

Report on Medicare Compliance Volume 31, Number 38. October 17, 2022

Checklist for Compliant Queries

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This checklist was developed by Erica Remer, M.D. It's designed to help with compliant queries, which are the subject of an updated practice brief from the American Health Information Management Association and the Association of Clinical Documentation Integrity Specialists.^[1] Contact Remer at eremer@icd10md.com.

Dr. Remer's Checklist for Effective, Compliant Queries

- Be sure you are clear on what needs to be clarified. Be sure your query is going to answer that question.
 - Only provide choices which match the clinical indicators (e.g., don't offer "acute hypoxic respiratory failure" if the oxygen level is normal – if they choose that, it will set up a clinical validation issue).
 - You may use prior encounter data as clinical indicators if the condition you are seeking to clarify is a valid secondary diagnosis in the current admission.
 - Present all relevant choices which correspond to the clinical indicators (e.g., don't cherry-pick only risk-adjusting choices).
 - There are no obligatory minimum or maximum number of choices (although at least two [suitable response and "other"] is recommended by Dr. Remer, if the query is not in an open-ended format).
 - Always give an option for the provider to give an alternate explanation for the clinical indicators (e.g., "other _____").
 - Don't coerce or give the appearance that you are trying to force the provider into choosing a specific diagnosis (i.e., leading).
 - Your query/template should not have a specific diagnosis as a title (e.g., Acute respiratory failure for a query to clarify hypoxemia).
 - Never provide quality or reimbursement implications in a query (you may present them AFTER the encounter has been closed out, as an educational tool). Don't have risk adjustment indicators associated with diagnoses in your EHR (e.g., [HCC] notated after the diagnosis in the problem list or impression).
 - You must anticipate what will be left after the provider chooses an option. If you are left with a lack of clarity or nothing to code and will need another query to further clarify, the design of the current query is suboptimal (e.g., "unable to determine" can leave you in this predicament).
 - Use "unable to determine" as a choice only when appropriate. Be sure providers understand this means undeterminable and not "I don't feel like making a decision or declaring an opinion."
 - Know what constitutes a query. As soon as you pose a question (e.g., verbally, during education, by technological alert, as a result of a committee referral), it is a query and must be compliant.
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- Make your queries understandable, concise, and easy to answer. If a query is convoluted and crowded, the provider will get confused and frustrated.

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