HIM Query Policy and Procedure

Management of Information

Director, Health Information Management

Manager, CDI and Inpatient Coding; Manager, Hospital Outpatient and Physician Coding; Health Information Management Physician Advisors; Vice President, Revenue Cycle Operations

Vice President, Revenue Cycle Operations

Three years

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Purpose

Physicians and allied health practitioners are expected to provide legible and complete documentation to support the diagnosis/condition; justify the care, treatment, and services; and describe the course and results of services rendered. Queries will be sent to achieve complete, thorough, and accurate clinical documentation, diagnosis and procedure code assignment, and reporting of diagnoses and procedures.

Procedure

Creating, sending, and follow-up of queries

A. When the HIM staff identifies documentation that meets the criteria above, a query will be created and assigned to the appropriate provider.

B. The query needs to be written with precise language that the physician will understand.

C. The CDIS will query providers on a concurrent basis (i.e., while the patient is still in-house).

D. The coding staff will query retrospectively (post discharge).

G. If a question is too complex to comply with these guidelines, then the HIM staff member will directly refer the case to the HIM physician advisor (HIM PA) for review and follow-up.

H. Time frame for query process and referrals is as follows:

1. If a resident, PA, or APN wrote the note, they are expected to respond to the query in 2 days. If no response, the query will be escalated to their collaborating physician.

2. The physician will have 3 days from the time they receive a query to respond.

3. If no response from the physician, the case will be referred to the HIM PA.

4. The HIM PA is responsible for reviewing the account. If the query is appropriate to pursue, they will:

   i. Provide a clinical overview and query the physician or allied health practitioner.

   ii. Request the physician or allied health practitioner to either answer the query by clarifying the documentation in the medical record, or if they disagree, to respond in writing or verbally by any of the options available to them.

   iii. Request a response be made within days of the contact.

5. If a query is sent to a non-provider (patient care nurse, clinic or hospital department, etc.), they are expected to respond within 3 days.
iv. If no response is received by the 4th day, send a reminder.

v. If still no response after 7 total days (based on date originally sent), refer the account to appropriate coding coordinator for follow-up.

I. The HIM staff and HIM PA will work collaboratively in order to obtain a response to queries in a timely manner.

J. Queries will be tracked and monitored using the EPIC HIM work queues.

K. The inpatient coding auditor and APC coordinator (or their designees) will monitor unanswered queries as well as responses that have not yet been acknowledged by the HIM staff.

L. Queries will periodically be reviewed to ensure that content and style of questioning is compliant.

M. Monitoring results will be reviewed and tracked by the department manager. Individual as well as group education and training will be provided based on the results. In addition, these results will be provided to the HIM director as well as the VP of revenue cycle operations.

No response/inadequate response to queries

A. If a query is partially addressed by the physician or allied health practitioner, then the response will be forwarded to the HIM PA for review. The HIM PA will determine what action will be taken. These actions may include one or more of the following:

1. Resending query with a modified message to the physician or allied health practitioner
2. Forwarding response to medical director for review
3. Accepting the response and approving coding to be completed based on answer received
4. Tracking response for future education

B. If a query is addressed by the physician or allied health practitioner but the HIM PA believes the response is not appropriate, the HIM PA may:

1. Refer the query to the appropriate medical director for review and further action
2. Approve coding to complete the record and use the scenario for education
3. Approve coding to complete the record and forward the query and account details to the Resource Utilization Management Committee chairman for review at the next meeting

C. If there is no response from the physician after the 10th day (based on day query originally sent) and the answer to the query is considered to be significant to accurate code assignment, the query information will be forwarded to the appropriate medical director.

1. The HIM manager, HIM director, or HIM PA may refer accounts to the medical director
2. The query as well as any applicable background information will be sent to the medical director via email.
3. If there is no response after the 5th day, the HIM manager will contact the medical director requesting direction on what action to take.
4. If the direction is to wait, the query will be left open for an additional 5 days.
5. If there is no response at the end of 10 days, the query will be marked as "no response" and coding will be completed.

D. If there is no response from the physician or allied health practitioner and the patient has been discharged/released, and review of the medical record documentation determines the answer to the query is NOT considered significant in the code assignment, then:

1. The query will be closed with no referral to HIM PA or medical director.
2. Response will be denoted in the appropriate software as "none" or "no response."
3. The account will be final coded based on the documentation in the record.

References

» Publication 100-07, CMS State Operation Manual (SOM) 482.24 (c)(1).


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