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Query Compliance: It's a Big Deal

Angela Brisson, BSN, RN, CCDS

CDI/UR Supervisor

United Audit Systems, Inc. (UASI)

Cincinnati, Ohio

Amanda Suttles, BSN, RN, CCDS

CDI/UR Supervisor

United Audit Systems, Inc. (UASI)

Cincinnati, Ohio

hcpro

 **acdis**

Presented By



Angela Brisson, BSN, RN, CCDS, is supervisor of CDI and utilization review services at UASI in Cincinnati, Ohio. She has more than 13 years of CDI experience, including CDI educator/leadership roles as well as remote and on-site staffing. She is a member of the North Carolina ACDIS chapter and has presented at multiple client sites.

Presented By



Amanda Suttles, BSN, RN, CCDS, is supervisor of CDI and utilization review services at United Audit Systems Inc. (UASI) in Cincinnati. She has more than 14 years of CDI experience, including CDI educator and leadership roles as well as remote and on-site staffing. She is a member of ACDIS both nationally and in her local state, where she served as the secretary for two years. She has presented at the South Carolina ACDIS local chapter, at the 2020 ACDIS conference, and at multiple healthcare institutions in addition to creating and presenting internal education to UASI staff.

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Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
 - Define the key components of a query
 - Select the criteria every query must meet
 - Recognize when and how to query
 - Compose clear, concise, and compliant queries

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Defining a Query

Nudge

Prompt

Clinical Clarification

Clarification

Documentation Clarification

Alert



“A communication tool or process used to clarify the 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 (2022). Guidelines for Achieving a Compliant Query Practice (2022 Update).
Retrieved from [Guidelines for Achieving a Compliant Query Practice \(2022 Update\) \(ahima.org\)](https://www.ahima.org/ahima/~/media/Files/Standards/Query-Practice-Guidelines-2022-Update.pdf)

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Defining Compliance



**“The Cambridge Dictionary defines compliance as follows:
act of obeying an order, rule, or request.”**

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Compliant Query Practice

Why is compliance important?

Who is Impacted?

- Healthcare Systems
- Individuals
- CDI professionals
- Coding professionals
- Providers

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Compliant Query Practice

Every Query Must Meet the Following Criteria

Be clear and concise

Query professionals must ensure relevant clinical indicators specific to the particular patient are cited within the health record and are applied and referenced appropriately

Present only the facts identifying why the clarification is required

Never include impact on reimbursement or quality measures or other reportable data

Be compliant with the practices outlined in the 2022 ACDIS/AHIMA *Guidelines for Achieving a Compliant Query Practice*

All queries, including verbal queries, should be memorialized to demonstrate compliance with all query requirements to validate the essence of the query

Additionally, the multiple-choice queries should include only clinically relevant options and exclude any clinically irrelevant options

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Compliant Query Practice

When to Query

Per the 2022 Update ACDIS/AHIMA Guidelines to Achieving a Compliant Query Practice

To clarify the reason for admission	To resolve conflicting diagnostic or procedural documentation between providers	To seek clarification when it appears a documented diagnosis is not clinically supported or conflicting with the medical record documentation	To establish a cause-and-effect relationship between medical conditions	To determine if a diagnosis is ruled in or out
To clarify the presence or absence of a complication	To clarify the objective and/or extent of a procedure	To support appropriate Present on Admission (POA) indicator assignment	To establish the relevance of a condition documented as a "history of" to determine if the condition is active	To support documentation of medical diagnoses or conditions that are clinically evident and meet UHDDS requirements but without corresponding diagnoses or conditions stated
	To confirm a diagnosis documented by an independent licensed practitioner who does not meet the definition of a provider in the inpt setting (e.g., pathology findings)	To establish clinically supported acuity or specificity of a documented diagnosis to avoid reporting a default or unspecified code	To clarify a diagnosis on an ancillary note that has been signed but not addressed by a provider.	

