	Indicates CLU suggested codes related to potential HAC, PSI, or Core Measure opportunity.
	When a red flag displays, you can click the flag to open CDS Assistant with CLU suggested HAC or PSI codes displayed.
RANK	Priority of encounter. This could be any number from 1 to 11.
	Refer Unranked and Exclusion Criteria on page 193, to know more about the types of encounters excluded from the prioritization ranking.
	📑 Note:
	<ul> <li>This is a mandatory column and is displayed by default. It cannot be removed.</li> <li>Prioritization ranking is displayed based on pre-configured rules.</li> </ul>
ROOM	Patient's room number in a facility.
SOI	Severity of illness.
	For APR DRG grouper the system displays the value associated with the grouper, and for CMS grouper system displays the value associated with CMS grouper. The Possible SOI value is displayed, and if the PossibleSOI is not present, the system displays the WorkingSOI value.
	Suggested SOI value is displayed when working or possible SOI values are unavailable. Suggested SOI values appear as hyperlink. If you click these values, system navigates you to the CDS Assistant screen.

Worklist Columns	Descriptions
ROM	Risk of mortality.
	For APR grouper the system displays the value associated with the grouper, and for CMS grouper system displays the value associated with CMS grouper. The Possible ROM value is displayed, and if the Possible ROM is not present, the system displays the Working ROM value.
	Suggested ROM value is displayed when working or possible ROM values are unavailable. Suggested ROM values appear as hyperlink. If you click these values, system navigates you to the CDS Assistant screen.
STATUS	Status of the encounter.
	Refer to Encounter Status and Description on page 65.
UNIT	Unit assigned to the encounter.
VISIT TYPE	Patient's visit type. Following are typical visit types:
	• I - Inpatient
	• <b>O</b> - Outpatient
DRG	Calculated DRG value. Following are the types of DRG values displayed.
	<ul><li>Working DRG</li><li>Possible DRG</li><li>Suggested DRG</li></ul>
	Suggested DRG is displayed only when Working or Possible DRG values are unavailable.

#### **Related concepts**

Visual Indicators on page 62

This section describes the visual indicators (Flags and Icons) available on the Triage Worklist screen.

Overview of Prioritization on page 193

Unranked and Exclusion Criteria on page 193

#### **Related tasks**

Setting-up the Triage Worklist Columns on page 67 This section describes how to customize the Triage Worklist columns.

Assigning Encounters to Review Not Needed Status on page 73

#### **Related reference**

Encounter Status and Description on page 65 This section describes the encounter status displayed on the Triage Worklist screen.

## **About Pediatric Worklist**

Pediatric Worklist can be viewed by selecting the desired option from the drop-down list on the top right side pane. You can also create your customized worklist.

Nuance <sup>®</sup> Cl	DE				Account Number 🗸	iearch	٩)	Facility: All		Ketki
Triage	Worklist							Ĺ	. 8	
CDS: All	•	Status: In Progres	<ul> <li>Payer: All</li> </ul>	•	Unit: All  Visit Type: All	•		Pediatric Worklist		۵ <i>8</i>
							<b>2</b> ×	Save Worklist View		
🗖 RANK 🔺	ACCOUNT #	PATIENT NAME	ADMIT	PAYER	CDS WORKING REVIEW OR DISCOVERED DX	CLARIFICATION STATUS	LAST REVIEV (ET)	Manage Views	ROM	1 C
🗆 1	ACC0107PED0715	<sup>19</sup> GIRL, TAMMY	07/15/2019	Medicare	🚖 Headache	Overdue 1 of 1	03/05/2020 07:08:12 AM	<ul> <li>Pediatric Worklist</li> </ul>	1	^

Figure 21: Drop down list

Nuance® C	DE				Account Number 🗸	earch	٩	Facility: All	~		Ketki
📃 Triag	e Worklist								¢	. 😯	8
CDS: All	▼ St	atus: In Progres 🔻	Payer: All	•	Unit: All   Visit Type: All	•	í≣ × ≜ ×	Pediatric Worklist	•		Ð
RANK A	ACCOUNT #	PATIENT NAME	ADMIT	PAYER	CDS WORKING REVIEW OR DISCOVERED DX	CLARIFICATION STATUS	LAST REVIEW (ET)	C.E.	SOI	ROM	0
□ 1	ACC0107PED071519	GIRL, TAMMY	07/15/2019	Medicare	🚖 Headache	Overdue 1 of 1	03/05/2020 07:08:12 AM	0	1	1	^
□ 1	км03051	Albert, Nerry	04/10/2019		★ Headache Other Gram-negative sepsis +1	Overdue 1 of 1	03/23/2020 07:45:18 PM	0	4	3	
2	ACC0104PED032420	BRIGGS, OLIVA	02/25/2020	Medicaid	🚖 Urinary tract infection, site not s		03/24/2020 02:37:52 PM	2	1	1	
2	ACC0108PED031720	DANVERS, SOPHIE	07/26/2019	BCBS	Unspecified asthma with (acute) exa		03/24/2020 01:31:18 PM	0	1	1	
2	км03052	Albert, Nerry	04/10/2019		Salmonella sepsis		03/05/2020 07:16:44 AM	0	1	1	
<	ACC0101PED031720	ANDERSON TOMMY	07/25/2019	Medicaid	🐈 Sickle-cell disease without crisis			5	1	1	~

#### Figure 22: Pediatric Worklist Screen

The Pediatric worklist screen features are similar to Triage worklist. For details, refer Triage Worklist Screen Features and Descriptions on page 48.

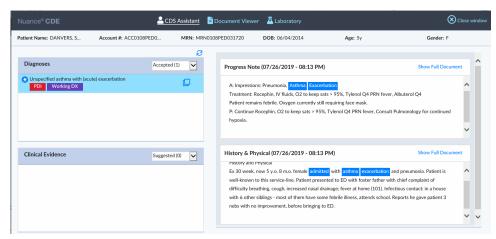
Data in the Pediatric worklist is represented in the same way as Triage worklist. For column descriptions of Pediatric worklist, refer Triage Worklist Columns and Descriptions on page 51.

- Note: The CC/MCC column will not be displayed by default in the Pediatric worklist. It can be added to the worklist if required.
- **Note:** AGE column (age at admission) is also available and can be added to the worklist.

## **Pediatric Worklist Features**

#### **CDS** Assistant

For CLU suggested PSI codes in the CDS Assistant screen, the PSI tag displays as PDI or NQI.



For a pediatric encounter, system will not display the symbols below for codes in the CDS Assistant.

#### Table 4: Codes not displayed

Category	codes
Diagnosis	С
	HC
	HR
	Μ
	Р
	PC
	PCC
	C*
	PC*
	P**
	M*
	P*
	1-8
Procedure	POR*
	POR
	OR*
	PC*

#### Working or Possible Review

For a pediatric encounter, system will not display the defined symbols for codes in the Working or Possible Review. Includes codes:

- Added directly by CDS
- Copied from CDS Assistant
- Copied from IMO search result

#### **Reconciliation Screen**

For a pediatric encounter, system will not display the defined symbols for codes in the Reconciliation Screen: Final Coded Summary:

- P05 import
- Added directly by CDS

#### IMO (Clinical Language) or Code Index search

Refer Table 4: Codes not displayed on page 56 for Symbols which will not display in IMO (Clinical Language) or Code Index search results.

## **Creating a Custom Worklist**

This section describes how to create a custom worklist.

- 1. To create a custom worklist, perform any of the following on the worklist columns:
  - Reorder
  - Add
  - Remove
  - Sort the worklist by applying quick filters for CDS, Status, Payer, and Unit

2. Click Custom Worklists and then click Save Worklist View.

Nuance <sup>®</sup> C	DE	٩	Facility: All 🗸	💄 admina						
Triage Worklist										₿ \$
CDS: All	▼ St:	atus: In Progres 🔻	Payer: All	•	Unit: All	Visit Type: All	•	/徂 ×	P System Worklist	□ 8
								<b>2</b> ~	Save Worklist View	
🔲 RANK 🔺	ACCOUNT #	PATIENT NAME	ADMIT	PAYER	CDS WORKING REVIE DISCOVERED DX	W OR	CLARIFICATION STATUS	LAST REVIEV (ET)	Manage Views	QUALIT
□ 1	ACC0107DG031220	PETERS, PATRICK T	03/01/2020	Medicare		★ Syncope and collapse Type 1 diabetes mellitus withou +18		03/23/2020 03:44:07 AM	Pediatric Worklist	^
1	ACC0107DG031120	PETERS, PATRICK T	03/01/2020	Medicare	📌 Syncope and collap Type 1 diabetes mellitu			03/13/2020 11:26:27 AM	2 CC: 0 MCC: 0	

Figure 23: Custom Worklist - Save Worklist

The Save Worklist View dialog box is displayed.

Save Worklist View	
<ul> <li>Enter View Name</li> <li>Overwrite Existing View</li> </ul>	Follow-Up
	My In_Progress Untouched
	☐ My default
	Cancel Save

#### Figure 24: Save Worklist View

3. In the Enter View Name field, type the name of the worklist that you want to create.

**Note:** The custom worklist name must be unique, and must contain less than 50 characters.

- 4. If you want to make this worklist as a default, select the My default check box.
- 5. Click Save.

Upon save, the worklist gets added to the **Custom Worklists** drop-down and retains the changes that you have done on the *Triage Worklist* screen.

## **Editing a Custom Worklist**

This section describes how to edit a custom worklist view.

- 1. To create a custom worklist, perform any of the following on the worklist columns:
  - Reorder
  - Add
  - Remove
  - Sort the worklist by applying quick filters for CDS, Status, Payer, and Unit

2. Click Custom Worklists and then click Save Worklist View.

Nuance <sup>®</sup> C	DE	٩	Facility: All 🗸	💄 admina						
Triage Worklist										₿ \$
CDS: All	▼ St:	atus: In Progres 🔻	Payer: All	•	Unit: All	Visit Type: All	•	/徂 ×	P System Worklist	□ 8
								<b>2</b> ~	Save Worklist View	
🔲 RANK 🔺	ACCOUNT #	PATIENT NAME	ADMIT	PAYER	CDS WORKING REVIE DISCOVERED DX	W OR	CLARIFICATION STATUS	LAST REVIEV (ET)	Manage Views	QUALIT
□ 1	ACC0107DG031220	PETERS, PATRICK T	03/01/2020	Medicare		★ Syncope and collapse Type 1 diabetes mellitus withou +18		03/23/2020 03:44:07 AM	Pediatric Worklist	^
1	ACC0107DG031120	PETERS, PATRICK T	03/01/2020	Medicare	📌 Syncope and collap Type 1 diabetes mellitu			03/13/2020 11:26:27 AM	2 CC: 0 MCC: 0	

Figure 25: Custom Worklist - Save Worklist

The Save Worklist View dialog box is displayed.

Save Worklist View	
<ul> <li>Enter View Name</li> <li>Overwrite Existing View</li> </ul>	My In_Progress
	My In_Progress Untouched
	□ My default
	Cancel Save

#### Figure 26: Save Worklist View - Overwrite

3. Select Overwrite Existing View and then select an existing custom worklist that you want to overwrite.

**Note:** If you want to make this template as a default template, select the **My default** check box.

4. Click Save.

## **Managing a Custom Worklist**

This section describes how to manage an existing custom worklist. From the Manage Worklist View, you can do the following:

- Defaulting an existing custom worklist
- Delete a custom worklist

#### **Defaulting an Existing Custom Worklist**

1. Click Custom Worklists and then click Manage Views.

Nuance <sup>®</sup> CI	DE				Account Number 🗸	Account Number 🗸 Search			admina 🔒
Triage	Worklist							<b>11</b> 🖓	8 🌣
CDS: All	▼ Sta	atus: In Progres 🔻	Payer: All	•	Unit: All 🔹 Visit Type: All	•	<b>⊞</b> ×	Follow-up	□ 8
							<b>2</b> ~	Save Worklist View	
	ACCOUNT #	PATIENT NAME	ADMIT	PAYER	CDS WORKING REVIEW OR DISCOVERED DX	CLARIFICATION STATUS	LAST REVIEV (ET)		QUALIT
🗆 1	ACC0107DG031220	PETERS, PATRICK T	03/01/2020	Medicare	Type 1 diabetes mellitus withou +18		03/23/2020 03:44:07 AM	IP System Worklist Pediatric Worklist ✔ Follow-up	^
□ 1	ACC0107DG031120	PETERS, PATRICK T	03/01/2020	Medicare	Syncope and collapse Type 1 diabetes mellitus withou +18		03/13/2020 11:26:27 AM	2 00.0	
	ACC0304DG031220	White David	03/01/2020	Medicaid	🐈 Unspecified abdominal pain			1 CC: 0	

#### Figure 27: Custom Worklist- Manage Views

The Manage Worklist Views dialog box is displayed.

Mai	Manage Worklist Views						
	Set a default v	vorklist view and delete existing views.					
	DEFAULT	WORKLIST VIEW	ACTIONS				
	0	My In_Progress	🖻 Delete				
	0	Follow-Up	🖻 Delete				
			Cancel Save				

#### Figure 28: Manage Worklist Views

- 2. Select the **Default** radio button for the respective worklist that you want to set as default.
- 3. Click Save.

#### **Deleting a Custom Worklist**

1. Click Custom Worklists and then click Manage Views.

Nuance <sup>®</sup> Cl	DE				Account Number 🗸 Sear	ch	٩	Facility: All 🗸	💄 admina
Triage	e Worklist							ļ <mark>117</mark> ?	₿ \$
CDS: All	▼ St	atus: In Progres 🔻	Payer: All	-	Unit: All  Visit Type: All	-	í≡ × F	ollow-up 👻	I I C
							<b>2</b> ~	Save Worklist View	
	ACCOUNT #	PATIENT NAME	ADMIT	PAYER	CDS WORKING REVIEW OR DISCOVERED DX	CLARIFICATION STATUS	LAST REVIEV (ET)	Manage Views	QUALIT
□ 1	ACC0107DG031220	PETERS, PATRICK T	03/01/2020	Medicare	☆ Syncope and collapse Type 1 diabetes mellitus withou +18		03/23/2020 03:44:07 AM	Pediatric Worklist	^
1	ACC0107DG031120	PETERS, PATRICK T	03/01/2020	Medicare	Syncope and collapse Type 1 diabetes mellitus withou +18		03/13/2020 11:26:27 AM	2 MCC: 0	
	ACC0304DG031220	White David	03/01/2020	Medicaid	🚖 Unspecified abdominal pain			1 CC: 0	



The Manage Worklist Views dialog box is displayed.

Mar	Manage Worklist Views								
	Set a default worklist view and delete existing views.								
	DEFAULT	WORKLIST VIEW	ACTIONS						
	0	My In_Progress	<b>逾</b> Delete						
	0	Follow-Up	<b>逾</b> Delete						
			Cancel Save						

#### Figure 30: Manage Worklist Views

2. Click **Delete** corresponding to that worklist which you want to delete.

Note: You can restore a deleted custom worklist by clicking Restore.

3. Click Save.

=

The custom worklist gets deleted and the worklist does not appear in the **Custom Worklists** dropdown.

## **Visual Indicators**

This section describes the visual indicators (Flags and Icons) available on the Triage Worklist screen.

Visual Indicator	Description
Readmission Flag ( <b>R</b> )	If the patient is readmitted within the 30 days of the discharge date, a readmission flag ${f R}$ displays next to the admit date.
	<b>Note:</b> When admission date is not available the calculation is done based on the facility's local time-zone.
Red Flag 🏴	A red flag ( <sup>IM)</sup> ) is displayed when there is a CLU suggested code related to the following:
	<ul> <li>CC, MCC codes in the CC/MCC column. Tooltip on the flag displays count of suggested codes only.</li> <li>Procedure codes in the PROC column. Tooltip on the flag displays count of PROC codes.</li> <li>HAC, PSI, or Quality Measure codes in the Quality column. Tooltip on the flag displays count of suggested codes and also the count of unresolved quality related codes added in the Working Review section in</li> </ul>
	the <i>Review</i> screen.
Green Check-mark 🥝	When you accept or reject all the CLU suggested HAC, PSI or Quality Measure codes, a green check-mark is displayed on the Quality and PROC columns.
Star Icon ★	A star icon is displayed next to a primary diagnosis code on the CDS Working Review or Discovered DX column indicating that the primary diagnosis code is a target diagnosis ICD-10 code. This code can either be manually added or CLU suggested.

#### Related reference

Triage Worklist Columns and Descriptions on page 51

Information in this section covers all the Triage Worklist columns. You can configure these columns.

## **Quality Indicators**

The Patient Safety Indicators are filtered by the topics selected in **Configuration** > **CDE Preferences** > **Quality - NQI, PDI, PSI**. A red flag in the Quality column of the Triage Worklist page indicates CLU suggested codes related to potential HAC, PSI, or Core Measure opportunity. On hover, the tooltip displays the number of suggested quality alerts raised.

When there are open quality alert raised for CLU suggested codes, the reg flag in the Quality column is click-able. On click, the application navigates to **CDS Assistant** > **Quality category**, with CLU suggested HAC or PSI codes displayed. When these codes are copied to review, the red flag remains in the Quality column. The CDS can view the red or amber quality alert on the Review page.

When you manually enter a code on the Review page, which triggers a PSI alert, the encounter is in progress, and you navigate to Triage Worklist page. The red flag is displayed in the Quality column. In this case, when the red flag is clicked, the application navigates to the Review page, and not the CDS Assistant.

Nuance* CDE			Account Number 🗸 Search	Q 💄 Priyanka
Worksheet Review Clarifications Reconciliation		Follow-up: mm/dd/yyyy mil In Progress	✓ Cancel Save	)   Help 🖨 🏟 🔒
	nder: M Admit: 09/01/2019 S: 60 Discharge:	AP: Ready, Ever M.D. CDS: Nagwankar, Priyank	Payer: Medicare Grouper: CMS 37.0	Unit: 4810 Room: ROOM1
DX           Powered by IMO ® Q	Quality Alerts (1) Alerts (1)	Resolved (0)	-	•
Powend by MOR Terministery. © 1997. 3219 Paulitant Medical Objects. Inc. MOR INTELECENT MEDICAL OBJECTS, and the ∯ loga are registered trademarks of Intelligent Medical Objects, Inc. All Rights Reserved.	Description  PSI A02.1 - Postop Sepsis	G	obal Exclusions Specific Exclusions	New Carification
M/S DRG WT MDC DESCRIPTION		RIPTION ^	PROC DESCRIPT	TION ^
		inated infections ROM: 1	MS DRG: MDC: MS DRG WT: Reimb: APR DRG: APR DRG WT: SOI: Reimb: AMILOS:	AMLOS: GMLOS: ROM: GMLOS:

#### Figure 31: Quality Alert panel

You can resolve the alerts by selecting appropriate options displayed in the Quality Alert drop-down. When all the quality alerts are resolved, a green check is displayed.

## Resolving a quality alert

This section describes how to resolve a quality alert.

1. Click the drop-down on the Quality Alert panel.

Nuance <sup>®</sup> CDE		م	account Number 🗸 Search	Q Priyanka
Worksheet Review Clarifications Reconciliation		Follow-up: mm/dd/yyyy mil In Progress	✓ Cancel Save	Help 🖯 🎝 🖨
<b>U</b>	nder: M Admit: 09/01/2019 IS: 60 Discharge:	AP: Ready, Ever M.D. CDS: Nagwankar, Priyanka	Payer: Medicare a Grouper: CMS 37.0	Unit: 4810 Room: ROOM1
DX         •         Powered by IMO 8         •	Quality Alerts (1) Alerts (1)	Resolved (0)		<u> </u>
Pavened by MODE Terminology, C 1977. 2019 builligent Mudical Objects, Inc. MOD NTELLIGHT MEDICAL OBJECTS, and the off loga are registered trademarks of Intelligent Mudical Objects, Inc. All Rights Reserved.	Description  PSI A02.1 - Postop Sepsis	G	bal Exclusions Specific Exclusions	New Clarification
Ab DRG Details     V M/S DRG WT MDC DESCRIPTION	MS DRG: 872 - SEPTICEMIA OR SEV	SITIC DISEASES, SYSTEMIC OR UNSP	PROC DESCRIPTION MS DRG: MOC: MS DRG WT: Reimb:	AMLOS: GMLOS:
	APR DRG: 720 - Septicemia & dissem APR DRG WT: 0.4217 SOI: 1 Reimb: \$0 AMLOS: 2	ROM: 1	APR DRG: APR DRG WT: SOI: Reimb: AMLOS:	ROM: GMLOS:

#### Figure 32: Quality Alert panel

- Select an appropriate exclusion. A list of exclusion options are displayed in a pop-up.
- **3.** Select an appropriate option and Click **Done**.

## **Encounter Status and Description**

This section describes the encounter status displayed on the Triage Worklist screen.

#### **Table 6: Encounter Status and Description**

Encounter Status	Description
Auto Reconciled	For the MS DRG grouper, the Coding DRG, Coding DRG weight match with the Working DRG, Working DRG weight and the possible review is blank.
	For the APR DRG grouper, the Coding DRG, DRG WT, SOI, and ROM match with the Working DRG, Working DRG weight, SOI, and ROM and the possible review is blank.
Discharged	The patient has been discharged from the facility.
In Progress	The encounter is being reviewed by the CDS.
Reconciled Impact	Clarifications generated by the CDS have an impact on the final Coding DRG.
Reconciled No Impact	Clarifications generated by the CDS have no impact on the final Coding DRG.
Reconciliation Hold	The encounter is not auto reconciled, and is on hold till the coder and CDS discuss and wait for the new Final Coded Summary import.
Review Complete	Review is complete by CDS and the encounter is ready for reconciliation.
Review Not Needed	The encounter does not need review.
Untouched	The encounter has not been opened and is ready for initial review.
Ready to Reconcile	For the MS DRG grouper, the Coding DRG, Coding DRG weight does not match with the Working DRG, Working DRG weight and the possible review is blank.
	For the APR DRG grouper, the Coding DRG, DRG WT, SOI, and ROM does not match with the Working DRG, Working DRG weight, SOI, and ROM and the possible review is blank.

#### **Related tasks**

Assigning Encounters to Review Not Needed Status on page 73

## **Using Quick Search from the Triage Worklist**

Using quick search from the Triage Worklist screen, you can search for a specific account number, MRN, and the patient name (last name, first name or first name last name).



Important: You must leave a space between the first name and last name.

- 1. From the Criterion drop-down list, select an appropriate option.
- 2. Type text in the search field.
- 3. Click Search (Q) icon.



Important: The Clear link appears when a specific account number, MRN, or a patient name is searched. This link can be used to clear the selected criterion.

## Setting-up the Triage Worklist Columns

This section describes how to customize the Triage Worklist columns.

You can add or remove the columns from the Triage Worklist screen. The sequence of the worklist columns can be modified.

1. From top-right corner of the Triage Worklist screen, click the Add or Remove Worklist Columns icon. The Worklist Column Settings dialog box is displayed.

Nuance® C	Nuance® CDE Search								Facility: All	~	admin
E Triage Worklist									Help 🏩		
CDS: All	▼ St	atus: All 🔻	Payer: All	•	Unit: All 👻 Visit Type	: All 🔻	<b>*</b> ~	/⊞ ~	ALL	•	□ 2
RANK	ACCOUNT #	PATIENT NAME	ADMIT	PAYER	CDS WORKING REVIEW OR DISCOVERED DX	CLARIFICATION STATUS	LAST REVIEW (ET)	C.E.	CC/MCC	QUALITY	PROC
3	ACC0508DG05231	Moore, Terri1 T	05/05/2019	Medicaid	🌟 Headache	Overdue 1 of 1	08/08/2019 07:09:40 AM	11	CC: 0 MCC: 0		^
3	ACC0205DG060319	Johnson, Amanda	05/01/2019	Medicare	🐈 Headache Essential (primary) hypertension	Overdue 1 of 1	06/04/2019 01:48:36 AM	7	CC: 0 MCC: 0		
3	ACC0205DG052119	Johnson, Amanda T	05/01/2019	Medicare	🔶 Headache	Overdue 2 of 2	05/22/2019 02:58:52 AM	7	CC: 0 MCC: 0		
3	ACC0106DG011619	PETERS, PATRICK P	11/08/2018	Medicare	Long term (current) use of insulin	Overdue 6 of 6	06/14/2019 09:55:23 AM	4	CC: 0 MCC: 0		
3	ACC0502DG021219	Peters, Terri T	11/08/2018	Medicare	🜟 Headache	Overdue 32 of 32	02/17/2019 09:16:26 AM	4	CC: 0 MCC: 0		
3	ACC0107DG021219	PETERS, PATRICK T	11/08/2018	Medicare	★ Fever, unspecified Abrasion, unspecified knee, initial e	Overdue n 8 of 8	02/17/2019 01:41:51 AM	4	CC: 0 MCC: 0		
3	ACC0101DG011519	PETERS, PATRICK	11/08/2018	Medicare	Syncope and collapse Long term (current) use of insulin +:	Overdue 12 8 of 8	02/17/2019 12:49:58 AM	4	CC: 0 MCC: 0		
3	ACC0205DG121818	Johnson, Amanda	11/08/2018	Medicare	Human immunodeficiency virus [HI	V 8 of 8	12/20/2018 10:45:46 AM	4	CC: 0 MCC: 0		
3	ACC0205DG121318	Johnson, Amanda	11/08/2018	Medicare	🐈 Pneumonia, unspecified organis	m Overdue 1 of 1	12/13/2018 03:19:47 PM	4	CC: 0 MCC: 0		
3	ACC0205DG121218	Johnson. Amanda	11/08/2018	Medicare	🔶 Pneumonia. unspecified organis	Overdue	12/13/2018	4	CC: 0		>
					Load Next 50						
Showing 50 of 17	798 encounters								Upda	ated 08/16/2019	06:30:53 AM ET

Figure 33: Triage Worklist Screen

Worklist Column Settings	
AVAILABLE Admitting Diagnosis Admitting Service Age Attending Provider CDS Date of Birth Discharge Date DRG Encounter Follow-up Date Facility Final Coded DRG Length of Stay MRN Room Status Unit Visit Type	SELECTED Rank( required) Account #( required) Patient Name Admit Date Payer CDS Working Review or Discovered Dx Clarification Status Last Review Clinical Evidence CC/MCC Quality Procedures SOI ROM
Restore Defaults	Cancel Save

Figure 34: Worklist Column Settings Dialog Box

2. Select the column/columns that you want to display on the Triage Worklist screen from the Available box.

Use the **Move Right** button and the **Move Left** button to add or remove the selected options from the **Available** and **Selected** box.

To change the sequence of the selected columns, use the **Move Up** or **Move Down** button.

3. Click Save to save the changes or Cancel to discard.

The Triage Worklist screen is displayed with the selected worklist columns.

**Note:** To display the default worklist columns, click the **Restore Defaults** link.

#### **Related reference**

Triage Worklist Columns and Descriptions on page 51

Information in this section covers all the Triage Worklist columns. You can configure these columns.

## **Assign and Unassign Encounter**

#### About Assign and Unassign Encounter

Encounters can be assigned using the following options from the Assign drop-down list:

- Assign to CDS: Assign encounters to another CDS.
- Assign to me: Assign encounters to yourself.
- **Un-Assign**: Unassign a CDS from an encounter. The encounter is moved to the unassigned status.

#### **Using Assign Encounters to CDS**

1. On the Triage Worklist screen, select the check boxes adjacent to the encounters you want to assign. Select the check box at the top of the Worklist column to select all encounters.

Nuance <sup>®</sup> CDE						Account Number			Q Facility: All 🗸		
<b>T</b> riage	Worklist									н	elp 🏟
CDS: All	-	Status: Follow-up 🔻	Payer: All	•	Unit: All	•	<b>A</b> ~	<b></b>	View: System Def	ault Worklist 🖣	
RANK 🔺	ACCOUNT #	PATIENT NAME	ADMIT	PAYER		CDS WORKING REVIEW OR DISCOVERED DX	CLARIFICATION STATUS	LAST REVIEV	CC/MCC	QUALITY	PROC
✓ 1	0201D032118ACC	Brown, Michael	05/07/2018			Alcohol abuse with intoxication, unspe Gastrointestinal hemorrhage, uns +18			CC: 0 MCC: 0		-
1	0308D022218ACC	Jackson, Joshua	02/21/2018			Hypertensive heart disease with he Heart failure, unspecified +15			CC: 0 MCC: 0	-	
1	0308D022618ACC	Jackson, Joshua	02/21/2018			★ Hypertensive heart disease with he Heart failure, unspecified +15			CC: 0 MCC: 0	-	
1	0308D040518ACC	Jackson, Joshua	03/21/2018			Hypertensive heart disease with he Heart failure, unspecified ±15			CC: 0 MCC: 0	-	

#### Figure 35: Triage Worklist Screen

2. From the Assign drop-down list, select Assign to CDS to assign the selected encounters to any CDS. The Assign Encounter dialog box is displayed with a list of CDS's assigned to that facility.

**Note:** The **USER ID** and **NAME** columns can be sorted alphabetically.

**Note:** You can navigate to the next set of 20 CDS names by using the **Load Next 20** button.

Assign	n Encounter			
Assign Er CDS Na		V32(AutoPatientNNTNZI, Aut	coPatientXTPRKW) to a us	er 692 Users
	USER ID		NAME	<u>^</u>
0	soru		A, S	
$\bigcirc$	qa3		aa, aa	
0	qa4		aa, aa	
$\bigcirc$	qa6		aa, aa	
0	ad1		aa, aa	
$\bigcirc$	update		aa, aa	
0	ngEsj		aactlo, blimpn M	~
		✓ Load Ne:	xt 20 ❤	
🗌 Assig	n to me			Cancel Assign

#### Figure 36: Assign Encounter Screen

- 3. Select USER ID or NAME from the drop-down list. Type the required USER ID or NAME to be searched and press Enter.
- 4. Select the CDS and the click Assign to assign the encounters.

When you try to assign an encounter which already has a CDS assigned, the **Duplicate Encounter Assignments** warning pop-up is displayed.

