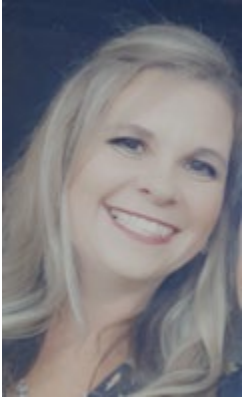




Outpatient Query Creation and Compliance

Kenzi Brooks, CCDS-O, CCS, CRC, CPC-A, COC-A
Clinical Documentation Integrity Specialist-Outpatient
WVU Medicine
Morgantown, West Virginia

Presented By



Kenzi Brooks, CCDS-O, CCS, CRC, CPC-A, COC-A, is an Outpatient CDI at West Virginia University Medicine in Morgantown, West Virginia. Her coding career started in 2015 as an inpatient coder. She started her career in risk adjustment/HCC coding in 2017. She then joined WVU Medicine in 2019 as an Outpatient CDI.

Learning Objectives

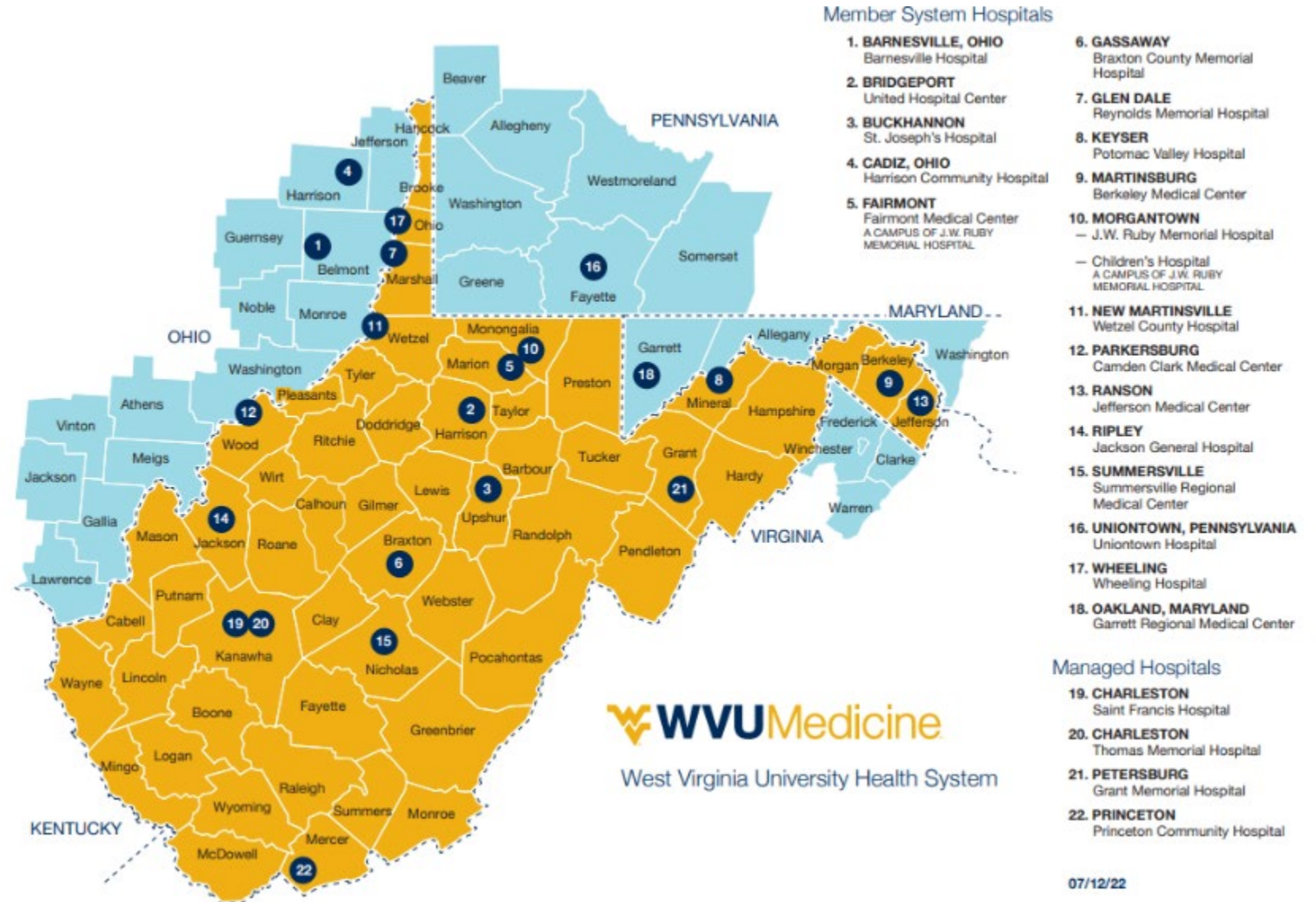
- At the completion of this educational activity, the learner will be able to:
 - Describe how to create outpatient queries
 - Discuss the steps involved in ensuring a query is compliant



Background

Background

- Program started in 2015
- Improvements
- Education sessions
- 1.75 FTEs
- Current clinics - 193
- CDI staff





Outpatient CDI in Primary Care

Outpatient CDI in Primary Care

- Targeted incremental roll out
- Lowest performing
- Support
 - VP of clinics
 - Clinic manager



Outpatient CDI in Primary Care

- Next Clinic
 - Steering Committee
 - Physician Advisor
 - VP of Clinics
 - CDI Director
 - CDI Manager



Outpatient CDI in Primary Care

- Outpatient Reviews
 - Different
 - Comprehensive Reviews
 - CPT, HCPCS, Modifiers
 - Challenge