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Compliant Query Practice

When is it okay to use likely, probable, or possible in a query?

2022 ACDIS/AHIMA Guidelines for Achieving a Compliant Query Practice

"In the inpatient setting, using query questions/statements and answer options that indicate an uncertain diagnosis as defined by the *Official Guideline for Coding and Reporting* and *Coding Clinic*, should rarely be used, unless the provider has documented a diagnosis using a term of underdensity (e.g., 'likely,' 'probable,' and so forth). There are some circumstances when they may be incorporated to allow the provider 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)."

This guideline is applicable only to inpatient admissions to short-term, acute, long-term care and psychiatric hospitals.



See *Official Guidelines for Coding and Reporting* ICD-10CM, section II.H., section III.C, and section IV.H for information on uncertain diagnosis

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Compliant Query Practice

Can my query contain information from a prior encounter?

2022 ACDIS/AHIMA Guidelines for Achieving a Compliant Query Practice

Per ACDIS/AHIMA Query Practice Guidelines “A query cannot be based solely on the information from a prior encounter. There must be relevant information within the current encounter to substantiate the query.” It must meet the definition of a secondary diagnosis

Queries using information from a prior encounter may be utilized for the following situations:

- Diagnostic criteria
- Treatment/clinical criteria or diagnosis
- Establish a cause-and-effect relationship
- Determine the etiology
- Verify POA encounter
- Clarify a prior history of a disease that is no longer present

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Compliant Query Practice

What not to do

2022 ACDIS/AHIMA Guidelines for Achieving a Compliant Query Practice

Avoid queries that:

- Queries should only be generated when the clinical data (present and relative historical data) fully supports the answer choice(s)
- Indicate the impact on reimbursement, payment methodology, or quality metrics.
- Do not continue to ask the same query to the same or multiple providers until the desired response is received as this is considered non-compliant
- A query cannot be based solely on the information from a prior encounter; there must be relevant information within the current encounter to substantiate the query
- Titles of queries, that are viewed by providers, should be non-leading in nature and not include impactful information.
- No bolding, highlighting, underlining, asterisks, etc.

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Compliant Query Practice

What to do

2022 ACDIS/AHIMA Guidelines for Achieving a Compliant Query Practice

- The objective of the query is to ensure the reported diagnoses and procedures derived from the health record documentation accurately reflect the patient's episode of care.
- Ambiguous documentation fails to reflect the provider's intent, impact the clinical scenario (e.g., complications, quality of care issues), the accuracy of the code assignment, and the ability to assign a code.

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Compliant Query Practice

What to do

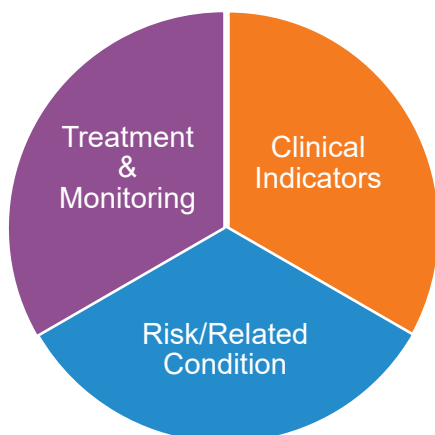
2022 ACDIS/AHIMA Guidelines for Achieving a Compliant Query Practice

Most underused guideline for querying... most important to remember...

