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Guidelines for Achieving a Compliant Query Practice: The 2022 AHIMA/ACDIS Update

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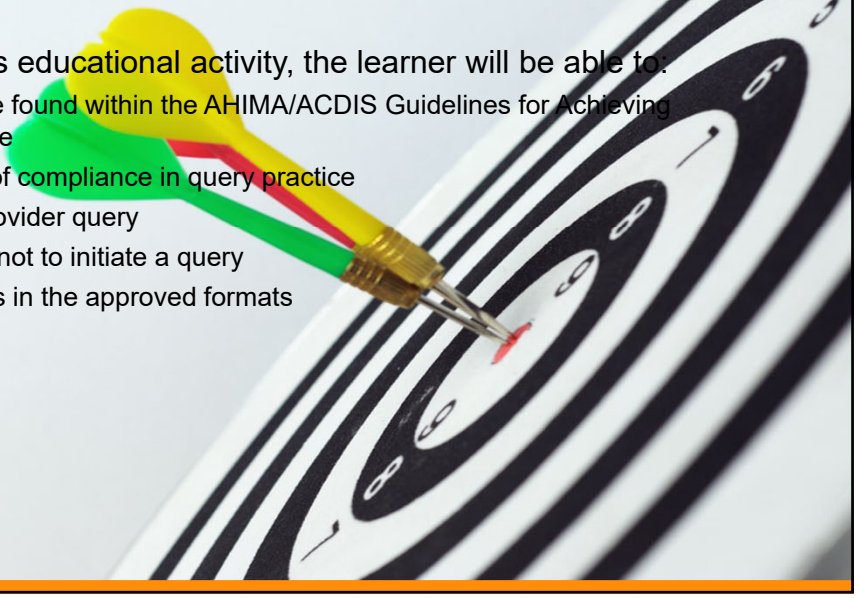
Learning Outcomes

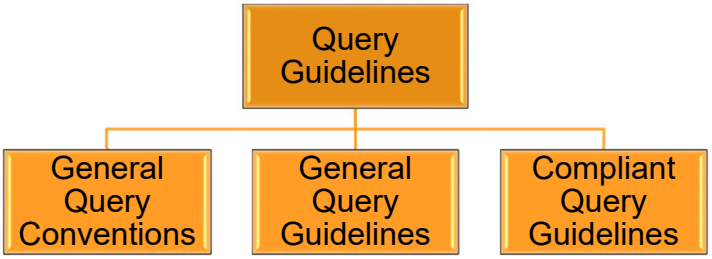
- At the completion of this educational activity, the learner will be able to:
  - Summarize the guidance found within the AHIMA/ACDIS Guidelines for Achieving Compliant Query Practice
  - Explain the importance of compliance in query practice
  - Define the process of provider query
  - Identify when and when not to initiate a query
  - Create compliant queries in the approved formats



Why Was an Update Needed?

- Advances in technology
- Use of “unable to determine”
- Uncertain terms
- Industry needs

What New Information Is Included in the Update?



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The Process

- A group of individuals from both the ACDIS and AHIMA membership worked together to write the first draft.
- This draft was then sent to members of our respective boards and committees for a “peer review”.
- Comments and suggestions were reviewed and applied as appropriate by the original group.
- This was then released for a two-week period of public comment.
- The committee then reviewed these comments, identifying trends, and areas of needed clarification.
- The final draft was released on December 14th on both the ACDIS and AHIMA websites.

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Query Compliance
2022 ACDIS/AHIMA Practice Brief

- The purpose is to establish and support industry-wide best practices for the clinical documentation query process.
- It should be used to guide organizational policy and process development for a compliant query practice.
- Provides a resource for all professionals working in CDI including external reviewers (e.g., the Office of Inspector General (OIG), government contractors, payer review agencies) in the evaluation of provider queries and the documentation they provide.

The **purpose of querying** is to arrive at an accurate medical record that captures the provider's intent and translates into accurate reporting of ICD-10 code assignments. **The goal being that anyone who reads the medical record after discharge, arrives at the same conclusion.**