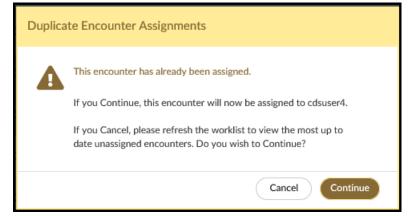


Figure 37: Duplicate Encounter Assignments

The Triage Worklist screen is displayed and the selected encounters are assigned to the selected CDS.

**Note:** If your worklist is not set to show the selected CDS, then those encounters are removed from the worklist.

#### **Using Assign Encounter to Self**

1. On the *Triage Worklist* screen, select the check boxes adjacent to the encounters you want to assign. Select the check box at the top of the Worklist column to select all encounters.

	Nuance <sup>®</sup> CDE					Account Number 🗸 Search	Q Facility: All 🗸 🍐 admin					
	Triage	Worklist									н	elp 🔅
	CDS: All	•	Status: Follow-up 🔻	Payer: All	•	Unit: All	•	<b>A</b> ~	≡ -	View: System Def	ault Worklist 🔻	
	RANK 🔺	ACCOUNT #	PATIENT NAME	ADMIT	PAYER		CDS WORKING REVIEW OR DISCOVERED DX	CLARIFICATION STATUS	LAST REVIEW	CC/MCC	QUALITY	PROC
	1	0201D032118AC0	Brown, Michael	05/07/2018			Alcohol abuse with intoxication, unspe Gastrointestinal hemorrhage, uns +18			CC: 0 MCC: 0	-	-
C	] 1	0308D022218AC0	Jackson, Joshua	02/21/2018			★ Hypertensive heart disease with he Heart failure, unspecified +15			CC: 0 MCC: 0	-	
	] 1	0308D022618AC0	Jackson, Joshua	02/21/2018			★ Hypertensive heart disease with he Heart failure, unspecified +15			CC: 0 MCC: 0	-	
	1	0308D040518AC0	Jackson, Joshua	03/21/2018			Hypertensive heart disease with he Heart failure, unspecified +15			CC: 0 MCC: 0	-	

#### Figure 38: Triage Worklist Screen

2. From the Assign drop-down list, select Assign to me to assign the selected encounters to self.

When you try to assign an encounter which already has a CDS assigned, the **Duplicate Encounter Assignments** warning pop-up is displayed.

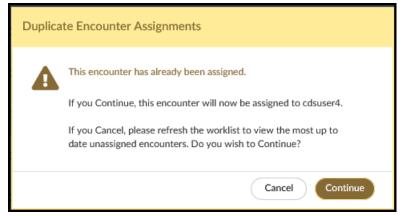


Figure 39: Duplicate Encounter Assignments

The Triage Worklist screen is displayed and the selected encounters are assigned to the selected CDS.

**Note:** If you have added to the CDS role, then only **Assign to me** option is displayed.

#### **Using Un-Assign**

1. On the Triage Worklist screen, select the check boxes adjacent to the encounters you want to unassign.

Γ	Nuance <sup>®</sup> CDE					Account Number 🗸 Search	Q Facility: All 🗸 💄 admin					
Triage Worklist Help										elp 🔅		
	CDS: All	▼ S	tatus: Follow-up 🔻	Payer: All	•	Unit: All	•	<b>8</b> ×		View: System De	fault Worklist 🔻	
	🗌 RANK 🔺	ACCOUNT #	PATIENT NAME	ADMIT	PAYER		CDS WORKING REVIEW OR DISCOVERED DX	CLARIFICATION STATUS	LAST REVIEW	CC/MCC	QUALITY	PROC
	✓ 1	0201D032118ACC	Brown, Michael	05/07/2018			Alcohol abuse with intoxication, unspe Gastrointestinal hemorrhage, uns +18			CC: 0 MCC: 0	-	-
	🗆 1	0308D022218ACC	Jackson, Joshua	02/21/2018			★ Hypertensive heart disease with he Heart failure, unspecified +15			CC: 0 MCC: 0		
	1	0308D022618ACC	Jackson, Joshua	02/21/2018			Hypertensive heart disease with he Heart failure, unspecified +15			CC: 0 MCC: 0	-	
	1	0308D040518ACC	Jackson, Joshua	03/21/2018			Hypertensive heart disease with he Heart failure, unspecified ±15			CC: 0 MCC: 0	-	

Note: Encounter must have a CDS assigned.

Figure 40: Triage Worklist Screen

2. From the Assign drop-down list, select **Un-Assign** to unassign the selected encounters. The Triage Worklist screen is displayed and the selected encounters are moved to the **Unassigned** status.

# **Assigning Encounters to Review Not Needed Status**

This section describes how selected encounters can be assigned to **Review Not Needed** status. Encounters which does not require any review are assigned to this status.

1. On the Triage Worklist screen, select the check box adjacent to the encounters that you want to assign to **Review Not Needed**.

Select the check box at the top of the Worklist column to select all encounters.

	Nuance <sup>®</sup> (	DE					Account Number 🗸 Search		Q	Facility: A	u 🗸	💄 admin
	Triage	Worklist									н	elp 🔅
	CDS: All	•	Status: Follow-up 🔻	Payer: All	•	Unit: All	•	<b>4</b> ×	<b></b>	View: System Det	fault Worklist 🔻	
	RANK 🔺	ACCOUNT #	PATIENT NAME	ADMIT	PAYER		CDS WORKING REVIEW OR DISCOVERED DX	CLARIFICATION STATUS	LAST REVIEW	CC/MCC	QUALITY	PROC
5	2 1	0201D032118ACC	Brown, Michael	05/07/2018			Alcohol abuse with intoxication, unspe Gastrointestinal hemorrhage, uns +18			CC: 0 MCC: 0	-	-
	] 1	0308D022218ACC	Jackson, Joshua	02/21/2018			Hypertensive heart disease with he Heart failure, unspecified +15			CC: 0 MCC: 0		
	] 1	0308D022618ACC	Jackson, Joshua	02/21/2018			Hypertensive heart disease with he Heart failure, unspecified +15			CC: 0 MCC: 0	•	
	1	0308D040518ACC	Jackson, Joshua	03/21/2018			★ Hypertensive heart disease with he Heart failure, unspecified ±15			CC: 0 MCC: 0	-	

Figure 41: Triage Worklist Screen

From the Status drop-down list, select Review Not Needed.
 Encounter Status Change dialog box displays the selected account numbers.

Encour	iter Status Change	
	3 encounter(s) will be assigned to Review Not Needed: Account Number (s)	
	ACC0509DG0208,ACC0514DG0205,ACC0514DG0208	
	Are you sure you want to continue?	
	Cancel	

Figure 42: Encounter Status Change

3. Click OK.

A success message *Encounter(s)* assigned to status 'Review Not Needed' successfully is displayed, and status of the selected encounters is changed to **Review Not Needed**.

**Note:** If your worklist is not set to show the **Review Not Needed** status, encounters with **Review Not Needed** status are removed from the worklist.

### **Related reference**

Encounter Status and Description on page 65

This section describes the encounter status displayed on the Triage Worklist screen.

# **CDS** Assistant

### **Overview of CDS Assistant**

CDS Assistant helps you to identify the correct diagnosis and procedure codes for the encounter, also it helps to identify the clinical evidences in the form of signs/symptoms, medications, lab results or procedures found within a provider document. Only CLU suggested codes are displayed on the **CDS Assistant** screen. You can refresh the CDS Assistant by clicking the Refresh (C) icon. After you refresh the *CDS Assistant* screen, the last refreshed date and time is displayed.

CDS Assistant screen consists of the following:

- Diagnoses
- Clinical Evidence
- Procedures
- Snippet Viewer
- Full Document View

Other tabs on the CDS Assistant screen include:

- Document Viewer
- Laboratory

The CDS Assistant screen can be accessed from the Triage Worklist screen, by clicking the following:

- Open CDS Assistant icon on the Account # column
- CLU suggested code on the CDS Working Review or Discovered DX column
- Red flag on CC/MCC, PROC, and QUALITY columns
- Count ( # ) on the **C.E.** column

You can also open the CDS Assistant from the Worksheet screen, by clicking the CDS Assistant link.

Nuance <sup>®</sup> CDE	CDS Assistant	Document Viewe	er 📕 Laboratory		Close window
Patient Name: Johnson, Am	Account #: ACC0205DG03 MRN: MR	RN0205DG030320	DOB: 06/06/1969	Age: 50y	Gender: F
Diagnoses Unspecified convulsions Working DX: DRG-101 Altered mental status, unspecified	Fied Hide All Suggested (3)	Progress Not Interval Histo Today's Infor	rmation: Continues to have whether the second s	<b>8:55 AM) (Preliminary)</b> came in with zyprexa overdose and po hat looks like rigidity and seizures lii ps. CT head negative. propofol gtt at 3	ke episodes occasionally.
Clinical Evidence	Suggested (7)				~
<ul> <li>FiO2 High</li> <li>Leukocytosis</li> </ul>	の日間 の日間		tes New (01/20/2020 - 0 suicide attempt with history o puse disorder	•	Show Full Document
Procedures	Suggested (0)	- Leukocytos - <mark>Seizures</mark> ?	iis- reactive		~ ~

Figure 43: CDS Assistant Screen

**Note:** When trying to open CDS Assistant from Triage Worklist screen, any exception or unauthorized access causes error as shown below.

Invalid	User Access
8	User does not have Access to open CDS Assistant
ОК	

When trying to open CDS Assistant from Worksheet screen, any exception or unauthorized access causes error as shown below.



The system can process the non-image based RTF and the base64 encoded RTF documents. The Text, RTF, and XHTML are the document formats that can be accepted by the system.

The CLU documents automatically get purged 90 days after the patient discharge, or if there is no activity in the encounter for last 90 days. If you try to open a purged document then the system displays the following message: Documents have been removed from CDE due to no encounter activity for 90 days. Please refer to your EMR for historical documents.

#### Laboratory

=

The Laboratory tab displays data for the selected date range. In case no date range is selected, the data for the latest date/time will be displayed.

		Legendres CDS Assi	istant 불 Docume	nt Viewer 🏻 💆	Laboratory					Close wind	
Patient Name: Smith, Rober	Account #: sCOJyR700	320 MI	RN: my70032020	DO	B:		Age:		Gender:	м	
Date Range mm/dd/yyyy mm	i/dd/yyyy Apply			«	3 <b>d</b> »						Ø
Z Labs	ANALYTE	UNIT	REFERENCE	12/29/2019 21:20	12/29/2019 21:00	12/29/2019 20:38	12/29/2019 20:28	12/29/2019 20:18	12/29/2019 18:12	12/29/2019 18:06	
CBC WITH DIFFERENTIAL	CBC WITH DIFFER	RENTIAL									^
METABOLIC-80053	BASO	%	0-2								
FINGERSTICK GLUCOSE	BASO ABS	X10 3/uL	0.0-0.2								
	EOS	%	0-8								
	EOS ABS	X10 3/uL	0.0-0.7								
	HCT	%	37.5-47.7								
	HGB	g/dl	12.1-15.8								
	IG	%	0.0-0.4								
	IG ABS	X10 3/uL	0.0-0.031								
	LYM	%	13-42								
	LYM ABS	X10 3/uL	1.0-5.2								
	мсн	pg	26.4-33.6								~
	мснс	g/dL	31.9-37.3								

In case Laboratory data is not available for an encounter, this page will be blank.

#### Figure 44: Laboratory data screen

The top pane displays Patient Name, Account Number, MRN, Age of the patient, Date of birth and Gender. Tooltips are available for these fields.

- **Note:** Use Refresh button to manually refresh and get any new available lab values.
- 1. For start date, type a date in the mm/dd/yyyy format or select a date from calendar control.
  - **Note:** If this field is blank and an end date has been entered, an error for selection of start date is displayed.
- 2. For end date, type a date in the mm/dd/yyyy format or select a date from calendar control.

- **Note:** End date can be blank. If an end date is before start date, an error for selection of end date which is later than start date is displayed.
- 3. Click Apply.
  - **Note:** Click **Clear** to clear out the date criteria.
- 4. Select the required Labs check box on the left side panel. The right side panel will display data only for the Labs selected.
  - **Note:** If no Lab is selected, all available Lab panels will be shown in right panel by default.
  - **Note:** If the **Labs** check box on the top is selected, then all Labs below get selected. This is a "select all" functionality.
  - **Note:** The icon besides Lab is used to expand/collapse the left panel.
- **5.** Use the navigation arrows on the top panel to navigate through the flow sheet Date/time data columns(right panel).
  - **Note:** The left three columns in flowsheet (Analyte, Unit and Reference) are static. Flow sheet data is alphabetically sorted. Data in red colored font shows abnormal values.
  - **Note:** The Date/Time columns are navigable. Default Chronological order for the Date/Time column is newest to oldest. Tooltips are available for the Date/Time data.

### **Document Type**

Document type describes a document related to an encounter type that is created in a healthcare facility. The document type indicates that supporting documents are present in the medical record to support codes in an encounter.

Admit Note	Infusion Report
Addendum Note	Labor and Delivery Note
Ancillary Therapy Report	Medical Student Report
Anesthesia Report	Nursing Note
Anticoagulation Therapy Report	Occupational Health Report
Article	Office Note
Autopsy Report	Operative Report
Brief OP Note	Pathology Report
Cardiac Note	Patient Care Conference Report
Care Summary	Patient Summary
Certificate form	Pharmacy Report
Clinical Documentation Query	Physician Orders
Coding Form	Psychiatric Evaluation Report
Consultation	Procedure Report
Continuity of Care Document	Progress Note
Correspondence	Radiology Report
Cover Letter	Respiratory Therapy Note

#### **Table 7: Documentation Sources for Nuance CDE**

Diagnostic Procedure Report	Respiratory Therapy Report
Disclosure Log	Short Stay Note
DNR Documentation	Social Workers Note
Discharge Instructions	Speech Therapy Note
Discharge Summary	Surgical Pathology
Emergency Room Report	Telephone Note
Face Sheet	Transfer Summary
Flow Sheet	Wound Care Report
History and Physical	

### **Diagnosis, Clinical Evidence, and Procedure Sections**

The section gives brief information about the Diagnoses, Clinical Evidence, and Procedure sections.

The *Diagnoses* section displays all the CLU suggested primary and secondary, manually added, rejected, and hidden diagnosis codes. The *Procedures* section displays all the CLU suggested, manually added, rejected, and hidden procedure codes. The *Clinical Evidence* section displays the signs, symptoms, medications, lab results or procedures found within a provider document.

Nuance® <b>CDE</b>	CDS Assistar	t Document Viewer	🛞 Close wi	indow
Patient Name: Johnson, Amanda	Account #: 0205D111418ACC	MRN: 205L070118MRN	DOB: 06/06/1969	
Diagnoses SUICIDE ATTEMPT	Hide All Suggested (1) Quality (0) Other (8) Accepted (0) Hidden (4) Rejected (0)	Progress Note (11/14/2018 - 12:20 PM) Interval History: Admission History 40 yo came in with zyprexa ove Today's Information: Continues to have what looks like rigidity and On propofol and versed drips. CT head negative. propofol git at 30	seizures like episodes occasionally. No secretions.	^
Clinical Evidence	Suggested (4)	Progress Note (11/14/2018 - 12:20 PM)	Show Full Document	
Leukocytosis     Mechanical Ventilation  Procedures	Image: Suggested (1)	IMPRESSION: - Drug overdose of Zyprexa. - Presumed suicide attempt with history of bipolar disorder.	^	
O PATIENT TRIGGERED INSPIRATORY ASSISTAN	ICE 🔌 🗓	- Tobacco abuse disorder - Leukocytosis- reactive - Seizures?	~	~

Figure 45: Diagnosis and Procedure Section Category Drop-down

Category	Description
Suggested	Displays CC, MCC, target diagnosis, quality diagnosis code or symptom present on admission in the <i>Physician of Record Document</i> , and the patient condition is considered as Active, Chronic, Intermittent, Recurrent, Resolved, or Inherently Chronic and code must not be accepted, hidden, or rejected.
	Suggested codes are current, and not history (except for the inherently chronic conditions, these can be stated in history). Also suggested codes can be uncertain but not denied.
	It is possible that the same code is displayed in both the <i>Suggested</i> and <i>Quality</i> categories.
	Suggested PDX is flagged with <b>PDX</b> followed by the <b>Suggested DRG</b> value.
Quality	Displays suggested code that has HAC and PSI indicators and code must not be accepted, hidden, or rejected.
	It is possible that the same code is displayed in <i>Suggested</i> category.
Other	Displays non CC, MCC, target diagnosis, quality diagnosis code or symptom present on admission in the <i>Physician of Record Document</i> , and the patient condition is considered as Active, Chronic, Intermittent, Recurrent, Resolved, or Inherently Chronic and code must not be accepted, hidden, or rejected.
	<i>Other</i> category codes are current, and not history (except for the inherently chronic conditions, these can be stated in history). Also they can be uncertain but not denied.
Accepted	Displays diagnosis and procedure codes added in the <b>Working Review</b> or the <b>Possible Review</b> section on the <i>Review</i> screen.
	Resolved quality codes (HAC, PSI) display with a green check mark and unresolved quality codes display with red highlight.
Hidden	Displays diagnosis and procedure codes which are hidden by CDS.
Rejected	Displays manually rejected codes.

**Note:** If a diagnosis is active, it is displayed in the **Suggested** list, however if the diagnosis is historical, it displays in the **Others** list. For example, chronic in past medical history if the patient is diabetic.

Nuance <sup>®</sup> CDE	CDS Assista	ant 🖹 Document Viewer	Close	window
Patient Name: Johnson, Amanda	Account #: 0205D111418ACC	MRN: 205L070118MRN DOB: 06/06/1969		
	e			
Diagnoses	Hide All Suggested (1)	Progress Note (11/14/2018 - 12:20 PM) Show Full	Document	î
SUICIDE ATTEMPT		Interval History: Admission History 40 yo came in with zyprexa overdose and possible suicide attempt. Today's Information: Continues to have what looks like rigidity and seizures like episodes occasionally. No sec On propofol and versed drips. CT head negative. propofol gtt at 30 mcgs and NS at 150ml/hr. Smoker.	retions.	
Clinical Evidence	Suggested (4) System Attributed (0) CDS Attributed (0) Rejected (0)			
O Leukocytosis		Progress Note (11/14/2018 - 12:20 PM) Show Full	Document	
O Mechanical Ventilation	8 🖸 🛍 🖌	IMPRESSION: - Drug overdose of Zyprexa.	^	
Procedures	Hide All Suggested (1)	Presumed suicide attempt with history of bipolar disorder.     Tobacco abuse disorder		
O PATIENT TRIGGERED INSPIRATORY ASSISTANCE	۵	- Leukocytosis- reactive - Seizures?	~	~

### Figure 46: Clinical Evidence Category Drop-down

### Table 9: Clinical Evidence Category Drop-down and Description

Category	Category Description			
Suggested	Displays the evidence that has no suggested diagnosis code associated with it.			
System Attributed	Displays the evidence that has suggested diagnosis code associated with it. Multiple diagnosis can be associated an evidence.			
CDS Attributed	Displays the evidence that has been attributed to a suggested/working diagnosis by a CDS.			
Rejected	Displays manually rejected evidences.			

### Suggested PDx/DRG

When the Working DRG and Possible DRG values are unavailable, the Suggested DRG value is displayed in the DRG column on the Triage Worklist screen. This value is click-able. When clicked, the application navigates you to the CDS Assistant page.

In the Diagnosis section of the CDS Assistant, the suggest primary diagnosis code is displayed at the top in the list in the Diagnoses section. The suggested PDx is flagged with **PDX: DRG -** followed by the suggested DRG value.

If you add the suggested primary diagnosis to Working review, the Suggested PDx is added to the accepted codes, under the Accepted drop-down, with the PDX flag. The DRG value is not displayed here. The working review tab is populated with the Suggested PDx and the DRG value.

The Suggested DRG is also sent outbound. The outbound message includes the following fields:

- DRG
- PDX
- AMLOS
- GMLOS
- SOI
- ROM
- Weight
- MDC

- Reimbursement
- Grouper/version
- Impact flags

Possible DRG is sent only when there is an agreed to clarification on any code.

# **Copy Diagnosis Code and Clinical Evidence**

### **Copying Code from Diagnoses Section**

This section describes how to copy a suggested code to the Working and Possible Review section in the *Review* screen.

- 1. Select a code description from the Diagnoses section.
- 2. Click the Copy Codes (<sup>(C)</sup>) icon.
- 3. Select an appropriate option from the **Copy Codes** context menu. Refer Copy Codes Context Menu Options on page 121.

The selected code gets copied to working or possible review panel.

- After all the desired codes are entered, click Save on the *Review* screen.
   After refresh, selected codes are moved to the Accepted category on the CDS Assistant screen.
- 5. Click Close window.

The selected code on the **CDS Working Review or Discovered DX** column no longer appears as a hyperlink.

**Note:** After the suggested codes are accepted, you must close the CDS Assistant and refresh the *Triage Worklist* screen, to see the updated worklist.

### **Copying Evidence from Clinical Evidence Section**

This section describes how to copy a clinical evidence.

- 1. Select an evidence from the Clinical Evidence section.
- Click the Copy Evidence (<sup>()</sup>) icon. The evidence gets copied to the clipboard and the evidence remains in the same category.

### **Hiding Diagnosis and Procedure Codes**

This section describes how to hide a suggested code.

- 1. Select a code description from the Diagnoses or Procedures section.
- Click Hide Suggestion ( 1).

The selected code is moved to the Hidden category.

3. Click Close window.

The hidden code no longer appears in the applicable column of the *Triage Worklist* screen. Select the **Hide All** link to hide all codes from the **Suggested**, **Quality**, and **Other** category.

- Click Undo hiding (1) in the Hidden list to send the code back to the category list from where it is originated.
  - **Note:** You can unhide only one code at a time.

### Linking Evidence to a Diagnosis Code

This section describes how to link an evidence with a diagnosis code.

- 1. Select an evidence from the *Clinical Evidence* section.
- 2. Click the Link Evidence icon.

The Link Evidence dialog box is displayed.

Nuance <sup>®</sup> CDE	CDS Assis	stant Document Viewer	🛞 Close V	window
Patient Name: Taylor, Christopher T	Account #: ACC0226DG101018	MRN: MRN0226DG101018	DOB: 04/05/1945	
Diagnoses         Altered mental status, unspecified         Urinary tract infection, site not specified         CC         Clinical Evidence         Altered Mental Status         Broad-Spectrum Antibiotics         Diuretics	Link Evidence × Select Diagnosis to link to this evidence. Select Diagnosis ✓ Cancel Confirm Ø 🛄 10 Ø 🛄 10 Suggested (1) 💟 @ 10	PN (07/08/2018 - 10:00 AM) ASSESSMENT: 1. Altered mental status. 2. UTI. 3. CHF (diastolic) stable. 4. CAD - s/p coronary artery bypass graft. 5. History of enlarging liver mass concerning for neoplasm. Family of	Document Viewer	

Figure 47: Link Clinical Evidence

- **3.** From the **Select Diagnosis** drop-down list, select a diagnosis code that you want to link with the selected evidence.
  - **Note:** The CLU suggested diagnosis codes, the quality diagnosis codes, and the diagnosis codes added in the **Working Review** section are displayed in the **Select Diagnosis** drop-down list. The rejected, hidden, and the other category codes are excluded from the list.
- 4. Click Confirm.

The selected evidence is now linked with a diagnosis code and moved to the CDS Attributed category.

### **Removing Link Between Clinical Evidence and Diagnosis Code**

This section describes how to remove link between Clinical Evidence and Diagnosis Code

- 1. In the *Clinical Evidence* section, select CDS Attributed from the the Category drop-down list.
- 2. Select the evidence.
- 3. Click the Link Evidence icon.

Account #: ACC0226DG101018	MRN: MRN0226DG101018 DOB: 04/05/1945	
Select Diagnosis to link to this evidence. Hypo-osmolality and hyponatrem V ear Link Cancel Confirm	PN (07/08/2018 - 10:00 AM) ASSESSMENT: 1. Altered mental status. 2. UTI. 3. CHF (diastolic) stable. 4. CAD - s/p coronary artery bypass graft. 5. History of enlarging liver mass concerning for neoplasm. Family does not want any further workup for this.	Document Viewer
Suggested (1)		
•	typo-osmolality and hyponatrem	typo-osmolality and hyponatrem       ASSESSMENT:         ar Link       Cancel Confirm         Image: Suggested (1)       Suggested (1)

Figure 48: Remove Link- Clinical Evidence

 Select Clear Link to remove the link with a diagnosis code. The selected evidence is no longer linked with a diagnosis code and moved to the Suggested category.

### Replacing the Linked Diagnosis code with a New Diagnosis Code

- 1. In the *Clinical Evidence* section, select CDS Attributed from the the Category drop-down list.
- 2. Select the evidence.
- 3. Click the Link Evidence icon.

Nuance <sup>®</sup> CDE	CDS Assist	ant 📑 Document Viewer	🛞 Close window
Patient Name: Taylor, Christopher T	Account #: ACC0226DG101018	MRN: MRN0226DG101018 DOB: 04/05/1945	
Diagnoses         Unspecified diastolic (congestive) heart failure         CC         Hypo-osmolality and hyponatremia         CC         Clinical Evidence         Altered Mental Status         Image: Properties of the properties o	Link Evidence × Select Diagnosis to link to this evidence. [Hypo-osmolality and hyponatrem v] Clear Link Cancel Confirm	PN (07/08/2018 - 10:00 AM) ASSESSMENT: 1. Altered mental status. 2. UTI. 3. CHF (diastolic) stable. 4. CAD - s/p coronary artery bypass graft. 5. History of enlarging liver mass concerning for neoplasm. Family does not want any further workup for this.	Document Viewer
Procedures	Suggested (1)		

#### Figure 49: Replace Link- Clinical Evidence

- 4. Select the diagnosis code that you want to replace with the existing linked diagnosis code from the diagnosis code selection drop-down list.
- 5. Click Confirm.

The selected evidence is now linked with the new diagnosis code.

### **Rejecting Code from Diagnoses, Procedures, and Clinical Evidence Sections**

This section describes how to reject a suggested code.

- 1. Select a code description from the Diagnoses or Procedures section, or select the evidence from the Clinical Evidence section.
- Click the Reject suggestion (i) icon. The selected code is moved to the Rejected category.
  - **Note:** If you try to reject a suggested diagnosis code that is linked with a clinical evidence, a warning dialog-box is displayed.

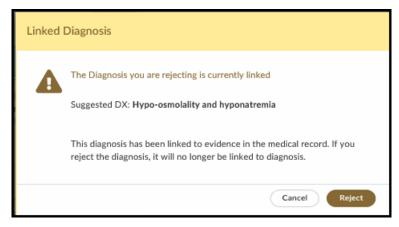


Figure 50: Linked Diagnosis Warning Dialog Box

### 3. Click Close window.

The rejected code no longer appears in the applicable column of the Triage Worklist screen.

Click the Undo rejection (1) icon in Rejected list to undo the rejection, and send the code back to the category list from where it originated.

#### Note:

- A code may reappear in the Suggested category if it is rejected, added to the review, and then deleted from the review.
- If you reject a code, you must refresh the worklist after closing CDS Assistant. This may affect the ranking of the encounter.
- You cannot reject evidence which is linked to a suggested code.

### **Snippet and Full Document View**

In the snippet view, snippets of the documents associated to selected code from the Diagnoses or Procedures section are displayed and text associated with the selected code gets highlighted. Tool-tip displays the document type, document ID, provider name, provider ID, and provider specialty for each document.

Nuance <sup>®</sup> <b>CDE</b>	CDS Assist	ant Document Viewer	Close window
Patient Name: White, David	Account #: ACC0304DG032919	MRN: MRN0304DG032	B: 05/05/1939
Diagnoses  Other chest pain  Cholecystitis, unspecified Unspecified abdominal pain	Hide All Suggested (4)	History & Physical (03/29/2019 - 07:42 AM) (Preliminary) Hysider PR074 History & Physical (03/29/2019 - 07:42 AM) (Preliminary) INPIRESAUNT : David White is a pleasant 97 - year - old male who greants with recurrent stype secondary to cholecyclitis. Possible cholecodonlinhasis or past common bile duct. 1 with an MRCP. Obtain surgical consultation for bilary dyskinesia. Will consult card represents stype cheet pain - He does have increased risk factors for heart disk	Will exclude choledocholithiasis liology , although I <mark>feel</mark> that this
Chest pain, unspecified	Suggested (1)	History & Physical (03/29/2019 - 07:42 AM) (Preliminary) factors for heart disease.	Show Full Document
O CHEST PAIN	<i>₽</i> 🗖 и	<ol> <li>Will obtain an MRCP to rule out choledocholithiasis .</li> <li>Sliding scale insulin .</li> <li>N.P.O. for now .</li> </ol>	Ŷ

### Figure 51: Snippet View

In the full document view, the complete document associated to the selected diagnoses or procedure code snippet is displayed in the *CDS Assistant* screen. Evidences related to the selected diagnoses or procedure code are highlighted with underlined blue background and rest of the evidences found in the document are displayed with blue highlight. The full snippet of the selected diagnoses or procedure code in the document is highlighted with light blue background. Tool-tip displays the document type, document ID, provider name, provider ID, and provider specialty for each document.