- Queries are not necessary for every discrepancy of unaddressed documentation issue
- When determining the need to query, the query professional must consider if the provider can offer clarification based on the present health record documentation or resolve/see clarification on conflicting documentation
- Certain conditions may require an early query, as it is resolving quickly from treatment, such as:
 - Acute Respiratory Failure
 - Shock/Hypotension
 - Acute Blood Loss Anemia

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Compliant Query Practice: A Three-Legged Stool Approach



- No required number of clinical indicators
- Providers make the final determination as to what clinical indicators define a diagnosis
- Can be taken from sources within the entirety of the medical record
- The type or reason of the query will impact how much clinical support is required to justify query and reasonable options provided



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Compliant Query Practice: Follow These Principles

When multiple queries are needed:

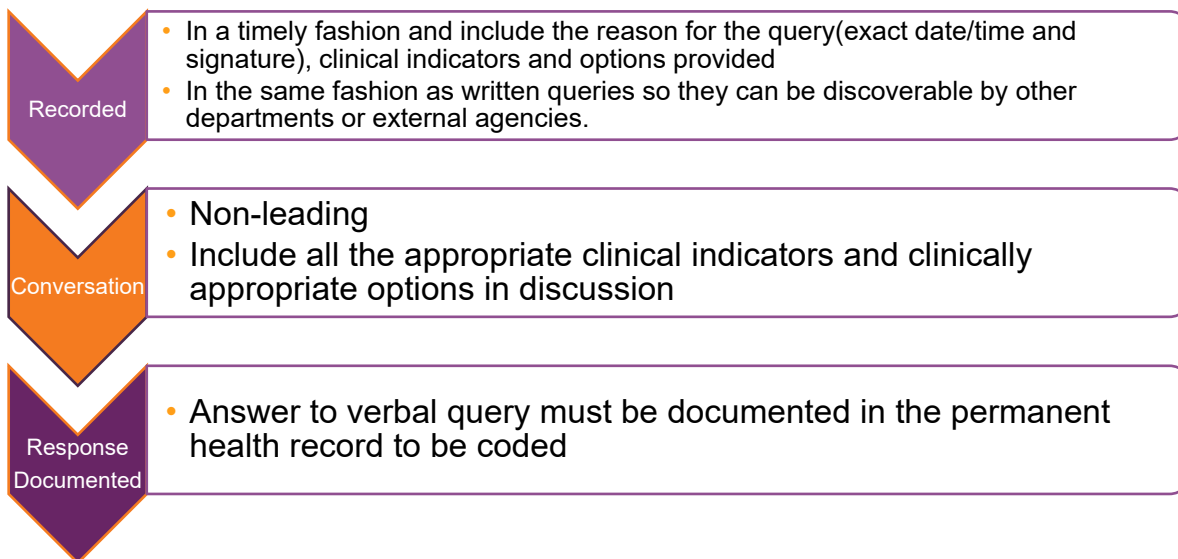
- Regarding the same set of clinical indicators, or conflicting documentation is present, a verbal query may be needed
- Use caution when trying to obtain too much information in one query, as this may result in a noncompliant query

When second or follow-up queries are needed:

- Additional information becomes available
- To obtain further clarification of a previously answered query
- Clinical picture evolves
- Do not continue to ask the same query to the same or multiple providers until the desired response is received, as this is considered noncompliant

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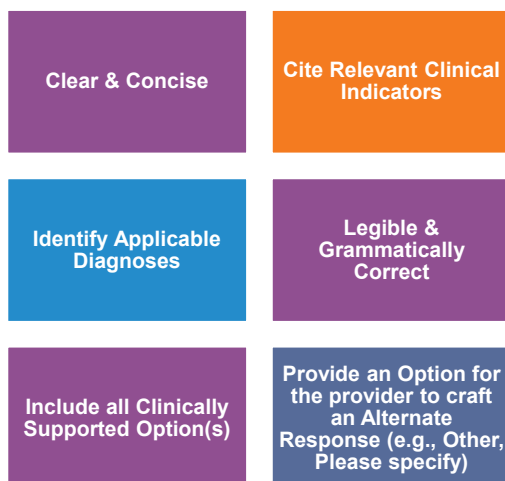
Compliant Query Practice: Verbal Queries



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Compliant Query Practice

Written Queries – All queries are to be constructed:



Open- Ended Queries






Per ACDIS/AHIMA 2022 query practice brief update

“Open-ended: Allows provider to add free text query responses based on their clinical judgement which may or may not align with documentation needed to support code assignment”

