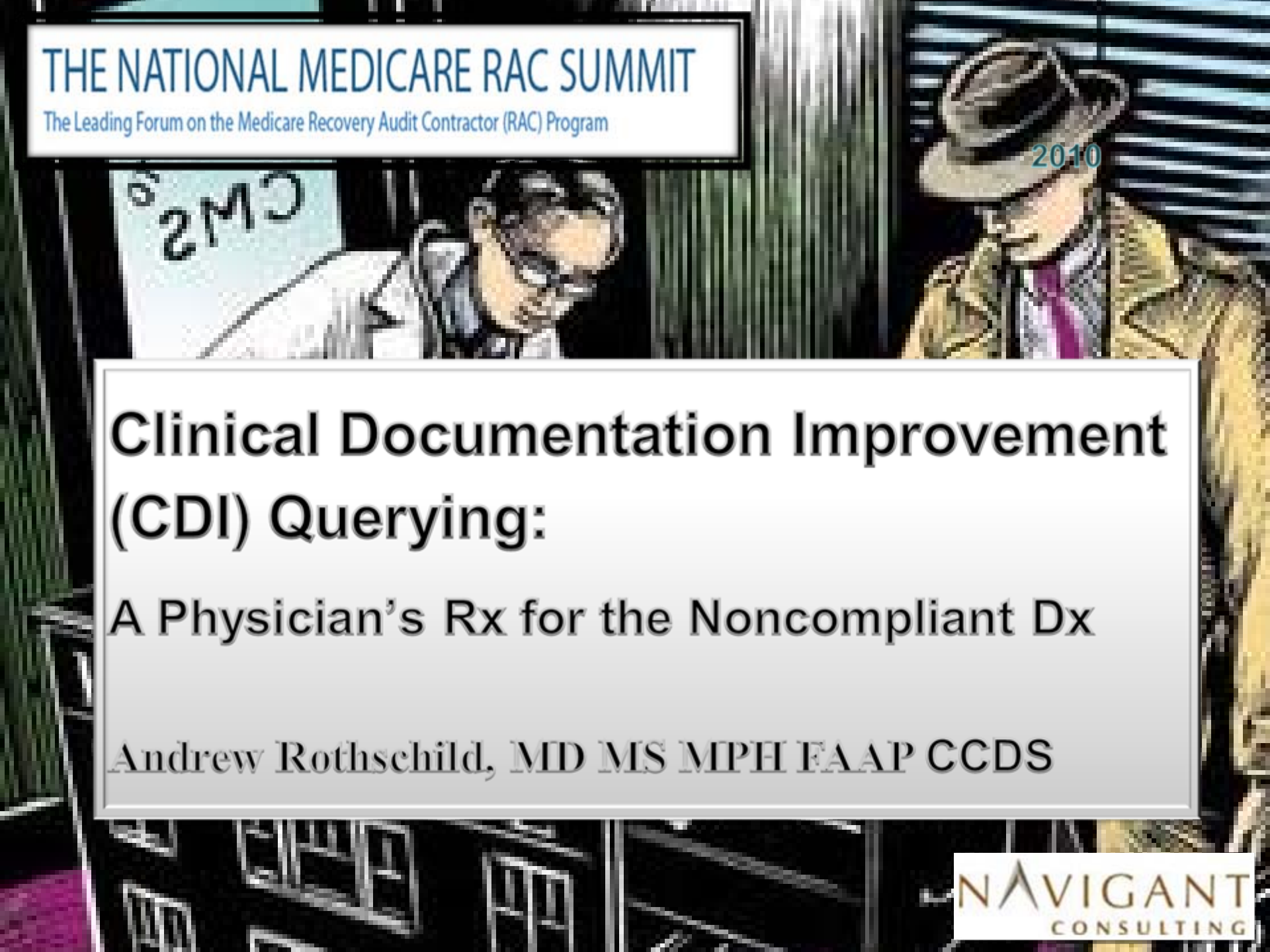


Clinical Documentation Improvement (CDI) Querying:

A Physician's Rx for the Noncompliant Dx

Andrew Rothschild, MD MS MPH FAAP CCDS

NAVIGANT CONSULTING

Contents

- **Query Compliance**
- **Leading Queries**
- **Effective Queries**
  - Summary of *The 10K Query Method* ™