Patient Name: White, David     Account #: ACC0304DG032919     MRN: MRN0304DG032919     D08: 05/05/1939       Diagnoses     Hddr AIl Suggested (d)     History & Physical (03/29/2019 - 07:42 AM) (Preliminary)     C Show Snipert Verv       O Other chest pain     Image: Control of the contr		CDS Assistan	nt Document Viewer		⊗ Cie	ose window
Diagnoses       History & Physical (03/29/2019 • 07:42 AM) (Preliminary)       < Show Snippet View         LABORATORY DATA:       Current data available for review to include blood work shows AST 48; ALT 56; Ijaase 94; WBC 6.7.          O Other chest pain       Current data available for review to include blood work shows AST 48; ALT 56; Ijaase 94; WBC 6.7.          O Other chest pain       Current data available for review to include blood work shows AST 48; ALT 56; Ijaase 94; WBC 6.7.	Patient Name: White, David		MRN: MRN0304DG032919	ACC0304DG032919D1	DOB: 05/05/1939	
Previous imaging study shows HIDA scan performed 07/08/18 with an abnormally low gallbladder ejection fraction of 7.	-	Hide All Suggested (6)	LABORATORY DATA :	AM) (Preliminary)		View
Unspecified abdominal pain     Weight a	O Unspecified abdominal pain O Chest pain, unspecified	۵ D ۵ ۵ D ۵	Previous imaging study shows HIDA scan perfon Abdominal ultrasound performed 9/4 was with a without any calculi . CAT scan of the chest show performed 07/08/18 was unrevealing .	contracted gallbladder		
Clinical Evidence       Suggested (1)       Omega         O CHEST PAIN       Ordel While is a pleasant 47 · year - old male who greatents with recurrent groups that this represents with a market of the state who have backet of this is a secondary to [briefystile]. Possible shadedcholithilis or past common ble duct. Will exclude chededcholithilis with an MRCP. Others surgical chest is greatent who is past common ble duct. Will exclude chededcholithilis with an MRCP. Others surgical chest is greatent who is past common ble duct. Will exclude chededcholithilis with an MRCP. Others surgical chest is greatent who is past common ble duct. Will exclude chededcholithilis and who is past common ble duct. Will exclude chededcholithilis and who is greatent who is past common ble duct. Will exclude chededcholithilis with an MRCP. Others surgical chest is greatent who is past common ble duct. Will exclude chededcholithilis and the the represents and that this represents and that this represents and that this represents and the chededcholithilis is the set of the state of the set of the state of the set of the s			David White is a pleasant 47 -year - old male wi secondary to (belowyskis), - Possible cheldoche an MRCP, Obtain surgical consultation for bilan <u>atypical chest</u> page He does have increased at PLAN: 1) Consult cardiology, although   feet that this r	olithiasis or past common y dyskinesia . Will consult isk factors for heart disea	bile duct . Will exclude choledocholithiasis with cardiology , although   feet that this represents se .	<b>×</b>

Figure 52: Full Document View

**Note:** Document status (**Preliminary**) is displayed in the header of the snippet viewer when the status of the document is a draft.

### **Accessing Full Document/ Snippet view**

=

=

- 1. Click on the **Show full document** link on the snippet view to display complete document in the *CDS Assistant* screen.
  - **Note:** When a complete document is displayed in the full document view, then the status of the document is changed to **Read** on the *Document Viewer* screen.

Procedure Note (05/08/2018 - 12:00 AM)	Show full document
CHIEF COMPLAINT: The patient presents today with post procedural pneumothorax. The patient presents today with in coronary artery of inferior wall.	volving oth
The patient presents today with involving oth coronary artery of inferior wall.	~

#### Figure 53: Document Viewer Link

2. Click on the Show snippet view link to go back to the snippet view from the complete document.

Procedure Note (05/08/2018 - 12:00 AM)	< Show snippet view
CHIEF COMPLAINT: The patient presents today with <u>post procedural pneumothorax</u> . The patient presents today with artery of inferior wall. The patient presents today with involving oth coronary artery of inferior wall.	th involving oth coronary



# **Document Viewer**

The document viewer displays documents which are sent to Nuance CDE from the EHR, and may or may not contain CLU extracted diagnosis/procedure codes.

Document viewer consists of patient banner, document list panel, and the view document section.

The patient banner displays the basic patient demographic information such as patient name, account number, MRN, and date of birth.

The document list panel displays all the available documents for a specific encounter. Documents displayed in the document list panel are grouped by the document type and sorted by the document date in descending order. The document list displays the document date/time, external document type, external document ID, provider name, provider ID, and provider specialty for each document.

Nuance <sup>®</sup> CDE	<b>_</b> c	CDS Assistant	ver 📕 Laboratory		Close window
Patient Name: Taylor, Chris	Account #: ACC0209DG04	MRN: MRN0209DG041020	DOB: 04/05/1945	<b>Age:</b> 74y	Gender: M
	Newest 🕈 📕 🔗	🗎 03/01/2020 - 10:00 AM PN1 - A	ACC0209DG041020D2 - Provid	er : PROV1	
Types: All 👻	Status: All 🗸	01 PROGRESS NOTE			^
<ul> <li>PN (1)</li> <li>03/01/2020 - 10:00 AM - PN1 ACC0209DG041020D2 PROV1</li> </ul>		Admit Date: 07/08/18 Date of Service: 07/08/18 MR#: P00209 Encounter#: 0209DG041020			
history and physical (1)		Author: MEDIC, STANLEY MD			
03/01/2020 - 11:52 AM - H&P1 ACC0209DG041020D1 PROV1		Subjective: Pt is somewhat lethargic	this AM. He reportedly was son	newhat combative/agitated last night.	
		Allergies: No Known Allergies,			
		Current medications: (Selected) Inpatient Medications Ordered Lasix: 40 mg, 4 mL, IV Push, Os-Cal 500 + D: 1 tab(s), Oral, Daily			
		RisperDAL: 0.5 mg, 1 tab(s), Oral, H			~
			THE ESTIMATION FROM TOWORK 2/4 B.		>

**Figure 55: Document Viewer** 

The following quick filters are available on the document viewer:

- **Types**: You can filter the document list by the document type. By default all the document types are selected.
- Status: You can filter the document list by the status of the document such as Read, Unread, Updated, or Bookmarked. By default all the statuses are selected.

Documents can be sorted by clicking the Sort icon (<sup>S</sup>). By default, the documents are sorted as newest to oldest.

Unread documents are displayed in bold font. You can bookmark a document for review by clicking the **Bookmark** icon (,) at the top of the panel, and the bookmarked document is displayed with a red flag (,) in the document list. You can refresh the document viewer by clicking the Refresh () icon. When an existing document is updated, the updated flag (<sup>Updated</sup>) is displayed. On the *CDS Assistant* screen, when you view a document in full document view, then the status of that document is considered as read.

The complete document is displayed in the view document section and evidence related to the diagnoses or procedure code is highlighted with a blue background.

The CLU documents automatically get purged 90 days after the patient discharge, or if there is no activity in the encounter for last 90 days. If you try to open a purged document then the system displays the

following message: Documents have been removed from CDE due to no encounter activity for 90 days. Please refer to your EMR for historical documents.

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# Chapter 5

# Worksheet

# **Topics:**

- About Worksheet
- Worksheet Section
- Creating Custom Section
- Adding Section to the Worksheet
- Removing a Section from the Worksheet
- Deleting Custom Section
- Formatting Text within the Sections
- Creating Custom Worksheet
   Template
- Editing Custom Worksheet
   Template
- Managing Custom Worksheet
   Templates
- Using Quick Search From the Worksheet
- Printing a Worksheet
- Encounter Follow-up Date
- Working with Dragon Medical
   One

# **About Worksheet**

The worksheet provides a way to record and collect clinical data for patients that are being reviewed. Also you can add clinical information throughout the patient's stay in the hospital.

The *Worksheet* screen is accessible from the *Triage Worklist* screen, by clicking on the patient account number.

		4	1	7	3	[	8		12	11		2	<u> </u>			1	10
Γ		Nuance® CDE			$\mathcal{T}$					Т	Account N	amber 🧹 📕	Search		٩	💄 admi	ha
6	Ξ	Worksheet I	Feview Clarifica	ations Reconciliation					Follow up: mm/dd/yyyy 🋗	Un	touched	~  (	Cancel	Save	Help	¢ (	•
		Will ams, James u DOB: 03/03/1955	u defined Age: 63y	Acct #: 0208D10211; MRN: 208L070118	1		Admit: 06/ Di charge:	/28/2018	AP: CDS:			Payer	er: er: CMS 36.0		Unit: Room:		
9		System default Manage templates	~	Save this template	HPI HPI Treatm Proced	nent and dures	Chief Compl		EMS Information		Past Medical History		aily fedications		Diagnostics		
5		∰ HPI						×	Daily Medications	_						×	^
		12 ¥ B	I <u>U</u> <b>P</b>	#													
		]							Diagnostics							×	
		Lef Compla	aint					×									
									Impressions							×	
	4	🖶 EMS Informa	ation					×								_	~

#### Figure 56: Worksheet Screen

### Table 10: Worksheet Screen Identification and Purpose

Item	Description	Purpose			
1	Patient banner	Displays the patient demographic information, discharge status, visit type, payer, and grouper information.			
2	Quick search	Search for a specific account number, MRN, or patient name.			
3	Worksheet icon panel	Navigate between worksheet sections.			
4	Select template drop- down	Select custom or system default template.			
5	Worksheet section	Enter documented evidences for the patient. Press Alt+p to auto populate the current user and date/time information.			
6	View CDS Assistant and Document Viewer	Displays CDS Assistant and Document Viewer screen.			
7	Save this template	Create or modify custom a worksheet template.			
8	Add section	Create, remove, reorder, and delete a custom section.			
9	Manage templates	Rename, or delete an existing custom worksheet template. You can also set a worksheet template as default.			

ltem	Description	Purpose
10	Print	Print the encounter worksheet.
11	Encounter Status drop- down	Displays the status of the encounter.
12	Encounter Follow-up	Displays the encounter follow-up date.

**Note:** If you are viewing a worksheet that is assigned to another CDS, then in the template dropdown list the **Select Template** option is displayed.

# **Worksheet Section**

The following system default sections are displayed on the Worksheet screen, where you can add/view patient related information:

- HPI
- Chief Complaint
- EMS Information
- Past Medical History
- Daily Medications
- Diagnostics
- Impressions
- Treatment and Procedures

Apart from system default sections, you can create custom sections as required in the Worksheet screen. Refer Creating Custom Section on page 92.

# **Creating Custom Section**

This section describes how to create a custom section in the Worksheet.

1. On the *Worksheet* screen, click Add section. The Add Worksheet Section dialog box is displayed.

Create section Social History Addition	id		
AVAILABLE		SELECTED	
Family History ROS	> <	Chief Complaint HPI Diagnostics EMS Information Past Medical History Daily Medications Impressions Treatment and Procedures	~
Delete		Delete	

Figure 57: Add Worksheet Section - Create

2. In the Create section field, type the name of the custom section that you want to create.

**Important:** The section name must be unique, and can contain alphanumeric characters, dash, space, and underscore. Maximum 30 characters are allowed.

3. Click Add.

The worksheet sections are displayed in alphabetical order in the Available list.

4. Click Save.

# Adding Section to the Worksheet

This section describes how to add the sections on the Worksheet screen.

 On the Worksheet screen, click Add section. The Add Worksheet Section dialog box is displayed.

Add Worksheet Section			
Create section	Add		
AVAILABLE		SELECTED	
Family History ROS Social History	>	Chief Complaint HPI Diagnostics EMS Information Past Medical History Daily Medications Impressions Treatment and Procedures	~
Delete		Delete	
			Cancel Save

Figure 58: Add Worksheet Section - Add

- Select one or more sections that you want to add on the Worksheet screen from the Available box.
   Use the Move Right button to move the selected sections from the Available to the Selected box.
   To change the sequence of the selected sections, use the Move Up or Move Down button.
- **3.** Click **Save** to save the change, or click **Cancel** to discard. Upon save, the selected section gets added to the worksheet.
  - Note: After you added a section to the worksheet, if you do not edit or create a template then this change is applicable only for that encounter. For more information about creating or editing a template, please refer Creating Custom Worksheet Template on page 98, Editing Custom Worksheet Template on page 99.

# **Removing a Section from the Worksheet**

This section describes how to remove section from the Worksheet screen. When you remove a section from the worksheet, information available in that section is also gets deleted.

There are two ways to remove section from the Worksheet screen:

- Using Close
- From Add Section

# **Using Close**

- 1. On the Worksheet screen, select the section you want to delete.
- **2.** Click  $Close(\times)$ .
  - **Note:** If the section contains evidence, the following warning message is displayed: Are you sure you want to remove the section? If you remove the section, the information you have entered will be permanently deleted. Press 'OK' to remove the section or 'Cancel' to stay on the current page without removing the section.

### Using the Add Worksheet Section Dialog Box

 On the Worksheet screen, click Add section. The Add Worksheet Section dialog box is displayed.

Create section	Add	
AVAILABLE Family History ROS	SELECTED Chief Complaint HPI Diagnostics EMS Information Past Medical History Daily Medications Impressions Treatment and Procedures Social History	*
Delete	Delete	

### Figure 59: Add Worksheet Section - Remove

2. From the **Selected** box, select one or more sections that you want to remove from the Worksheet screen.

Use the Move Left button to move the selected sections from the Selected to the Available box.

- **Note:** If you have any documented evidence in that section, the following warning message is displayed: *Moving the section from SELECTED to AVAILABLE will delete the information you may have entered in the section.*
- **3.** Click **Save** to save the change, or click **Cancel** to discard. Upon save, the selected section gets removed from the worksheet.

- **Note:** If the removed section was created by a different CDS, then the section does not appear on the Worksheet or on the Add Worksheet Section dialog box again.
- **Note:** After you remove a section from the worksheet, if you do not edit or create a template then this change is applicable only for that encounter. For more information about creating or editing a template, please refer Creating Custom Worksheet Template on page 98, Editing Custom Worksheet Template on page 99.

# **Deleting Custom Section**

This section describes how to delete a custom section from the worksheet. When you delete a section from the worksheet, the section gets permanently deleted and you cannot use the section in future.

**Note:** You can not delete following sections:

- System default
- · Sections which have documented evidences
- Sections which are created by another CDS
- 1. From the Worksheet screen, click Add section. The Add Worksheet Section dialog box is displayed.

Add Worksheet Section		
Ad AVAILABLE Family History ROS	SELECTED  SELECTED  Chief Complaint HP  Diagnostics EMS Information Past Medical History Daily Medications Impressions Treatment and Procedures Social History	<ul> <li></li> <li></li> </ul>
Delete	Delete	
	(	Cancel Save

#### Figure 60: Add Worksheet Section - Delete

- 2. Select one or more sections from the Available or Selected box that you want to delete.
- 3. Click Delete.
- 4. Click Save.

The selected sections get permanently deleted from the worksheet.

# Formatting Text within the Sections

The worksheet includes several formatting tools that allow you to customize your text. Depending on the purpose of your document, altering certain formatting elements like changing font size, underline, bold, italics, or highlighting may be crucial. You can also enter dates in the section. The following section outlines what worksheet allows you to format and how to best utilize it.

**Note:** Maximum 20,000 characters are supported in each worksheet section.

#### Table 11: Section Formatting

Format Type	Description	Purpose	
12 🗸	Font-size Selector	This can be used to change the size of the selected font between 10 and 36. By default 12 font size is selected.	
В	Bold Icon	This can be used to bold/unbold the selected text.	
I	Italics Icon	This can be used to italicize the selected text.	
U	Underline Icon	This can be used to underline the selected text.	
ĩ	Highlight Icon	This can be used to highlight the selected text.	
m	Date- picker Icon	This can be used to enter a date in the section.	

You must save the worksheet after you add or modify any information. Without saving the worksheet if you try to move away, the following error message is displayed: Unsaved changes will be lost. Press OK to continue without saving, or Cancel to stay on the current page.

# **Creating Custom Worksheet Template**

This section describes how to create a custom worksheet template.

- 1. To create a custom worksheet template, perform any of the following on the Worksheet:
  - Reorder the sections
  - Add a section
  - Remove a section
- 2. Click Save this template.

The Save Worksheet Template dialog box is displayed.

Save Worksheet Template	
Enter Template Name	
or	
Overwrite Existing Template	
	Set as default template
	Cancel Save

#### Figure 61: Save Worksheet Template - Create

3. In the Enter Template Name field, type the name of the template that you want to create.

**Important:** The template name must be unique, and can contain alphanumeric characters, dash, space, and underscore. Maximum 50 characters are allowed.

- 4. If you want to make this template as a default template, select the Make default template check box.
- 5. Click Save.
- 6. Select the template from the Select Template drop-down to apply the template.

# **Editing Custom Worksheet Template**

This section describes how to edit a custom worksheet template.

- 1. Reorder, add, or remove any sections from the worksheet as necessary.
- 2. Click Save this template.
  - The Save Worksheet Template dialog box is displayed.

Save Worksheet Template		
Enter Template Name		
or		
Overwrite Existing Template	Cardiology General Surgery	
	Make default template	
	(	Cancel Save

#### Figure 62: Save Worksheet Template - Edit

3. From the Overwrite Existing Template section, select an existing template that you want to overwrite.

**Note:** If you want to make this template as a default template, select the **Make default** template check box.

4. Click Save.

# **Managing Custom Worksheet Templates**

This section describes how to manage an existing custom worksheet. From the Manage Worksheet Templates, you can do the following:

- · Select the existing worksheet template as default
- Rename a worksheet template
- Delete a worksheet template

### **Defaulting an Existing Worksheet Template**

- 1. On the Worksheet screen, click **Manage templates**. The Manage Worksheet Templates dialog box is displayed.
- 2. Select the radio button next to the worksheet template that you want to set as default.

Manage	Manage Worksheet Templates				
Rename o	Rename or delete your templates, and set a default template.				
DEFAU	LT TEMPLATE NAME	ACTIONS			
0	System default*				
۲	Cardiology	🧪 Rename	🔟 Delete		
0	ED/OP	🧪 Rename	🔟 Delete		
0	General Surgery	🧪 Rename	Delete		
		Ca	ncel Save		

Figure 63: Manage Worksheet Templates - Default

3. Click Save.

### **Renaming a Worksheet Template**

- 1. On the Worksheet screen, click **Manage templates**. The Manage Worksheet Templates dialog box is displayed.
- 2. Click Rename to rename a worksheet.

Ν	Manage Worksheet Templates			
	Rename or delete your templates, and set a default template.			
	DEFAULT	TEMPLATE NAME	ACTIONS	
	0	System default*		
	۲	Cardiology	🧪 Rename	Delete
	0	ED/OP	🧪 Rename	Delete
	0	General Surgery	🧪 Rename	Delete
			Ca	ancel Save

#### Figure 64: Manage Worksheet Templates - Rename

- **3.** Type the name of the template in the **TEMPLATE NAME** column.
  - **Note:** The name must be unique for the same CDS, and maximum 50 characters are allowed.
- 4. Click Save.

# **Deleting a Worksheet Template**

- 1. On the Worksheet screen, click **Manage templates**. The Manage Worksheet Templates dialog box is displayed.
- 2. Click **Delete** to delete a worksheet.

Ν	Manage Worksheet Templates				
	Rename or delete your templates, and set a default template.				
	DEFAULT	TEMPLATE NAME	ACTIONS		
	0	System default*			
		Cardiology		Undelete	
	0	ED/OP	🧪 Rename	🗓 Delete	
	0	General Surgery	🧪 Rename	Delete	
			Ca	ancel Save	

Figure 65: Manage Worksheet Templates - Delete

- **Note:** You can restore a deleted worksheet template by clicking **Undelete**.
- 3. Click Save.
  - The worksheet template gets deleted and does not appear in the **Select template** drop-down.
  - **Note:** If you delete your default template, then the system default template becomes the default.

# **Using Quick Search From the Worksheet**

Using quick search from the Worksheet screen, you can search for a specific account number, MRN, or patient name and directly open the worksheet for the selected encounter.

1. From the Criterion drop-down list, select Account Number, MRN, or Patient Name.



### Figure 66: Quick Search

- 2. Type text/number in the search field based on the above selection.
- 3. Click Search(Q).

The system navigates back to the Triage Worklist screen and displays all the possible matches.

# **Printing a Worksheet**

This section describes how to print the worksheet.

- 1. Click Print.
  - The **Print Encounter** dialog-box is displayed.

Print Encounter	
Select All	
☑ Worksheet	
HPI HPI	
Chief Complaint	
☑ Past Medical History	
☑ Daily Medications	
✓ Treatment and Procedures	
Review	
Clarification	
□ <b>.</b>	*
Cancel Print	

Figure 67: Print Encounter Dialog-box - Worksheet

- **Important:** Only the worksheet sections which have data gets displayed.
- 2. Select the worksheet sections that you want to print or select the **Select All** checkbox to print the complete encounter documentation (Worksheet, Review, Clarification, and Reconciliation).
- 3. Click Print.

The print preview window is displayed.

Nuance® CDE			Facility: Training   Printed Date: 08/20/2018 02:30:08 PM   Print
Name: Johnson, Arnanda Provider: 99LastName, 99First Age: 48y CDS:	Acct: 0405L081318ACC Primary Payer: MRN: 205D032218MRN Grouper:	Gender: Unit: LOS: 148 Room:	Admitted: 03/25/2018 DOB: 06/06/1969 Discharged:
⊞ HPI			
Test Data			
Life Complaint			
Test Data			
EMS Information			
Test Data			
Past Medical History			
Test Data			

Figure 68: Print Preview Screen - Worksheet

#### 4. Click Print.

The **Print** dialog-box is displayed.

Print	×
General Options	
Select Printer	
☞ Adobe PDF ➡ Fax ➡ Microsoft Print to PDF	Microsoft XPS Docum     Nuance PDF     PUN-2F_North-XERO>
<	>
Status: Ready Location: Comment:	Print to file Preferences Find Printer
Page Range <ul> <li>All</li> <li>Selection</li> <li>Current Page</li> <li>Pages:</li> <li>I</li> </ul> Enter either a single page number or a single page range. For example, 5-12	Number of copies: 1
Prin	t Cancel Apply

### Figure 69: Print Dialog-box

- Set the print settings for your desired print options.
   You can select the quantity of copies desired, page selection locations, page orientation (portrait to landscape and vice versa), and printer.
- 6. Click Apply, if you've made changes in the print setting.
- 7. Click Print.

# **Encounter Follow-up Date**

When you save an encounter with **Untouched** or **Reconciliation Hold** status, then the encounter status automatically changes to **In Progress** and you are prompted to enter the follow-up date. To change the follow-up date of an **In Progress** encounter, you must manually select the **Follow up date picker** icon (in picker) icon and set the encounter follow-up date before you save the encounter.

- 1. Open an encounter with status Untouched or Reconciliation Hold.
- 2. Make necessary changes in the encounter.
- 3. Click Save.

The Set Follow-up Date dialog box is displayed.

Set Follow-up Date	
Select a follow-up date for this encounter	
	Cancel Ok

#### Figure 70: Set Follow-up Date

For an *In Progress* encounter if the previously saved follow-up date has expired, then system displays the **Set Follow-up Date** dialog box.

- 4. Select the follow-up date from the date look-up or manually enter the date in mm/dd/yyyy format.
- 5. Click Ok.

The encounter gets saved and the follow-up date is displayed on the *Triage Worklist* screen.

**Note:** For an **In Progress** encounter if your previously saved follow-up date hasn't expired, still you can edit the existing date by clicking on the **Follow up date picker** icon () before you save the encounter.

# Working with Dragon Medical One

### **About Dragon Medical One**

The Dragon Medical One (DM One) is a speech recognition solution that provides a consistent and personalized clinical documentation experience. The DM One allows the CDS to dictate text directly into the encounter worksheet quickly and accurately using their voice.



Figure 71: Dragon Bar

### **Microphone Status Indicator**

Use the microphone button to turn the microphone on and off. Green appears for the active status and the microphone is listening. Red appears for the inactive status. The Microphone Status Indicator shows a spinning motion to let you know that DM One is listening and processing your speech or commands.

#### Audio Quality Indicator

The Voice Activity Detection (VAD) indicates audio is recording and displays the volume level. For optimal performance, it is recommended to position your microphone approximately 1 inch below your mouth and 1-3 inches away.

### **Current User Name**

This indicates the user name of the person currently logged into the DM One. Users must be logged into the Dragon to access their individual commands and settings.

#### DragonBar Menu

The DragonBar Menu includes user and microphone settings and options that allow you to access information about the DM One application and the configuration.

tperez	6
	Log Off.
	Options
	Manage Auto-texts
	Manage Step-by-step Commands
	Manage Vocabulary
	Show/Hide Dictation Box
	Show Mast Recent Message
	Show Log File
	Help
	What You Can Say
	My Nuance Healthcare ID
	Ext

Figure 72: DragonBar Menu

- Log Off: Allows you to change Users, Microphones, and Specialties without having to re-launch DM One from the desktop icon. Depending on your sign-in environment, you may be required to Exit DM One and relaunch to change your settings.
- **Options**: Allows you to set your own preferences. Such as: PowerMic button customization.
- Manage Auto-Text: Manage and create Auto-text commands
- Manage Step-by-step Commands: Manage and create Step-by-step command
- Manage Vocabulary: Add and edit custom words or phrases for better accuracy.
- Show/Hide Dictation Box: A free-text box that allows you to collect dictated text independent of your worksheet sections and then copy the text into the worksheet.
- Help: Walks you through the detailed steps on how to use the dictation.

### Voice Commands

Торіс	Command Name	Function
User Settings	Open Settings	Modify the DMO user settings.
Dragon	Hide Dragon	Control the DMO application.
Anchoring	Show anchored application	Control the application that has the speech focus anchored to it.
Recording	Microphone off	Control the microphone using your voice.
Personalization and Help	Open Help	Switch between your dictation and the online help.

#### **Table 12: Command Name and Function**

Command Name	Function
Scratch that	Erase the last word or phrase spoken
Deselect that or Unselect that	Deselect the highlighted text

Command Name	Function					
Undo That	The same as pressing CTRL+Z to undo the last action					
Redo That	The same as pressing CTRL+Y to redo the last action					
Go back	Return the cursor to the position prior to the selection command					
Bold that	Bold the selected text					
Select again or Select previous	Scroll backwards through the text to select a different occurrence of the selected text					

# Chapter

6

## Review

## **Topics:**

- About the Review Screen
- Code Search
- Nuance CDMP
- Working and Possible Review
- Printing Review

## About the Review Screen

The main purpose of the *Review* screen is to add the codes in the encounter based on the current documentation, and also based on the documentation that may be pending from the provider clarifications.

Nuance <sup>®</sup> CDE					Account Number 🗸	Search	Q	📄 💄 adm
Worksheet Review Clarifications Reconciliation				Untouch	ned 🗸	Cancel Sa	ve He	lp 🌣 🗧
	Gender: M Admit: LOS: 107 Dischar	05/01/2019 ge:	AP: Re CDS:	ady, Ever M.D.		Payer: Medicare Grouper: CMS 35.0		Jnit: TELE Room: ROOM1
DX           Powered by IMO ®	Working Revi	ew	Action	~	O Possible Re	view	Action	~
ICD-10 IMO® DESCRIPTION	DX	DESCRIPTION		POA 🗸	DX	DESCRIPTION		POA 🗸
Powerd by IMO® Terminology. © 1997 - 2019 Intelligent Medical Objects, Inc. IMO INTELUCENT MEDICAL OBJECTS, and the								
	PROC	DESCRIPTION		^	PROC	DESCRIPTION		^
	MS DRG: MDC: MS DRG WT:	Reimb:	AMLO5:	GMLOS:	MS DRG: MDC: MS DRG WT:	Reimb:	AMLOS:	GMLOS:
	APR DRG: APR DRG WT: Reimb:	SOI: AMLOS:	ROM: GMLO		APR DRG: APR DRG WT: Reimb:	SOI: AMLOS:	ROM: GMLO	

Figure 73: Review Screen

The Review screen is consist of the following sections:

- **Patient Banner**: It displays the patient demographic information, Payer, and Grouper information for the selected encounter.
- Code Search: This panel is used to search ICD-10 diagnosis and procedure codes.
- Working Review: This panel is used to add codes based on the current documentation in the record.
- Possible Review: This panel is used to add codes based on the where evidence exists for a possible diagnosis or procedure but not fully documented by the provider. A clarification may be pending to fulfill the diagnosis or procedure.
- **Note:** Grouping and content is based on discharge date. If the encounter does not have a discharge date, then the current system date is used as discharge date.

#### **Related concepts**

About Clinical Language Code Search on page 114

## **Code Search**

## **About Index Search**

In the index search panel you can search ICD-10 diagnosis and procedure codes. You can quickly find the most specific diagnoses and procedure codes by simply searching for the medical terms that you are naturally familiar with and add them to your working and possible review, or both.

**Note:** The Index Search tab is selected by default on the Review Screen for your first search after login. Once you navigate to other screen and revisit the Review screen, your last performed type of search (Index or Clinical language) will be selected.

			Index		Clinical Language	G
4	DX			• (	diabetes Q Clear	5
	E		CODE	D	ESCRIPTION	2
	A, HC, I	HR	E11.9	Dia	ibetes, diabetic 🕴 🦉 🗊	~ ~
				brit	ttle see [Diabetes, type 1]	1
	HC, HR		E83.110	) bro	nzed 🥲 🗜 🔲	
					nplicating pregnancy see [Pregnancy, nplicated by, diabetes]	~
					✓ Load Next 20 ✓	
	🖧 DR	RG Detail	s		~	•
	M/S	DRG	WT	MDC	DESCRIPTION	3
	S	8	5.6161	0	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	
	S	10	3.9761	0	PANCREAS TRANSPLANT	×

#### Figure 74: Index Search Panel Identification

## Table 13: Index Search Panel Identification and Purpose

ltem	Description	Purpose
1	Code Level Note	Displays inclusions and exclusions note specific to the code.
2	Copy Codes	Copy codes to the working review, possible review panel, or both.
3	Decision Tree	Displays the Nuance CDMP decision trees specific to a DRG associated with the selected diagnosis or the procedure code.
4	Back Button	You can navigate to the previous search results using the Back button.
		Note: The Back button gets activated only if you click the search result code or description hyperlink (in blue color).

ltem	Description	Purpose
5	Forward button	You can navigate to the initially clicked code with this button.
		<b>Note:</b> This button gets enabled only when the Back button is used.

## Secondary Search

Codes can be searched upto secondary level, using shortcuts in Index Search.

For example, select **DX** as code search criteria and type keyword Rec--Recurrent in the search field. You can also search by using **PROC** as search criteria and keyword Rec--Rectoplasty in the search field. The search results show the required code and its description.

## Working in Index Search Panel

In the Index Search panel you can perform the following task:

- Searching a Code in Index Search
- Accessing Code Level Notes

#### Searching a Code in Index Search

This section describes how to search a code from Index Search on the Review screen.

1. Select a search criteria from the **Criteria** drop-down list. Refer Table 15: Code Search Criteria and Description on page 121.