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Compliant Query Practice

Multiple Choice Queries

-  Clinically significant & reasonable options as supported by clinical indicators found in the medical record
-  Be aware there are times when there may be only one reasonable option
-  Providing a new diagnosis in a multiple-choice list is not introducing new information
-  No mandatory or minimum number of choices is necessary
-  Provide an option for the provider to craft their own alternate response

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Compliant Query Practice

“Unable to Determine”

Per 2022 ACDIS/AHIMA query practice brief update:
 “Requires specific consideration to determine whether to use this as a choice in your multiple choice query”

- Defined as the provider being clinically unable to determine if a diagnosis or further clarity can be determined
- *Unable to determine*, *possible*, and *unable to rule out* are **NOT** synonymous terms
- **Required** in POA and yes/no queries
- Options should be reviewed on a case-by-case basis

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Compliant Query Practice

Yes/No Queries

Should only be used to clarify documented diagnoses that need further specificity

- Can NOT be used when only clinical indicators of a condition are present but condition has not yet been documented

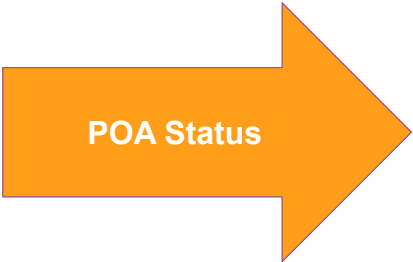
Include documentation that requires clarity with relevant clinical indicators and be phrased so that it can be answered as a “yes” or “no” response

Examples

- POA Status
- Validating a diagnosis that is already present in the medical record that has been interpreted by a provider
- Establishing or negating a cause-and-effect relationship such as:
 - Resolving conflicting documentation
 - Manifestations/etiology, complications, and conditions/diagnostic findings

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Compliant Query Practice

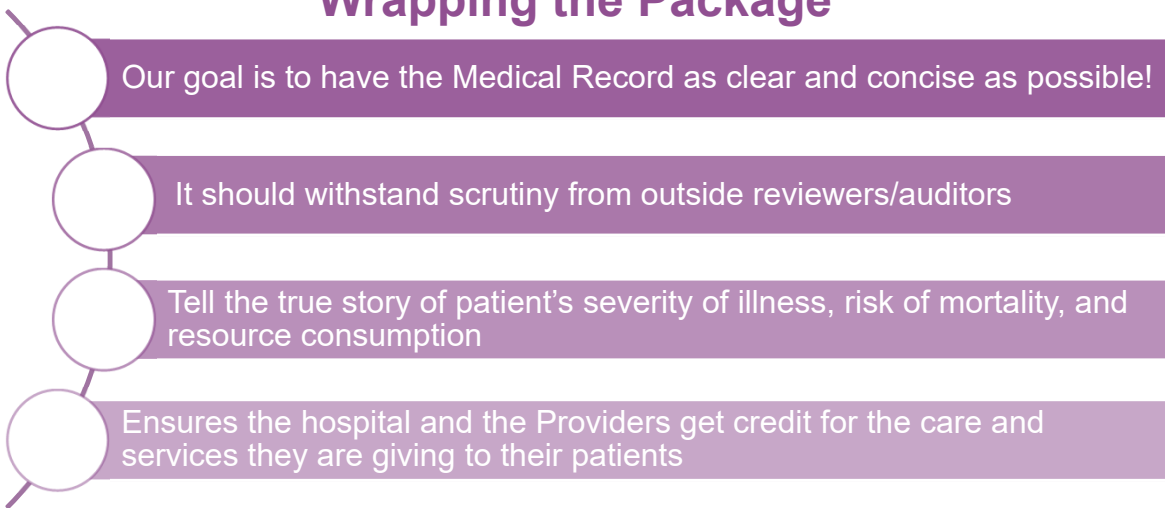


CMS indicator	CMS POA meaning	POA equivalent
Y	Yes	
W	Clinically unable to determine	Counts as POA=Yes
N	No	
U	Unknown	Counts as POA=No