Physician Documentation

1983 - Inpatient Prospective Payment System (IPPS)

- Reimbursement linked to diagnoses / procedures
- Places focus on physician documentation:

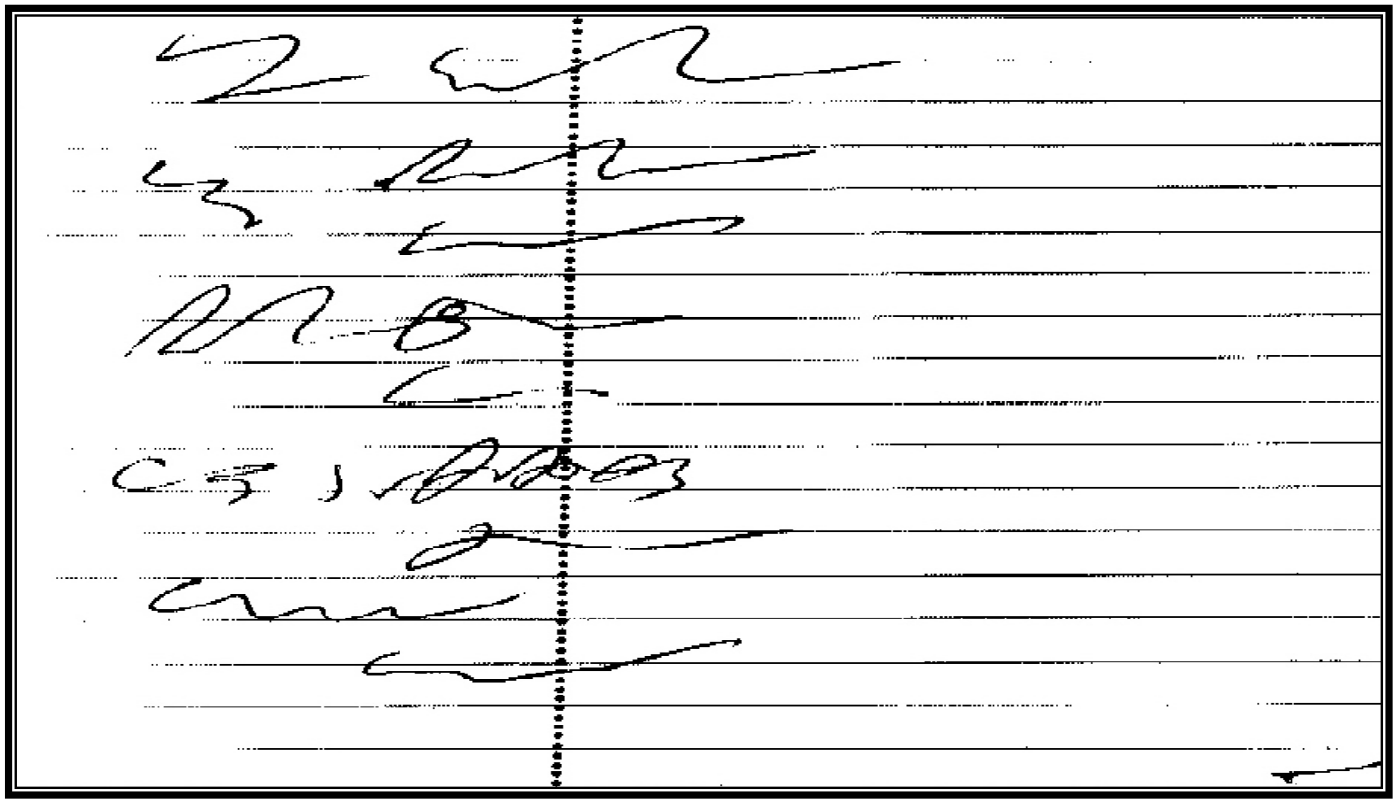
  Inpatient coding is derived from physician documentation of diagnoses and procedures (using ICD-9 accepted terminology)

  –Problem with this?

No one told the physicians

Impact of Physician Documentation

This physician said it best:



Any questions?