Outpatient CDI in Primary Care



- What is in it for them?
 - Quality score measurements
 - More resources
 - Right thing for the patient

Outpatient CDI in Primary Care

- Where we started
 - Family Medicine and Internal Medicine
 - Education
 - Audits
 - Face to face
 - Exit



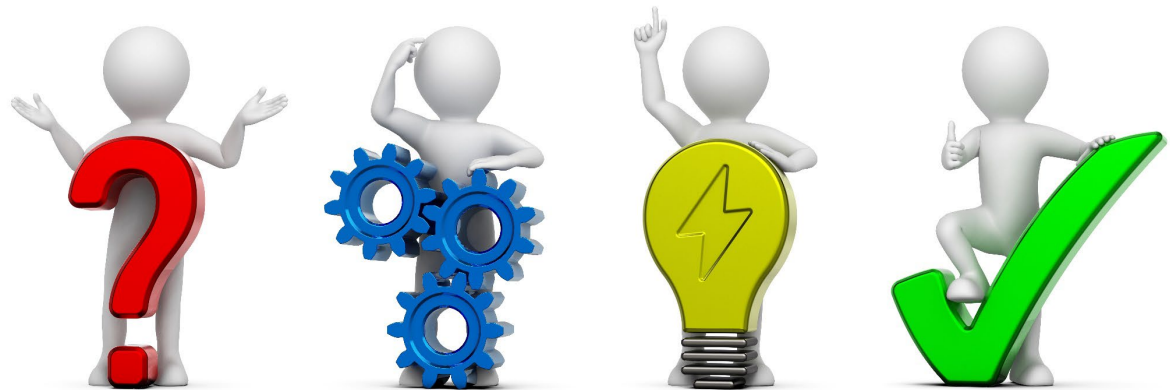
Outpatient CDI in Primary Care

- Best way
 - Concurrently
 - Retrospective
 - Prospective



Outpatient CDI in Primary Care

- Outpatient CDI Workflow
 - Create a workflow process
 - When
 - Pre-bill option
 - Turn-around time
 - Appointment list
 - Queries communicated
 - Productivity expectations



Outpatient CDI in Primary Care

- Our Focus
 - Types of Encounters
 - Annual Wellness
 - Follow-up
 - Sick Visits
 - Chart Review
 - Chronic conditions
 - Previous HCCs
 - Suspected diagnosis
 - Medications
 - Abnormal labs and diagnostic tests
 - Recent hospitalizations
 - Specialist or referral notes



Outpatient CDI in Primary Care

- Problem list
 - Additions and deletions
 - Well maintained
 - What should remain
 - Continue to require provider
 - » Assessment, observation, or continued monitoring
 - Policies and procedures
 - Who can update?



Query Process

When?
How?
Compliant?

When Do We Query?

- Communication tool
- Outpatient visit
 - Reason for visit
 - Discussion
 - Diagnosis
 - Assessment and plan



When Do We Query?

- Query when
 - Documentation gaps
 - Clinical indicators
 - Treatment without diagnosis
 - Specificity or severity
 - Uncertainty of cause and effect
 - Clinical validation
 - Orders without plan or treatment
 - Quality measure
 - Abnormal results
- Documentation from previous encounters
 - Diagnostic criteria support
 - Treatment or diagnosis relevant to current encounter
 - Etiology of signs and symptoms
 - Previous encounter is relevant to the present encounter

When Do We Query?

- Clinical indicators
 - Key factor
 - Support the question or purpose
 - Seeking validation
 - No required number
- Establish guidelines
 - Clear, concise
 - Support the condition
 - Capture clinical picture
 - Most accurate code

When Do We Query?

- Types of queries
 - Open ended
 - Dr. Jones - Mr. Smith's medication list from the previous visit indicates prescriptions were ordered for albuterol and Symbicort. It is also documented in the plan that home oxygen may be needed if his low oxygen saturations continued. No condition(s) were identified as indicators for your plan. Please review the medications for relevancy and document during the upcoming appointment if the condition(s) requiring these medications if still relevant

When Do We Query?

- Types of queries
 - Multiple choice
 - Patient w/ hx of COPD came to appointment today with SOB. Pulse ox of 79. Patient was given a treatment and pulse ox went to 92. Patient was prescribed a new inhaler and is to follow up in 7 days.
 - For complete and accurate documentation of the patient's condition, please provide further specificity of the patient's respiratory condition in an addendum to your clinic note
 - Acute exacerbation of COPD
 - Chronic COPD
 - Other (please specify)_____

When Do We Query?

- Types of queries
 - Yes/No queries
 - Pt was seen for headaches and follow up CT scan. The results indicated glioblastoma. New orders for MRI and PET.
 - After study, are the patients' headaches due to the glioblastoma?
 - Yes
 - No
 - Other
 - Unable to determine

When Do We Query?

- Types of queries
 - Verbal queries
 - Compliant?



When Do We Query?

- Noncompliant
 - Increase revenue
 - Contains financial information
 - Options are not clinically valid
 - Does not have all the required query elements
 - Leading



When Do We Query?