		Index				Clinical Language	0
D	x v	•			^		٩
		ODE	DESC	CRIPTION			
PF	ROC						
æ	DRG Details						~
M/S	DRG	WT	MDC	DESCRIPTION			

#### Figure 75: Code Search in Index Search

- **Note:** When searching for diagnosis code, you can enter either a diagnosis code or a description in the search field.
- 2. Type the code or the description as necessary in the search text field.

## Note:

- You can use normal clinical language and does not require specific syntax of ICD-10 code descriptions.
- You can search the code using the standard acronyms such as AMI, CHF, CABG etc.

## 3. Click ( ) or press Enter.

The result is displayed in the code search panel as shown below:

		Index				Clinical Language			¢
DX		• J18	9				٩	Clear	
F		CODE	DE	SCRIPTION					
M, HIV		J18.9	Pne	eumonia, unspecifie	d organism			Ł	•
& DRO	G Details								~
M/S	DRG	WT	MDC	DESCRIPTION					
м	193	1.3335	4	SIMPLE PNEUM	ONIA & PLEURISY W	/ MCC			~
м	194	0.8886	4	SIMPLE PNEUM	ONIA & PLEURISY W	/ CC			

#### Figure 76: Code Search Result in Index search

**Note:** If no results are found against a searched term, then the system displays the **No results** found message.

## Accessing Code Level Notes

This section describes how to search a code from the *Review* screen. Refer Accessing Code Level Notes on page 119.

## About Clinical Language Code Search

In the code search panel you can search ICD-10 diagnosis and procedure codes. You can quickly find the most specific diagnoses and procedure codes by simply searching for the medical terms that you are naturally familiar with and add them to your working and/or possible review.

		1						
		Ind	X		Clinical Language		Q	2
2	DX		<u> </u>	$\cdot$	diabeties Q Clear			3
			ICD-10		IMO® DESCRIPTION		1	
	A, HO	C, NR	E11.9	•	DM2 (diabetes mellitus, type 2)	ĥ		
	A, HO	C, HR	E11319	•	DR (diabetic retinopathy)	Ł		
	A, HO	C, HR	E11.9	0	IDDM (insulin dependent diabetes mellitus)	r		
	A, HO	C, HR	E13.9		LADA (latent autoimmune diabetes mellitus in adults)	ų	•	4
					MODV (maturity onset diabetes mellitus in V Load Next 20 V			
					✓ Load Next 20			
	👶 DF	RG Detai	ls				~	5
	M/S	DRG	WT	MDC	DESCRIPTION			
	S	8	5.6161	0	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT			
	S	10	3.9761	0	PANCREAS TRANSPLANT		Ý	

Figure 77: Clinical Language Code Search Panel Identification

Table 14: Clinical Language Code Search Panel Identification and Purpose
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Item	Description	Purpose
1	Show IMO Specificity/ Show One of These	The <b>Show IMO Specificity</b> icon displays additional specificity selections to get to the most appropriate and specific diagnosis code.
		The <b>Show One of These</b> icon displays all the specified codes listed under the unspecified procedure description. This helps to get to the most appropriate and specific procedure code.
2	Show Combo Code	Displays multiple codes that must be added together along with the main code.
3	Copy Codes	Copy codes to the working review, possible review panel, or both
4	Code Level Note	Displays inclusions and exclusions note specific to the code
5	Decision Tree	Displays the Nuance CDMP decision trees specific to a DRG associated with the selected diagnosis or the procedure code.

## Working in Clinical Language Code Search Panel

In the Clinical Language Code Search panel you can perform the following task:

- Search for a Code
- Using Code Specificity
- Search for a Combo Code
- Search for a Code Level Note
- Access the CDMP Guide
- Copy Code from the Code Search Panel

## Searching a Code in Clinical Language Code Search

This section describes how to search a code from Clinical Language Search in the Review screen.

1. Select a search criteria from the **Criteria** drop-down list. Refer Table 15: Code Search Criteria and Description on page 121.

	I	Index		Clinical Language
	DX 🗸	Powered by IMO ®	0	٩
	DX PROC code	-10	IMO® DESCR	IPTION
				s, Inc. IMO INTELLIGENT MEDICAL OBJECTS, and the (n) logo are ed.
	& DRG Details			~
м	/S DRG W	T MDC	DESCRIPTION	

Figure 78: Code Search in Clinical Language Search

- **Note:** When searching for diagnosis code, you can enter either a diagnosis code or a description in the search field.
- 2. Type the code or the description as necessary in the search text field.

#### Note:

- You can use normal clinical language and does not require specific syntax of ICD-10 code descriptions.
- You can search the code using the standard acronyms such as AMI, CHF, CABG etc.

## 3. Click ( ) or press Enter.

The result is displayed in the code search panel as shown below:

		Index			Clinical Language				
DX		▼ J18.9			۹	) (	Clear		
		ICD-10			IMO® DESCRIPTION				
I	M, HIV	J18.9			Pneumonia, unspecified organism		¥.	D	
I	M, HIV	J18.9		•	CAP (community acquired pneumonia)		P	٥	
I	M, HIV	J18.9	0		HAP (hospital-acquired pneumonia)		P	٥	
I	M, HIV	J18.9			HCAP (healthcare-associated pneumonia)		P	٥	
I	M, HIV	J18.9		•	PNA (pneumonia)		P	٥	
I	M, HIV	J18.9			Pneumonitis		P	٥	
I	M, HIV	J18.9			Acute pneumonia		P	٥	
I	M, HIV	J18.9			Acute pneumonitis		P	٥	
I	M, HIV	J18.9			Atypical pneumonia		P	٥	
1	M, HIV	J18.9			Basal pneumonia		P	٥	
I	M, HIV	J18.9		•	Bilateral pneumonia		P	٥	
I	M, HIV	J18.9	0		Cavitary pneumonia		P	٥	
I	M, HIV	J18.9			Chronic pneumonia		P	٥	
		40.0			✓ Load Next 20 ✓		**	-	
& DR	G Details								~
M/S	DRG	WT	MDC		DESCRIPTION				
Л	193	1.3335	4	S	IMPLE PNEUMONIA & PLEURISY W MCC				
м	194	0.8886	4	S	IMPLE PNEUMONIA & PLEURISY W CC				

#### Figure 79: Code Search Result

**Note:** If no results are found against a searched term, then the system displays the **No results** found message.

## Using Code Specificity

This section describes how to refine a specific diagnosis code to the most appropriate level of specificity in the *Code Search* panel. The diagnosis code specificity is displayed only for the applicable codes.

For example: If you search for *J18.9* diagnosis code, in the search result **Show IMO Specificity** () icon is displayed.

- **1.** Search a diagnosis code.
- 2. In the code search results section, click the Show IMO Specificity (▶) icon on the code to display the IMO specificity.

The available filter types are displayed with their possible values.

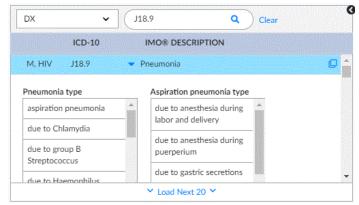


Figure 80: IMO Specificity

For each filter type, click one of the values.
 A list of specific diagnoses is displayed below the filters according to the selections you have made.

#### Searching Possible Procedure Code

This section describes how to refine an unspecified procedure description to the most appropriate procedure code in the *Code Search* panel.

For example: If you search for the *hip replacement* procedure then in the search result **Show Procedure Codes** (**•**) icon is displayed.

- 1. Search the unspecified procedure description.
- 2. Click the Show Procedure Code () icon to display the procedure codes associated with the searched description.

ICD-10 IMO® DESCRIPTION  Knee replacement, bicompartmental  Knee replacement, partial, left  Knee replacement, partial, left  OSRDOLZ Replacement of I knee jt with med unicnd, open approach OSRDOMZ Replacement of I knee jt with lat unicnd, open approach	•	(Alexandra alexandra)		
Knee replacement, bicompartmental Knee replacement, partial, left lect one procedure code from each grid:	۲	USRDULZ	······································	
<ul> <li>Knee replacement, bicompartmental</li> <li>Knee replacement, partial, left</li> </ul>		0000017	Replacement of I knee it with med unicnd, open approach	
Knee replacement, bicompartmental	ect	one procedu		
			Knee replacement, partial, left	ſC
ICD-10 IMO® DESCRIPTION			Knee replacement, bicompartmental	C
		ICD	-10 IMO® DESCRIPTION	

## Figure 81: Possible Procedure Codes

- **3.** Select the desired procedure codes from the each **Select one procedure code from each grid** sections.
  - **Note:** If you don't select codes from any of the sections, the system displays the following warning message: You should select a code from this grid for a complete code set.
- 4. Click the **Copy Codes** (()) icon to copy the selected procedure code to the working review, possible review, or both.

#### Using Combo Codes

This section describes how to use the search results to identify multiple codes that should be added and correspond with a diagnosis or procedure.

For example: If you search for *O26.899* diagnosis code, in the search result **Combo Codes**() icon is displayed.

- 1. Search the diagnosis or procedure code.
- Click the Show Combo Codes() icon to display all the other codes and their description associated with the diagnosis or procedure. The system displays the multiple ICD-10 codes associated to the selected diagnosis or procedure.

ICD-10 IMO® DESCRIPTION	
O26.899 Other specified pregnancy related conditions, unspecified trimester	0
Show Combo Codes artum dehydration	O
O26.899 🟮 🕨 Dysuria in pregnancy	Ø
O26.899 🔮 🕨 Gestational dyspnea	Ø
O26.899 O Gestational glycosuria	Ø
O26.899 🔹 🕨 Headache in pregnancy	0、

#### Figure 82: Combo Code

3. Click away to close the combo codes.

## Accessing Code Level Notes

The section describes how to access the note for a specific code. The Code Level Notes provide guidance on the inclusions and exclusions when using the selected code.

- 1. Search a diagnosis code. Refer Searching a Code in Clinical Language Code Search on page 116.
- 2. Click the Show Code Level Notes(\*) icon to display the note specific to that code.

🥔 Nuance © CDE   Code Level Notes - Internet Explorer 🦳 🗆	I X
http://svclu-dvsql0009.hce.escriptioncolo.com:8080/nextgen/ng/cdi/cdmp	/decisionTr
<b>B55.0 Visceral leishmaniasis</b>	~
<b>InclusionTerm:</b> Kala-azar Post-kala-azar dermal leishmaniasis	
	~

Figure 83: Code Level Note

#### Accessing Nuance CDMP Decision Trees

This section describes how to access the Nuance CDMP decision tree.

1. Search and select the diagnosis or the procedure code. Refer Searching a Code in Clinical Language Code Search on page 116.

DX		•		fever Q	Q Clear		
		ICD-10		IMO® DESCRIPTION			
н	IV	R50.9	)	Fever	P	D	/
н	IV	B00.1		Fever blister	k	D	ļ
	С	B55.0		Fever, Burdwan	ŀ	D	
	С	A75.0		Fever, camp	ĥ	٥	
C, A, HC, HR		R56.00		Fever convulsion	ŗ	D	
				✓ Load Next 20 ✓			
👶 DRG Detai		ils				•	~
M/S	DRG	WT	MDC	DESCRIPTION			
М	864	0.8474	18	FEVER AND INFLAMMATORY CONDITION	IS	φ	,
М	977	1.3005	25	HIV W OR W/O OTHER RELATED CONDIT	ION	φ	•

## Figure 84: Decision Tree

2. In the *DRG Details* section, click the **Decision Tree**(♥) icon to display the clinical strategy related to that DRG.

Nuance® CDMP Guide v3-25					
⊗ MDC 18: Fever and Inflammatory Conditions					
MDC 18: Fever and Inflammatory Conditions         MSDRG 864 is assigned for a patient admitted with a PDx of fever or SIRS dt a non-infectious process.         APRDRG 722 is assigned for a patient admitted with a PDx of fever.         PCDI         These DRG assignments cannot be influenced with a secondary diagnosis; however it is important that clinical evidence of severity of illness and/or risk of mortality is adequately documented in the medical record.	Alternative Diagnostic Options <ul> <li>Consider the diagnosis "fever" as a clinical indication of an underlying condition, such as an infectious process. Review your alternative diagnostic options below:</li> <li>Unidentified Infection</li> <li>Unidentified Infectious Process</li> <li>Celluitits dr a Therapeutic Injection</li> <li>Sepsis</li> </ul>				
i Included Diagnoses	Coding Clinic Advice				
Drug-Induced fever	Fever				
Post-op fever	Bacterial Infection in an Immunosuppressed Host				
Postvaccination fever	FUO, Probably Infectious				
Febrile transfusion reaction	Cellulitis due to Midline Catheter				
Fever of unknown origin	· · · · · · · · · · · · · · · · · · ·				

## Figure 85: Nuance CDMP Screen

- **Note:** Pediatric content PCDI (hyperlink) appears with a teddy bear icon next to it.
- **Note:** You can not print the Nuance CDMP decision trees.

## Copying Code from the Code Search Panel

- 1. In the *Code Search* panel, search a code that you want to add in the working, possible review, or both.
- 2. Click the Copy Codes (

				•				
		ICD-10	I	IMO® DESCRIPTI	ON			
н	IIV	R50.9		Fever		Copy to Working Review	P	
Н	IIV	B00.1		Fever blister		Copy to Possible Review	₽	
	с	B55.0		Fever, Burdwan		Copy to Both Review	Þ	1
	С	A75.0		Fever, camp		P.	٥	
н	IIV	R50.9		Fever chills		P.	Ø	
C, A, I	HC, HR	R56.00		Fever convulsion		P.	٥	
C	, P	A90		Fever, Dandy		P	Ø	`
				✓ Load Next 20	~			
& D	RG Deta	ils					`	,
M/S	DRG	WT	MDC	DESCRIPTION				
м	864	0.8701	18	FEVER			q	
м	977	1.2996	25	HIV W OR W/O OTHER	R RELA	TED CONDITION	ዋ	

Figure 86: Copy Codes - Code Search Panel

3. Select an appropriate option from the **Copy Codes** context menu. Refer Copy Codes Context Menu Options on page 121.

Selected code moves to the next available row in the working, possible, or both review panels.

- **Important:** When you copy a combo code in the working or possible review, codes get added in the same sequence as it is displayed in the search panel.
- 4. Click Save.

## **Code Search Criteria and Description**

#### Table 15: Code Search Criteria and Description

Criteria Description		
DX	Search based on the ICD-10 diagnosis code and description	
Proc code	Search based on the ICD-10 procedure code	
Proc description	Search based on the ICD-10 procedure code description	

## **Copy Codes Context Menu Options**

## Table 16: Copy Codes Context Menu Options and Description

Option	Description
Copy to Working Review	Code gets added only to the Working Review section
Copy to Possible Review	Code gets added only to the Possible Review section
Copy to Both Review	Code gets added to both the Working Reviewand Possible Review sections

## **DRG Details – Code Search Panel**

Column	Description			
M/S	M is displayed for Medical DRG and S is displayed for Surgical DRG			
DRG	Diagnosis Related Group			
	<b>Note:</b> For APR DRG groupers, this column should be ignored.			
WT	The relative weight value for the DRG			
	<b>Note:</b> For APR DRG groupers, this column should be ignored.			
MDC	The Major Diagnostic Category to which the DRG is associated			
Description	The description for the DRG			

## Table 17: DRG Details Columns and Descriptions – Code Search Panel

## **Nuance CDMP**

## About Nuance CDMP Decision Tree

Nuance CDMP Decision Tree helps to analyze and understand the content, combined with clinical documentation improvement guidelines in the following ways:

- Improves documentation
- Improves CMI
- Ensures compliance
- Ensures appropriate reimbursement

Nuance CDMP Decision Tree also helps you to refer all the important information on the same page.

Nuance® CDMP Guide v3-25 Enter Keyword					
⊙ ⊙ MDC 18: Fever and Inflammatory Conditions					
MDC 18: Fever and Inflammatory Conditions         MSDRG 864 is assigned for a patient admitted with a PDx of fever or SIRS dt a non-infectious process.         APRDRG 722 is assigned for a patient admitted with a PDx of fever.         Image: PCOI         These DRG assignments cannot be influenced with a secondary diagnosis; however it is important that clinical evidence of severity of illness and/or risk of mortality is adequately documented in the medical record.	Alternative Diagnostic Options <ul> <li>Consider the diagnosis "lever" as a clinical indication of an underlying condition, such as an infectious process. Review your alternative diagnostic options below:</li> <li>Unidentified Infection</li> <li>Unidentified Infectious Process</li> <li>Celluilitis d/t a Therapeutic Injection</li> <li>Sepsis</li> </ul>				
i Included Diagnoses	Coding Clinic Advice				
Drug-induced fever	Fever				
Post-op fever	Bacterial Infection in an Immunosuppressed Host				
Postvaccination fever	FUO, Probably Infectious				
Febrile transfusion reaction	Cellulitis due to Midline Catheter				
Fever of unknown origin	L				

Figure 87: Nuance CDMP Decision Tree Screen

## **Nuance CDMP Decision Tree Panels**

Table 18: Nuance CDMP Decision Tree Panel and Description

Panel Name	Description
DRG Description	This panel contains a brief description of the MS DRG and APR DRG assignment associated with the launch page topic. The panel may also include additional information or instruction, especially with regard to follow-up reviews.
Included Diagnosis	This panel gives the user a short, non-inclusive list of principal diagnoses associated with the launch page MS DRG and APR DRG assignments. All medical launch pages include this panel – surgical launch pages include this panel if the surgical DRG assignment requires a specific PDX.
Common Secondary Diagnosis	This panel includes a list of common secondary diagnoses associated with the PDx or the surgical procedure associated with the launch page topic.
Alternative Diagnostic Options	This panel includes the alternative diagnostic options that might apply to the launch page topic. Not every launch page will include a panel for alternative diagnostic options.

Panel Name	Description
Coding Clinic Advice	Coding Clinics are found in the medical and surgical launch pages.
Official CM Guidelines	There are CM guidelines embedded within the appropriate launch pages. You can also find some CM guidelines within the surgical launch pages; especially those that require a specific PDX for assignment.
Additional Clinical References	Nearly every launch page will include an additional clinical references panel. This panel includes information about a PDx, secondary diagnoses, important references like the coma scale or SIRS criteria, links to the docu-prompters, your PCS assist links and clinical examples.
Quality Considerations	You will find a quality consideration panel for those teams responsible for monitoring HCC diagnoses, hospital acquired conditions, and patient safety indicators. The HCC reminder is just that, a reminder of diagnoses associated with the launch page that qualify as HCCs. The core measure, HAC and PSI links include the applicable reference pages for the topic.
Pediatric Content	The content is pediatric related but the content in the other panels, such as coding clinics and official guidelines, should also be reviewed.

Panel Name	Description
Clinical Denials Response Form	The clinical denial template allows you to collect clinical evidence necessary to support a payer denied diagnosis. While these documents are not intended to replace an appeal letter, they do assist in the collection of clinical evidence necessary to support an appeal but not limited to the following:
	<ul> <li>Clinical Indicators</li> <li>Diagnostics</li> <li>Risk Factors</li> <li>Treatment</li> <li>Physician Impressions</li> <li>Topic-specific supporting references such as the Official Guidelines for Coding and Reporting and/or the Coding Clinics</li> <li>Appeals Recommendations</li> <li>Physician Advisor findings/recommendations</li> </ul>
	The denial template should be copied and pasted into a word document, enter the required details, and then submit to the health system's denials manager for further evaluation. There are 32 diagnosis-specific clinical denial templates available in the application.
	The denial templates are available for the following topics:
	<ul> <li>Acute Blood Loss Anemia</li> <li>Acute Cor Pulmonale</li> <li>Acute Exacerbation of COPD</li> <li>Acute Exacerbation of Heart Failure</li> <li>Acute Myocardial Infarction</li> <li>Acute Renal Failure/Kidney Injury</li> <li>Acute Respiratory Failure</li> <li>Acute Tubular Necrosis</li> <li>AIDS/HIV</li> <li>Alcohol Abuse/Dependence</li> <li>Chronic Respiratory Failure</li> <li>Encephalopathy</li> <li>Functional Quadriplegia</li> <li>Malnutrition</li> <li>Opioid Abuse/Dependence</li> </ul>
	<ul> <li>Pathological Fracture</li> <li>Sepsis</li> <li>Severe Sepsis</li> <li>Septic Shock</li> <li>SIRS d/t a Non-Infectious Organism</li> <li>Hypo/Hypernatremia</li> </ul>

## **Working and Possible Review**

## About Working and Possible Review

**Working Review**: This section is used to add codes based on the current documentation in the record. If the *Encounter Status* is **In Progress**, **Untouched** this section is actively used.

**Possible Review**: This section is used to add codes based on the documentation that may be pending from the provider clarifications.

1	2	3	4		
Vorking Revi	ew Action	0	Possible Review	Action	~ <b>°</b> ^
DX	DESCRIPTION	POA 🗸	DX DE	SCRIPTION	POA 🗸
R51	Headache	~ ♣ 🤿	М, А,		
R/2	Pain, unspecified	~ ♣ ⊖	P, B20 Human	immunodeficiency virus [	HI 🔍 🌡 🕑
ld New				a due to Vibrio cholerae 0:	I,   🗸 🏝 🔿
PROC	DESCRIPTION	^	PROC D	DESCRIPTION	^
DC: 1 - DIS	EASES & DISORDERS OF THE N			I IMMUNODEFICIENCY VIR	
	DX R51 R2 dd New PROC	DX DESCRIPTION          R51       Headache         R12       Pain, unspecified         Id New       PROC         DESCRIPTION         CRG:       103 - HEADACHES W/O MCC         CC:       1 - DISEASES & DISORDERS OF THE N	Vorking Review Action DX DESCRIPTION POA R51 Headache R2 Pain, unspecified R2 Pain, unspecified R0 $\textcircled{O}$ $\rule{O}$ $\rule{O} O$	Vorking Review Action   DX DESCRIPTION   POA DX   DX DESCRIPTION   R51 Headache   R2 Pain, unspecified   Id New Image: Comparison of the service of the se	Vorking Review       Action       Image: Constraint of the service of the ser

Figure 88: Working and Possible Review Screen Identification

## Table 19: Working and Possible Review Screen Identification and Purpose

ltem	Description	Purpose
1	Three Dots Icon	Manually move code from one row to another row (up and down)
2	Add New	Add a new row
3	Action Drop-down	Move all codes to working or possible review, delete all codes from working or possible review
4	Blue Arrow Icon	Displays context menu with options to move code to principal position, copy code to working or possible review, add code to <i>Provider Clarification</i> screen, highlight/unhighlight a code and delete a row.
5	DRG Details section	Displays all DRG related information.

#### Present On Admission (POA)

The following are the NUBC approved default values for POA:

- Y-Yes
- N- No
- U- No information in record
- W- Clinically undetermined

One of the following values are displayed to designate the exempted code based on your configuration in the POA configuration screen:

- 1
- E

POA value gets populated automatically for the exempted codes.

The POA value for the primary diagnosis code can not be marked as **N** and neither you can keep it blank. Similarly, the POA value for any Hospital Acquired Condition codes must not be left blank.

#### Advance APR Support

If your facility has a license for APR, then the SOI, ROM, APR DRG, and APR DRG WT fields are displayed in the working and possible review for non APR DRG payers. This helps you to understand the severity and risk of mortality of the case based on the diagnoses documented.

🖹 Worl	king Review	A	ction	~	G	Poss	ible Review		Action	~	G
	DX	DESCRIPTION		POA	•		DX	DESCRIPTION		POA	~
÷	R51	Headache		Y 🗸	¦	÷	R54	Age-related phy	sical debility	Y ~ &	• 🔿
Add New	,					Add Nev	v				
	PROC	DESCRIPTION			^		PROC	DESCRIPTION			^
MS DRG: MDC: MS DRG V		ACHES W/O MCC S & DISORDERS OF T Reimb: \$210.98	THE NERVOUS SY AMLOS: 3	(STEM GMLOS:	2.3	MS DRG: MDC: MS DRG		NIC DISTURBANC AL DISEASES & DIS Reimb: \$363.93		GMLOS: 4	
	WT: 0.5624	ne & other headaches SOI: 1 AMLOS: 2.03	ROM: 1 GMLOS: 2.42				WT: 0.6309	ic mental health dis SOI: 1 AMLOS: 4.87	turbances ROM: 1 GMLOS: 7.46		

Figure 89: MS DRG and APR DRG Details

For the APR DRG grouper, the *Cost Weights and Trim Points Only* pricer is used. There is no reimbursement calculation for this pricer and it does not return a reimbursement dollar amount. But it does return some other reimbursement fields (WT, AMLOS, GMLOS, etc.).

#### Auto-shuffle

The secondary diagnosis codes get auto shuffled based on the MCC and CC code types. The principal diagnosis code never gets auto shuffled. As per the auto-shuffle logic, all the MCC codes get placed in the code grid after the principal diagnosis code, and then followed by the CC codes. The code that does not have code symbol displays after the last CC code in the code grid.

The procedure codes auto shuffled based on the NOR and OR code symbols. As per the auto-shuffle logic, first all the OR codes get placed in the code grid and then the NOR codes. The code that does not have code symbol displays after the last NOR code in the code grid.

The auto-shuffle happens when the focus moves from the code row, and it is applicable for the CMS, LTCH, IPF groupers.

Related reference

Encounter Status and Description on page 65

This section describes the encounter status displayed on the Triage Worklist screen.

## **DRG Details - Working and Possible Review Panel**

#### Table 20: DRG Details Columns and Descriptions – Working and Possible Review Panel

Column	Description					
MS DRG	Diagnosis Related Group based on CMS MSDRG grouper					
APR DRG	Diagnosis Related Group based on APR DRG grouper					
MDC	The Major Diagnostic Category associated with CMS MSDRG grouper					
MS DRG WT	The relative weight value for the CMS MSDRG grouper					
APR DRG WT	The relative weight value for the APR DRG grouper					
Reimb	Total estimated reimbursement based on DRG					
AMLOS	Arithmetic Mean Length of Stay based on DRG					
GMLOS	Geometric Mean Length of Stay based on DRG					
SOI	Severity of Illness					
	<b>Note:</b> For the CMS grouper, this column displays the calculated SOI value.					
ROM	Risk of Mortality					
	<b>Note:</b> For the CMS grouper, this column displays the calculated ROM value.					

## Adding Codes to Working and Possible Review

You can add codes in the working and possible review panels in three ways:

- Copy code from the CDS Assistant screen
- Copy code from the Code Search panel.
- Direct code entry in the working and possible review panel

### Copying Code from the CDS Assistant Screen

- 1. Select a code description from the **Diagnoses** section.
- 2. Click the Copy Codes (
- 3. Select an appropriate option from the **Copy Codes** context menu. Refer Copy Codes Context Menu Options on page 121.

In the *Review* screen selected code moved to working or possible review panel depending on the selection and in the *CDS* Assistant screen selected codes are moved to **Accepted** category.

## **Direct Entry in the Working and Possible Review**

1. Open the Review screen.

- 2. Click Add New.
- **3.** Add the applicable codes to the encounter.

The DRG data displays at the bottom of the panel based on the codes that are present.

4. Click Save.

Depending upon the impact on the DRG, the impact symbol for the added or modified code gets updated in the *Working Review* or the *Possible Review* section. For more information, refer Code Symbols on page 205.

## Moving Code to Principal Diagnosis and Procedure

The section describes how to move the code to the first row in the Working and Possible Review panels.

1. Select the Blue Arrow (③) icon on the row for the code that you want to move to the principal position.

ance <sup>®</sup> CDE				Acco	unt Number 🗸 🛛 S	iearch	٩)	💄 admin
Worksheet Review Clarifications Reconciliation				In Progress	×   (	Cancel Save	Help	<b>¢</b> E
Taylor, Christopher         Acct #: ACC0209DG10           B: 04/05/1945         Age: 73y         MRN: MRN0209DG10	Gender: M LOS: 115	Admit: 07/08/2018 Discharge:	AP: 99Lasti CDS:	Name, 99First	Payer: Grouper: C	MS 36.0	Unit: Room:	
Code v Fever Q Clear	G	Working Review	Action	~ 0	Possible Review	Act	ion	~
ICD-10 IMO® DESCRIPTION		DX	DESCRIPTION	POA 🗸	DX	DESCRIPTION	PC	DA 🗸
HV         R50.9         Fever           HIV         B00.1         Fever blister           C         B55.0         Fever, Burdwan           C         A75.0         Fever, camp           HIV         R50.9         Fever chills           , HC, HR         R56.00         Fever convulsion		R51           R54           R12           Add New	Headache Age-related physical debility Heartburn Make Prin Copy to Pi Add to Cla Highlight Clear Cod	ossible	Add New			
DRG Details	~	PROC	DESCRIPTION	^	PROC	DESCRIPTION		
DRG WT MDC DESCRIPTION			ACHES W/O MCC S & DISORDERS OF THE NERVOUS Reimb: \$156.28 AMLOS: 3		MS DRG: MDC: MS DRG WT:	Reimb:	AMLOS: GI	MLOS:
864         0.8643         18         FEVER AND INFLAMMATORY CONDITION           977         1.1699         25         HIV W OR W/O OTHER RELATED CONDITION		APR DRG: 054 - Migrain APR DRG WT: 0.5624 Reimb: \$0			APR DRG: 724 - Other APR DRG WT: 0.7927 Reimb: \$0	infectious & parasitic di SOI: 1		

## Figure 90: Move to Principal Position

2. Select Make Principal from the context menu.

The code is moved to the first row and DRG values are updated accordingly.

3. Click Save.

Depending upon the impact on the DRG, the impact symbol for the added or modified code gets updated in the *Working Review* or the *Possible Review* section. For more information, refer Code Symbols on page 205.

## Working and Possible Review Context Menu Options

#### Table 21: Working and Possible Review Context Menu Options and Description

Option	Description
Make Principal	Move codes to principal diagnosis or procedures position.
Copy to Possible	Copy code from Working Review to Possible Review.
Copy to Working	Copy code from Possible Review to Working Review.
Add to Clarification	Add code to <i>Provider Clarification</i> screen from the Working and Possible Review and Initiate a clarification using the code associated with the context menu.

Option	Description
Highlight/ Remove Highlight	Highlight or remove highlight from the selected code.
Clear Code	Delete codes from the Working or Possible Review.