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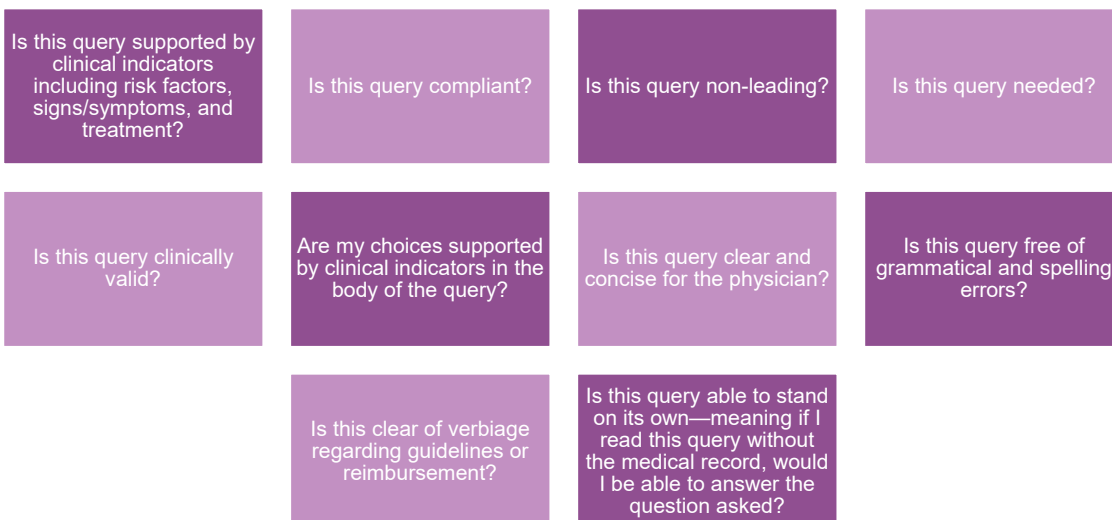
Compliant Query Practice

Wrapping the Package



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10 Questions to Ask Yourself Prior to Sending a Query



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Compliant Query Practice

Query Exercise



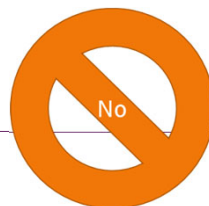
Example #1

Clinical Information: Patient admitted with pneumonia, also noted with HTN, CKD, COPD.
Three-day LOS with creatinine ranging from 1.3 to 1.5.
Baseline creatinine noted by provider of 1.3
eGFR trending 32-43

Question: Please clarify the diagnosis of CKD:

Chronic kidney disease stage 3
Chronic kidney disease stage 4
Chronic kidney disease stage 5
End stage renal failure
Other (please specify)

Is this query
compliant?



Example #1: Why Noncompliant?

Clinical Information: Patient admitted with pneumonia, also noted with HTN, CKD, COPD.
Three-day LOS with creatinine ranging from 1.3 to 1.5.
Baseline creatinine noted by provider of 1.3
eGFR trending 32-43

Question: Please clarify the diagnosis of CKD:

Chronic kidney disease stage 3
Chronic kidney disease stage 4
Chronic kidney disease stage 5
End stage renal failure
Other (please specify)

This query is found to be noncompliant as options included in the choices given were not clinically supported.

To make this query compliant, omit any potential answer option that is not relevant or supported based on clinical indicators in the medical record.

Per the 2022 ACDIS/AHIMA query practice brief, compliant query practice should follow these tenets:

"All multiple-choice query answer options should only include clinically relevant options (meaning those options that are supported by the clinical indicators within the health record) and exclude clinically irrelevant options."