- Noncompliant versus compliant
 - Maintaining compliant practice
 - Back to the drawing board



Outpatient CDI Process

In basket CDI queries

- Similar to PB workflow
- Blended workflow utilizing the shared note **and** in basket workflow.
 - Done within CDS workflow
 - Simple and familiar process for provider
- Note not released via mychart
 - Available via discovery only *
 - Requires little to no build from IT.
 - Potential to include new smart form workflow streamlining the process even more for the provider
- CDI reviewer can use smart text to generate query templates and meet compliance standards
 - Smart text already created and used for inpatient
 - Create new smart text/smart phrases or reconfigure existing smart text to function
- Will track the type of queries sent by using the smart ID used.
 - Report already created. Report name: ***
 - Can use some elements of the already created flowsheets to track query data
 - Type
 - HCC requested
 - Resolution
 - Reporting determines:
 - How many queries sent
 - Sender and recipient
 - HCC Requested



- Patient Work queue
- CDI review / Notes
- System BPA
- Quality measures
- CDI Queries (shared note within basket vs BPA)

Outpatient CDI Process

- CDI note
 - Encounter
 - Flow sheet - smart form

New Encounter for

Date: 9/1/2022

Type:

Provider: PCP

Department:

Accept Cancel

DOCUMENTATION ONLY

Problem List

Medical

Surgical

Medication History

HCC Review

BestPractice

CDI HCC SF

CDI Review

Sign Encounter

HCC Review

CMS-HCC

Show Summary

Recertified

Category and Diagnosis

From

CMS-HCC 85: Chronic diastolic CHF (congestive heart failure), NYHA class 3 (CMS HCC)

MD on 7/11/2022

Category: CMS-HCC 85 - Congestive Heart Failure

Diagnosis Code: I50.32

CMS-HCC 96: Persistent atrial fibrillation (CMS HCC)

MD on 7/11/2022

Category: CMS-HCC 96 - Specified Heart Arrhythmias

Diagnosis Code: I48.19

Outpatient CDI Process

- CDI note
 - Flow sheet

9/1/2022 visit

[Benefits Inquiry](#)

DOCUMENTATION ONLY

[Problem List](#)

[Medical](#)

[Surgical](#)

[Medication History](#)

[HCC Review](#)

[BestPractice](#)

[CDI HCC SF](#)

[CDI Review](#)

[Sign Visit](#)

CDI Note

2022 HCCs

2021 HCCs

2020 HCCs

Past Medical History

Past Surgical History

Past Cancer History

Abnormal Labs

QA Measure

A1c Eye Exam A1c and Eye Exam

BPA Alerts Fired

Follow up HCC opportunities

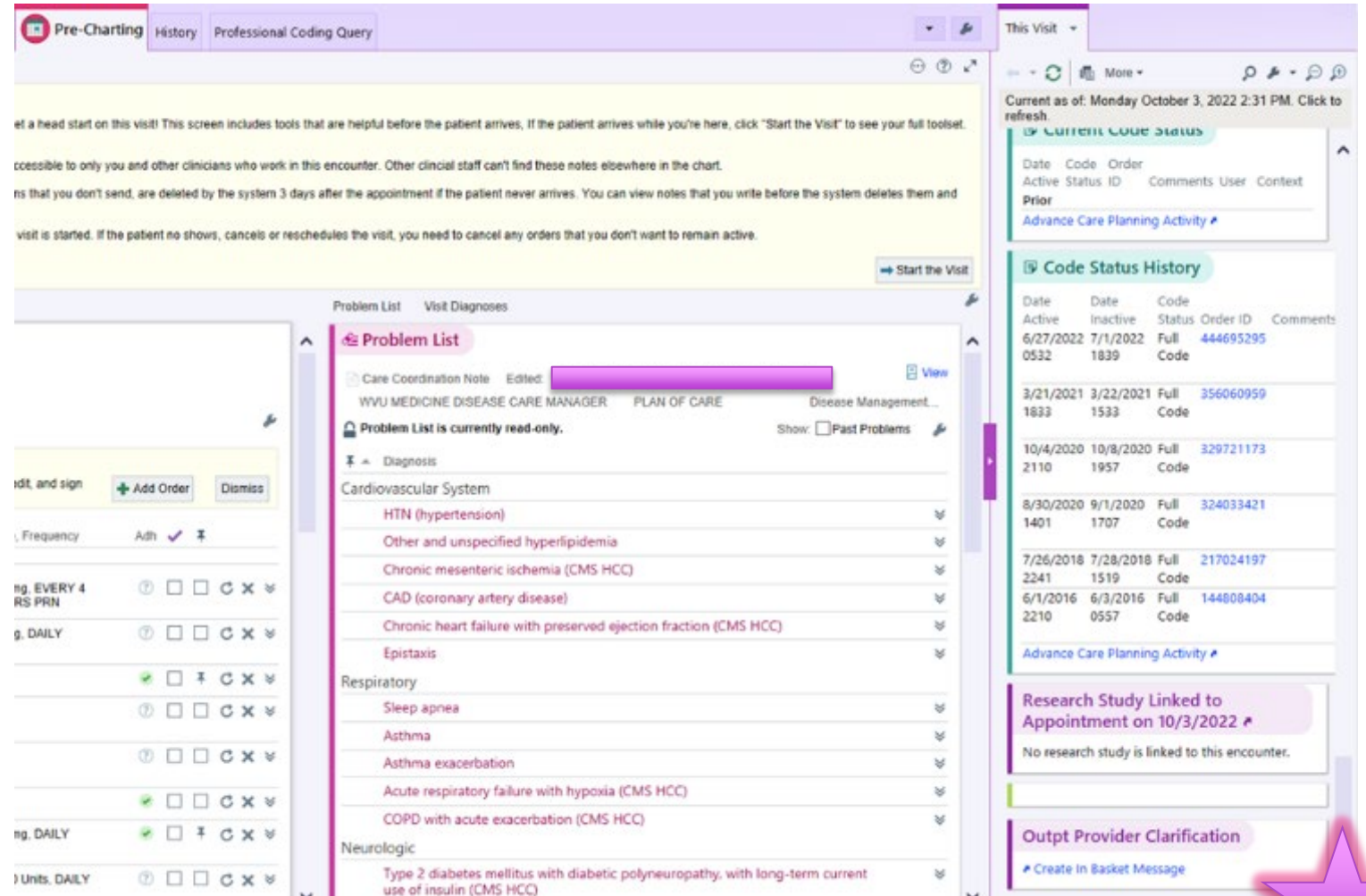
Create Note

Restore
Close
Cancel

Previous
Next

Outpatient CDI Process

- Query
 - Schedule
 - Pre-charting
 - Outpt provider clarification



Pre-Charting | History | Professional Coding Query

et a head start on this visit! This screen includes tools that are helpful before the patient arrives. If the patient arrives while you're here, click "Start the Visit" to see your full toolset.