## Table 22: Action Drop-down Menu Option and Description

Option	Description
Move all to Possible	Move all codes from the Working to Possible Review panel
Move all to Working	Move all codes from the Possible to Working Review panel
Clear All	Remove all codes from the Working or Possible Review panel

## **Printing Review**

This section describes how to print the encounter review screen.

- 1. Click Print.
  - The **Print Encounter** dialog-box is displayed.

Print Encounter	
Select All	
□ Worksheet	
П нрі	-
Chief Complaint	
Past Medical History	
Daily Medications	
Treatment and Procedures	
☑ Review	
Clarification	
Deres Person	•
Cancel Prin	nt

Figure 91: Print Encounter Dialog-box - Review

- **Note:** By default the **Review** is selected to print the review screen, and also you can select the **Select All** checkbox to print the complete encounter documentation (Worksheet, Review, Clarification, and Reconciliation).
- 2. Click Print.

The print preview window is displayed.

Name: Alber DOB: 01/01		Acct #: 0133aD070118ACC MRN: 133L070118MRN		it: 07/01/2018 harge:	AP: KEEFER, H CDS: katte, m		Payer: Grouper: CMS 36.0	Unit: Room:
WORKIN	G REVIEW			POSSIBLE RE	VIEW			
10.	DX	DESCRIPTION	POA	NO.	DX	DESCRIPTION		POA
1	R51	Headache		1	R51	Headache		
2	R55	Syncope and collapse			EADACHES W/O M	CC RS OF THE NERVOUS S	VCTEM	
	3 - HEADACHES W/O M	ICC RS OF THE NERVOUS SYSTEM		MS DRG WT: 0.781		AMLOS: 3		
IS DRG WT: 0		AMLOS: 3 GMLOS: 2.3		APR DRG: 054 - N APR DRG WT: 0.56	1igraine & other head 24 SOI: 1	aches ROM: 1		
PR DRG: 05	4 - Migraine & other head 0.5624 <b>SOI:</b> 1	laches ROM: 1		Reimb: \$0	AMLOS: 2.03			
eimb: \$0	0.5624 SOI: 1 AMLOS: 2.0							

Figure 92: Print Preview Screen - Review

3. Click Print.

The **Print** dialog-box is displayed.

🖶 Print	×
General Options	
Select Printer	
🐼 Adobe PDF	🖻 Microsoft XPS Docum
<b>⊟</b> ª Fax	🚍 Nuance PDF
A Microsoft Print to PDF	PUN-2F_North-XERO>
<	>
Status: Ready	Print to file Preferences
Location:	Find Printer
Comment:	
Page Range	
All	Number of copies: 1
O Selection O Current Page	
O Pages: 1	Collate
Enter either a single page number or a single page range. For example, 5-12	123 123
Prin	t Cancel Apply

Figure 93: Print Dialog-box

- Set the print settings for your desired print options.
   You can select the quantity of copies desired, page selection locations, page orientation (portrait to landscape and vice versa), and printer.
- 5. Click Apply, if you've made changes in the print setting.
- 6. Click Print.

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# Chapter 7

## Notes

## Topics:

- About Notes
- Creating a Note
- Replying a Note

## **About Notes**

Notes have two way interactions between systems (CDE One and a 3rd party Coding application) and are associated to an encounter. Users assigned to or accessing the encounter get notified of a new or updated note.

## **Features of Notes**

- It has the ability to have a conversation (sequence of notes) associated with an encounter.
- The notification framework is used for the notification to the CDS or Coder, if a note associated with an encounter has been received.
- In CDE, a Coder role gives access to Notes to read and respond to Notes for an encounter. A note added by a coder in an encounter is not considered as review.
- The notes functionality accommodates:
  - Sending new note associated with an encounter including Subject, type and message.
  - Receiving a note including date/time stamp received, ID from where the note has been sent, subject, and body of note .
  - Displaying conversation of notes on the encounter.
- The receiving system initiates new note, receives note, and allows a respondent to respond to the note, ideally with the same capabilities as above.
- A User who has created the note (owner) will not receive the notification for that particular note.

## **Received notes**

CDE has the ability to receive notes from third party applications. The received notes have following content:

- Subject As provided in note subject. If not provided in note, first 50 characters of the message are considered as subject.
- Owner Owner name displayed, Format Last Name, First Name's initial.
- Type As note comes from coding application then note type should be 'CDE-Coding'.
- Date and time Date and time when CDE receives the note. Format MM/DD/YYYY, HH:MM:MsMs Time zone (Facility time zone).
- Message Message text.
- **Note:** In case the original note gets updated, the note received in CDE will also get updated. The note will show an **Updated** badge on the top of the message.

## **Creating a Note**

A note can be created by CDS or a coder. In an encounter, a note can be created and saved as a draft. The saved draft can be further edited and sent. Once a note is sent, it cannot be edited.

Steps below show how to create a new note.

$\equiv$	Worksheet Review	w Clarification	ns Reconciliation Note	IS				Discharged	~	Cancel Save   🕂 😯 🕅	9 ¢ 8
	John, Johnson Q DOB: 01/18/2019 A		Acct #: CDE100002 MRN: MRN101211				01/2018 01/01/2018	AP: KEEFER, K CDS:	EEFER Q		Unit: CARD Room: 201
No	otes				Add N	ew	Subject*			Туре	
	SUBJECT	OWNER	DATE	TYPE	STATUS		Informatio	on required		CDE to Coding	~
0	test subject	admin, a	03/19/2020	CDE to Codi	Draft	^	Message *				
۲	Information required	admin, a	03/19/2020	CDE to Codi	Draft		More info	ormation required			
0	test subject	admin, a	03/19/2020	CDE to Codi	Draft						
0	note from CDE	admin, a	03/18/2020	CDE to Codi	Sent						
0	test subject	smith, J	03/18/2020	CDE to Codi	Received						
0	test subject	smith, J	03/18/2020	CDE to Codi	Received						
0	test subject	smith, J	03/18/2020	CDE to Codi	Received						
0	test subject	smith, J	03/18/2020	CDE to Codi	Received	~					
91 rt	cords						Discar	rd Draft			Send

Figure 94: Notes Screen – Creating a Note

- 1. In an encounter, click Notes on the top panel.
- 2. In the left pane, click Add New. A blank form appears on the right-side pane.
- 3. Type text in the **Subject** text box.
- **Note:** This is a mandatory field. It can accommodate upto 50 characters.
- 4. Select Type from the drop-down list.
- Note:

This is a mandatory field.

- CDS can send notes to Coding system by selecting the type CDE to Coding and CDE CDE.
- Coder can send notes from CDE system selecting type Coding to CDE
- 5. Type text in the **Message** text area.
- **Note:** This is a mandatory field. It must have more than 2 characters and less than 2000 characters.
- 6. Click Save.

System displays new row for added note on the left side pane .

**Note:** CDE - CDE type notes draft will be visible to all users who can view the encounter.

- 7. Click Send.
- 8. Discard Draft will cancel any changes made to the fields.

## **Replying a Note**

Notes have the feature to display conversation and send a reply to a received note. All notes are displayed on the left side panel. The note selected on the left side panel will be displayed in detail on the right side panel. Reply option is available for all notes except for notes in draft mode and new notes.

	lohn, Johnson Q DOB: 01/18/2019 Ag	Acct #: CD ge: 1d MRN: MR?			ider: M Admi i: -31 Disch		1/2018 AP: KEEFER, KEEFER Q 11/01/2018 CDS:	Payer: Unit: CARD Grouper: CMS 35.0 Room: 201
No	ites				Add N	ew	Subject: test subject	
	SUBJECT	OWNER	DATE	TYPE	STATUS		Owner: smith, John Type: CDE to C	Coding Date: 03/12/2020 08:10:21 AM EDT
С	note2	admin, admin	03/12/2020	Coding to C	Received	^	test body	
С	note1	ahirrao, shrikant	03/12/2020	Coding to C	Received			
)	note3	admin, admin	03/12/2020	Coding to C	Received			
)	note3	admin, admin	03/12/2020	Coding to C	Received			
۲	test subject	admin, a		CDE to Codi	Draft		Subject: test subject Message	Type: CDE to Coding
С	test subject	smith, John	03/12/2020	CDE to Codi	Received		message	Type, core to county
С	test subject	smith, John	03/12/2020	CDE to Codi	Received	~	test body reply	
	cords						Discard Draft	Send

Figure 95: Notes screen - Reply a Note

To reply a note, follow these steps:

- 1. Type Message in the text box.
- **Note:** The reply note Type is provided by the system and cannot be edited.
  - If the original/received note type is 'CDE-Coding' or 'Coding-CDE', reply note type is 'CDE-Coding' for CDS user.
  - If the original/received note type is 'CDE-Coding' or 'Coding-CDE', reply note type is 'Coding-CDE' for Coder user.
  - If the original/received note type is 'CDE-CDE', reply note type is 'CDE- CDE' for CDS user.
- 2. Click Save to save the message.
- 3. Click Send to send the reply.
- 4. Discard Draft will cancel any changes made to the message field.

# Chapter

8

# Notifications

**Topics:** 

- About Notifications
- Working with Notifications
- Follow or Unfollow Notifications

## **About Notifications**

Notifications is a reusable notification panel framework which houses various types of content. It is a mechanism to see notifications from a variety of sources. These sources could be new coder notes, a received clarification response, and so on.

## **Key Features**

- Available from the worklist. The list contains notifications corresponding to all encounters for which the user is watcher of notifications.
- Available from the encounter. The list contains notifications corresponding to that encounter.
- A user who has created a note does not receive the notification for that particular note.
- A framework that can be collapsed and expanded.
- When collapsed:
  - Gives a visual sign when new notifications have been received.
  - Gives a count of unread notifications.
  - Is easily expandable when the CDS is outside or inside an encounter (from Worklist or CDE One).
- When expanded:
  - Shows contents in reverse chronological order (with newest notificationat the top).
  - Shows the type of notification (Notes or clarification).
  - Shows date and time when the notification is received.
  - Shows who the notification is from (coder name, System and so on).
  - Provides visual differentiation between read and unread notifications. Unread notifications appear in bold font. Read notifications appear in regular font.
  - Provides a way to navigate directly to the content screen.
- The framework has options to filter the notifications based on the category that is Notes/clarification/ read/unread.
- Allows the user to scroll through list of notifications.
- The list of notifications gets refreshed every 30 seconds.
- A list can include upto 50 notifications. Beyond that, another list displays the next set of notifications.
- System expires a notification if it has Read status and is 30 days old.
- Deleted notes receive notifications.

## **Working with Notifications**

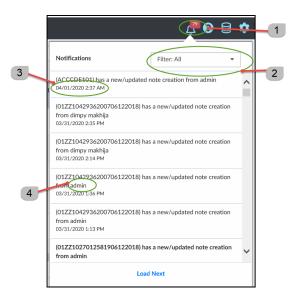
Notifications can be viewed from the worklist as well as from the encounter. The encounter screen notifications include notifications related only to the specific encounter.

### Watcher/Follower

A watcher/follower list is created by the system. System adds users to watcher/follower list for below scenarios:

- An Encounter gets assigned to user
- User sends the note from the encounter
- User sends the clarification from the encounter
  - If user is initiating CDS for sent encounter
  - · If user is follow-up CDS for sent encounter

**Note:** Watcher/follower is applicable for worklist notification panel only.



#### **Figure 96: Notification Panel**

**Table 23: Notification Panel details** 

Call out	Description
1	Number of notifications
2	Filter for classifying notifications based on the criteria
3	Date and Time of the received notification
4	Notification whereabouts (coder name or provider name)

- 1. In the Triage Worklist view, click the Bell Notification icon on the top right side panel. A list of notifications is opened. The last received notification appears on the top.
- 2. Select any filter to sort the notifications.
- **Note:** By default, all notification types will be displayed in list. The list can be filtered on the basis of Notes, Clarification, Read and Unread filters. You can apply the notification type (Notes or Clarification) and status (Read or Unread) filters together.
- 3. Click individual notifications to navigate to the particular Notes or Clarifications instance.

$\equiv$	Worksheet Rev	view Clarification	ons Reconciliation Notes		Follow-u 04/24/2		In Progress	✓ Cancel	Save   🕂 ?	8 🌣 🔒
-	Peters, Terri T DOB: 01/01/1985	<b>Age</b> : 35y	Acct #: ACC0502DG041020 MRN: MRN0502DG041020	Gende LOS: 5			AP: PROV1 CDS: Jahn, Jason		Payer: Medicare Grouper: CMS 37.0	Unit: TELE Room: ROOM1
N	otes				Add New	Subject: cds to	cds			
	SUBJECT	OWNER	DATE	TYPE	STATUS	Owner: User, C		Type: CDE to CDE	Date: 04/22/2020	01:30:24 PM EDT
0	coder to cds2	admin, a	04/27/2020	CDE to Codi	Draft	ds;lgkjopre				
0	cds to coder	Test, C	04/23/2020	Coding to C	Sent	Owner: user2.		Type: CDE to CDE	Date: 04/23/2020	09-57-27 AM EDT
۲	cds to cds	user2, c	04/23/2020	CDE to CDE	Sent	,	L	Type. CDE to CDE	Date. 04/23/2020	57.57.27 AN EDT
0	coder to cds	Test, C	04/15/2020	Coding to C	Sent	test response				
0	cdsuser2 to coder	Test, C	04/15/2020	Coding to C	Sent	Subject: cds to	cds			~
0	CDS to CDS note	User, C	04/15/2020	CDE to CDE	Sent	Message *			Тур	e: CDE to CDE
6 re	cords									Send

The Notification or clarification clicked by you appears highlighted on the left side panel and displays in detail on the right side panel.

Figure 97: Notifications - Navigation to Individual Notes

≡	Worksheet Review Clari	fications Reconciliation	Notes	Follow-u 04/28/2		In Progress	~	Canc	el Save   🕻	· • •	≱ 8
_	ClariMaxTEST2, ClariMax D <b>OB:</b> 01/01/1985 Age: 34y	Acct #: ClariMax MRN: ClariMax		Gender: M Admit: 01/ LOS: 483 Discharge:	01/2019	AP: CDS: Te	st, CDS		Payer: Grouper: CMS 37.0	Unit: C/ Room: 2	
	Clarification List			Add New	Details: Pressu	re ulcer of uns	specified elbow, u	nstageable		🗂 Summary 🛛 (	Q 🗧
	SUBJECT	SENT TO	STATUS	SENT			Clarificatio	on	Responses (1)		
0	test	000Test2;, 0.	Sent	04/27/2020						*required field	
•	Pressure ulcer of unspecifie	000Test1, 0.	Responded	04/27/2020	Code	L89.000 Pre	essure ulc 🤍	Topic	Pressure Ulcer		
0	Acute postprocedural respir	Addison, C.	Closed	04/24/2020	Subject*	Pressure ulo	er of unspecifie	Review	WORKING		
					Send To*	000Test1, 0.	×	Q			
					Initiating	Test, C.		Q			
					Follow-up CDS	Test, C.		Q			
					Primary Type *	PSI	$\sim$	Other Ty	Select	$\sim$	
3 recc	ords				Rec. Type	DCI				S	end

## Figure 98: Notifications - Navigation to Individual clarifications

4. Edit an existing note and without saving click on the Notifications panel. Click an individual notification. System navigates you to this notification and the previously edited note stays in draft state. Similarly, if you navigate to some other clarification while editing an existing one, the existing edited clarification stays in draft state.

## **Follow or Unfollow Notifications**

You can now follow/unfollow notifications related to specific encounters. This can be done from the Triage Worklist screen.

Users who can avail this function are:

- Nuance Admin
- CDS
- Coder
- CDS Manager

Nuance® <b>Cl</b>	DE				Account Number 🗸 Search Q	Facility: All	~	💄 admin
Triage	Worklist						4 <b>.</b> S	8 🗘
CDS: All	▼ Sta	atus: In Progres 🔻	Payer: All	•	Unit: All Visit Type: All Contract Cont	IP System Wo	orklist 🔻	□ 2
	ACCOUNT #	PATIENT NAME	ADMIT	PAYER	CDS WORKING REVIEW OR Sollow LAST REV DISCOVERED DX TOTOLOGY (Control of the solution of the s	IEW C.E.	CC/MCC	QUALIT
2	ACC0506DG041020	Wilson, Terri T	03/01/2020	Medicare	Pneumonitis due to inhalation of foo Unspecified intestinal obstructio +16	3	CC: 0 MCC: 0	^
2	ACC0309DG041020	Miller, Ashley	03/01/2020		Other pulmonary embolism without Tachycardia, unspecified +17	3	CC: 0 MCC: 0	
2	ACC0209DG041020	Taylor, Christopher	03/01/2020	Medicare	Altered mental status, unspecified Urinary tract infection, site not s +18	2	CC: 0 MCC: 0	
2	ACC0224DG041020	Taylor, Christopher H	03/01/2020	Medicare	★ Altered mental status, unspecified Urinary tract infection, site not s +18	2	CC: 0 MCC: 0	
2	ACC0225DG041020	Taylor, Christopher P	03/01/2020	Medicare	Altered mental status, unspecified Urinary tract infection, site not s +18	2	CC: 0 MCC: 0	~
<	100000000000000000000000000000000000000				<ul> <li>Alternative descent and the second sec</li></ul>		66 A	>
howing 50 of 732					✓ Load Next 50 ✓	Und	ated 04/28/2020 1	0.00.00 014

Figure 99: Triage Worklist - Follow/Unfollow

- 1. On the *Triage Worklist* screen, select the encounters you want to follow.
- 2. Click Follow.

A pop-up message saying you have successfully followed the selected accounts will appear.

**Note:** In order to unfollow , select the encounters and click **Unfollow**. Pop-up message for successfully unfollowing the accounts will appear.

# Chapter

# 9

# **Provider Clarification**

## **Topics:**

- Working with Clarification Tab
- Clarification Types and Templates
- Clarification Summary pop-up
- Clarification Status
- Working with Responses Tab
- Clarification Response Status
- Re-opening a Clarification
- Deleting a Clarification
- Print Clarification

# Working with Clarification Tab

This section describes how to create and send a clarification.

#### **Creating a Clarification**

- 1. Click the **Clarification** link. The *Clarification* screen is displayed.
- 2. Click Add New link to create a clarification, or you can create a clarification based on a code in the *Review* screen.

Nuance® CDE						Account Numbe	r 🗸 Search	Q admina
Worksheet Review Clarif	ications Reconciliation					Untouched	✓ Cancel Sav	e   Help 🏟 🖨
BOY, TOMMY DOB: 01/01/2015 Age: 4y	Acct #: ACC0101PED01021 MRN: MRN0101PED01021 Visit Type: Inpatient	9	Gender: M Admit: 01// LOS: 108 Discharge: Discharge Status:	01/2019	AP: Test, CDS:	Prov1	Payer: Medicare Grouper: CMS 36.0	Unit: TELE Room: ROOM1
Clarification List			Add New	Details:				€ 🖨
SUBJECT	SENT TO	STATUS	SENT			Clarification	Responses (0)	
۲	Test, P.							* required field
				Code		× ~		
				Subject*		Review	N	
				Send To*	Test, P. 🗙	Q		
				Initiating CDS •	Select	Q		
				Follow-up CDS	Select	Q		
				Primary Type *		Othe	Select	~ ~
1 records				O Discard draf	it		Last Tem	Send

#### Figure 100: Provide Clarification - Add New

- 3. Type the subject of the clarification in the Subject field for a generic clarification.
  - (!) **Important:** If you create the clarification from the review screen, the **Subject** field gets auto populated with that selected code and description.
- 4. Select the code for that you want a clarification from the Code drop-down list.
  - **Note:** The **Review** field either displays as **Working** or **Possible** based on your code selection. If the code is from the *Working Review* panel then **Working** is displayed or If the code is from the *Possible Review* panel then **Possible** is displayed. The subject of the clarification is also gets updated based on the selected code.
  - **Important:** If you are creating a generic clarification then you must keep the **Code** field empty and the **Review** field displays as **Generic**.
- 5. Type the provider name in the **Send To** field to whom you want to send the clarification, or to search for a provide select the **Provider Lookup** icon.
  - a) In the *Provider lookup* dialog box, select a search criterion from the drop-down list and type a search value in the text field.

You can search for a provider based on the following search criteria:

- Provider Name: Search based on the provider LastName, FirstName or FirstName LastName.
- Note: You must type the combination of both *FirstName* and *LastName* to search for a provider.
- Provider ID: Search based on the provider ID.
- **Specialty**: Search based on the provider specialty.

• **Department**: Search based on the provider department.

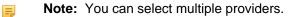
Provi	ider Name	✓ Search	٩)	516	4 Resul	
De	ovider ID partment ecialty	DVIDER ID	DEPARTMENT	SPECIALITY	+ Kesu	
	Abt,John L	35178				
	Abu-Samn,Falastin R	20901				
	Acker, James H	03459				
	Acuna, Joann G	01982				
	Afridi,Fariya S	04577				
	Agana,Felicitas G	05007				
		✓ Load	Next 150 ¥			
Sele	ect			0		

#### Figure 101: Provider Lookup

b) Click on the **Search** icon.

The system displays the provider based on your search entry.

c) Select the checkbox(es).



- d) Click Select.
- 6. Type the name in the Initiating CDS field who created the clarification, or to search for a CDS select the CDS Lookup icon.
  - **Note:** By default it displays the name of the CDS who is currently logged in.
  - a) In the *CDS Lookup* dialog box, select a search criterion from the drop-down list and type a search value in the text field.

You can search for a CDS based on the following search criteria:

- CDS Name: Search based on the CDS name.
- CDS ID: Search based on the CDS ID.

CDS Lo	okup		
	CDS from the list below		
CDS Name	e V Search	<u>_</u>	Results
CDS Id	·	CDS ID	^
0	admin, user	adminnew	
$\circ$	arch, pandey	auditarch	
0	auolit, biqbwu M	ADDPO	
0	Automation, CDS Auto	automation_cds	
0	bonini, crencm M	AlVhp	
0	cds1, cds1	cds1	
0	chotu, halwai	admin1	$\sim$
	✓ Load Next	20 🗸	
		Cancel	Select

Figure 102: CDS Lookup

- b) Click on the Search icon. The system displays the CDS based on your search entry.
- c) Select the checkbox.
- d) Click Select.

**Note:** Once you send the clarification, you can not edit the **Initiating CDS** field.

7. Type the name in the Follow-up CDS field who will follow-up on the clarification, or to search for a CDS select the CDS Lookup icon.

**Note:** By default it displays the name of the CDS who is currently logged in.

a) In the *CDS Lookup* dialog box, select a search criterion from the drop-down list and type a search value in the text field.

You can search for a CDS based on the following search criteria:

- CDS Name: Search based on the CDS name.
- CDS ID: Search based on the CDS ID.

CI	DS Loo	okup				
	lect one ( DS Name	CDS from the list below	rch	٩)	168 Res	ulte
	CDS Id		-	CDS ID	100 KES	
C	D	admin, user		adminnew		
C	)	arch, pandey		auditarch		
C	)	auolit, biqbwu M		ADDPO		
C	D	Automation, CDS Auto		automation_cds		
C	C	bonlni, crencm M		AlVhp		
C	D	cds1, cds1		cds1		
C	C	chotu, halwai		admin1		~
			✓ Load Next	20 🗸		
					Cancel Selec	at

#### Figure 103: CDS Lookup

- b) Click on the Search icon. The system displays the CDS based on your search entry.
- c) Select the checkbox.
- d) Click Select.
- **8.** Select a primary clarification type from the **Primary Type** drop-down list. Refer Clarification Types and Templates on page 150.
- 9. Select a secondary clarification type from the Other Type drop-down list.
- **10.**At the time of reconciliation, select a clarification type from the **Rec. Type** drop-down list if you want to change the primary clarification type.
  - () **Important:** When you change the primary clarification from the **Rec. Type** drop-down list, then the **Clarification Type** automatically gets updated in the *Reconciliation* screen.
- 11.Select the date when the clarification is created from the date look-up or manually enter the date in mm/ dd/yyyy format in the Created field.
  - **Note:** By default it displays the today's date.
- 12.Select the date when the clarification is sent from the date look-up or manually enter the date in mm/ dd/yyyy format in the Sent field.
- 13.Select the date when the clarification is closed from the date look-up or manually enter the date in mm/ dd/yyyy format in the Closed field.
- **14.**Select a standard or a custom clarification template that you want to use to type the message from the **Template** drop-down list. Refer Clarification Types and Templates on page 150.

**Note:** System automatically selects template based on the selected primary clarification type.

- **15.**Type the clarification message in the **Message** field.
- 16.Click Save.

**Note: Status** is a system generated clarification status field and you can not edit it. Refer Clarification Status on page 152.

#### Sending a Clarification

1. Create a clarification. Refer Creating a Clarification on page 145.

2. Click Send.

Based on the configured send method selected by your facility, you can send the clarification manually with or without printing.

If your facility has chosen the **Manual Send without Printing** option then when you click **OK** the clarification sent date is automatically displayed in the **Sent** field, although you can manually edit it and the status is updated to **Sent**. The system displays the sent date in the configured timezone.

If your facility has chosen the **Print and Manually Deliver** option then when you click **OK**, the system displays the print preview of the clarification so that you can print the clarification and manually deliver it to the provider. The clarification sent date is automatically gets displayed in the **Sent** field, although you can manually edit it and the status is updated to **Sent**. The system displays the sent date in the configured timezone.

If your facility has chosen all the options, then when you click **OK**, the system displays the **Sent Clarification** pop-up.

Send Clarification	
Select the delivery method for this clarification.  Manual Send without Printing  Print and Manually Deliver	
Set as default	Cancel OK

Figure 104: Send Clarification Pop-up

From the **Send Clarification** pop-up you can select any of the send method that you want to use and then select **OK**. The **Set as Default** option can be used to make the selection default for the CDS.

**Note:** When the clarification is sent the **Pending** clarification response status automatically gets displayed on the **Responses** tab.

If the encounter status is Review Complete, Reconciled - Impact, Reconciled - No Impact, Auto Reconciled, and you click OK on the Send Clarification pop-up the following message is displayed:

Clarification cannot be sent. Please change Encounter Status to In Progress.

#### **Retracting a Clarification**

This section describes how to edit an existing clarification which is already sent to a provider.

- **Note:** You can only retract the clarification if the status is **Sent**, or **Overdue** and all of the clarification responses are pending.
- 1. Select a clarification from the *Clarification List* panel.
- 2. Click Retract.
  - **Note:** When you retract the clarification, the clarification status is automatically gets updated to **Retracted**.
- 3. Make the necessary changes in the clarification. Refer Creating a Clarification on page 145.
  - **Note:** you cannot edit the **Code**, **Primary Type** and the **Other Type** fields after you retracted the clarification.
- 4. Click Save to save the changes or click Send to send the modified clarification.

# **Clarification Types and Templates**

Clarification Type	Description	Financial Impact	Quality Impact	Associated Template
PDX	Principal diagnosis	Yes	No	Dx Clarification Template.doc
CC	Complication/Co-morbidity	Yes	No	Dx Clarification Template.doc
MCC	Major Complication/ Co-morbidity	Yes	No	Dx Clarification Template.doc
PROC	Procedure	Yes	No	Proc Clarification Template.doc
MST	Multiple Significant Trauma	Yes	No	Dx Clarification Template.doc
HIV	Human immunodeficiency virus related condition	Yes	No	Dx Clarification Template.doc
PC	Psychiatric Condition -Medical Condition that impacts reimbursement for inpatient psychiatric admissions	Yes	No	Dx Clarification Template.doc
SEV	Severity of illness	Yes	No	Dx Clarification Template.doc
НСС	Hierarchical condition category diagnosis	No	Yes	Dx Clarification Template.doc
CLIN VAL	Clinical validation	No	Yes	Clinical Validation Clarification Template.doc
POA	Present on admission	Yes	Yes	POA Clarification Template.doc
PSI	Patient safety indicator	No	Yes	POA Clarification Template.doc
Generic	Sign note, incomplete note	N/A	N/A	N/A

## Table 24: Clarification Type Details and Associated Template

# **Clarification Summary pop-up**

When the template that you select from the template drop-down is configured to display the summary, in the template builder on the Configuration Directory page, the **Summary** link is displayed on the Clarification and Responses tab. If selected template does not have the Summary field configured, the Summary link is not displayed.

You may use the **Summary** link to view the summary of the associated clarification. The **Summary** popup displays data as per the selections made in the Template Setup on the **Configuration Directory** > **Clarifications** page. You can copy and paste this information to any third-party application.

When a clarification is sent using a custom template and then the custom clarification template is deleted, the summary configurations are deleted and the **Summary** link is not displayed on the Clarification page.

Summary	
Clarification Sent Date : Sent To : Ready, Ever Follow-up CDS : admin, admin CDS : aakrrh, bxdqsn M CDS Phone Number : Agreed, Will Document in Progress notes Not Agreed Need to Discuss	^
Other explanation of clinical findings Unable to determine (no explanation for clinical findings) The medical record reflects the following clinical evidence: Clinical Indicators: Risk Factor(s): Treatment:	l
Please clarify and document your clinical opinion in the progress notes and discharge summary including the definitive and/or presumptive diagnosis, (suspected or probable), related to the above clinical findings. Please include clinical findings supporting your diagnosis.	
Response Date : Responded By : Response :	~
Close	e

Figure 105: Summary pop-up

# **Clarification Status**

Clarification Status	Description	Consideration for Reconciliation
New	Clarification is created.	neither open nor closed
Sent	You have sent the clarification to a provider.	Open
Responded	You have manually updated the response date.	Open
Closed	You have manually entered the closed date or marked a response as the final response. When you marked a response as final, closed date is automatically set to current date/time.	Closed
Reopened	Reopened a closed clarification.	Open
Deleted	Clarification is deleted.	neither open nor closed
Retracted	You have retracted a clarification by selecting retract option or select <b>Retracted</b> from the <b>Response</b> drop-down list for a manual clarification.	neither open nor closed
Overdue	You had sent the clarification more than 24 hours ago and response date is empty.	Open

## Table 25: Clarification Statuses and Descriptions

# Working with Responses Tab

This section how to update the response status, response date of the sent clarification and also how to close an open clarification.