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Example #1: Compliant Query

Clinical Information: Patient admitted with pneumonia, also noted with HTN, CKD, COPD.
Three-day LOS with creatinine ranging from 1.3 to 1.5.
Baseline creatinine noted by provider of 1.3
eGFR trending 32-43

Question: Please clarify the diagnosis of CKD:

Chronic kidney disease stage 3B
Other (please specify)



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Example #1: Why Compliant Query

Per the 2022 ACDIS/AHIMA query practice brief: Multiple choice query formats should include clinically significant and reasonable option(s) as supported by clinical indicator(s) in the health record, recognize that occasionally there may be only one reasonable option.

Choices:
Chronic CKD Stage 3B
Other (please specify)

Stage	GFR	Code	Code Title
1	≥ 90*	N18.1	CKD, stage 1
2	60–89*	N18.2	CKD, stage 2 (mild)
3a	45–59	N18.31	CKD, stage 3a
3b	30–44	N18.32	CKD, stage 3b
4	15–29	N18.4	CKD, stage 4 (severe)
5	< 15	N18.5	CKD, stage 5
ESRD	< 15	N18.6	ESRD (CKD stage 5 requiring chronic dialysis)

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Example #2

Is this query compliant?

Pt presented to ED for evaluation of generalized weakness and possibly an infection in his tracheostomy, SOB especially with exertion; denies CP/palpitations/dizziness or lightheadedness. EKG - atrial fibrillation, non-specific ST and T wave changes

Pt did respond to the Cardizem bolus and gtt.

Atrial fibrillation with RVR; Rule out Myocardial infarction (MI)

Provider note: Paroxysmal atrial fibrillation was in RVR-rales now controlled. DC Cardizem gtt. Elevated Troponin-plateau, likely due to atrial fib.

Serial troponin 0.12 - 0.13 - 0.12

Question: Based on the above, please document in the progress note if Myocardial Infarction (MI) is ruled in or out.



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Example #2: Why Noncompliant

Question: Based on the above, please document in the progress note if Myocardial Infarction (MI) is ruled in or out?

This query is noncompliant. There are no clinically supported options given including an option for the provider to craft their own response

In accordance with the 2022 ACDIS/AHIMA query practice guidelines, "All clinically supported options should be included as well as additional options that permit the provider to craft their own alternate response. Options may include other, unknown, unable to determine, not clinically significant, integral to, or other similar wording."

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Example #3

Clinical Information:

Patient admitted with nausea and vomiting for the past 48 hours. No baseline kidney function documented on chart.

Received IVF NS bolus and continued IVF NS at 125ml/hr.

Creatinine trend On admit 1.4, then subsequent days: 1.2, 1.0, 0.8

Question: Based on the clinical findings above is there a related diagnosis?

Acute kidney injury

Other (please specify) _____

Unable to determine

Is unable to determine a good choice in this query?

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Example #3: Options

Clinical Information:

Patient admitted with nausea and vomiting for the past 48 hours. No baseline kidney function documented on chart.

Received IVF NS bolus and continued IVF NS at 125ml/hr.

Creatinine trend On admit 1.4, then subsequent days: 1.2, 1.0, 0.8

Question: Based on the clinical findings above is there a related diagnosis?

Acute kidney injury

Other (please specify) _____

Unable to determine

2022 ACDIS/AHIMA query practice guidelines: "Unable to Determine" is defined as the provider being clinically unable to determine if a diagnosis or further clarity can be provided in the documentation.

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Example #4

CDS query states, "Per dietitian's assessment of 3/10/22:

'Nutrition-Focused Physical Findings/Malnutrition Assessment:

Clinical indicators per ASPEN criteria:

Type of Malnutrition: Chronic disease-related

Energy intake: <75% Length of time: >1 month

Weight Loss: (13.3%)

Interpretation of Weight Loss: severe

Body Fat: Mild

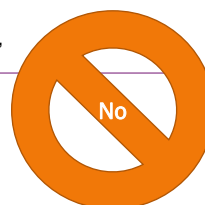
Muscle Mass: Mild

Level of malnutrition: Moderate'

Question:

Please state if moderate malnutrition is a valid diagnosis for this patient encounter."