ccessible to only you and other clinicians who work in this encounter. Other clinical staff can't find these notes elsewhere in the chart.

ns that you don't send, are deleted by the system 3 days after the appointment if the patient never arrives. You can view notes that you write before the system deletes them and visit is started. If the patient no shows, cancels or reschedules the visit, you need to cancel any orders that you don't want to remain active.

[Start the Visit](#)

Problem List | Visit Diagnoses

Care Coordination Note Edited: [REDACTED] [View](#)

WVU MEDICINE DISEASE CARE MANAGER PLAN OF CARE Disease Management...

Problem List is currently read-only. Show: ☐ Past Problems

Diagnosis

Cardiovascular System

- HTN (hypertension)
- Other and unspecified hyperlipidemia
- Chronic mesenteric ischemia (CMS HCC)
- CAD (coronary artery disease)
- Chronic heart failure with preserved ejection fraction (CMS HCC)
- Epistaxis

Respiratory

- Sleep apnea
- Asthma
- Asthma exacerbation
- Acute respiratory failure with hypoxia (CMS HCC)
- COPD with acute exacerbation (CMS HCC)

Neurologic

- Type 2 diabetes mellitus with diabetic polyneuropathy, with long-term current use of insulin (CMS HCC)

Current Code Status

Date	Code	Order	Active Status ID	Comments	User	Context
6/27/2022	0532	7/1/2022	Full	444695295		
3/21/2021	1833	3/22/2021	Full	356060959		
10/4/2020	2110	10/8/2020	Full	329721173		
8/30/2020	1401	9/1/2020	Full	324033421		
7/26/2018	2241	7/28/2018	Full	217024197		
6/1/2016	2210	6/3/2016	Full	144808404		

Code Status History

Research Study Linked to Appointment on 10/3/2022

No research study is linked to this encounter.

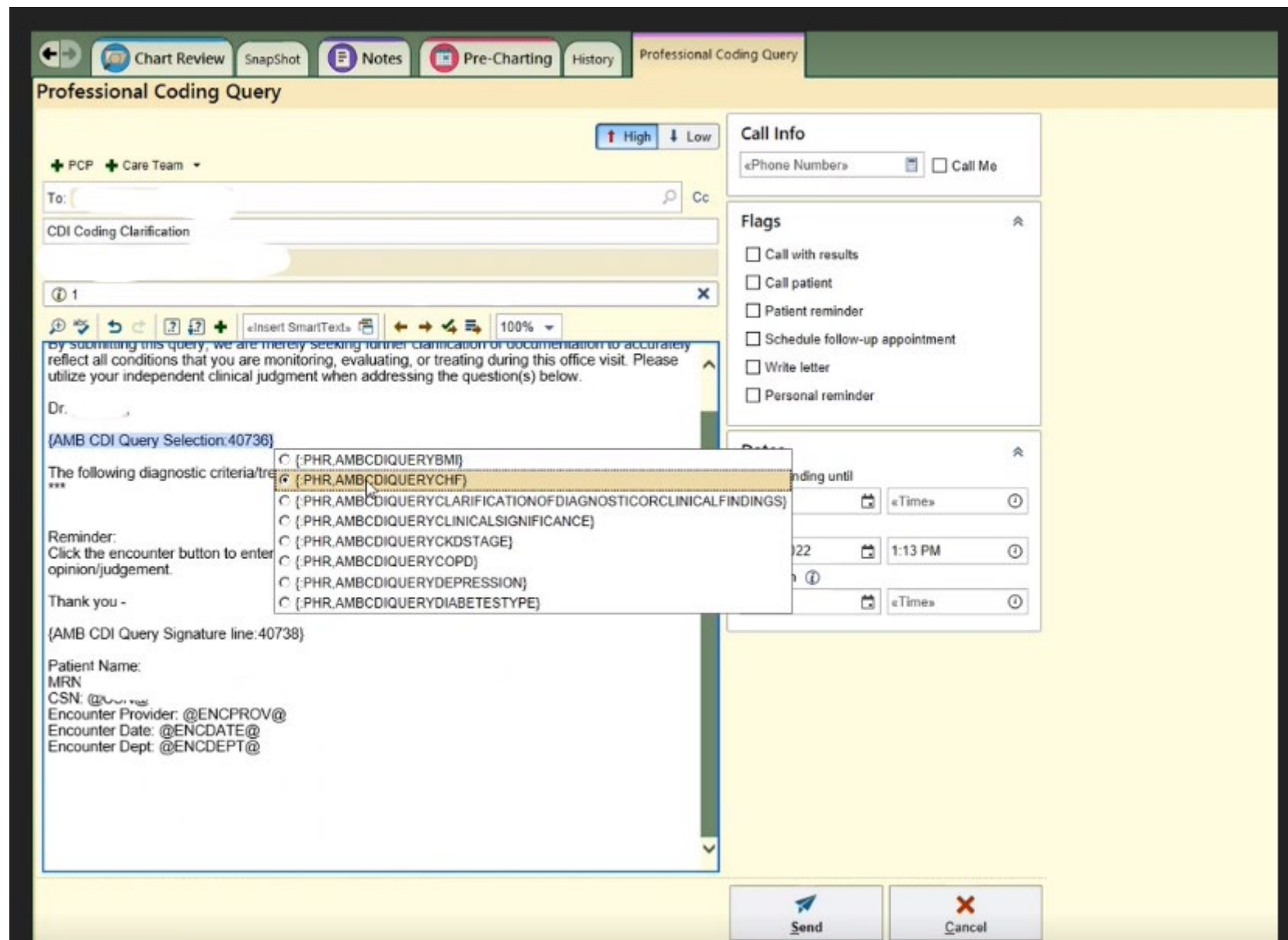
Outpt Provider Clarification

[Create in Basket Message](#)