### **Updating Response Status and Date**

1. On the **Responses** tab, select an instance of the provider clarification. Response related to the clarification is displayed in the **Message** field.

luance <sup>®</sup> CDE								Account Num	ber 🗸 Search	٩	Priyank
Worksheet Review	w Clarification	s Reconciliation				Follow- mm/dc	-up: I/yyyy 🛗	In Progress 🗸	Cancel Save	Help 😫	¢ €
CEDAR, CLUE7245 DOB: 01/01/1985	Age: 34y	Acct #: CLUE7245EN10 MRN: CLUE7245EN101		Gender: M LOS: 57	Admit: 09/0: Discharge:	1/2019	AP: Ready, CDS: Nagw	Ever M.D. vankar, Priyanka	Payer: Medicare Grouper: CMS 37.0	Unit: 4 Room:	810 ROOM1
Clarification List				Add	New	Details: T1				C Summary	€
SUBJECT	S	ENT TO	STATUS	SENT				Clarification	Responses (1)		
<ul> <li>T1</li> </ul>	R	eady, E.	New			Sent To		Ser	nt Date/Time		
						Ready, E.		10	0/18/2019		•
						Responded By		Response	Response Date/Time	Final	
						Ready, E.	<u> </u>	Retracted	✓ mm/dd/yyyy		•
						Sent to	Ready, E.		Response Date/Time		
						Responded By	Ready, E.		Response	Retracted	
						Message					
								Responded to cla	arification:		
						Initiating CDS			Sent 10/18/20		

#### Figure 106: Responses Tab

2. Select the status of the response from the **Response** drop-down list. Refer Clarification Response Status on page 155.

When you update the response status, the response date automatically gets displayed in the **Response Date/Time** field, although you can manually edit that. The response date/time is displayed in the UTC timezone.

3. Click Save.

#### **Retracting a Clarification Instance**

- 1. On the **Responses** tab, select an instance of the provider clarification that you want to retract. Response related to the clarification is displayed in the **Message** field.
- 2. Select Retracted from the Response drop-down list, or click the Retract Clarification Instance(
- 3. Click Save.

#### **Closing a Clarification**

- 1. On the **Responses** tab, select an instance of the provider clarification. Response related to the clarification is displayed in the **Message** field.
- 2. Update the status of the response from the **Response** drop-down list. Refer Clarification Response Status on page 155.
  - **Note:** You cannot close the clarification if the response status is **Pending**.

- 3. Select the Final checkbox for that respective clarification instance.
- 4. Click Save.

The clarification status is changed to **Closed** and in the **Clarification** tab the clarification close date is automatically gets displayed in the **Closed** field. Also, you can manually update the clarification close date after the clarification is closed.

If the clarification is sent to a provider, and the provider has responded with any of the following options, then the system automatically marks the response as **Final** and closes the clarification:

- Agree
- Not Agree
- Unable to determine
- Alternative diagnosis
- Other explanation

If necessary, you can uncheck the Final checkbox manually.

# **Clarification Response Status**

Response	Description	Applicable to Manual Clarification	Applicable to Electronic Clarification
Agreed	Provider agreed with the proposed clarification content and documented the requested information in the medical record.	Yes	Yes
Alternative Diagnosis	Provider documented a new diagnosis in the medical record which is currently not present.	Yes	Yes
Discuss	Discussion happened between provider and CDS.	No	Yes
Not Agreed	Provider disagreed with the proposed clarification and did not document the requested information in the medical record.	Yes	Yes
No Response	No response received from the provider.	Yes	Yes
Other explanation	Provider responded but offered another explanation for the clinical presentation or intent of the procedure.	Yes	Yes
Pending	Clarification has been sent to the provider, and you are awaiting a response. The system automatically selects this option when the clarification is sent. Note: Once you update the clarification response status as Pending, the clarification status changes back to Sent.	Yes	Yes
Retracted	CDS has withdrawn the provider clarification.	Yes	Yes
Send to another Provider	Provider responded but requested the clarification to be sent to another provider.	Yes	Yes
Unable to Determine	Provider indicated that after careful study, they were unable to determine an explanation for the clinical presentation or intent of the procedure.	Yes	No

## Table 26: Clarification Response Status Types and Descriptions

# **Re-opening a Clarification**

This section describes how to re-open a closed clarification.

1. Select a closed clarification that you want to re-open from the Clarification List panel.

	Nuance <sup>®</sup> CDE					Account N	umber 🗸 Search	٩	💄 admina
$\equiv$	Worksheet Review Clarif	ications Reconciliation				In Progress	Cancel Save	Help :	♦ ₽
	Johnson, Amanda H DB: 06/06/1969 Age: 49y	Acct #: ACC0406DG10 MRN: MRN0205DG10	Gender: F LOS: 103	Admit: 07/08/2018 Discharge:		AP: 99LastName, 99First CDS:	Payer: Grouper: CMS 36.0	Unit: Room:	
<b>.</b> (	Clarification List			Add New	Details: Test1	L		C Summary	<b>Q</b>
	SUBJECT	SENT TO	STATUS	SENT		Clarificatio	n Responses (4)		
0	test3	PROV1, Anuj Provider 1+1	Reopened	10/18/2018			<u></u>	* required	field ,
С	test2	PROV1	Sent	10/17/2018	Subject *	Test1			
•	Test1	PROV1, PROV2+2	Closed	10/15/2018	Code		Review		
					Send To*	PROV1 X PROV2 X	0 Q		
					CDS*	admin, a.	Q		
					Primary Type *	CC	Other Type MCC x		~
					Rec. Type	CC	/		
					Created *	10/18/2018 Sent	10/15/2018 Closed	10/05/2018	m .
					Chabina	Classed			
_									
http://	svclu-dvsql0009.hce.escriptioncolo.c	om:8080/nextgen/ng/cdi/encounte	er/worksheet				Las	t saved 10/20/2018	01:21:20 AM

#### Figure 107: Reopen Clarification

 Click Reopen Clarification (<sup>1</sup>/<sub>2</sub>) icon. The clarification status is changed to Reopened.

# **Deleting a Clarification**

This section describes how to delete a clarification.

1. Select a clarification that you want to delete from the Clarification List panel.

	Nuance <sup>®</sup> CDE						Account Nun	mber 🗸 Searc	:h	٩	💄 admina
≡	Worksheet Review Clari	fications Reconciliation					In Progress	✓   Can	cel Save	Help	\$ ₽
_	j Johnson, Amanda Η OB: 06/06/1969 Age: 49γ	Acct #: ACC0406DG10 MRN: MRN0205DG10	Gender: F LOS: 103	Admit: 07/08/2018 Discharge:		AP: 99LastNam CDS:	e, 99First	Payer: Grouper: CMS	36.0	Unit: Room:	
	Clarification List			Add New	Details: test3					C Summary	€₽
	SUBJECT	SENT TO	STATUS	SENT			Clarification	Respo	nses (3)		
•	test3	PROV1, Anuj Provider 1+1	Reopened	10/17/2018						* required	field
0	test2	PROV1	Sent	10/16/2018	Subject *	test3					
С	Test1	PROV1, PROV2+2	Closed	10/14/2018	Code		$\sim$	Review			
					Send To*	PROV1 X An	uj Provider 1 🗙 🗘	Q			
					CDS*	admin, a.		Q			
					Primary Type *	СС	$\sim$	Other Type	MCC X		~
					Rec. Type	CC	$\sim$				
					Created *	10/18/2018	🗂 Sent	10/17/2018	Closed	mm/dd/yyyy	<b>***</b>
					Chaking	Deeneed					Send
3 reco	rds								La	st saved 10/20/2018	01:33:50 AM

#### Figure 108: Delete Clarification

- **Note:** You cannot delete a closed clarification.
- 2. Select the Delete Clarification (<sup>(iii)</sup>) icon.

The clarification status is changed to **Deleted** and you can not delete a clarification which is closed.

After you deleted a clarification, you can undo the deletion by clicking the Undo Delete Clarification

() icon. When Undo Delete Clarification icon is used, the clarification status is updated to New. The clarification now appears as a draft to the CDS, which can either be resent or discarded.

# **Print Clarification**

### Print Clarification Using Print Encounter Summary Icon

This section describes how to print the encounter clarification screen.

#### 1. Click Print.

The Print Encounter dialog-box is displayed.

Print Encounter
Select All
Worksheet
Review
Clarification
☑ J17 Pneumonia in diseases classified elsewhere
☑ B49 Unspecified mycosis
Reconciliation
Cancel Print

Figure 109: Print Encounter Dialog-box - Clarification

**Note:** By default all the available clarifications are selected for print, and also you can select the **Select All** checkbox to print the complete encounter documentation (Worksheet, Review, Clarification, and Reconciliation).

#### 2. Click Print.

E.

The print preview of the clarification is displayed..

Nuance <sup>®</sup> CDE		Facility: Training   Printed Date: 11/01/2018 02:57:12 PM   Print 🖨
Name: Johnson, Amanda null DOB: 06/06/1969 Age: 49y	Acct #: ACC0205DG102918 Gender: M Admit: 07/08/2018 AP: B1, A1 MRN: MRN0205DG102918 LOS: 116 Discharge: CDS:	1 Payer: Unit: Grouper: CMS 36.0 Room:
Clarification Sent Date:	Sent To: 99LastName, 9.	J Contact No.:
Agreed, Will Document in Progress Notes:	Not Agreed:	Need to discuss:
Response Date:	Response By: 99LastName, 9.	Response:

**Figure 110: Print Preview Screen - Clarification** 

3. Click Print.

The **Print** dialog-box is displayed.

🖶 Print	×
General Options	
Select Printer	
🐼 Adobe PDF	🚍 Microsoft XPS Docum
🚔 Fax	🚍 Nuance PDF
🚍 Microsoft Print to PDF	PUN-2F_North-XERO
<	>
Status: Ready	Print to file Preferences
Location:	
Comment:	Find Printer
Page Range	
All	Number of copies: 1 🚔
O Selection O Current Page	
O Pages: 1	Collate
Enter either a single page number or a single page range. For example, 5-12	123 123
Prin	t Cancel Apply

#### Figure 111: Print Dialog-box

**4.** Set the print settings for your desired print options.

You can select the quantity of copies desired, page selection locations, page orientation (portrait to landscape and vice versa), and printer.

- 5. Click Apply, if you've made changes in the print setting.
- 6. Click Print.

### **Print Clarification Using Print Clarification Icon**

- 1. On the Clarification List panel, select the clarification that you want to print.
- 2. Click Print Clarification ( ) icon from the clarification details section. The print preview of the clarification is displayed.

Nuance <sup>®</sup> CDE		Facility: Training   Printed Date: 11/01/2018 02:57:12 PM   Print 🖨
Name: Johnson, Amanda null DOB: 06/06/1969 Age: 49y	Acct #: ACC0205DG102918 Gender: M Admit: 07/08/2018 AP: B1, / MRN: MRN0205DG102918 LOS: 116 Discharge: CDS:	A1 Payer: Unit: Grouper: CMS 36.0 Room:
Clarification Sent Date:	Sent To: 99LastName, 9.	J Contact No.:
Agreed, Will Document in Progress Notes:	Not Agreed:	Need to discuss:
Response Date:	Response By: 99LastName, 9.	Response:

#### Figure 112: Print Preview Screen - Clarification

3. Set the print settings for your desired print options.

🖶 Print	×
General Options	
Select Printer	
🐼 Adobe PDF	🚍 Microsoft XPS Docum
🚔 Fax	🚍 Nuance PDF
🚍 Microsoft Print to PDF	PUN-2F_North-XERO
<	>
Status: Ready	Print to file Preferences
Location:	
Comment:	Find Printer
Page Range	
All	Number of copies: 1 🚔
O Selection O Current Page	
O Pages: 1	Collate
Enter either a single page number or a single page range. For example, 5-12	123 123
Prin	t Cancel Apply

Figure 113: Print Dialog-box

You can select the quantity of copies desired, page selection locations, page orientation (portrait to landscape and vice versa), and printer.

- 4. Click Apply, if you've made changes in the print setting.
- 5. Click Print.

Г

### **Printing Clarification Response**

- 1. On the Clarification List panel, select the clarification.
- 2. Click Responses tab.
- 3. Select a provider response that you want print.
- Click Print Clarification (
  ) icon. The print preview of the clarification is displayed.

Nuance <sup>®</sup> CDE		Facility: Training   Printed Date: 11/01/2018 02:57:12 PM   Print 🖶
Name: Johnson, Amanda null DOB: 06/06/1969 Age: 49y	Acct #: ACC0205DG102918         Gender: M         Admit: 07/08/2018         AP: B1, A1           MRN: MRN0205DG102918         LOS: 116         Discharge:         CDS:	Payer: Unit: Grouper: CMS 36.0 Room:
Clarification Sent Date:	Sent To: 99LastName, 9.	J Contact No.:
Agreed, Will Document in Progress Notes:	Not Agreed:	Need to discuss:
Response Date:	Response By: 99LastName, 9.	Response:

#### Figure 114: Print Preview Screen - Clarification

5. Set the print settings for your desired print options.

🖶 Print	×
General Options	
Select Printer	
፼ Adobe PDF ■ Fax ■ Microsoft Print to PDF	Microsoft XPS Docum Nuance PDF PUN-2F_North-XERO>
<pre>Status: Ready Location: Comment:</pre>	Print to file Preferences Find Printer
Page Range         ● All         ○ Selection       Current Page         ○ Pages:       1         Enter either a single page number or a single page range. For example, 5-12	Number of copies: 1 $\bigcirc$ Collate 123 123
Prir	nt Cancel Apply

Figure 115: Print Dialog-box

You can select the quantity of copies desired, page selection locations, page orientation (portrait to landscape and vice versa), and printer.

- 6. Click Apply, if you have made changes in the print setting.
- 7. Click Print.

# Chapter 10

# Reconciliation

# **Topics:**

- About Reconciliation
- Frequently Asked Questions
- Working with Reconciliation
- Impact Status
- Printing Reconciliation

# **About Reconciliation**

Reconciliation is the process where the Working DRG, Working DRG weight, Possible DRG, and Possible DRG weight available in the application are compared to the final coded or billed DRG and DRG weight to determine the impact that the CDS had on the encounter. This may be completed manually or through auto-reconciliation.

When the Working DRG, Working DRG weight, Possible DRG, and Possible DRG weight matches with the final coded or billed DRG and DRG weight then system may automatically reconcile the encounter. If the DRGs and weights do not match with the final coded or billed DRG and DRG weight, then you need to manually reconcile the encounter.

**Note:** For the APR DRG encounters the Working APR DRG, Working APR weight, and Working, Working ROM are compared to the final coded or billed DRG, DRG weight, SOI, and ROM.

#### Manual Reconciliation

When the final billing codes, DRGs and DRG weights are available from your coding department, you can use the *Reconciliation* screen to manually reconcile an encounter. The encounter status must be **Review Complete**. If the system cannot auto-reconcile the encounter, the encounter status remains **Review Complete**. The encounter needs to be reconciled manually by choosing an impact status from the **Impact Status** drop-down in the *Reconciliation* screen. The encounter status automatically changes to *Reconciled* – *Impact* or *Reconciled* – *No Impact* depending on the impact status chosen during the reconciliation.

#### **Final DRG Import**

When your facility has the Final DRG Import setup, then the billing codes are imported from the coding system to the **Final Coded Summary** section in the *Reconciliation* screen. If the system cannot autoreconcile the encounter, the encounter status changes to **Ready to Reconcile**. The encounter will need to be reconciled manually by choosing an impact status from the **Impact Status** drop-down in the *Reconciliation* screen. The encounter status automatically changes to *Reconciled – Impact* or *Reconciled – No Impact* depending on the impact status chosen during the reconciliation.

**Note:** When the system imports incomplete billing codes, the system will not run the autoreconciliation logic. For the incomplete billing codes, the **Coding Status** is displayed as **Incomplete** in the *Reconciliation* screen.

#### Auto Reconciliation

If the facility chooses to use the auto-reconciliation, when the encounter review is completed and final billing codes are available in the system for the reconciliation process, the system automatically reconciles the encounter based on the reconciliation logic. Only those encounters where the CDS has no impact get auto-reconciled. The auto-reconciliation saves the reconciliation time and increases the productivity of the CDS.

**Note:** Auto-reconciliation can be turned off completely or can be turned off for the encounter that has clarifications or any open clarification.

Auto-reconciliation logic for the MS-DRG grouper:

- If the working DRG and DRG weight matches the final coded DRG and DRG weight, and there is no possible review, then the encounter gets auto-reconciled. The encounter status changes to **Auto Reconciled**.
- If the Working DRG and DRG weight, the Possible DRG and DRG weight, and the final coded DRG and DRG weight matches, then the encounter gets auto-reconcile. The encounter status changes to **Auto Reconciled**.

Auto-reconciliation logic for APR-DRG grouper:

- If the working DRG, working DRG weight, working SOI, and working ROM matches the final coded DRG, DRG weight, SOI, and ROM, and there is no possible review or clarifications issued, the encounter gets auto-reconciled. The encounter status changes to **Auto Reconciled**.
- **Note:** For the APR-DRG groupers the encounter with the possible review, or the encounter with any clarification must be reconciled manually.

If there is a difference and the system cannot auto-reconcile the encounter, then you will need to manually update the reconciliation impact by choosing an impact status from the *Reconciliation* screen. The encounter status is automatically changed to either *Reconciled – Impact* or *Reconciled - No Impact* depending on the impact status chosen during reconciliation.

#### Present On Admission (POA)

The following are the NUBC approved default values for POA:

- Y-Yes
- N- No
- U- No information in record
- W- Clinically undetermined

One of the following values are displayed to designate the exempted code based on your configuration in the POA configuration screen:

- 1
- E

POA value gets populated automatically for the exempted codes.

The POA value for the primary diagnosis code can not be marked as **N** and neither you can keep it blank. Similarly, the POA value for any Hospital Acquired Condition codes must not be left blank.

# **Frequently Asked Questions**

# When a chart that is recoded and I use the final DRG import and there was no change in the DRG, DRG WT, SOI or ROM, what happens? Will the encounter status change to ready to reconcile?

No change to encounter status since nothing has changed, assuming the DRG weight hasn't changed either. But if the weight has changed then the encounter cannot be auto-reconcile, and the status changes to **Ready to Reconcile**.

# When a chart that is recoded and I use the final DRG import and the DRG remains the same but the SOI or ROM changes, what happens? Will the encounter status change to ready to reconcile?

For the MS-DRG grouper, only the DRG value and weight matter. If they haven't changed, the status remains the same.

For the APR-DRG grouper, if the DRG, weight, SOI and ROM haven't changed, the status remains the same. If any of the values change and encounter cannot auto-reconcile, the status changes to **Ready to Reconcile**.

When a chart that is recoded and I use the final DRG import and the DRG changes, what happens? Will the encounter status change to ready to reconcile?

If the DRG changes the encounter can not be auto-reconcile, and the encounter status changes to **Ready** to **Reconcile**.

# **Working with Reconciliation**

The section describes how to manually reconcile an encounter. Using this Reconciliation Assessment, you can easily see the impact on the case. To start the reconciliation, final coded summary of the encounter should be available. Encounter review must be completed, and should be in the **Review Complete** status.

## Adding Codes in the Final Coded Summary Section

1. Click the Reconciliation tab.

The Reconciliation screen is displayed.

Nuance* CDE		[	Account Number 🗸 Search	Q Priyanka
Worksheet Review Clarifications Reconciliation		Follow-up: mm/dd/yyyy 🛗   In Progres	s v Cancel Save	Help 🖨 🏟 🔒
CEDAR, CLUE7245         Acct #: CLUE7245EN101019           DOB: 01/01/1985         Age: 34y         MRN: CLUE7245EN101019	Gender: M Admit: 09/02 LOS: 51 Discharge:	1/2019 AP: Ready, Ever M.D. CDS: Nagwankar, Priya	Payer: Medicare Inka Grouper: CMS 36.0	Unit: 4810 Room: ROOM1
Facility: Training Patient Type: I Coder: Visit Type: I		Coding Status: Incomplete	Discharge Status:	~
Final Coded Summary	Action ~	Reconciliation Assessment		n 🖉 Edit
DRG MDC SOI 0 ROM 0 AMLOS 0	Weight 0 Reimb \$0 GMLOS 0	DRG MDC SOI 0 ROM 0	AMLOS 0	Weight         0           Reimb         \$0           GMLOS         0
CLARI TYPE DX DESCRIPTION	POA 🗸	TYPE DX DESC	CRIPTION	POA 🗸
Add New				
TYPE PROC DESCRIPTION	^	TYPE PROC DESCRIPTION		^
				Last saved 10/22/2019 7:22:47 AM ET

#### Figure 116: Reconciliation Screen

- 2. Final billing codes get imported in the Final Coded Summary section from the coding system, or you can manually add them.
  - **Note:** After you have manually added the code in the **Final Coded Summary** section you cannot enter the DRG and DRG weight without removing the code.
  - If the added code has an agreed clarification and the clarification is final, then the code will be highlighted and it will not appear on the **Reconciliation Assessment** section and will not be included in the assessment.
  - The principal code that begins the reconciliation assessment is always the principal code from the ' Working Review section.
  - Both the **Final Coded Summary** and the **Reconciliation Assessment** sections will group to the grouper associated with the payer.
- Compare the DRG, Weight, SOI, ROM, Reimbursement and LOS of the Final Code Summary against the Reconciliation Assessment and then update the impact of the reconciliation from the Impact Status drop-down list, as necessary. Refer to Impact Status on page 170.

The **Reconciliation Assessment** section displays codes that do not have any impact with an agreed clarification and available in the **Final Coded Summary** section.

The encounter status is automatically changed to either **Reconciled - Impact** or **Reconciled - No Impact** depending on the impact of the encounter reconciliation. Refer to Encounter Status and Description on page 65. **Note:** SOI and ROM values are estimated and displayed only for a encounter that is grouped with an MS-DRG.

4. Click Save.

#### Adding DRG in the Final Coded Summary Section

This section describes how to enter the final coded DRG and Weight in the Final Coded Summary without entering the codes.

#### 1. Click the Reconciliation tab.

The Reconciliation screen is displayed.

Nuance <sup>®</sup> CDE			Account Numbe	r 🗸 Search	Q Priyanka
Worksheet Review Clarifications Reconciliation		Follow-up: mm/dd/yyyy 🛗 📔	In Progress 🗸	Cancel Save	Help 🖯 🎝 🖨
	ender: M Admit: 09/0 DS: 51 Discharge:		r, Ever M.D. wankar, Priyanka	Payer: Medicare Grouper: CMS 36.0	Unit: 4810 Room: ROOM1
Facility: Training Patient Type:   Coder: Visit Type:		Coding Status: Incomplete		Discharge Status:	~
Final Coded Summary	Action ~	Reconciliation Assessment	t		🧨 Edit
DRG         Weight           MDC         Reim           SOI         0         ROM         0         AMLOS         0         GMLOS	b \$0	DRG MDC SOI 0	ROM 0		Weight 0 Reimb \$0 SMLOS 0
CLARI TYPE DX DESCRIPTION	POA 🗸	TYPE DX	DESCRIPTION		POA 🗸
Add New					
TYPE PROC DESCRIPTION	^	TYPE PROC DESC	CRIPTION		^
				Las	st saved 10/22/2019 7:22:47 AM ET

#### Figure 117: Reconciliation Screen

 The final coded DRG gets imported in the Final Coded Summary section from the coding system, or you can manually add the DRG.

For the MS DRG grouper, system automatically displays Weight, SOI, ROM, LOS, and reimbursement values after you have tabbed out from the **DRG** field. For the APR DRG grouper, you need to add all the details (APR DRG, APR DRG WT, APR GMLOS, SOI, ROM, APR reimbursement) manually that you wish to save for the encounter.

**3.** Select the impact of the reconciliation from the **Impact Status** drop-down list depending on the impact of the encounter reconciliation.

The encounter status is automatically changed to either **Reconciled - Impact** or **Reconciled -No Impact** depending on the impact of the encounter reconciliation. Refer Encounter Status and Description on page 65.

4. Click Save.

**Note:** The reconciliation assessment will not be generated.

#### Adding DRG in the Reconciliation Assessment Section

You can make the Reconciliation Assessment section editable by clicking the Edit icon. When in editable mode, you can add or delete codes and POA value in the reconciliation table. You can also reorder the codes using the Three Dots icon. When you edit the reconciliation, any more imports to Final Coded side do not impact the assessment. When codes are added, removed, or resequenced in the assessment side, the subsequent imports are not impacted.

1. Click the Reconciliation tab.

#### The Reconciliation screen is displayed.

uance <sup>®</sup> CDE									Account N	Number V Search	Q	)  •	Priyank
Worksheet Rev	view Clarifications	Reconciliation				F	ollow-up: m/dd/yyyy	📸 📔 In P	rogress	✓ Cancel Save	Help	₿ \$	• €
CEDAR, CLUE7245 DOB: 01/01/1985	Age: 34y	Acct #: CLUE7245EN101019 MRN: CLUE7245EN101019	Gender: LOS: 51		nit: 09/0 :harge:	1/2019		P: Ready, Ever DS: Nagwanka		Payer: Medicare Grouper: CMS 36.0		Unit: 4810 Room: RO	
Facility: Training Coder:	:	Patient Type:   Visit Type:				Coding	Status: Incom	plete		Discharge Status: Impact Status:		~	
Final Coded Summa	ary		Ac	tion 🗸	G	🖩 Reconci	liation Asse	ssment				ø	Edit
DRG MDC SOI 0	ROM 0	AMLOS 0	Weight 0 Reimb \$0 GMLOS 0			DRG MDC SOI 0		ROM		AMLOS 0	Weight C Reimb \$ GMLOS C	60 D	
Add New	DX DESCR	IPTION		POA	~	ТҮРЕ		DX	DESCRIPTION			ΡΟΑ	

#### Figure 118: Reconciliation Screen

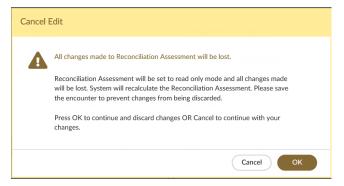
- 2. Click Edit in the Reconciliation Assessment section to make it editable.
- **3.** Make the necessary edits. Click **Save**.Changes you made to the Reconciliation Assessment will be saved.

Figure 119: Save and Cancel Options

»: )20	In Progress	Cancel Save   🗘	0 🖹 🌩 🖶
2/2020	AP: Test, Prov4 CDS: Tyson, Nicki	Click to save your changes Grouper: APR_DRG 37.0	Unit: 2West Room: Room11
Codir	g Status: Incomplete	Discharge Status:	Click to Discard your changes
🖩 Rec	onciliation Assessment	🧨 Cancel Edit	Action ~
DRG	187,PLEURAL EFFUSION W CC	We	ight 1.0279
MDC	04-DISEASES & DISORDERS OF T	THE RESPIRATORY SYSTEM X Re	imb \$0
SOI	2 ROM 1	AMLOS 4 GMI	<b>.OS</b> 3.2
TYPE	DX DESC	RIPTION	POA 🗸

#### Note:

If you click **Cancel Edit**, the application displays the following warning pop-up.



#### Figure 120: Cancel Edit Mode warning pop-up

If you click Cancel, then click Save.

- Any changes you made to the the Reconciliation Assessment in this session will be retained.
- You will be prompted to set a follow-up date.
- CDE One updates the DRG to reflect your changes.

If you click OK,

- Any changes you made to the Reconciliation Assessment in this session will be lost.
- Reconciliation Assessment is set to read only.
- CDE One resets the DRG to what it was before you made changes to the Reconciliation Assessment.
- **Note:** The **Clear All** option in the Action drop-down can be used to clear all the fields.

# **Impact Status**

Impact Type	Description
Financial Impact	Change in reimbursement driven by one or more agreed to clarifications sent by you.
SOI/ROM Impact	Change in severity of illness/risk of mortality driven by one or more agreed to clarifications sent by you.
Both Impact	Change in both reimbursement and severity of illness/risk of mortality driven by one or more agreed to clarifications sent by you.
No Impact	Clarifications were not sent, or clarifications sent by you had no impact on the encounter.

## Table 27: Reconciliation Impact Status and Description

# **Printing Reconciliation**

This section describes how to print the encounter reconciliation screen.

1. Click Print.

The Print Encounter dialog-box is displayed.

Print Encounter	
Select All	
Worksheet	
Review	
Clarification	^
☑ Reconciliation	
	Cancel Print

#### Figure 121: Print Encounter Dialog-box - Reconciliation

**Note:** By default the **Reconciliation** is selected to print the reconciliation screen, and also you can select the **Select All** check box to print the complete encounter documentation (Worksheet, Review, Clarification, and Reconciliation).

#### 2. Click Print.

The print preview window is displayed.

#### 3. Click Print.

The **Print** dialog-box is displayed.

🖶 Print	×
General Options	
Select Printer	
🐼 Adobe PDF	🖻 Microsoft XPS Docum
🚔 Fax	🚍 Nuance PDF
Microsoft Print to PDF	PUN-2F_North-XERO>
<	>
Status: Ready	Print to file Preferences
Location:	
Comment:	Find Printer
Page Range	
<ul> <li>All</li> </ul>	Number of copies: 1
O Selection O Current Page	
O Pages: 1	Collate
Enter either a single page number or a single page range. For example, 5-12	123 123
· · · · · · · · · · · · · · · · · · ·	
Pri	nt Cancel Apply

#### Figure 122: Print Dialog-box

- Set the print settings for your desired print options.
   You can select the quantity of copies desired, page selection locations, page orientation (portrait to landscape and vice versa), and printer.
- 5. Click Apply, if you've made changes in the print setting.

6. Click Print.

# Chapter 11

# **Knowledge Base**

## **Topics:**

- About Knowledge Base
- Searching in Knowledge Base
- Accessing Knowledge Base
- Decision Tree
- ICD-10 CM Guidelines
- ICD-9 Coding Clinic Reference
- ICD-10 Coding Clinic Reference
- ICD-10 Coding Clinical Indicators
- ICD-10 PCS Guideline
- ICD-10 PCS Reference Manual
- Patient Safety Indicators (AHRQ) Adult
- Patient Safety Indicators (AHRQ) Pediatric

# **About Knowledge Base**

The Knowledge Base feature provides access to various knowledge bases (reference materials) during the course of CDS work both while working on an encounter, or independent of an encounter. You can use this feature as reference while working on an encounter, or while working independently.