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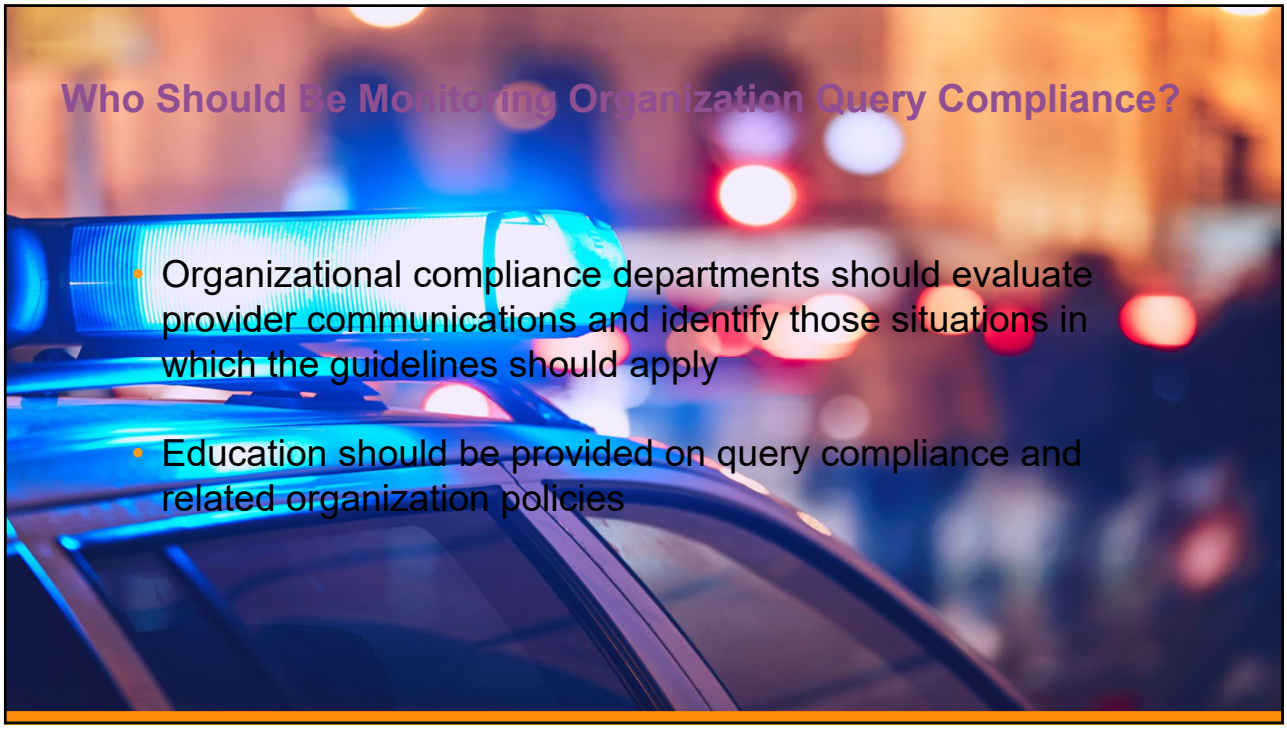
To Whom Does This Direction Apply?

Ask the questions:

- What is the objective of the “conversation” or the interaction?
- Are you seeking clarification within the documentation?

No matter the purpose or final objective, if one is seeking to further specify or clarify documentation from a provider, the practices within the brief should be followed.



Definition:
What Is a Query?

"A communication tool or process used to clarify documentation in the health record for documentation integrity and accuracy of diagnosis/procedure/service code(s) assignment for an individual encounter in any healthcare setting"

AHIMA/ACDIS Guidelines for Achieving a Compliant Query Practice (2022 update), Page 2.

- Developed by a healthcare professional
- Or through computer autogenerated process

No matter the term used to describe the process, if it looks like a duck and acts like a duck…it is a

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What Is a Query?
Sparking a Bit of Controversary…

Possible terms which MAY meet the definition of a query (not all inclusive):

- Clarification
- Documentation clarification
- Prompt
- Nudge
- Alert
- Bump
- …

The question to ask is does this nudge, alert, bump … Meet the definition of a query?

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General Query Guidelines
What Is Required?

- **COMPLIANCE!**
- **Clarity**
- **Clinical Indicators**
- **Clinically relevant options**
- **And OTHER stuff**

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When Drafting a Query, Do Not Interpret the Information Within the Record

The Record Says….	DON'T WRITE……..
Heart rate 128	Tachycardia
BMI 39	Overweight
NA 21	Hyponatremia
Respiratory rate 28	Tachypnea
Not oriented to time/place	Altered mental status

Use the wording as it is appeared within the medical record

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General Query Guidelines Multiple Choice Options

- No required number of options
- **No maximum, No minimum**
- No requirement to be listed in a specific order
- Do not describe impact to reimbursement, quality reporting or other reportable data

Other, please specify…

- Multiple choice options MUST include the choice of “Other” or similar terminology
- This allows the provider to respond with their own words, or to identify conditions not indicated within the choices provided

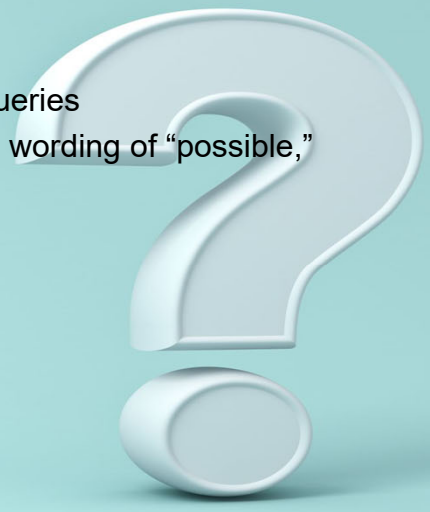
Other answers may be included such as unknown, not clinically significant, integral to, unable to rule out, inherent to or other similar terms.