Outpatient CDI Process

- In basket message
- Queries - Smart phrases
 - Most Common
 - BMI
 - CHF
 - Clarification
 - Clinical significance
 - CKD
 - COPD
 - Depression
 - Diabetes



The screenshot displays the 'Professional Coding Query' interface. At the top, there are tabs for 'Chart Review', 'SnapShot', 'Notes', 'Pre-Charting', 'History', and 'Professional Coding Query'. The main form includes a 'To:' field, a 'Cc:' field, and a 'Subject:' field containing 'CDI Coding Clarification'. A dropdown menu is open, showing a list of query types: '({PHR,AMBCDIQUERYBMI})', '({PHR,AMBCDIQUERYCHF})', '({PHR,AMBCDIQUERYCLARIFICATIONOFDIAGNOSTICORCLINICALFINDINGS})', '({PHR,AMBCDIQUERYCLINICALSIGNIFICANCE})', '({PHR,AMBCDIQUERYCKDSTAGE})', '({PHR,AMBCDIQUERYCOPD})', '({PHR,AMBCDIQUERYDEPRESSION})', and '({PHR,AMBCDIQUERYDIABETESTYPE})'. The '({PHR,AMBCDIQUERYCHF})' option is selected. The form also includes a 'Call Info' section with a 'Phone Number' field and a 'Call Me' checkbox. A 'Flags' section contains checkboxes for 'Call with results', 'Call patient', 'Patient reminder', 'Schedule follow-up appointment', 'Write letter', and 'Personal reminder'. A 'Reminder' section has a 'Click the encounter button to enter opinion/judgement.' field. A 'Thank you -' section is present. At the bottom, there are 'Send' and 'Cancel' buttons.

Outpatient CDI Process



- Physician Query View Inbox

Professional Coding Query 0 unread, 1 total

Sort & Filter Done Encounter Chart OR Sched/Open Case

Status	Due Date	Due Time	Patient	Visit	Encounter Type
Read	10/17/2022	1:13 PM		10/03/2022	Appointment
Enc Department: Family Medicine Msg Date: 10/03/2022 Sent By: ROCKHEAD, CURT					

KB

Other (please specify in the medical record)

Clinically unable to determine

Unknown

Acuity:

Acute

Acute on chronic

Chronic

Other (please specify in the medical record)

Clinically unable to determine

Unknown

2. Please document the underlying cause of the heart failure, such as:

Hypertensive

Other cause (please specify)

Clinically unable to determine

Unknown

The following diagnostic criteria/treatment is found in the Medical Record:

- Lasix 20 mg daily
- alldactone 10 mg daily
- 2+ edema bilateral lower extremities

Reminder:

Click the encounter button to enter the specific associated encounter and document your clinical opinion/judgement.

Thank you -

Curt Rockhead, CCS COC CRC CPC-A CCDS-O

Ambulatory Clinical Documentation Integrity Specialist II

WVU Medicine Hospitals

Contact Info for questions:

Phone: "

Email: kenzi.brooks@wvumedicine.org

Also available via Secure Chat and MS Teams.