Recognizing the Need for Communication

Office of the Inspector General (OIG)

- Hospitals "…must create a mechanism for [coders] *to communicate* effectively and accurately with the clinical staff…for proper…documentation."
  - That was 1998…

A step in the right direction: Clinical Documentation Improvement (CDI)

- Physician Queries are: "Questions asked to physicians to obtain additional, clarifying documentation to improve the specificity and completeness of data used to assign diagnosis and procedure codes" (AHIMA)
  - "The term 'query' [is] used to identify any physician communication tool" (within the context of AHIMA's Guidance for CDI programs)
  - "A query is a routine communication and education tool used to advocate complete and compliant documentation." (AHIMA)

OIG. *Compliance Program Guidance for Hospitals*. Federal Register Notices, Feb 23 1998, 63(35), p. 8991

AHIMA. Managing an Effective Query Process. *Journal of AHIMA* 79, no.10 (October 2008): 83-88

AHIMA. *Guidance for CDI Programs.* 2010. Available at: http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_047343.hcsp?dDocName=bok1_047343

Types of Queries and CDS

Common query types:

- Concurrent
  - During the admission
  - Commonly by nurses, sometimes by coders
- Retrospective (pre-bill or post-bill)
  - Traditionally by coders, sometimes by CDS

CDI Specialists (CDIS/CDS)

- Physician/coding intermediaries and clinical/coding translators
- "The CDI professional works to facilitate the overall quality and completeness of clinical documentation to accurately represent the severity, acuity, and risk of mortality profile..." (AHIMA)

AHIMA. *Guidance for CDI Programs.* 2010. Available at: http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_047343.hcsp?dDocName=bok1_047343

Why Query?

- Recovery Audit Contractor (RAC) reviews
- Severity-Based DRG Systems (AP, APR, MS DRGs)
- CMS Core Measures
- The Health Care Quality Indicator (HCQI) Project
- Severity of Illness (SOI) and Risk of Mortality (ROM) reporting
- Hospital/physician profiling (HealthGrades®, HHS Hospital Compare)
- OIG whistleblower and targeted investigations (ex., pneumonia up-coding)
- False Claims Act (FCA) policy changes of 2009
- Present on Admission (POA) policies
- The Medicaid Integrity Program (MIP)
  - MIP Advisory Committee: **FBI**, OIG, Regional CMS, State Medicaid
- The Div. of Fraud Research & Detection (DFRD), Medicaid Integrity Gp (MIG)
  - Program Integrity master dataset for fraud and abuse research by the MIG, Medicare Program Integrity Group, HHS-OIG, and the DOJ

Examples of Accepted Reasons to Query

- When documentation is "suggestive" of a condition, but not clearly documented (AHA Coding Clinic)

- "When there is conflicting or ambiguous data in the health record." (AHIMA *Standard of Ethical Coding)*

- "To clarify ambiguous, conflicting, or incomplete documentation. (AHIMA *Guidance for CDI Programs*)

American Hospital Association. *Coding Clinic for ICD-9-CM.* Chicago IL. 2Q 1998

AHIMA. *Standards of Ethical Coding*. 2008

AHIMA. *Guidance for CDI Programs.* 2010. Available at: http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_047343.hcsp?dDocName=bok1_047343

AHIMA Guidelines

AHIMA adds that queries may be made in the following situations:

- When clinical evidence suggests a higher degree of specificity or severity
- For a cause-and-effect relationship between two conditions or organisms
- For an unstated underlying cause of documented symptoms
- For a diagnosis when only the treatment is documented
- To establish present on admission (POA) status

ICD-9-CM includes similar guidelines

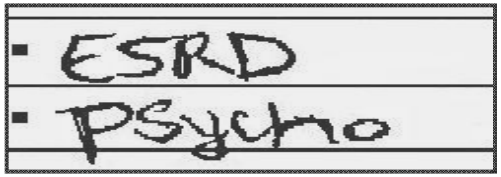
AHIMA. Practice Brief, “Managing an Effective Query Process" Journal of AHIMA 79, no.10 (October 2008): 83-88

Centers for Medicare and Medicaid Services and the National Center for Health Statistics. *ICD-9-CM Official Guidelines for Coding and Reporting*.