These are not required.

"Unable to Determine"

- Only required in POA queries and yes/no queries
- Does not designate uncertainty such as the wording of "possible," "probable" or "likely"

The provider is clinically unable to determine if a diagnosis or further clarity can be provided



Reasons to Query

- Whenever generating a query, there must be a valid reason for the query, supported by clinical indicators and circumstances supporting a reportable diagnosis. Common reasons to query include:
  - When a provider describes a clinical condition but does not name the diagnosis in the documentation.
  - When two providers document conflicting information in need of clarification
  - When the reason for the encounter is unclear
  - When the linking language is absent to describe a possible cause and effect relationship
  - When there are clinical indicators present, but no corresponding diagnosis is documented
  - To clarify the focus or objective of a procedure

Reasons to Query

- To confirm a diagnosis documented by a practitioner not considered a provider in the inpatient setting (e.g., confirmation of a pathology or radiology finding)
- To establish clinically supported acuity or specificity
- To confirm or negate a complication of care
- To clinically validate a documented diagnosis that appears to not be clinically supported

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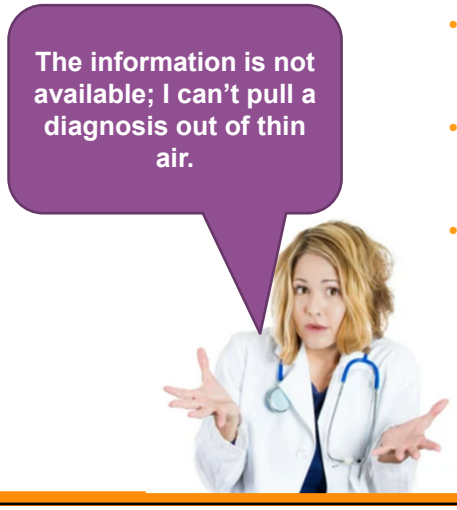
When NOT to Query



- **A query isn't necessary for every discrepancy.** You must weigh the reason for a query against the need or impact received.
- **If you don't think there's a way for the provider to know the answer to a query, it shouldn't be sent.**
- Ex: Baseline mental status is needed in a patient with dementia; however, documentation states, no family present or known, no contact person listed, unable to verify medical history due to no known contacts/family, will request prior records etc.

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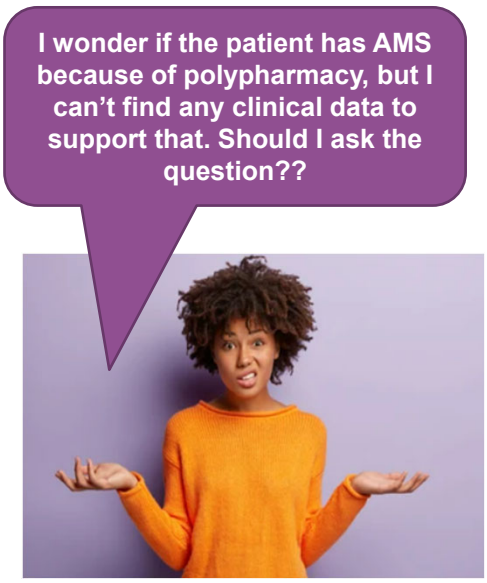
When NOT to Query

- Clinical data from the medical record must support the reason why the query is being generated.
- **If clinical data is insufficient, a query should not be sent.**



HOW MANY TIMES CAN I ASK THE SAME QUESTION?

- It would be considered non-compliant to continue sending the same query to different providers because the query answer provided is not the desired answer
- A second query may ONLY be sent if there is new information that is added to the documentation for the diagnosis or circumstance in question

Example:
When a Second Query for the Same Condition Is Appropriate

A query is sent for acute on chronic respiratory failure, as supported by the clinical presentation. The provider responds with acute respiratory failure.
The patient has a home oxygen level of 2 LPM and, while admitted, the patient requires CPAP assist to maintain oxygen levels due to exacerbation of COPD.
The patient continues to fail weaning trials and plans are made for discharge with 4L of oxygen.
The DCS states that the patient's COPD has progressed requiring a new home baseline of oxygen at 4 LPM.