Appointment

10/3/2022

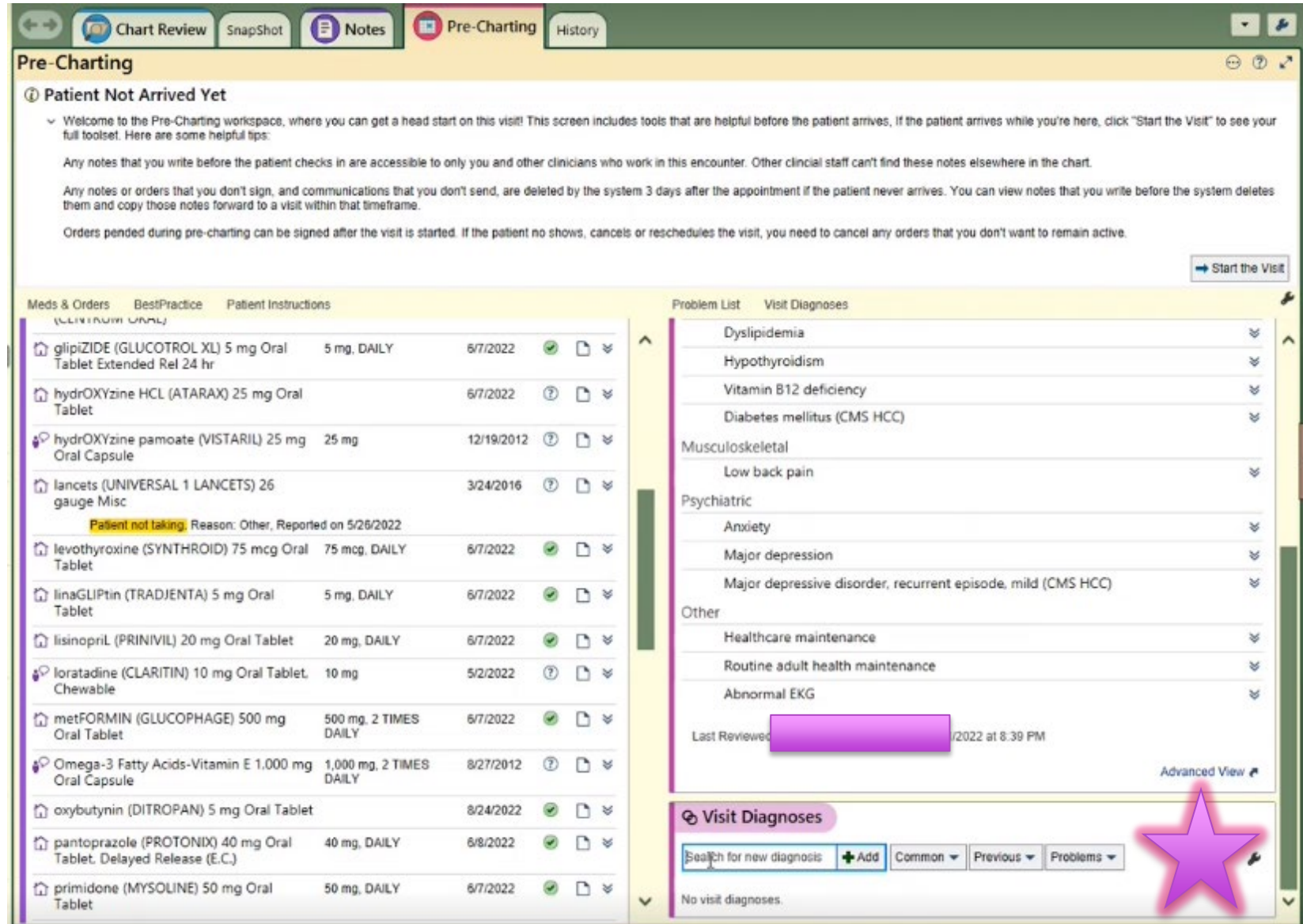
Patient Information

Patient Name	Legal Sex	DOB	SSN

Patient Demographics

Outpatient CDI Process

- Easily add the diagnosis into their visit note



Pre-Charting

❗ Patient Not Arrived Yet

✓ Welcome to the Pre-Charting workspace, where you can get a head start on this visit! This screen includes tools that are helpful before the patient arrives. If the patient arrives while you're here, click "Start the Visit" to see your full toolset. Here are some helpful tips:

Any notes that you write before the patient checks in are accessible to only you and other clinicians who work in this encounter. Other clinical staff can't find these notes elsewhere in the chart.

Any notes or orders that you don't sign, and communications that you don't send, are deleted by the system 3 days after the appointment if the patient never arrives. You can view notes that you write before the system deletes them and copy those notes forward to a visit within that timeframe.

Orders pending during pre-charting can be signed after the visit is started. If the patient no shows, cancels or reschedules the visit, you need to cancel any orders that you don't want to remain active.

[Start the Visit](#)

Meds & Orders	BestPractice	Patient Instructions
(CLINICUM ONLY)		
glipizIDE (GLUCOTROL XL) 5 mg Oral Tablet Extended Rel 24 hr	5 mg, DAILY	6/7/2022 ✓
hydrOXYzine HCL (ATARAX) 25 mg Oral Tablet		6/7/2022 ?
hydrOXYzine pamoate (VISTARIL) 25 mg Oral Capsule	25 mg	12/19/2012 ?
lancets (UNIVERSAL 1 LANCETS) 26 gauge Misc		3/24/2016 ?
Patient not taking. Reason: Other, Reported on 5/26/2022		
levothyroxine (SYNTHROID) 75 mcg Oral Tablet	75 mcg, DAILY	6/7/2022 ✓
linaGLiPtin (TRADJENTA) 5 mg Oral Tablet	5 mg, DAILY	6/7/2022 ✓
lisinopriL (PRINIVIL) 20 mg Oral Tablet	20 mg, DAILY	6/7/2022 ✓
loratadine (CLARITIN) 10 mg Oral Tablet, Chewable	10 mg	5/2/2022 ?
metFORMIN (GLUCOPHAGE) 500 mg Oral Tablet	500 mg, 2 TIMES DAILY	6/7/2022 ✓
Omega-3 Fatty Acids-Vitamin E 1,000 mg Oral Capsule	1,000 mg, 2 TIMES DAILY	8/27/2012 ?
oxybutynin (DITROPAN) 5 mg Oral Tablet		8/24/2022 ✓
pantoprazole (PROTONIX) 40 mg Oral Tablet, Delayed Release (E.C.)	40 mg, DAILY	6/8/2022 ✓
primidone (MYSOLINE) 50 mg Oral Tablet	50 mg, DAILY	6/7/2022 ✓

Problem List

- Dyslipidemia
- Hypothyroidism
- Vitamin B12 deficiency
- Diabetes mellitus (CMS HCC)
- Musculoskeletal
 - Low back pain
- Psychiatric
 - Anxiety
 - Major depression
 - Major depressive disorder, recurrent episode, mild (CMS HCC)
- Other
 - Healthcare maintenance
 - Routine adult health maintenance
 - Abnormal EKG

Last Reviewed: [REDACTED] /2022 at 8:39 PM

[Advanced View](#)