AHIMA Guidelines

Query when needed to clarify:

- "…conflicting, incomplete, or ambiguous documentation…[or] POA status…"
- "…accuracy of code assignment and quality of health record documentation, …"
- "…unclear clinical significance"
- "…illegible, incomplete, unclear, inconsistent, or imprecise [documentation]…"



AHIMA - On Establishing Hospital Policy

- Healthcare entities should develop policies and procedures that clarify which clinical conditions and documentation situations warrant a request for physician clarification

AHIMA. "Managing an Effective Query Process" *Journal of AHIMA* 79, no.10 (October 2008): 83-88

AHIMA. "Standards of Ethical Coding." 2008

Game?

Physician Complaints

- "This is just a semantic game"
- "This is fraudulent"

2009 CMS Final Rule acknowledges financial incentive in MS-DRGs

- "…Hospitals have a financial incentive under the MS-DRG system…to ensure that they code…as precisely as possible, consistent with the medical record"

CMS Final Rule, 2009 http://www.cms.hhs.gov/AcuteinpatientPPS/downloads/CMS-1390-F.pdf pg.74

Financial Incentives Defended

CMS defends hospital querying incentives

- "We do not believe there is anything inappropriate, unethical or otherwise wrong with hospitals taking full advantage of coding opportunities to maximize Medicare payment that is supported by documentation in the medical record."
- "Hospitals' efforts to improve the specificity and accuracy of documentation and coding are perfectly legitimate"

CMS: **CMS-1533-FC:208** http://www.cms.hhs.gov/AcuteInpatientPPS/downloads/CMS-1533-FC.pdf

Medicare Payment Advisory Commission: Letter to Acting Administrator Leslie Norwalk, June 11, 2007:12

Query Compliance

Abuses of the Query Process

- Ex: 1999 OIG up-coding investigations and the Pneumonia Project

Limitations on Physician Queries

- CMS briefly rejected query inclusion in PRO reviews (2000)
  - Quickly reversed to support querying "...to the extent it **provides clarification** and is **consistent** with other medical record documentation."
  - But if it is "…**leading *in nature*** or if it **introduces new information**, the case shall be referred for [PRO] review"
    - Determining factor during a review? "The PRO reviewer's…judgment"
    - Is this out-of-date? Irrelevant – it has not been retracted, but reinforced
  - Are there guidelines to follow?
    - CMS "defers the promulgation of specific guidelines addressing these practices to HIM experts and organizations"

DHHS and DOJ. *Health Care Fraud and Abuse Control Program Annual Report For FY 2001.* April 2002
OIG and DHHS. *Protecting Public Health and Human Services Programs: A 30-Year Retrospective*. P20
PRO TOPS 2001-13
CMS Manual System Pub 100-10, QIO rev2, July 11 2003. Ch4:4130:19 www.cms.hhs.gov/transmittals/Downloads/R2QIO.pdf

Restrictions on Querying

AHIMA states that queries should *not*:

- Target a diagnosis that would not be supported by the chart
- Sound presumptive, directive, prodding, or as if leading to an assumption
- Ask “yes” or “no” questions (unless for POA indicator of a documented Dx)
- Indicate financial impact or quality reporting
- Inappropriately increase reimbursement
- Misrepresent quality of care
- Require only a physician signature
- Be leading
- Be poorly constructed
- Question a provider’s clinical judgment
- Utilize blanket querying
- Routinely target insignificant or irrelevant findings
- Introduce new information
- Be asked without “…clinical information in the health record prompting the need for a query”

AHIMA. "Managing an Effective Query Process" *Journal of AHIMA* 79, no.10 (October 2008): 83-88

AHIMA. “Standards of Ethical Coding.” 2008

What *is* "leading?"

The concept of "leading" is immersed in conflict and debate

A perceived "grey zone" complicates what is or is not "leading"

- The issue clears by further specify the question:
  - Is the *query (itself)* leading?
  - Does the query *appear to lead*? (I.e., is it *leading in nature*?)
  - Did the query *lead the physician to document* (to a new diagnosis)?
  - Is the query leading, *but supported by facts and documentation*? (I.e., is it leading *but valid, or correct*?)
  - Is the query *non-compliant* with mandated/formal policies (CMS, OIG, etc.)?
  - Is the query *in violation of the updated FCA (i.e., fraudulent)*?