Knowledge Base has been integrated with the application. The Knowledge Base window can be accessed from the Triage Worklist, and Audit Trail pages, and the tabs within them, including the encounters.

The Knowledge Base window closes automatically when the application session times out or when the CDS closes the application window.

You can navigate through the references by clicking on the plus sign, next to it. When the you click on an article within the reference, the content is displayed in the Document section.

You can also search by typing in a keyword in the Keywords box. The search results display the occurrance of the typed keyword in the Search tab. By clicking on the links in the Search tab, you can view the articles with the searched keyword in the Document section.

Knowledge Base contains the following Reference Types:

- Decision Tree
- ICD-10 CM Guidelines
- ICD-9 Coding Clinic Reference
- ICD-10 Coding Clinic Reference
- ICD-10 Coding Clinical Indicator
- ICD-10 PCS Guideline
- ICD-10 PCS Reference Manual
- Patient Safety Indicators (AHRQ) Adult
- Patient Safety Indicators (AHRQ) Pediatric

ance I Knowledge Base	3 Keywords	4 Source	
owse Search	· · ·	Source: All	♥
Decision Tree			
D-10 CM Guidelines			
10 Coding Clinic			
-9 Coding Clinic			
-10 Coding Clinical Indicators			
-10 PCS Guidelines		Select or type keyword for search result	
0 PCS Reference Manual		select of type Reymord for search result	
ent Safety Indicators (AHRQ) Adult			
ent Safety Indicators (AHRQ) Pediatric		rican Hospital Association ("AHA"), Chicago, Illinois. Repre- this publication may be copied without express, written c	

#### Figure 123: Knowledge Base Screen

#### Table 28: Knowledge Base Screen Identification and Purpose

ltem	Description	Purpose
1	Browse	Displays the list of available references. The plus button next to the reference is used to expand the references to drill-down further.

ltem	Description	Purpose
2	Search	Displays a list of articles that have instances of the searched keyword. The top five articles are displayed. If the searched keyword occurs in more than five articles, Load Next link is displayed. The Load Next link shows the remaining list.
3	Keywords	Enter keyword to be searched in the reference type.
4	Source	Select the source from the drop-down, to specify within which reference type should the keyword be searched in.
5	Document section	Displays the selected article from the reference type.

# Searching in Knowledge Base

You can search by typing keywords in the Search box.

- 1. On the Knowledge Base screen, type the keyword in the Search box.
  - a) To search for individual or multiple terms, type the term in the Search box and click the search icon.
  - b) To search for a phrase, type the phrase within double quotes and click the search icon.
  - c) To search for individual or multiple terms, or a phrase within a particular reference type, type in the term or phrase and select the reference type from the Source drop-down. Click the search icon.

The search result for the searched term or phrase is displayed in the Search tab on the left pane.

The Search tab displays the first five results that best match the searched keywords. The first result contains the maximum instances of the searched keywords. If there are more than five search results, **Load Next** link is displayed at the bottom of the results. You can click the **Load Next** link to display the next five. When the search result contains more than one result statement, the count of result statements with a + sign is displayed at the end of the result. When you hover over the result, you can view the remaining result statements, as a tool tip.

 Click on the search result to view the complete content in the Document section. After the list of search results is displayed in the Search tab, if you navigate to the Browse tab, the Browse tab displays the exact location of the selected article within the reference type.

# Accessing Knowledge Base

The **Search Knowledge Base** function can be accessed from CDS Assistant, Review and Reconciliation screens.

#### Search Knowledge Base through CDS Assistant Screen

The *CDS Assistant* screen can be accessed directly from the worklist or through encounter. Select CM context menu, system displays context menu options. **Search Knowledge Base** displays last in the list.

Nuance <sup>®</sup> CDE		Assistant	Document Viewer	Laboratory		Close window
Patient Name: MDMA001 Accou	unt #: 01ZZ10251223	MRN: 1939	222511	DOB: 12/16/1978	Age: 39y	Gender: M
		ø				
Diagnoses	Hide All Other (38)	~	Progress Note	(11/17/2018 - 07:39 P	M)	Show Full Document
Abdominal distension (gaseous)	Copy to Working Review	'D 🛍 🔨	ABDOMEN : C	bese, distended Bowel so	ounds present in all 4 quadrants. No reb	ound, guarding, or rigidity.
Acquired absence of other organs	Copy to Possible Review	₽₫				
-O-Alcoholic cirrhosis of liver without asci	Copy to Both Review	⊓⋒゛				
Clinical Evidence	Search Knowledge Base	13) 🗸				
ACE Inhibitors	0" 0	<u>0</u> 🖞 🔨				
<ul> <li>Acute Dyspnea</li> </ul>	ତ (	₽₩				
<ul> <li>Altered Mental Status</li> </ul>	<u> </u>	ृ∰ั				
Procedures	Hide All Suggested	(22)				
O BALLOON DILATATION OF ESOPHAG	GUS	∞ 🛍 🔨				
O CATHETERIZATION OF LEFT HEART	3	R 🗊				
		> fil <				

#### Search Knowledge Base through Review Screen

Knowledge base can be accessed through Index and Clinical Language Code search. Search for the desired code or description and add it to Working and Possible Review sections. **Search Knowledge Base** displays last in all the lists. The **Search Knowledge Base** option is available for the Reviews DX and Proc.

		Index				Clinical Language		3
DX			•	fever		Q Clear		
¥		CODE	DI	ESCRIPTION	1	Copy to Working Review		≯
HIV		R50.9	Fe	ever		Copy to Possible Review		∍
						Copy to Both Reviews		
						Search Knowledge Base	>	
🖧 Di	RG Detai	ls					`	~
M/S	DRG	WT	MDC	DESCRIP	ΓΙΟΝ			
М	864	0.8474	18	FEVER AN	D INFLAN	MMATORY CONDITIONS	φ	
М	977	1.3005	25	HIV W OR	W/O OT	HER RELATED CONDITION	φ	

		Index		Clinical Language	(	• 🖹 wo	rking Review	Action	~	G	Po:	sible Review	Action	~
DX		~	fever	Q Cle	ar		DX	DESCRIPTION	POA	~		DX	DESCRIPTION	POA
e		CODE	DESCRIPTION	I	Þ	HIV	R50.9	Fever, unspecified Copy to Pos		•	HIV [	R50.9	Fever, unspecified	~
HIV		R50.9	Fever	h		Add Ne	w	Add to Clarif			Add N	ew		
•		A23.1	abortus	P	0			Highlight						
, P		A90	Aden	P	0			Clear Code						
2		A68.1	African tick-bor	ne 🗜	0			Search Know	ledge Base					
			American		~									
			✓ Load N	√ext 20 🗸			PROC	DESCRIPTION		^		PROC	DESCRIPTION	
& DR	RG Details				~	MS DRG MDC;		AND INFLAMMATORY			MS DRO MDC:		ER AND INFLAMMATOR TIOUS & PARASITIC DIS	
vi/s	DRG	WT	MDC DESCRIP	TION		MS DRG 0.8474	WT: Rein	mb: \$169.48 AMLC	5: 3.3 GMLO5:	2.7	MS DR0 0.8474	G WT: R	aimb: \$169.48 AML	OS: 3.3 GMLOS
4	864	0.8474	18 FEVER ANI	D INFLAMMATORY CONDITIONS	۴ ۸			& inflammatory condition					r & inflammatory conditio	
м	977	1.3005	25 HIV W OR	W/O OTHER RELATED CONDITION	<u>م</u>	APR DR Reimb: \$			ROM: 1 SMLOS: 0		APR DR Reimb:	<b>G WT:</b> 0.3436 \$0		ROM: 1 GMLOS: 0

•	OB: 12/16	5/1978	Age: 39y	MRN: 1939222511		LOS: ·	487 Discharge:	CD	5: Dommaraju, Ra	ŋ	Grou	per: CMS 37.0	Room:
		Index		Clinical Langua	ge	6	Working Review	Action	~	0	Possible Review	Action	~
DX		~	fever	٩	Clear		DX	DESCRIPTION	poa 🗸		DX	DESCRIPTION	poa 🗸
€		CODE	DESCRIPTION		Þ	÷	HIV R50.9	Fever, unspecified	~ 🕣		HIV R50.9	Fever, unspecified Copy to Worki	
HIV		R50.9	Fever		P 0		Add New				Add New	Add to Clarific	
Ρ		A23.1	abortus		P 0							Highlight	
С, Р		A90	Aden		P 🖸							Clear Code	
С		A68.1	African tick-borr	ne	P 0							Search Knowle	edge Base
			American				PROC	DESCRIPTION	^	ĺ.	PROC	DESCRIPTION	^
			✓ Load N	ext 20 🗸			PROC	DESCRIPTION	~		PROC	DESCRIPTION	^
& DR	G Details				~			AND INFLAMMATORY C 10US & PARASITIC DISEA				R AND INFLAMMATORY C TIOUS & PARASITIC DISEA	
M/S	DRG	WT	MDC DESCRIPT	ION		0	MS DRG WT: Rei 0.8474	mb: \$169.48 AMLOS:	3.3 GMLOS: 2.7	1	MS DRG WT: Rei 0.8474	mb: \$169.48 AMLOS:	3.3 GMLOS: 2.7
м	864	0.8474	18 FEVER AND	INFLAMMATORY CONDITION	NS 🌱		APR DRG: 722 - Fever	& inflammatory conditions			APR DRG: 722 - Fever	& inflammatory conditions	
м	977	1.3005	25 HIV W OR V	W/O OTHER RELATED CONDI		11			M: 1 /LOS: 0				0M: 1 /ILOS: 0

Search Knowledge Base through Reconciliation Screen

The Search Knowledge Base option is available for the *Reconciliation* Screen for DX and Proc.

Worksheet Review Clarifications Reconciliation	Notes		Untouched	✓ Cancel Sa	•••   🗘 😯 🛢	•
White, David         Acct #: ACC0304DG1           DOB: 05/05/1939         Age: 80y         MRN: MRN0304DG1		Admit: 10/1 Discharge:	10/2019 AP: Feelgo CDS: Patha			nit: pom:
	Туре:   Туре:		Coding Status: Incomplete	Discharge : Impact :		<b>~</b>
Final Coded Summary	Action	~ 0	Reconciliation Assessme	nt	Cancel Edit Action	~ O
DRG     710, Infectious & parasitic diseases including HIV w O.R. proc       MDC     18 - Infectious and parasitic diseases, systemic or unspecified       SOI     1     ROM     1     AMLOS     3:	sites Reimb \$0		MDC 18 - Infectious and para	tic diseases including HIV w O.R. processitic diseases, systemic or unspecified some 1 AMLOS 3.97	ites Reimb \$0	
CLARI TYPE DX DESCRIPTION	POA	~	TYPE DX	DESCRIPTION	P	0A 🗸
HIV R50.9 Fever, unspecified	Clear Code Search Knowledge Base	<ul><li>● </li><li></li></ul>	HIV R50.9	Fever, unspecified		<ul><li>● </li></ul>
TYPE PROC DESCRIPTION		~		RIPTION		~
OR 02HA0QZ Insertion of Implant Heart Assist into Hear	, Open Approach	<ul> <li>○</li> <li>○</li> </ul>	OR 02HA0QZ Insert	ion of Implant Heart Assist into Heart,	Open Approach	<ul> <li>●</li> <li></li> </ul>
Worksheet Review Clarifications Reconcillation White, David Acct #: ACC0304DG1 D08: 05/05/1939 Age: B0y MRN: MRN304DC1	22019 Gender: M	Admit: 10/1 Discharge:	Untouched 10/2019 AP: Feelgo CDS: Patha	od, Robert M.D. Paye		nit:
Image: Symplectic constraints         Acct #: ACC0304DG1           DB: SX/05/1939         Age: 80y           Facility: Training         Patient	22019 Gender: M		10/2019 AP: Feelgo	od, Robert M.D. Paye	r: Medicaid U per: APR_DRG 36.0 R Status:	nit:
Image: Symplectic constraints         Acct #: ACC0304DG1           DB: SX/05/1939         Age: 80y           Facility: Training         Patient	22019 Gender: M 22019 LOS: 158 Type: I		10/2019 AP: Feelgo CDS: Path	od, Robert M.D. Paye ak, Deval Grou Discharge Impact	r: Medicaid U per: APR_DRG 36.0 R Status:	nit: aom:
White, David     Acct #: ACC0304DG;     DoB: 05/05/1939     Age: 80y     MRN: MRN0304DG1     Facility: Training     Coder:     Visil	22019 Gender: M 22019 LOS: 158 Type: I Action edure Weight 0.8007 sites Reimb \$0	Discharge:	10/2019 AP: Feelge CDS: Path Coding Status: Incomplete Reconciliation Assessme DRG 710, Infectious 6 parasi MDC 18 - Infectious and para	od, Robert M.D. Paye ak, Deval Grou Discharge Impact	r: Medicaid U per: APR_DRG 36.0 R Status: Status: Cancel Edit Action Action dure Weight 0.8 Reimb 50	nit: com:
White. David     White. David     Cost state     Cost state	22019 Gender: M 22019 LOS: 158 Type: I Action edure Weight 0.8007 sites Reimb \$0	Discharge:	10/2019 AP: Feelge CDS: Path Coding Status: Incomplete Reconciliation Assessme DRG 710, Infectious 6 parasi MDC 18 - Infectious and para	ak, Deval Paye ak, Deval Grou Discharge Impact int tic diseases including HIV w O.R. proce stille diseases, systemic or unspecified s	r: Mediciald U per: APR_DRG 36.0 R Status: Status: Cancel Edit Action cdure Weight 0.8 sites Reimb 50 7 GMLOS 3.2	nit: com:
White, David     OB: 05/05/1939 Age: 80y     MRN: MRN0304DG1     Facility: Training     Coder:     Visit     Final Coded Summary     DRG 710, Infectious & parasitic diseases, including H/V w O.R. pro- MDC 18 - Infectious and parasitic diseases, systemic or unspecified     SOI 1 ROM 1 AMLOS 3.     CLARI TYPE DY DESCRIPTION	22019 Gender: M 22019 LOS: 158 Type: I Action edure Weight 0.8007 sites Reimb \$0 17 GMLOS 3.26	Discharge:	10/2019 AP: Feelge CDS: Path Coding Status: Incomplete Reconciliation Assessme DRG 710, Infectious 6 parasi MDC 18 - Infectious and para SOI 1 R	Ind, Robert M.D. Paye ak, Deval Grou Discharge Impact int tic diseases including HIV w O.R. proce altic diseases, systemic or unspecified OM 1 AMLOS 3.9 DESCRIPTION	r: Mediciald U per: APR_DRG 36.0 R Status: Status: Cancel Edit Action cdure Weight 0.8 sites Reimb 50 7 GMLOS 3.2	nit: 
White, David     Mark, David     Mark, MRN0304DG1     DOB: 65/05/1939     Age: 80y     MRN: MRN0304DG1     Facility: Training     Coder:     Visit     Final Coded Summary     DRG     710, Infectious & parasitic diseases including HIV w O.R. pro MDC     18 - Infectious and parasitic diseases, systemic or unspecifiet SOI     1     ROM     1     AMLOS     3.     CLAPI     TYPE     DX     DESCRIPTION	22019 Gender: M LOS: 158 Type: I Action edure Weight 0.8007 sites Reimb \$0 17 GMLOS 3.26	Discharge:	10/2019 AP; Feelge CDS: Path Coding Status: Incomplete Reconcillation Assessme DRG 710, Infectious & parasi MDC 18 - Infectious and para SOI 1 R TYPE DX E HIV R50.5	ind, Robert M.D. Paye ak, Deval Grou Discharge Impact ant tic diseases including HIV w O.R. proce attic diseases, systemic or unspecified 30M 1 AMLOS 3.9 DESCRIPTION	r: Mediciald U per: APR_DRG 36.0 R Status: Status: Cancel Edit Action cdure Weight 0.8 sites Reimb 50 7 GMLOS 3.2	nit: com: com: com: com: com: com: com: com

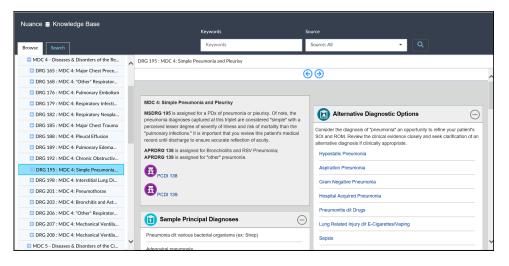
Worksheet Review Clarifications Recon	ciliation Notes				Untouched	✓ Cancel	Save   🗘 🕄	
			Admit: 10/ Discharge:	/10/2019	AP: Feelgood, CDS: Pathak, D		Payer: Medicaid Grouper: APR_DRG 36.0	Unit: Room:
Facility: Training Coder:	Patient Type:   Visit Type:			Coding State	us: Incomplete		narge Status:	~
Final Coded Summary		Action	~ <sup>(3</sup>	Reconcili	ation Assessment		🖋 Cancel Edit	Action 🗸 🔇
DRG         710, Infectious & parasitic diseases including HIV w           MDC         18 - Infectious and parasitic diseases, systemic or ur           SOI         ROM         1	nspecified sites Reiml	t 0.8007 b \$0 5 3.26				iseases including HIV w O.R. diseases, systemic or unspec 1 AMLOS	ified sites Reimb	
	1LO3 3.77 GMLO	POA	~	TYPE	DX	DESCRIPTION	3.77 GME03	POA ¥
TYPE         TPE         DX         Description           I         HIV         R50.9         Fever, unspecified			<b>○</b>	HIV	R50.9	Fever, unspecified	Clear Code	
TYPE PROC DESCRIPTION OR 02HA0QZ Insertion of Implant Heart Assist i	into Heart, Open Approach		• •		PROC DESCRIPT	ION of Implant Heart Assist into H	leart, Open Approach	<ul> <li>✓</li> <li>✓</li> </ul>
Worksheet Review Clarifications Recon	ciliation Notes				Untouched	✓ Cancel	Save   🛕 🕄	e 🌣 🔒
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White, David         Acct #: ACCI           DOB: 05/05/1939         Age: 80y         MRN: MRNC           Facility: Training         Facility: Training         Facility: Training	0304DG122019 G 3304DG122019 LC Patient Type: 1 Visit Type: 1			Coding State	AP: Feelgood, CDS: Pathak, D	Robert M.D. Veval Disch	Payer: Medicaid Grouper: APR_DRG 36.0 Harge Status: Ipact Status:	Unit: Room:
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Vhile, David     Acct #: ACCt     DOB: 05/05/1939 Age: 80y     MRN: MRN:     DOB: 05/05/1939 Age: 80y     MRN: MRN:     Coder:     Facility: Training     Coder:     Final Coded Summary  DRG 710, Infectious & parasitic diseases including HIV w MDC 18 - Infectious and parasitic diseases including HIV w MDC 18 - Infectious and parasitic diseases, systemic or u SOI 1 ROM 1 AM     CYAPE TYPE DX DESCRIPTION	2304DG122019 GG 3004DG122019 LC Patient Type: 1 Visit Type: 1 O.R. procedure Weight specified sites Reimi	Action t 0.8007 b \$0 5 3.26 POA	Contraction of the second seco	Coding Stati	AP: Feelgood, CDS: Pathak, I us: Incomplete ation Assessment infectious & parasitic ROM DX	Robert M.D. Jeeval Jeseval iseases including HIV w O.R. diteases, systemic or unspec 1 AMLOS DESCRIPTION Fever, unspecified	Payer: Medicaid Grouper: APR_DRG 36.0 arge Status: Cancel Edit procedure Weight Ified sites Reimb	Unit: Room: Action V 50 3.26 POA V

## **Decision Tree**

Decision Tree interface facilitates access to desired information in quick and easier way.

The Decision Tree has been enabled with a search feature. This feature allows keyword, Dx Code and DRG code search. The system searches the JATA content for that keyword or code and displays a list of topics that contain the word with hyperlinks. These hyperlinks allow to navigate to additional details.

Pediatric content PCDI (hyperlink) appears with a teddy bear icon next to it.



## **ICD-10 CM Guidelines**

Use ICD-10 CM Guidelines to review information to guide coding provided by the Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. Federal Government's Department of Health and Human Services (DHHS). These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS.

Content for Supplement Coding encounters related to COVID-19 has been added to ICD-10-CM Official Coding Guidelines.

## **ICD-9 Coding Clinic Reference**

As a CDE user, you can search and browse ICD-9 coding clinics. This gives you access to the content that wasn't migrated by the vendor to ICD-10 CM/PCS coding clinics. Coding Clinic is the full text of AHA Coding Clinic for ICD-9, the quarterly publication by the American Hospital Association Central Office on ICD-9. This publication includes official guidelines for accurate and complete coding. When more than one Coding Clinic article is associated with a code, articles appear in reverse chronological order, with the most recent article appearing first. Each Coding Clinic article is marked with the volume number and date of its publication.

# **ICD-10 Coding Clinic Reference**

ICD-10 Coding Clinic is the full text of AHA Coding Clinic for ICD-10, the quarterly publication by the American Hospital Association Central Office on ICD-10. This publication includes official guidelines for accurate and complete coding. When more than one Coding Clinic article is associated with a code, articles appear in reverse chronological order, with the most recent article appearing first. Each Coding Clinic article is marked with the volume number and date of its publication.

A quarterly publication of the Central Office on ICD-10-CM/PCS has been added to the ICD-10 Coding Clinic Reference.

# **ICD-10 Coding Clinical Indicators**

Clinical Indicators provide comprehensive information ICD-10 diagnoses and procedures. They are compiled by HIM Professionals from a variety of medical resources and references.

Clinical Indicators are intended to enhance the coder's knowledge of the cause, manifestations, and treatment of disease processes. They are not intended to be a guide to clinical management or a tool for case management review.

For each CM code listed, there is a description of disease processes and information about the symptoms, standard treatment practices, and documentation guidelines.

For each PCS code listed there is a description of the process, sample conditions on which the procedure is performed, and a description of the procedure.

## **ICD-10 PCS Guideline**

Use ICD-10 PCS Guidelines to review information to guide coding that was developed with the support of the Centers for Medicare and Medicaid Services (CMS) under contract with 3M<sup>™</sup> Health Information Systems. These guidelines are based on the coding and sequencing instructions in the Tables, Index and Definitions of ICD-10-PCS and provide additional instruction.

## **ICD-10 PCS Reference Manual**

Use ICD-10 PCS Reference Manual to review information to guide coding that was developed with the support of the Centers for Medicare and Medicaid Services (CMS) under contract with 3M<sup>™</sup> Health Information Systems.

The ICD-10-PCS Reference Manual provides reference material on PCS code structure, root operation definitions, code examples, and coding exercises. It contains listings of the root operations by section, approaches with definitions and device and substance classification references.

# Patient Safety Indicators (AHRQ) Adult

The Patient Safety Indicators (PSIs) provide information on potentially avoidable safety events that represent opportunities for improvement in the delivery of care. More specifically, they focus on potential in-hospital complications and adverse events following surgeries, procedures, and childbirth.

The PSIs can be used to help hospitals assess the incidence of adverse events and in-hospital complications and identify issues that might need further study.

Patient Safety Indicators (AHRQ) Adult reference category gives access to a set of PSI documentation related to adult health issues.

# Patient Safety Indicators (AHRQ) Pediatric

Patient Safety Indicators can be used to help hospitals and health care organizations assess, monitor, track, and improve the safety of inpatient care.

Patient Safety Indicators (AHRQ) Pediatric reference category gives access to a set of PSI documentation related to pediatric health issues.

You can search and browse through the PSI documents. In search mode, when you click on a search result, system navigates you to the first occurrence of the searched terms. In browse mode, system navigates you to the beginning of the page (instead of the exact location of the article on the page).

# Appendix

# Appendices

## **Topics:**

- Encounter Prioritization
- Auto Recovery
- Recommended Search Tips
- Code Symbols
- Coder View
- Glossary Terms
- Third Party License Agreements

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# Appendix

# A

# **Encounter Prioritization**

**Topics:** 

- Overview of Prioritization
- Unranked and Exclusion Criteria
- Pediatric Prioritization

#### **Overview of Prioritization**

Based on the prioritization rules, the encounters are assigned with ranks between one and eleven, one being the highest priority, and eleven being the lowest. This rank is displayed in the **Rank** column of the Triage Worklist screen.

Encounters marked as rank 1, are displayed at the top of the worklist column followed by rank 2, rank 3, rank 4, and so on.

#### Table 29: Prioritization Rules

Rank	Description			
1	New/untouched encounter with no initial review present, and without CLU suggested CC/MCC code			
2	New/untouched encounter with no initial review present, having one or more CLU suggested CC codes or has 0 (zero) or one CLU suggested MCC code			
3	Follow-up encounter with initial review present, and without CLU suggested or manually entered CC/MCC code			
4	Follow-up encounter with initial review present, with CLU Suggested or manually entered CC code and NO CLU suggested or manually entered MCC code.			
5	Follow-up encounter without manually entered MCC code and current LOS is greater than GMLOS (from CDS Working Dx)			
6	New/untouched encounter with no initial review present, and having two or more CLU suggested MCC codes			
7	Encounter with procedure note, and has manually entered Procedure code			
8	CLU suggested one or more diagnosis (Dx) code with PSI or require POA/HAC			
9	Follow-up encounter with initial review present, target Dx present, or CLU suggested or manually entered MCC code >0 (encounter has both target diagnosis and MCC code)			
10	Encounter with initial review present, no manually entered target Dx code and has CLU suggested or manually added MCC code (encounter does not have target diagnosis and has a MCC code)			
11	If neither any of the above rules are satisfied nor the exclusion criteria			

#### **Unranked and Exclusion Criteria**

By default, the following types of encounters are excluded from the prioritization ranking and are displayed after the ranked encounters:

- Number of hours since admission is less than 24 hours
- No History & Physical and no Progress note document
- Encounters without admit date
- Encounters with the following status:
  - Discharged
  - Review not needed
  - Auto-reconciled
  - Reconciled with impact

- Reconciled with no impact
- Review Complete
- Ready to Reconcile

#### **Exclusion from CDE Triage worklist**

By default, the following types of encounters are not displayed on the CDE Triage worklist:

- Patient age is equal to or less than 18 years. It is driven from Org/Facility patient cutoff configuration.
- Outpatient encounters
- **Note:** These are the default criteria. If your facility needs to modify any of the criteria, please contact *Nuance Support*.

#### **Related reference**

Triage Worklist Columns and Descriptions on page 51 Information in this section covers all the Triage Worklist columns. You can configure these columns.

#### **Pediatric Prioritization**

Based on the prioritization rules, the encounters are assigned with ranks between one and six, one being the highest priority, and six being the lowest. This rank is displayed in the **Rank** column of the Pediatric Worklist.

#### Table 30: Prioritization Rules

Rank	Description			
1	Pediatric Encounters with Overdue Clarifications			
2	Pediatric encounters with Pediatric Quality Alert and SOI(Severity Of Illness) equals to either 1 or 2			
3	Untouched Pediatric encounters with Pediatric Quality Alert and SOI equals to either 3 or 4			
4	Untouched Pediatric encounters with No Pediatric Quality Alert and SOI equals to 1			
5	Follow up encounter with initial review present and SOI equals to either 1 or 2			
6	Default rank rule			

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# Appendix B

# **Auto Recovery**

**Topics:** 

- About Auto Recovery
- Recover the Unsaved Changes

#### **About Auto Recovery**

**Auto recovery** temporarily saves any changes that you have made in the encounter, but have not yet saved. It retains the unsaved changes and helps you retrieve them, in case of a computer crash, power failure, or technical error.

**Note:** Invalid codes in the working and possible review sections are also temporarily saved.

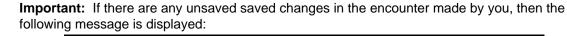
After every few seconds, the unsaved changes on the worksheet, review, clarification, and reconciliation screen gets temporarily saved, and at the bottom right corner of the screen, the **Last Temporary Save** date and time is displayed. Temporarily saved data which is older than 15 days get purged automatically.

#### **Recover the Unsaved Changes**

This section describes how to recover the unsaved changes for the selected encounter.

#### **Recovering Your Unsaved Changes**

- 1. Click on the account number to open the encounter.
  - (



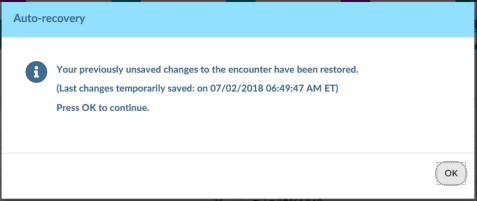


Figure 124: Auto-recovery Dialog Box

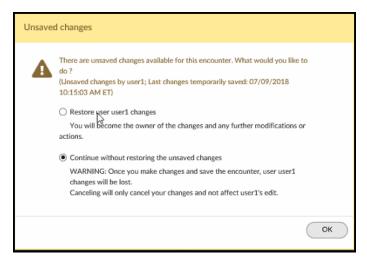
2. Click OK.

The unsaved encounter changes in the *Worksheet*, *Review*, *Clarification* and *Reconciliation* screen are restored.

#### **Recovering the Unsaved Changes from a Different CDS**

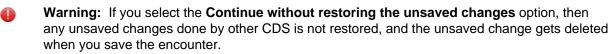
1. Click on the account number to open the encounter.

Important: If there are any unsaved saved changes in the encounter made by another CDS, then the following message is displayed:



#### Figure 125: Unsaved Changes

- 2. Select either **Restore user xxx changes** to restore the draft, or select **Continue without restoring the unsaved changes** to open a blank encounter.
- 3. Click OK.