Clinical Indicators Are Key!

- Multiple choice options MUST be supported by clinical indicators
- Clinical indicators must be included within the query

If you don't have clinical indicators to support the query…you don't have a query

What Are Clinical Indicators?

- **Clinical indicators offer support within the record for the diagnoses applied to the patient. They can consist of:**
  - **Laboratory or diagnostic test results**
  - **Imaging studies**
  - **Treatments: medications, interventions, infusions, services**
    - Patient's response to treatment
  - **Patient assessments and plans of care (by all caregivers)**
    - Symptoms
    - Observations
    - Objective data: vital signs, height/weight, etc.
    - Past medical history

Clinical Indicators

- **Queries must be accompanied by clinical indicator(s)/evidence that:**
  A. Are specific to the patient and episode of care
  B. Support a more complete or accurate diagnosis or procedure
  C. May be acquired from the current or previous health record, if clinically pertinent to the present encounter (Please reference Previous Encounter section for more information)

How many clinical indicators do you need?

- There is no required volume of clinical indicators required as each case is unique and what is required for one case, may not be required for all cases
- Clinical indicators should offer a clinical picture of the diagnosis in question
- The quality and relevancy of the clinical indicators is more important than the number of clinical indicators present
- CDI departments may have a policy requiring a specific number of clinical indicators, but the query brief does not have such a requirement

Query for Uncertain Diagnoses

- Using query questions/statements and answer options that indicate an uncertain diagnosis should rarely be used
- They may be incorporated to allow the provider the opportunity to confirm their thought process in the absence of concrete data needed for confirmation of a diagnosis (e.g., Acute tubular necrosis (ATN) without a kidney biopsy, type of pneumonia without a sputum culture)
- Evidence of the treatment of a more specific diagnosis should be present to provide a supportive clinical indicator

Problem Lists

- Organizations are encouraged to develop policies and procedures related to compliant query practice applied to maintenance of the problem list
- Elements that reflect financial reimbursement or quality impact should not be identifiable in applications that allow the provider to choose a diagnosis to be added to a problem list
  - Examples - relative weights, complications, PSIs, HAC, MCC, CC, HCC, etc.

Query Template Guidelines

- Policies and procedures related to creating queries, obtaining feedback, regular reviews and updates and instructions of use
- Must allow for entry of relevant clinical indicator(s), with the ability to cite where the information was found
- Must allow for removal of inappropriate answer options
- Choices should be worded, allowing for accurate code assignment

Role of Prior Encounters

- Evidence to supporting query may be pulled from prior encounters, when this information is clinically pertinent to the present encounter
- It is inappropriate to mine a previous encounter just find a reason to query- there must be a “trigger” that prompts one to access the previous encounter
  - For example, documentation of CKD without a stage might “trigger” the CDI to view previous encounters to identify the eGFR range or mention of staging

The query cannot be based solely on the information from a prior encounter. There must be relevant information within the current encounter to prompt the need for query.

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Who Is Queried?

Providers delivering direct care to the patient during the specific encounter

If multiple providers are caring for the patient, the most appropriate provider related to the query subject should be queried

When two providers are documenting conflicting statements, the attending provider should be queried for resolution

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Who Should Not Be Queried?

- It is inappropriate to query a provider who is not providing direct patient care during the encounter
  - For example, the physician advisor

Organizational policy should offer direction to be followed if the treating provider is no longer on service or available to respond to the query

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And the Answer Is…..

"If a compliant query has been properly answered and authenticated by a responsible provider and is part of the permanent health record, it is sufficient for code assignment. The response to the query is not required to repeated elsewhere in the health record."

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Verbal Query = Written Query

- Must be recorded per organizational policy
  - Date time of conversation
  - Clinical indicators cited
  - Options offered
- Conversations must:
  - NOT be leading
  - Include all appropriate clinical indicators
  - Include all plausible options

The response must be incorporated within the record to allow reporting

Query Formats

- Open Ended
  - Allows the provider to add free text in response
- Multiple Choice
  - Should include clinically significant and reasonable option(s)
  - The choice of 'Other' is required
- Yes/No
  - To further clarify already documented diagnoses
  - Determining POA status
  - Establishing a cause-and-effect relationship
  - Resolving conflicting documentation

Technology in Query Practice

- All queries must meet the same compliant standards regardless of how they are derived
  - Autogenerated by AI
  - Computer assisted coding
  - Computer assisted physician documentation (CAPD)

If a query generated by technology does not generate the desired response, it is inappropriate to re-query manually

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Thank you. Questions?

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