Most guidelines specifically refer to only one of these issues

- AHIMA and CMS focus on the second question (above)
  - Ie: Does the query give the impression you're trying to influence the physician's decisions?

AHIMA. "Managing an Effective Query Process" *Journal of AHIMA* 79, no.10 (October 2008): 83-88

Leading Queries

AHIMA – On Leading Queries

- "Queries that *appear to lead* the provider…could result in allegations of up-coding"
  - Note that the definition of leading *is not dependent* on how obvious or correct the diagnosis may be
    - It *is dependent* on how the query is stated
    - Ex: "Would you agree that this patient was decapitated?"

Leading vs. Non-compliance

- A leading query is not *necessarily* non-compliant with formal mandates
  - But it is a 'red flag' for non-compliance and prompts a review

This presentation follows the safer path:

- Avoid unnecessary compliance reviews by avoiding leading queries

AHIMA. "Managing an Effective Query Process" *Journal of AHIMA* 79, no.10 (October 2008): 83-88

Clarification of Misrepresentation

AHIMA's message has been misstated as instructing that:

- Queries should not lead to a diagnosis *that is not supported by evidence*
  - This would imply that leading questions are acceptable, as long as the diagnosis is supported by facts
  - Distorts the message from AHIMA and CMS
  - Only physicians/NPs/PAs can diagnose, even in obvious cases

To clarify:

- A query may be leading *even if the CDS/coder believes* it is supported by facts
  - The physician may disagree or know of other information
  - If you weren't there, it is impossible to know what happened
- Leading queries warrant review (per CMS)
  - A reviewed query *may or may not* by found non-compliant
  - Most hospital administrators prefer not to gamble

What constitutes a "leading query"?

AHIMA does not specifically set out to define a "leading query," but it addresses the definition in reference to an example of a leading query:

- "…the provider is not given any…option other than the specific diagnosis requested."
  - In other words: The question points out the desired answer
- Note that AHIMA's examples are rather extreme
  - We will review some more commonly seen examples

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This corresponds with generic definitions of "leading question" *(Wikipedia)*

- "A question that suggests the answer or contains the information the [questioner] is looking for. . .For example, this question is leading:

  'You were at [home] on the night of July 15, weren't you?'"

What constitutes a "leading query"?

A medically equivalent <u>leading query</u>, by inference:

- *"Your patient has acute blood loss anemia, doesn't she?"*

- Or, more simply: *"Does your patient have acute blood loss anemia?"*
  - The only option noted for the physician is the desired answer

- The leading query, re-stated with added niceties and pleasantries:
  - *"The patient's hematocrit dropped from 38 pre-op to 20 post-op "s/p hemorrhage." If you feel the patient has acute blood loss anemia, please document this in the progress notes.*"
  - This query sounds more pleasant, but it still specifies the intended answer, thus meeting the definition of a leading question or query

Examples of Leading Queries

Dr. _____ **Date:** 1-30-08

Did this patient have:

rhabdomyolysis?

delirium tremens?

gangrenous necrosis feet?

chronic continuous alcoholism?

acute alcoholic hepatitis?

excisional debridement of feet?

If so please document in your summary.

Thank you,

Examples of Leading Queries

Physician Query

Creatinine increased to 3.5. Please document any associated diagnosis (ex: ARF or other)

Physician Query

Documentation Reminder To Physicians: If your pt. has sepsis from UTI, for coding purposes, you must document it as "sepsis from UTI" – at least once

Physician Query

Pt on TPN and with clinical evidence of malnutrition (Alb2.5, PreAlb19). If you agree, please document specific type (mild, mod, severe, prot-cal, mirasmus, etc).

Examples of Inappropriate Querying

Physician Query

"Patient with documented CHF. Please specify type and acuity in your progress note."

