



Maximize your 25:

Automated code sequencing just made quality reporting easier

The Centers for Medicare & Medicaid Services (CMS) requires hospitals to report on various quality measures, many of which are tied to the specific diagnosis codes that clinical documentation integrity (CDI), audit and coding teams are responsible for identifying. Accurate diagnosis code sequencing is key to improving hospital ratings and rankings by industry groups like *U.S. News & World Report*, Leapfrog Group and Vizient.

Historically, these teams were tasked with the manual process of ensuring diagnosis integrity and accurately sequencing diagnosis codes. During documentation and coding, even minor details that are missing or inaccurately captured, can negatively impact quality ratings and rankings. This can result in inaccurate representation of a patient's clinical status, incorrect quality reporting and missed revenue opportunities. Using automation to sequence all diagnoses ensures that the hospital can accurately and appropriately report on the diagnosis codes that impact both reimbursement and quality outcomes for the services and care rendered.



Accurate diagnosis code sequencing is key to improving hospital ratings and rankings

Advanced code sequencing can provide value to multiple teams in the documentation continuum



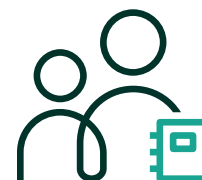
Coding

Accurate final code sets



CDI

Document the complete patient story



Audit

Eliminate manual manipulation in prebill

How can health care organizations ensure CDI, coding and audit teams work more efficiently together to capture the patient story, while minimizing the impact and time on thinly staffed teams?

Coding



Coding professionals are tasked with capturing diagnoses documented by the provider in line with coding guidelines. They must ensure the final code set reflects the diagnoses documented by the provider. The top 25 codes include those used for reimbursement and quality reporting including Agency for Healthcare Research and Quality (AHRQ) indicators and Elixhauser measures. Complex patients often present with multiple diagnoses related to the reason for admission and co-existing chronic conditions. Computer-assisted coding (CAC) technology can auto-suggest codes based on the pertinent patient documentation, allowing transparency within the system for coders to see the evidence associated with the artificial intelligence (AI) decision. Advanced code sequencing technology reduces the need for manual code sequencing and helps ensure that a complete clinical picture of the patient encounter is incorporated in the top 25 codes wherever possible.

CDI



CDI teams play a critical role in documenting the accurate and complete story of a patient's health care encounter and communicates back with providers regarding diagnosis information that may impact quality. The ability to assess and share clinical documentation data in real time is increasingly important as the health care industry transitions to value-based care. With advanced code sequencing, CDI teams can know concurrently where these quality diagnoses are positioned when there are more than 25 diagnoses captured.

Audit



Utilizing a strong edit, review and audit solution helps improve coding accuracy by identifying high risk coding issues for improvement in sequencing diagnosis codes. Based on audit results, custom actionable edits can be activated to prompt coders to accurately address the potential coding error within their coding workflow eliminating the need for manual manipulation. This coupled with advanced code sequencing logic, helps ensure targeted diagnoses are sequenced automatically within the top 25 per an organization's preferences. This can help improve revenue cycle performance by reducing discharged, not final billed accounts holding for second level review and decreasing auditing times.

Transformational software

Using the transformational software logic within Solventum™ 360 Encompass™ System to capture financial, quality and risk helps remove the critical responsibility of the inpatient coder to manually ensure quality aspects are captured. This automated process of ordering diagnosis codes in an optimized sequence will generate a code set that best shows the complete clinical story of a patient. Using advanced code sequencing technology in conjunction with your CDI program is essential to ensuring not only accurate reimbursement, but also surfacing the true complexity of your patient population.



Contact Solventum today

For more information on how our software and services can assist your organization, contact your Solventum sales representative, call us at 800-367-2447, or visit us online at [Solventum.com](https://www.solventum.com).



Solventum Corporation
3M Center, Building 275
2510 Conway Avenue East
Maplewood, MN 55144

© Solventum 2025. Solventum, the S logo and 360 Encompass are trademarks of Solventum or its affiliates. All other trademarks are owned by their respective owners.