Is this query compliant?



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Example #4: Why Noncompliant?

CDS query states, "Per dietitian's assessment of 3/10/22:

'Nutrition-Focused Physical Findings/Malnutrition Assessment:

Clinical indicators per ASPEN criteria:

Type of Malnutrition: Chronic disease-related

Energy intake: <75% Length of time: >1 month

Weight Loss: (13.3%)

Interpretation of Weight Loss: severe

Body Fat: Mild

Muscle Mass: Mild

Level of malnutrition: Moderate

Question:

Please state if moderate malnutrition is a valid diagnosis for this patient encounter.

This query is found to be noncompliant, as it asks for validation of a diagnosis that had not been previously documented by a provider and did not include options for the provider

To make this query compliant, reword question: Based on your clinical judgement and review of the clinical indicators listed, please select the most appropriate diagnosis:

- Moderate malnutrition
- Other (please specify)

Per the 2022 ACDIS/AHIMA query practice brief, compliant query practice should follow these tenets: "Providing a new diagnosis as an option in a multiple-choice list—as supported and substantiated by referenced clinical indicators from the health record—is not introducing new information."

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Example #5

Dear Medical Staff Member,

Documentation clarification is requested. The medical record of Mrs. Smith reflects the diagnosis of Pneumonia documented on 8/9

Please clarify if the diagnosis of Pneumonia was:

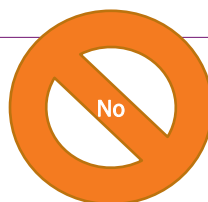
Ruled in

Ruled out

Other (specify)

Unable to Determine

Is this query compliant?



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Example #5: Why Noncompliant?

Dear Medical Staff Member,

Documentation clarification is requested. The medical record of Mrs. Smith reflects the diagnosis of Pneumonia documented on 8/9

Please clarify if the diagnosis of Pneumonia was:

Ruled in

Ruled out

Other (specify)

Unable to Determine

This query is found to be noncompliant, as it has no clinical indicators to support the reason for the query.

Per the 2022 ACDIS/AHIMA query practice brief, compliant query practice should follow these tenets:

"The objective of a query is to ensure the reported diagnoses and procedures derived from the health record documentation accurately reflect the patient's episode of care. Compliant query practice should follow these tenets...Support why a more complete or accurate diagnosis or procedure is sought...Avoid queries that: -- Fail to include clinical indicators that justify the query or justify the choices provided within a multiple-choice format -- Encourage the provider to a specific diagnosis or procedure."

To make this query compliant, add the following:

Chest x-ray shows: "There is increased markings seen in the lungs bilaterally, more extensive than on prior study of 06/03/2021 although is uncertain if this is related to pneumonia, edema, or of other etiology."

Progress notes 8/9-8/12 and D/C summary states: "Tachycardia attributed to PNA, B/L pleural effusion, hypovolemia, surgery, and anemia, at that time."

Treatment/Monitoring: Patient was given preoperative antibiotics

Progress notes 8/12 state "Antibiotic use: NA

Risk/Related Conditions: Left Hip Fracture s/p CMN

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Example #6

Dear Medical Staff Member,

Per documentation Mr. Jones has a diagnosis of urinary tract infection (UTI) documented on H&P which includes the follow documentation of "**Chronic indwelling Foley catheter**"

Please clarify if the UTI is associated or due to the foley catheter.

- Yes
- No
- Unknown
- Clinically Undetermined

Is this query compliant?



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Example #6

Dear Medical Staff Member,

Per documentation Mr. Jones has a diagnosis of urinary tract infection (UTI) documented on H&P which includes the follow documentation of **“Chronic indwelling Foley catheter”**

Please clarify if the UTI is associated or due to the foley catheter.