This is a blanket query

It is an appropriate question, but should include relevant facts

•Ex: "SOB, Bilateral infiltrates on CXR, ECHO 25% EF"

AHIMA. Practice Brief, "Managing an Effective Query Process" *Journal of AHIMA* 79, no.10 (October 2008): 83-88.

AHIMA. "Standards of Ethical Coding." 2008. www.ahima.org/infocenter/guidelines

Examples of Leading Queries

Physician Query

Pt admitted for documented "bronchitis;" CXR: "barrel chest," Abnormal PFTs.

Please specify the type of bronchitis, ex:

____ Chronic obstructive bronchitis
____ Chronic infectious bronchitis
____ Chronic tracheitis
____ Chronic bronchitis (NOS)
____ Other

- Multiple choice formats +/- checkboxes may be used "as long as <u>all clinically reasonable choices</u> are listed, <u>regardless of…reimbursement</u>"
  - In this example, all options lead to the same higher weight DRG
- Lists should include:
  - "Unable to determine"
  - "Other _____"

AHIMA. Practice Brief, "Managing an Effective Query Process"

Journal of AHIMA 79, no.10 (October 2008): 83-88

Fraudulent Queries: The False Claims Act (FCA)

Originally the 1863 Lincoln Law - to combat fraud against the government

Includes the Whistleblower Act

Updated by the Fraud Enforcement Recovery Act (FERA) of 2009:

•Now prohibits "knowingly…causing…a false…statement *material to* a false or fraudulent claim."

- "Knowingly" includes: "act[ing] in deliberate ignorance of…falsity…"
- "Material" is redefined in the FERA as "…capable of influencing…payment…"
- Proof of intent to defraud is not required
- The updated FCA "does not require that the person submitting the claim [has] actual knowledge that the claim is false"

•Now extends liability to individuals involved

Federal False Claims Act. 31 U.S. Code, § 3729–3733. Jan 08, 2008

Fraud Enforcement and Recovery Act of 2009, Section 4: *Clarifications to the False Claims Act to Reflect the Original Intent of the Law*. S386, pp. 5-9

Compliant vs. Effective Queries

<u>Compliant</u> queries are *not* always <u>effective</u>

- Ex: "Please document the significance of this patient's drop in hematocrit from 40 to 10."

<u>Effective</u> queries are *not* always <u>compliant</u>

- Ex: "The hematocrit dropped from 40 pre-op to 10 post-op. If in agreement, please document 'acute blood loss anemia'."

Is it still possible to query effectively?

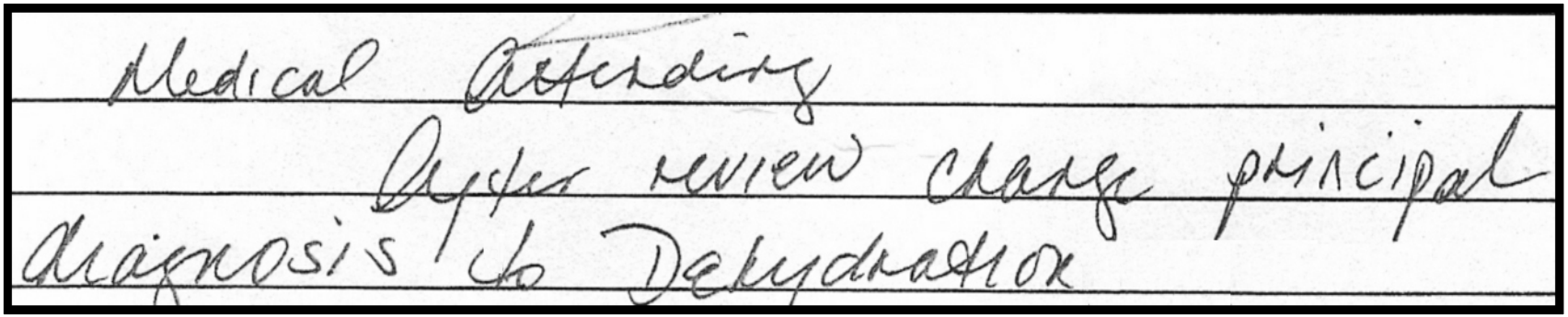
Physician-Friendly Terminology

Physician Query

Patient Dx'd w/ ARF and malnutrition. After review, for accurate coding of the correct DRG, please clarify the principal diagnosis.