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# Appendix C

# **Recommended Search Tips**

Topics:

• Procedure Code Search Tips

# Procedure Code Search Tips

#### Table 31: Procedure Code and Search Term

PCS Code	Definition	Definition Code Search Term	
0SRC0J9	Replacement of Right Knee Joint with synthetic Substitute, Cemented, Open Approach	TKR	knee repla
5A1945Z	Respiratory Ventilation, 24-96 Consecutive Hours	Mech Vent	respira vent
0FT44ZZ	Resection of Gallbladder, Percutaneous Endoscopic Approach	LAP Chole CDE	lapar cholec
4A023N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach	Left Heart CathLeft LHC	cath left heart perct card sampl pres lef hea
0SG00AJ	Fusion Lumbar joint with Interbody Fusion Dev, Post Approach Anterior Col, Open	Lumbar Ant Fusion	post fus lumb ant inter
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	PTCA DES	inser drug elut stent percut trans angiopla insert sten percut dilat corona arter drug elut
0JH604Z	Insertion of Pacemaker, Single Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach	Pacemaker Sing Pacer Sing	open inse pace sing cham
02H73JZ	Insertion of Pacemaker Lead into Left Atrium, Perc Approach	Pacemaker lead + the site	percut insert pacem lead lef atr
0JB90ZZ	Excision of Buttock Subcu/Fascia, Open Approach	Excis Fasc Butt	excisi subcutaneous tissue and fas
			approach: open or perc
0Y6J0Z3	Detachment at Left Lower Leg,	Amp Low Leg	low leg ampu
	Low, Open Approach	Amp Low Leg Open	qualifier term: high, mid, low
021209W	Bypass 3 Coronary Artery from Aorta with Autologous venous tissue, Open Approach	Bypass 3 Cor Open Aorta	bypass coron art three open

PCS Code	Definition	Code Search Term	IMO® Recommended	
			Search Term	
0B9J8ZX	Drainage of left lower lung lobe,	Endo drainage lung	diag drain lung	
	via natural or artificial opening endoscopic, diagnostic		<b>approach</b> : open or endosc	
02RF08Z	Replacement of Aortic Valve with Zooplastic Tissue, Open Approach	Zoo Val Repl	open replacement of aortic valve with zooplastic tissue	
0BTC0ZZ	Resection of Right Upper Lung Lobe, Open	Lung Res R Up	open resect right up lung	
0SR9029	Replace of R Hip Jt with Synth	R Hip Repla Met	replace hip synth	
	Substitue, metal on polyethylene, Cement, Open Approach		Approach, device type or qualifier term: open, metal, cement	
0W9G3ZZ	Drainage of Peritoneal Cavity, Percutaneous Approach	Abd Para	abdomin paracents	
			percut drain periton	
00B03ZX	Excision of brain, percutaneous, diagnostic	BURR	burr hole biop brain	
			need biop brain	
			percut diag exci brai	
0DBN0ZZ	Resection of Sigmoid Colon, Open Approach	Open Sig	open excis sigmo colo	
			sigmoid colect	
0FBG0ZZ	Excision of Pancreas, Open Approach	Excis Pan Op	excision pancreas	
0TY10Z0	Transplantation of Left Kidney, Allogeneic, Open Approach	transplantation kid	open allog transpl lef kidn	
			cad transpl lef kidn	
03CJ0ZZ 03CM0ZZ	Carotid Endarterectomy	N/A	remove solid matter carotid artery	

PCS Code	Definition	Code Search Term	IMO®
			Recommended Search Term
0BBJ8ZZ	VATS wedge resection – left lower lobe lung	N/A	endo exci lobe lung
			Approach or qualifier term: endo, diagn
6A750Z7	ACOUSTIC PULSE THROMBOLYSIS WITH EKOS CATHETERS	N/A	ultrasound therap
02583ZZ	Diagnostic EPS and RF ablation of Atrial fibrillation	N/A	card tot abl
OJH 632Z	Loop recorder	N/A	insert impl loop rec with card ele
0B5N4ZZ	VATS Pleurodesis	N/A	today until multiple map
			Functionality: lap pleurode of right ple spa percut endo destruct right pleura
0B5P4ZZ	VATS Pleurodesis	N/A	today until multiple map
			Functionality: lap pleur left sid percut endo destruct left pleura
5A02210	Intra-Aortic Balloon Pump	N/A	today until multiple map
			Functionality: cont assist card ball
0DBP0ZZ	Proctectomy (partial)	N/A	part protect ana
			open exc rect
0DTP0ZZ	Proctectomy (complete)	N/A	open proctect
			open resect rect
			compl proct abd appro

# Appendix D

# Code Symbols

**Topics:** 

Code Symbols

# Code Symbols

Code Symbol	Description			
A	Agency for Healthcare Research and Quality (AHRQ) comorbidities.			
С	Comorbidities or Complications that impact the DRG.			
	<b>Note:</b> This is also known as <b>CC</b> .			
C*	Comorbidities or Complications that do not impact the DRG.			
	<b>Note:</b> This is also known as **.			
М	Major Complications that impact the DRG.			
	<b>Note:</b> This is also known as <b>MCC</b> .			
M*	Major Complications that do not impact the DRG.			
	<b>Note:</b> This is also known as *.			
Н	Hospital Acquired Condition (HAC) that impacts the DRG. (HAC with POA Indicator N or U).			
HC	HCC or Hierarchical Condition Category			
HR	RxHCC or Hierarchical Condition Category, medication related.			
HIV	HIV related conditions.			
Х	Signifies that the code is excluded from ROM/SOI value (APR-DRG only).			
Р	IPF CC that impacts the DRG. Secondary condition that impacts the IPF DRG.			
P*	MCC and IPF MCC that do not impact the DRG.			
P**	Comorbidities or Complications and IPF CC that do not impact the DRG.			
PC	Comorbidities or Complications that impact the IPF DRG.			
PC*	Comorbidities or Complications that do not impact the IPF DRG.			
PCC	Comorbidities or Complications and IPF CC that impact the DRG.			

### Table 32: Diagnosis Code Symbols and Descriptions

Code Symbol	Description
1-8	MST (Multiple Significant Trauma - Body Part). For example, when code S32.401A is entered, the number 6 will display between the M and HC symbols.
	Body Site Categories:
	<ul> <li>1 - Head</li> <li>2 - Chest</li> <li>3 - Abdomen</li> <li>4 - Kidney</li> <li>5 - Urinary</li> <li>6 - Pelvis/Spine</li> <li>7 - Upper Limb</li> <li>8 - Lower Limb</li> </ul>

## Table 33: Procedure Code Symbols and Descriptions

Code Symbol	Description				
NOR	Non-operative procedure the impact the DRG.				
OR	Significant operative procedure that impact the DRG.				
OR*	Significant operative procedure that does not impact the DRG.				
POR	Significant operative procedure and IPF Complication or Comorbidity that impact the DRG.				
POR*	Significant operative procedure and IPF Complication or Comorbidity that does not impact the DRG.				

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# Appendix

# Ε

# **Coder View**

## **Topics:**

- About Coder View
- Printing Encounter Summary

#### **About Coder View**

As a coder when you login to the application you have permission for the following:

- View the Triage Worklist screen in read-only mode
- Use the search Knowledge base functionality through CDS Assistant screen.
- View the *Worksheet* screen in read-only mode.
- Use Index search. Clinical language search is not available. You can
  - Select code for Code Level Notes.
  - Select code context menu for 'Search Knowledge Base' only.
  - Select code for DRG Decision trees.
- View the *Clarifications* screen in read-only mode.
- View the *Reconciliation* screen in read-only mode.
- Use *Notes* screen and view notes of type
  - Coding to CDE
  - CDE to Coding

Create a new note with type Coding to CDE.

- Use Reply Notes functionality.
- Print the encounter summary

#### **Triage Worklist Screen - Coder View**

Nuance <sup>®</sup> (	CDE				Account Num	ber 🗸 Searc	h	٩	Facility: All	~	Arijit
<b>Tria</b>	ge Worklist										Help
CDS: All	▼ Sta	tus: Follow-up 🔻	Payer: All	▼ Unit: All ▼				c	oder	•	∎₿
RANK 🔺	ACCOUNT #	PATIENT NAME	PAYER	CDS WORKING REVIEW OR DISCOVERED DX	CLARIFICATION STATUS	LAST REVIEW	CC/MCC	QUALITY	PROC	ADMIT	
1	ACC0101DG091818	PETERS, PATRICK	Medicare				CC: 0 MCC: 0			07/08/2018	^
1	ACC0101MAG09201818	PRINCE, SAGE I	Medicare				CC: 0 MCC: 0			06/28/2018	
1	ACC0102MAG092018	PRINCE, PARSLEY I	Medicare	Heart disease, unspecified Rheumatoid arthritis, unspecified +3			CC: 0 MCC: 0			06/28/2018	
1	ACC0103DG0208	Williams, James	Medicare	Cardiac murmur, unspecified Do not resuscitate +2			CC: 0 MCC: 0			01/03/2018	
1	ACC0105DG090418	PETERS, PATRICK H	Medicare	☆ Syncope and collapse Type 2 diabetes mellitus w diabetic c +21			CC: 0 MCC: 0			07/08/2018	
1	ACC0105MAG092018	PRINCE, THYME I	Medicare	☆ Chronic diastolic (congestive) heart fa Rheumatoid arthritis, unspecified			CC: 0 MCC: 0			06/28/2018	
1	ACC0105MAG09201818	PRINCE, THYME I	Medicare				CC: 0 MCC: 0			06/28/2018	
	ACC0106DG090418			Syncope and collarse     Load Next 50			CC: 0				•
Showing 50 of	1764 encounters								Updat	red 11/14/2018 06:	33:36 AM

Figure 126: Triage Worklist Screen - Coder View

#### Table 34: Triage Worklist Columns and Descriptions

Worklist Columns	Descriptions		
ACCOUNT#	Patient's account number		
	Note: This is a mandatory column and is displayed by default.		

Worklist Columns	Descriptions
ADMIT DX (Admitting Diagnosis)	Diagnosis at the time of the patient's admission.
	Note: Tooltip has been added to the values to show the code as well as description.
ADMIT SERVICE (Admitting Service)	Provider group/service where the patient is admitted to, such as Cardiology or Orthopedics.
ADMIT (Admit Date)	Patient's date of admission
AGE	Patient's age at the time of admission
PROVIDER (Attending Provider)	Name of the attending physician
CC/MCC	Number of CC/MCC codes added in the Working Review section in the <i>Review</i> screen.
	Note: CC/MCC count on worklist should reflect all CC/MCCs in the Review Screen (not just the impacting ones).
	When a red flag displays, you can click the flag to open CDS Assistant with CLU suggested CC/MCC codes displayed.
CDS	Name of the Clinical Documentation Specialist assigned to the encounter.
CDS WORKING REVIEW OR DISCOVERED DX	Displays suggested code with a blue hyperlink, and manually added codes with black font. Target diagnosis codes are displayed with a star(*).
	Partial codes are displayed in upper-case, and fully qualified codes are displayed in mixed-case (upper and lower).
	Click the link to display CLU suggested CC, HAC, MCC, and Target diagnosis codes in the CDS Assistant.
	When you add a primary diagnosis code in the Working Review and save, this column then displays that diagnosis description and is no longer a link.
	If there are more than two codes in the column, then the count of extra codes is displayed in the second row.
	<b>Note:</b> This is a mandatory column and is displayed by default. It cannot be removed.
Clinical Evidence (C.E.)	Number of clinical evidences available for the encounter.

Worklist Columns	Descriptions
Clarification Status	<ul> <li>Status of open clarifications</li> <li>Due Today - Follow up date is today.</li> <li>Due in (X) days - Follow up date is tomorrow or later.</li> <li>Overdue - Follow up date was yesterday or prior.</li> </ul>
DOB (Date of Birth)	Patient's date of birth
DISCHARGE (Discharge Date)	Patient's date of discharge
FACILITY	Facility ID associated with the encounter.
Final Coded DRG	<ul> <li>Final coded DRG either imported from the coding system or manually added in the <i>Reconciliation</i> screen.</li> <li>Note: If the final imported codes have an incomplete coding status, then the system will not display the final coded DRG.</li> </ul>
FOLLOW-UP (Encounter Follow-up Date)	Date entered in the encounter <b>Follow-up Date</b> field.
LAST REVIEW (Last Review Date and Time)	Date and time the encounter was last saved.
LOS (Length of Stay)	Patient's duration of stay in a facility. Duration is displayed in number of days.
MRN (Medical Record Number)	Patient's Medical Record Number
PATIENT NAME	Patient's name
PAYER	Primary payer (insurance) associated with the encounter.
PROC (Procedures)	Indicates CLU suggested procedure codes. When a red flag displays, you can click the flag to open CDS Assistant with CLU suggested procedure codes displayed.
QUALITY	Indicates CLU suggested codes related to potential HAC, PSI, or Core Measure opportunity. When a red flag displays, you can click the flag to open CDS Assistant with CLU suggested HAC or PSI codes displayed.

Worklist Columns	Descriptions
RANK	Priority of encounter. This could be any number from 1 to 11.
	Refer Unranked and Exclusion Criteria on page 193, to know more about the types of encounters excluded from the prioritization ranking.
	🗐 Note:
	<ul> <li>This is a mandatory column and is displayed by default. It cannot be removed.</li> <li>Prioritization ranking is displayed based on pre-configured rules.</li> </ul>
ROOM	Patient's room number in a facility.
SOI	Severity of illness.
	For APR DRG grouper the system displays the value associated with the grouper, and for CMS grouper system displays the value associated with CMS grouper. The Possible SOI value is displayed, and if the PossibleSOI is not present, the system displays the WorkingSOI value.
	Suggested SOI value is displayed when working or possible SOI values are unavailable. Suggested SOI values appear as hyperlink. If you click these values, system navigates you to the CDS Assistant screen.
ROM	Risk of mortality.
	For APR grouper the system displays the value associated with the grouper, and for CMS grouper system displays the value associated with CMS grouper. The Possible ROM value is displayed, and if the Possible ROM is not present, the system displays the Working ROM value.
	Suggested ROM value is displayed when working or possible ROM values are unavailable. Suggested ROM values appear as hyperlink. If you click these values, system navigates you to the CDS Assistant screen.
STATUS	Status of the encounter.
	Refer to Encounter Status and Description on page 65.
UNIT	Unit assigned to the encounter.
VISIT TYPE	<ul> <li>Patient's visit type. Following are typical visit types:</li> <li>I - Inpatient</li> <li>O - Outpatient</li> </ul>

Worklist Columns	Descriptions
DRG	Calculated DRG value. Following are the types of DRG values displayed.
	<ul><li>Working DRG</li><li>Possible DRG</li><li>Suggested DRG</li></ul>
	Suggested DRG is displayed only when Working or Possible DRG values are unavailable.

As a coder you can perform the following tasks:

- Customize the Triage Worklist screen, refer Setting-up the Triage Worklist Columns on page 67.
- Create a customized worklist, refer Creating a Custom Worklist on page 58.
- Print an encounter summary

## **Printing Encounter Summary**

This section describes how to print the encounter summary from the *Triage Worklist* screen.

1. Click Open/Print Encounter Summary. The Print Encounter dialog-box is displayed.

Print Encounter	
Select All	^
✓ Worksheet	
🗹 нрі	
Chief Complaint	
Past Medical History	
✓ Daily Medications	
✓ Treatment and Procedures	
☑ Review	
✓ Clarification	
Cancel Prin	it

#### Figure 127: Print Encounter Summary Dialog-box

**Note:** By default all the checkboxes are selected. Although you can change the selection as per your need.

#### 2. Click Print.

The print preview window is displayed.

Nuance <sup>®</sup> CDE			Facility: Training   Printed Date: 08/20/2018 02:30:08 PM   Print
Name: Johnson, Amanda Provider: 99LastName, 99First Age: 48y CDS:	Acct: 0405L081318ACC Primary Payer: MRN: 205D032218MRN Grouper:	Gender: Unit: LOS: 148 Room:	Admitted: 03/25/2018 DOB: 06/06/1969 Discharged:
曲 HPI			
Test Data			
Life Complaint			
Test Data			
EMS Information			
Test Data			
𝘲 Past Medical History			
Test Data			

Figure 128: Print Preview Screen - Encounter

#### 3. Click Print.

The **Print** dialog-box is displayed.

Print	×
General Options	
Select Printer	
☞ Adobe PDF ➡ Fax ➡ Microsoft Print to PDF	Microsoft XPS Docum     Nuance PDF     PUN-2F_North-XERO>
<	>
Status: Ready Location: Comment:	Print to file Preferences Find Printer
Page Range <ul> <li>All</li> <li>Selection</li> <li>Current Page</li> <li>Pages:</li> <li>I</li> </ul> Enter either a single page number or a single page range. For example, 5-12	Number of copies: 1
Prin	t Cancel Apply

#### Figure 129: Print Dialog-box

- Set the print settings for your desired print options.
   You can select the quantity of copies desired, page selection locations, page orientation (portrait to landscape and vice versa), and printer.
- 5. Click Apply, if you've made changes in the print setting.
- 6. Click Print.

# Appendix **F**

# **Glossary Terms**

## **Topics:**

- Glossary Terms for Nuance
   CDE
- Indexing Shortcuts

# **Glossary Terms for Nuance CDE**

#### Table 35: Glossary Terms and Description

Term	Description
Admit Service	Provider group/service area where the patient was admitted to, such as Cardiology or Orthopedics.
Admit Source	Admit source associated to the encounter, such as Home or Rehab.
Base Rate	A dollar amount established for each hospital that is multiplied by the relative weight of a DRG to determine Medicare inpatient reimbursement. The base rate varies from hospital to hospital depending on the following factors: geographic location of the facility, hospital status, (e.g., teaching facility, urban or rural) and local costs of labor. This rate is adjusted annually.
Blended Rate	The base rate plus any add-on reimbursement factors (i.e., for indirect costs of medical education, capital acquisitions, and disproportionate share of Medicare patients).
CDI	Clinical Documentation Improvement: a process for improving the DRG coding information present in physician clinical documentation.
CDIS	Clinical Documentation Improvement Specialist.
CDS	Clinical Documentation Specialist: a person, typically a nurse, trained to read physician documentation and identify issues relevant to DRG coding as well as other issues such as Medical Necessity, Present on Admission, and Patient Safety Indicators. This person reviews clinical documentation, and provides feedback to, and queries physicians.
Clarifications	Another name for queries. These are questions generated by the CDS user and given to physicians.
CLU (Clinical Language Understanding)	An application of NLP (Natural Language Processing). It reads and understands clinical text and suggests code. This is reflected in snippets and documentation, as well as suggested codes and ranking in the Triage worklist.
CMS	Centers for Medicare and Medicaid Services.
Concurrent Review	CDS user adds a Working DRG to a new case prior to the Discharge Date of the encounter.
Core Measure	Set of care processes within a national, standardized performance measurement system, jointly implemented by TJC and CMS.
DRG (Diagnostic Related Group)	One of several categorizations of an inpatient that use sets of diagnosis and procedure codes to group these into a DRG category. The most common of these are MS-DRG and APR-DRG.
Evidence	Related to CLU. Actual words and associated values found in physician documentation. This is the highlighted text within a snippet or document.
Grouper	Software program used by both providers and payers to group each case into a DRG based on diagnosis, procedure codes and demographic information
HL7	Industry standard for communication between IT systems in health care. It refers to a method of sending documents and patient/visit metadata and updates between applications, such as CDI and the EHR.

Term	Description
Impact	Term used to describe the shifting of an encounter's DRG based on the intervention of a CDS.
Initial Review	CDS user adds a code to Working Review for the first time, which generates the Working DRG, and saves the record.
NLP (Natural Language Processing)	This is related to CLU. This is a field of computer science concerned with the interactions between computers and human languages; requires large amounts of domain knowledge, such as medicine and clinical practice.
PSI (Patient Safety Indicator)	Reportable quality indicators tied to value-based purchasing initiatives; these indicators are tied to harmful conditions and complications that should not occur after a patient is admitted.
Possible Review	Located in the <i>Review</i> screen, the list that contains codes with a DRG assignment reflecting potential code(s) and DRG assignment after CDS intervention. Note: if there is no impact, the DRG assignment will remain the same as shown in Working Review.
Queries	Another name for clarifications. These are questions generated by the CDS user and given to physicians.
Retrospective Review	CDS user adds a Working DRG to a new case on or after the Discharge Date of the encounter.
TJC (The Joint Commission)	An independent, not-for-profit organization. The Joint Commission accredits and certifies nearly 21,000 health care organizations and programs in the United States. Reflects an organization's commitment to meeting certain performance standards
Tokens	Related to CLU. Actual words and associated values found in physician documentation. This is the highlighted text within the document itself.
Value-based Purchasing	Initiative implemented by CMS that strives to align payment incentives with the quality of care and resources used to deliver care to encourage high-value health care.
Working Review	Located in the <i>Review</i> screen, the list that contains codes with a DRG assignment reflecting current documentation prior to CDS intervention.

# **Indexing Shortcuts**

The Indexing Shortcuts can be used to search the index codes.

#### Table 36:

INDEXSHORTCUT DIAGNOSIS	CLINICAL TERM
ААА	ABDOMINAL AORTIC ANEURYSM
ABLA	ACUTE BLOOD LOSS ANEMIA
AF	ATRIAL FIBRILLATION
AKI	ACUTE KIDNEY INJURY
АМІ	ACUTE MYOCARDIAL INFARCTION
AMS	ALTEREDMENTAL STATUS

INDEXSHORTCUT DIAGNOSIS	CLINICAL TERM
ARDS	ACUTE RESPIRATORY DISTRESS SYNDROME
ARF	ACUTE RENAL FAILURE
AS	AORTIC STENOSIS
ATN	ACUTETUBULAR NECROSIS
AVM	ARTERIOVENOUS MALFORMATION
CAD	CORONARY ARTERY DISEASE
CDIFF	CLOSTRIDIUM DIFFICILE (ENTEROCOLITIS)
CHF	CONGESTIVE HEART FAILURE
СКД	CHRONIC KIDNEY DISEASE
COPD	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
CVA	CEREBROVASCULAR ACCIDENT
DIC	DISSEMINATED INTRAVASCULAR COAGULATION
DKA	DIABETESWITH KETOACIDOSIS (TYPE 1)
DM1	DIABETESMELLITUS TYPE 1
DM2	DIABETES MELLITUS TYPE 2
DVT	DEEP VEIN THROMBOSIS
ESRD	ENDSTAGE RENAL FAILURE
FTT	FAILURE TO THRIVE
HFpEF	DIASTOLIC HEART FAILURE
HFrEF	SYSTOLICHEART FAILURE
ННИК	HYPERGLYCEMIC-HYPEROSMOLAR
	нник
	NON-KETOTIC (DM2 WITH HYPEROSMOLARITY)
HTN	HYPERTENSION
IBS	IRRITABLE BOWEL SYNDROME
ILD	INTERSTITIAL LUNG DISEASE
ITP	IDIOPATHIC THROMBOCYTOPENIC
	PURPURA
MR	MITRAL REGURGITATION
MDS	MYELODYSPLASTIC SYNDROME

INDEXSHORTCUT DIAGNOSIS	CLINICAL TERM
MS	MULTIPLE SCLEROSIS
NSCLC	NON-SMALL CELL LUNG CARCINOMA
NSTEMI	NON-ST ELEVATION MYOCARDIAL INFARCTION
OA	OSTEOARTHRITIS
OHS	OBESITY HYPOVENTILATION SYNDROME
OSA	OBSTRUCTIVE SLEEP APNEA
PE	PULMONARY EMBOLISM

#### Table 37:

INDEXSHORTCUT DIAGNOSIS	CLINICAL TERM
PAD	PERIPHERAL ARTERIAL DISEASE
PVD	PERIPHERAL VASCULAR DISEASE
SAH	SUBARCHNOID HEMORRHAGE
SBO	SMALL BOWEL OBSTRUCTION
SDH	SUBDURAL HEMORRHAGE
SIADH	SYNDROME INAPPROPRIATE SIADH
	SECRETION ANTIDIURETIC HORMONE
SIRS	SYSTEMICINFLAMMATORY RESPONSE SYNDROME
SSS	SICKSINUS SYNDROME
STEMI	ST-ELEVATION MYOCARDIAL
SVT	SUPRAVENTRICULAR TACHYCARDIA
TIA	TRANSIENT ISCHEMIC ATTACK
TLS	TUMOR LYSIS SYNDROME
TR	TRICUSPID REGURGITATION
URI	UPPER RESPIRATORY INFECTION
UTI	URINARY TRACT INFECTION
VF	VENTRICULAR FIBRILLATION
VT	VENTRICULAR TACHYCARDIA
WPW	WOLFF-PARKINSON-WHITE SYNDROME

INDEXSHORTCUT DIAGNOSIS	CLINICAL TERM
АКА	ABOVE KNEE AMPUTATION (DETACHMENT)
ВКА	BELOWKNEE AMPUTATION
	(DETACHMENT)
CABG	CORONARY ARTERY BYPASS
CEA	CAROTID ENDARTERECTOMY (EXTIRPATION)
ORIF	OPEN REDUCTION INTERNAL FIXATION (REPOSITION)
ТАН	TOTAL ABDOMINAL HYSTERECTOMY (RESECTION)
TAVR	TRANSAPICAL AORTIC VALVE
	REPLACEMENT
THR	TOTAL HIP REPLACEMENT
TKR	TOTAL KNEE REPLACEMENT
WHIPPLE	PANCREAS EXCISION

# Appendix G

# **Third Party License Agreements**

CDE One is accompanied by, or makes use of, the following software:

**Table 38: Product and Services** 

Service	Vendor	Purpose
Azure Platform Services	Microsoft	Azure PAAS and infrastructure services
Azure Service Bus	Microsoft	Messaging
Federated Single Sign-on	Auth0	Authentication & authorization platform for web, mobile and legacy applications
IMO Search	IMO	Code search
Power Bl	Microsoft	Analytics and Reporting
Prometheus	Prometheus	Application Monitoring
Sumo Logic	Sumo Logic	Log file management
3M GPCS	3M	Grouping service

#### Table 39: Framework

Software	Version	Tier	Open Source	Vendor/ Author	License
Apache CXF - JAX-RS and JAX- WS API	3.1.9	Server	Yes	Apache	Apache License 2.0
Bootstrap	4.2.1	Client	Yes	Open Source	MIT License
Elastic Search	5.6.1	Server	Yes	Elastic Co	Apache License 2.0
Hibernate ORM	5.2	Server	Yes	JBoss	LGPL 2.1

Software	Version	Tier	Open Source	Vendor/ Author	License
Jersey JAX-RS API	2.25	Server	Yes	Oracle	CDDL Version 1.1
Log4j	2.11.1	Server	Yes	Apache Software	Apache License 2.0
MobX	4.9.2	Client	Yes	MobxJS	MIT License
MobX React	5.4.3	Client	Yes	MobxJS	MIT License
Microsoft Azure Service bus Queue	1.2.6	Server	Yes	Microsoft	MIT License
React	16.7.0	Client	Yes	Facebook	MIT License
Slf4j	1.7.21	Server	Yes	Quality Open Software	MIT License
Spring	4.3.4	Server	Yes	Pivotal	Apache License 2.0

## Table 40: Library

Software	Version	Tier	Open Source	Vendor/ Author	License
Commons IO	2.5	Server	Yes	Apache Software	Apache License 2.0
Commons Lang3	3.5	Server	Yes	Apache	Apache License 2.0
Commons- csv	1.5	Server	Yes	Apache	Apache License 2.0
Commons- fileupload	1.3.3	Server	Yes	Apache	Apache License 2.0
EHCache	2.10.3	Server	Yes	Software AG	Apache License 2.0
ES6- Promise	4.0.5	Client	Yes	Stefan Penner	MIT License
Failsafe	2.0.1	Server	Yes	Jonathan Halterman	Apache License 2.0

Software	Version	Tier	Open Source	Vendor/ Author	License
Font Awesome	5.7.1	Client	Yes	Open Source	The Font Awesome Pro commercial license
GSON - json processing API	2.8.0	Server	Yes	Google	Apache License 2.0
Jackson - data binding and streaming API	2.8.0	Server	Yes	FasterXML	Apache License 2.0
JSON- java	20141113	Server	Yes	Sean Leary	JSON
Microsoft Azure Active Directory Authentica Library (ADAL) for Java	1.3.0 tion	Server	Yes	Microsoft	MIT License
Moment	2.24.0	Client	Yes	Moment	MIT License
Nimbus Jose + JWT	5.7	Server	Yes	Connect2id	Apache License 2.0
OpenCSV	4.0	Server	Yes	Apache	Apache License 2.0
Pac4j- oidc	3.1.0	Server	Yes	Pac4j.org	Apache License 2.0
Power Bi- Client	2.6.5	Client	Yes	Microsoft	MIT License
Prometheu JVM Client	s0.4.0	Server	Yes	Prometheus	Apache License 2.0
Prop- types	15.6.2	Client	Yes	Facebook	MIT License
React Router	4.2.3	Client	Yes	ReactTraining	MIT License

Software	Version	Tier	Open Source	Vendor/ Author	License
Redis (Or Redis Azure Service)	s e ce)		Yes	MS OpenTech	MS Open Tech
Xpack			No	Elastic/Xpack	X-Pack License
Jquery	3.3.1	Client	Yes	Jquery	MIT License
OWASP Java Encoder			Yes	Owasp	BSD license
Clipboard	2.0.4	Client	Yes	Zeno Rocha	MIT License
react-dom	16.7.0	Client	Yes	Facebook	MIT License
popper.js	1.14.7	Client	Yes	FezVrasta	MIT License
Jquery-UI	1.12.1	Client	Yes	JQuery	JQuery Foundation

## Table 41: Programming Language

Softwar	Version		Open Source	Vendor/ Author	License
Java 8	1.8.0.11	1Server	Yes		Oracle Binary Code License

## Table 42: UI Shim

Software	Version	Tier	Open Source	Vendor/ Author	License
Babel- polyfill	6.26.0	Client	Yes	Babel	MIT License

## Table 43: UI Component

Software	Version	Tier	Open Source	Vendor/ Author	License
Draft-js	0.10.5	Client	Yes	Facebook	BSD License
React- select	2.3.0	Client	yes	Jed Watson	MIT License
React- dates	18.4.0	Client	Yes	Airbnb	MIT License
React- helmet	5.2.0	Client	Yes	NFL	MIT License
React- tabs	2.3.0	Client	Yes	reactjs	MIT License

Software	Version	Tier	Open Source	Vendor/ Author	License
React- beautiful- dnd	10.04	Client	Yes	Atlassian	Apache License, Version 2.0

## Table 44: Web Server

Software	Version		Open Source	Vendor/ Author	License
Apache Tomcat	8.5.20	Server	Yes	Apache Software	Apache License 2.0

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