- Yes
- No
- Unknown
- Clinically Undetermined

This Query is found to be noncompliant, as it contains leading text aesthetics.

Per the 2022 ACDIS/AHIMA query practice brief: “A query should not direct (lead) the provider to document a specific response (e.g., highlighting, bolding, underlining, italics, using a yes/no format to obtain a new diagnosis).”

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Example #7

61 y M admitted with pelvic abscess and vesicourethral anastomosis leak after radical prostatectomy. ED: “Feel that his tachycardia is more related to his animated nature than underlying sepsis, particularly as his is afebrile and vital signs otherwise within normal limits.”

H&P: “Not septic-appearing”

Day 2 provider note: Vesicourethral anastomosis leak that led to sepsis and pelvic abscess

Labs: WBCs 11, bands 0-2, lactic acid 1.0

VS: T-max 99.1, HR 80's - 121, RR 18-20

Tx: Drain, IV nafcillin, Zosyn and Vancomycin

After study, please clarify:

- Sepsis ruled out
- Sepsis present on admission (please provide clinical indicators)
- Other: _____

Is this query compliant?

Yes

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Example #7

61 y M admitted with pelvic abscess and vesicourethral anastomosis leak after radical prostatectomy. ED: "Feel that his tachycardia is more related to his animated nature than underlying sepsis, particularly as his is afebrile and vital signs otherwise within normal limits."

H&P: "Not septic-appearing"

Day 2 provider note: Vesicourethral anastomosis leak that led to sepsis and pelvic abscess

Labs: WBCs 11, bands 0-2, lactic acid 1.0

VS: T-max 99.1, HR 80's - 121, RR 18- 20

Tx: Drain, IV nafcillin, Zosyn and Vancomycin

After study, please clarify:

- Sepsis ruled out
- Sepsis present on admission (please provide clinical indicators)
- Other: _____

To further enhance query, add the following:

- Treatment/monitoring: Abscess, blood and urine cultures obtained. Results: Abscess C&S 4+ Staphylococcus aureus, Urine > 10,000cfu/ml Staphylococcus aureus, Blood C&S-no growth
- Risk/Related Conditions: Prostate cancer with recent prostatectomy

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Example #8

Patient admitted with pneumonia. Progress notes state, "Patient has COPD requiring home oxygen 24/7."

Pulse oxygen on room air 87%

Risk factors: COPD, DM, HTN, CAD

Treatment: Oxygen at 2L N/C, pulse ox. monitoring

Question: Based on your judgment and review of the clinical indicators, please clarify any diagnosis related to this documentation?

Chronic hypoxic respiratory failure

Other explanation of clinical findings (please specify)

Is this query compliant?

Yes

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Example #8

Patient admitted with pneumonia. Progress notes state, "Patient has COPD requiring home oxygen 24/7."

Pulse oxygen on room air 87%

Risk factors: COPD, DM, HTN, CAD

Treatment: Oxygen at 2L N/C, pulse ox. monitoring

Question: Based on your judgment and review of the clinical indicators, please clarify any diagnosis related to this documentation?

Chronic hypoxic respiratory failure

Other explanation of clinical findings (please specify)

To further enhance query, add the following:

- Treatment/monitoring: Respiratory therapy flowsheet notes home O2 at 2 L/min and continued during hospitalization. Respiratory flowsheet with oxygen saturation ranging from 93-96%.

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Thank you. Questions?

angela.brisson@uasolutions.com

amanda.suttles@uasolutions.com

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 program guide.

References

- AHIMA & ACDIS (2022). *Guidelines for Achieving a Compliant Query Practice (2022 Update)*. (ahima.org)
- Cambridge Dictionary 2019
- Centers for Medicare and Medicaid Services, 2021. www.cms.gov
- National Kidney Foundation 2012 diagnostic standards for CKD