PROBLEM: Not taking physicians into consideration

- Ask a coding question, get an attempted coding response:



Effective Querying Methods

There are many ways of querying both compliantly and effectively

Reviewing these queries shows that there tend to be <u>common elements</u> to these queries

- "*The **10K** Query*™ Method – ***10 K**eys to Composing an Effective, Compliant Query"*
  - My attempt to summarize common elements in effective queries
  - Presented at the National AHIMA Convention 2009
    (To be updated at the 2010 Convention)
  - The following slides summarize the process

THE NATIONAL MEDICARE RAC SUMMIT 2010

Overview of *The 10K Query Format*™

PART 1: QUERY SET-UP

Keys #1 – 4

- Addressing the physician
- Facts framing the issue

PART 2: THE QUESTION

Keys #5 – 10

- Request for clarification
- Closing

PHYSICIAN QUERY

Dear Dr……..,

Patient with……..

Results showed "……..," and now "……"

If……..……,

Please document the Dx……

Closing,

……..."

Part 1 Part 2

THE NATIONAL MEDICARE RAC SUMMIT 2010

Summary Example of *The 10K Query* ™

Physician Query

Dear Dr. Illegible / Hospitalists, *8/5/09 8am*

Pt admitted for asthma exacerbation
Per nursing, "Pt now w/ dysuria, +U/A;" UCx & Cipro started

If possible, please document the Dx likely causing urinary symptoms and necessitating Cipro.

Thank you,
Name, RHIT x741

Part 1 - Part 2

The following slide breaks this query down into the 10 Key Query components…

THE NATIONAL MEDICARE RAC SUMMIT 2010

Summary of *The 10K Query*™

1. Personalize (Inclusively)

2. Start w/ PDx

3. Divert perceived blame

4. State or quote facts that set-up the question

5. Leave a way out; *(Exs: If you agree; …or other Dx:_____)*

6. Politely request help

7. Request *"the Dx"* or *"the etiology"*

8. Permit physician uncertainty: *Suspected; Believed; Probable; Likely*

9. End the query focusing on *facts;* Avoid ending with the suspected Dx

10. Own the query; "Thank you" (personalize, contact #)

Physician Query

Dear Dr. Illegible / Hospitalists, *8/5/09 8am*

Pt admitted for asthma exacerbation;
Per nursing, "pt now w/ dysuria, +U/A;" UCx & Cipro started

Part 1

If possible, please document the Dx likely causing these symptoms and necessitating Cipro.

Thank you,
Name, RHIT x741

Part 2

THE NATIONAL MEDICARE RAC SUMMIT 2010

Ex. Pre- / Post- Use of *The 10K Query* ™ Method

Compliant but less effective query:

Physician Query

Dear Dr. Drew,

You have documented "RLL pneumonia" in the medical record. To accurately code this diagnosis, specify the type of pneumonia (if known)."

Main Issues:

- Accusatory ("you")
- Requires certainty ("if known")
- Not physician-friendly
- Lacks 'evidence' /indicators

Revised using *The 10K Query* ™ Method:

Physician Query

Dear Dr. Drew/Hospitalists, 6/20/2010

The pt. was a/w documented RLL pneumonia. Also w/ "pos. swallow study," on aspiration precautions and clindamycin. If possible, please specify the suspected type(s)/cause(s) of pneumonia.

Thank you. Bea Kompliant, CCS x455

1. Personalize ~~inclusively~~
2. ~~Start with the PDx~~
3. ~~Add brief facts, quotes~~
4. ~~Divert perceived blame~~

---

5. ~~Provide "way out"~~
6. ~~Politely request help~~
7. ~~Permit uncertainty~~ ~~("...the suspected...")~~
8. Request Dx or Etiology
9. ~~Leave open ended,~~ ~~asking to clarify facts~~
10. (Close: "Thank you", Signature, Contact #)

Questions?

Questions?

Please stop by the Navigant Consulting table to talk or for questions! (I can't be here tomorrow, but leave your number or e-mail if you have questions or are interested in having me visit your site)

Thank you

Drew

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