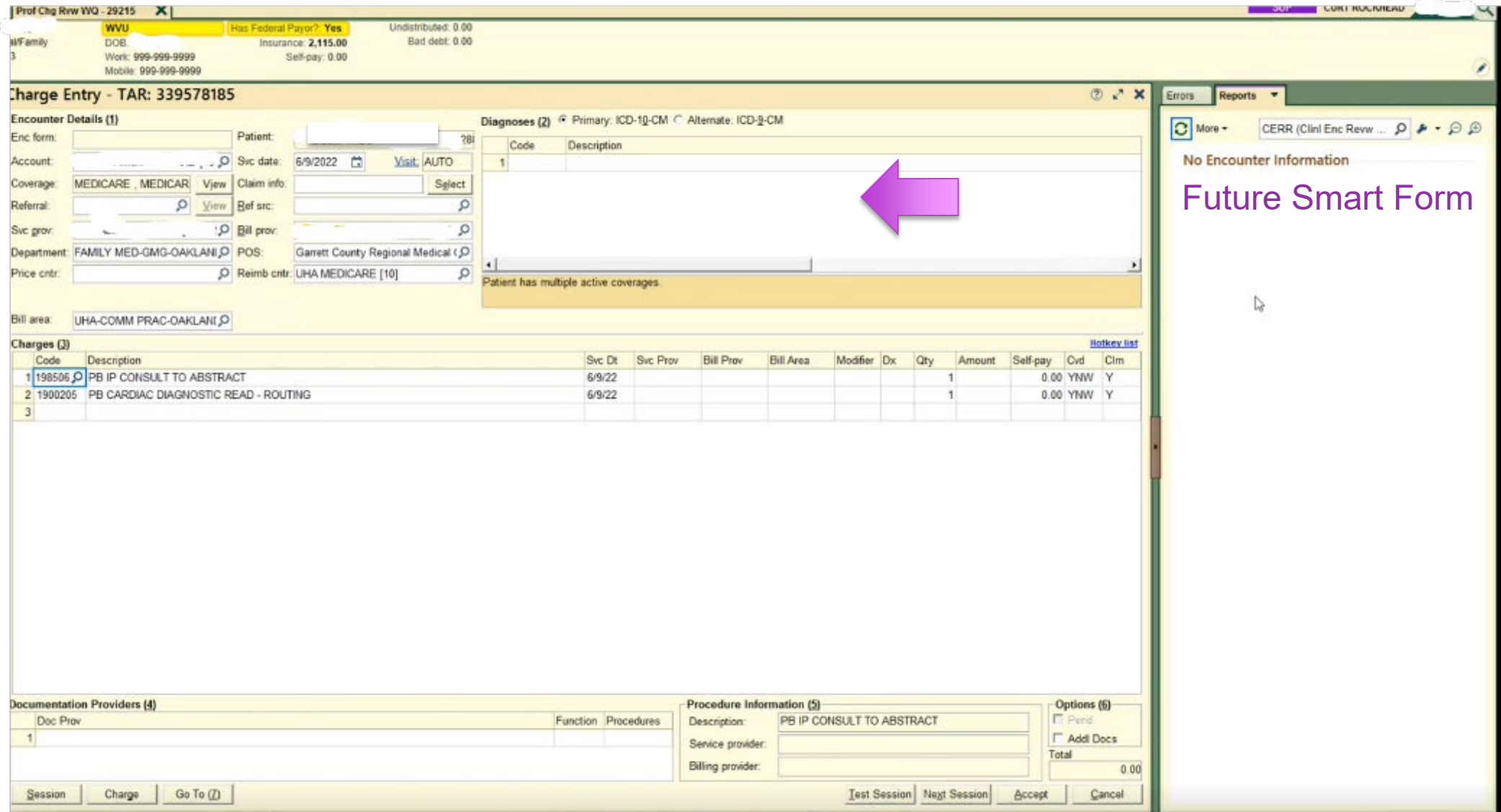
Visit Diagnoses

Search for new diagnosis [+ Add](#) [Common](#) [Previous](#) [Problems](#)

No visit diagnoses.

Outpatient CDI Process

- Pre-bill review



Charge Entry - TAR: 339578185

Encounter Details (1)

Enc form: [blank] Patient: [blank] 281

Account: [blank] Svc date: 6/9/2022 Visit: AUTO

Coverage: MEDICARE, MEDICAR View Claim info: [blank] Select

Referral: [blank] View Ref src: [blank]

Svc prov: [blank] Bill prov: [blank]

Department: FAMILY MED-GMG-OAKLAND POS: Garrett County Regional Medical

Price cntr: [blank] Reimb cntr: UHA MEDICARE [10]

Bill area: UHA-COMM PRAC-OAKLAND

Diagnoses (2) Primary: ICD-10-CM Alternate: ICD-9-CM

Code	Description
1	

Patient has multiple active coverages.

Charges (2)

Code	Description	Svc Dt	Svc Prov	Bill Prov	Bill Area	Modifier	Dx	Qty	Amount	Self-pay	Cvd	Clin
1 198506	PB IP CONSULT TO ABSTRACT	6/9/22						1	0.00	YNW	Y	
2 1900205	PB CARDIAC DIAGNOSTIC READ - ROUTING	6/9/22						1	0.00	YNW	Y	
3												

Documentation Providers (4)

Doc Prov	Function	Procedures
1		

Procedure Information (5)

Description: PB IP CONSULT TO ABSTRACT

Service provider: [blank]

Billing provider: [blank]

Options (6)

☐ Pending

☐ Addl Docs

Total: 0.00

Session Charge Go To (Z) Test Session Next Session Accept Cancel

No Encounter Information
Future Smart Form



Where Our Future is Headed

Smart Form



CDI Review Note

Pre-Visit CDI Review

3 year lookback

2023 HCC

These are free text boxes unless otherwise specified

2022 HCC

2021 HCC

Pertinent Past Medical Hx

Pertinent Past Surgical Hx

Pertinent Past Cancer Hx

Abnormal labs

QA Measure

A1C

Eye Exam

A1C & Eye Exam

Depression

Other

System BPA fired:

Pre-Visit CDI Review Completed

Done

Category List:
Agreed & Documented
Alternate Diagnosis
Disagreed
No codeable response
Withdrawn
Unable to determine

CDI query information

HCC Category	Anticipated Diagnosis	Resolution

CDI Review Note

Post-Visit CDI Review

Appointment Status

No Show

Canceled

Completed

All Queries Resolved

Yes

Pending Escalation

No

Documentation found on lookback with MEAT criteria

Yes

No

HCC Placed in top 10 on billing sheet

Yes

No

E&M Level appropriate

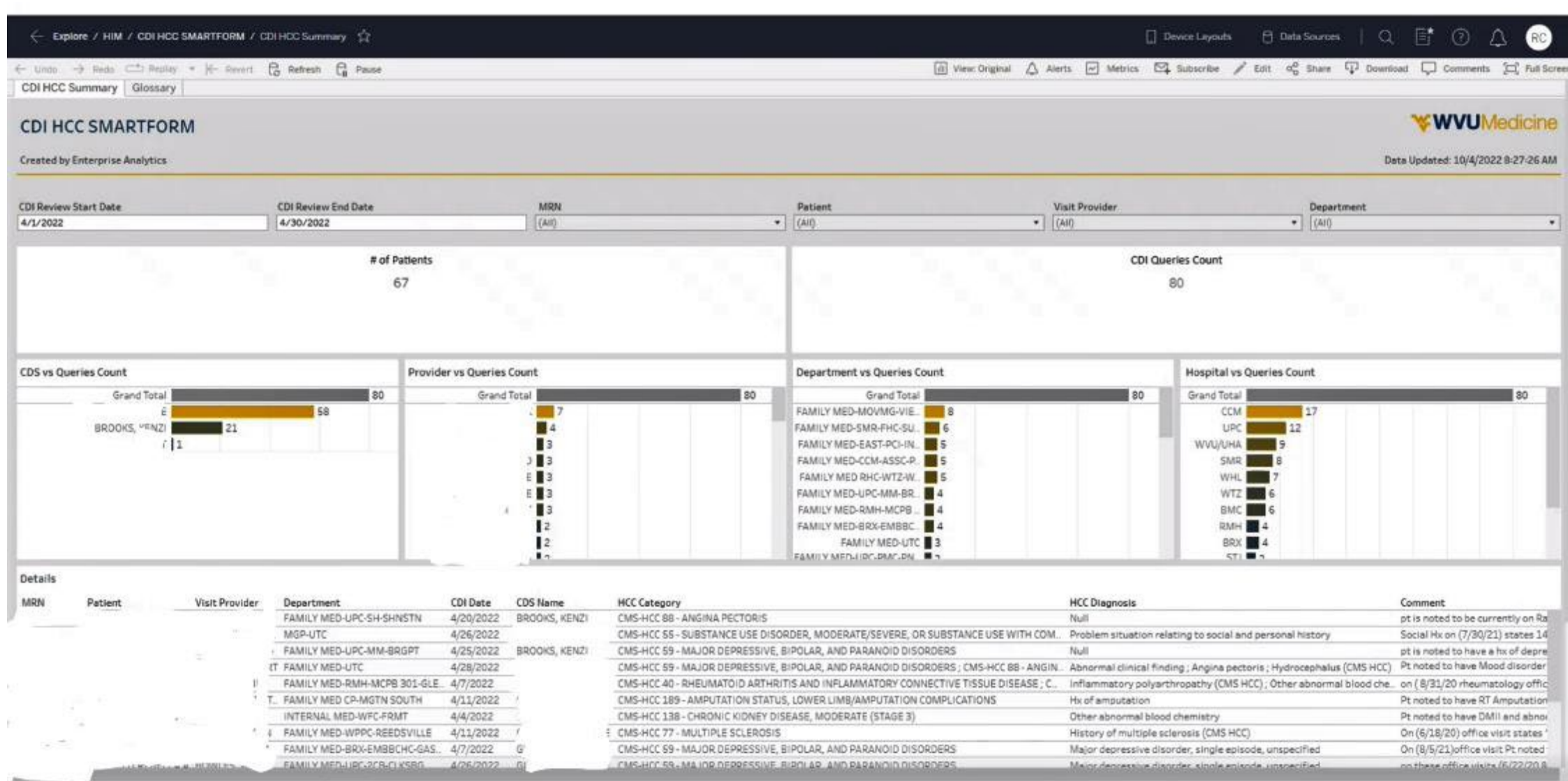
Yes

No

Post-Visit CDI Review Completed

Done

Reporting



Performance Indicators

- Common indicators to consider
 - Number reviewed
 - Percentage of reviews that result in queries
 - Query response rate
 - Frequently queried providers
 - Common queries
- Future
 - Potential financial impact
 - HCC out on claims

Final Thoughts

- Educate
- Get the buy in
- Better quality of patient care
- More accurate cost projections
- Smarter resource utilization





Thank you.

[*kenzi.brooks@wvumedicine.org*](mailto:kenzi.brooks@wvumedicine.org)

In order to receive your continuing education certificate(s) for this program, you must complete the online evaluation. The link can be found in the continuing education section of the Resource Hub.

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- *Guidelines for Achieving a Compliant Query Practice—2022 Update* | ACDIS. (2022). Acdis.org. <https://acdis.org/resources/guidelines-achieving-compliant-query-practice%E2%80%942022-update>
- *Queries in outpatient CDI: Developing a compliant, effective process* | ACDIS. (n.d.). Acdis.org. Retrieved October 11, 2022, from <https://acdis.org/resources/queries-outpatient-cdi-developing-compliant-effective-process>