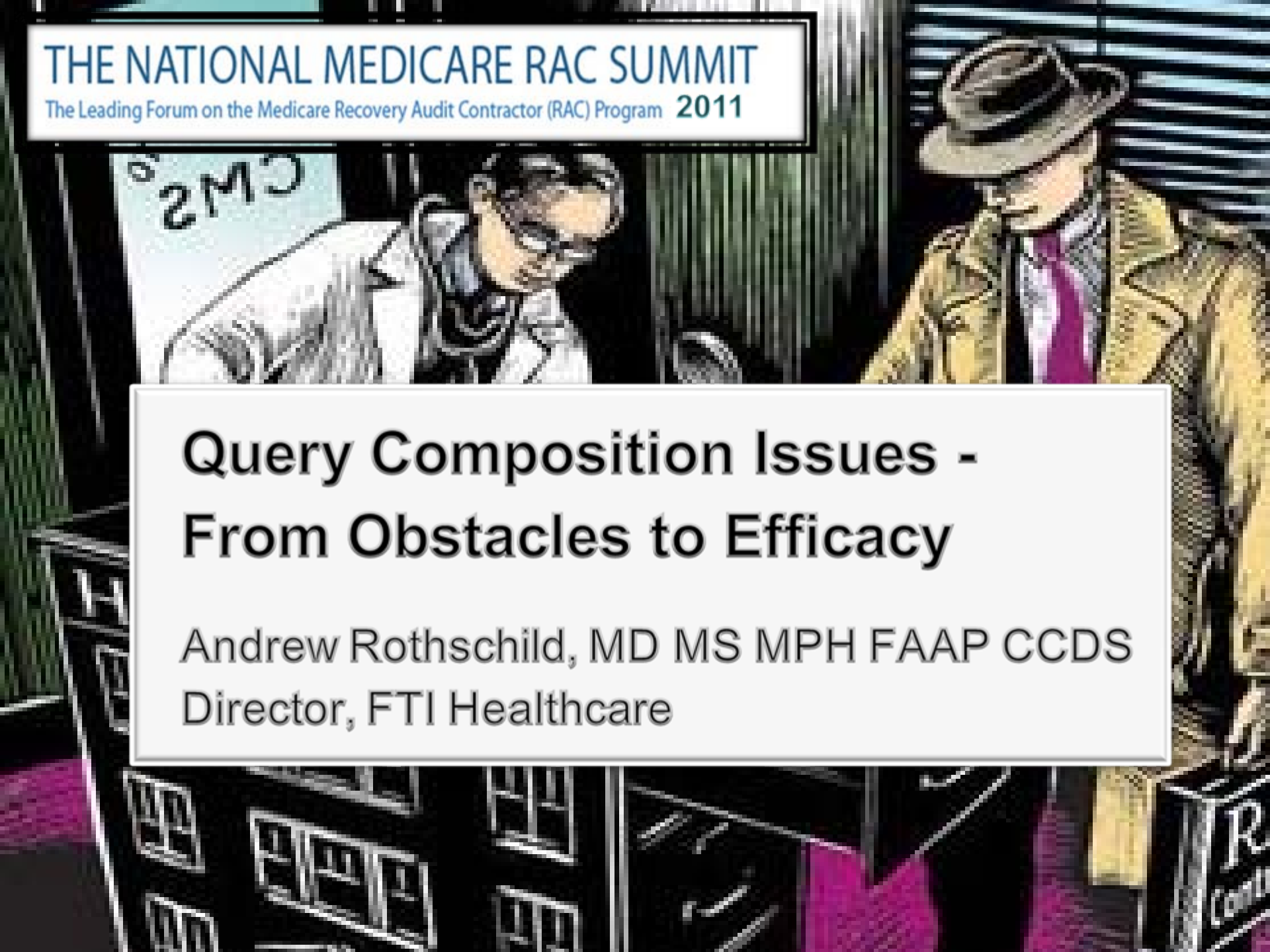


THE NATIONAL MEDICARE RAC SUMMIT

The Leading Forum on the Medicare Recovery Audit Contractor (RAC) Program 2011



Query Composition Issues - From Obstacles to Efficacy

Andrew Rothschild, MD MS MPH FAAP CCDS
Director, FTI Healthcare



THE NATIONAL MEDICARE RAC SUMMIT 2011

Contents

- **Query Efficacy**
- **Addressing and Overcoming Query Obstacles**
 - Understanding and Anticipating Physician Behavior
 - Physician Familiarity with Querying
 - Coding Logic vs. Clinical Logic
 - Constraints of Query Compliance
 - Query Terminology, Phrasing, Format
 - Physician Perspective / State-of-mind
 - Query Intent vs. Query Perception
 - Balancing Query Individualization with Consistency
- **Examples of Queries that Work . . . And Some that Don't**
- **Query Strategies**
 - Defensive/RAC; Educational; Verbal; Introductory; Targeted; Supportive; Compliance-focused



THE NATIONAL MEDICARE RAC SUMMIT 2011

Query Efficacy



THE NATIONAL MEDICARE RAC SUMMIT 2011

What is an Effective Query?

No official definitions, but observation shows that...

Effective queries:

- ...are objective, compliant, individualized questions
- ...are written using physician-friendly terminology and format
- ...are focused on the clinical aspect of the coding question
- ...proactively address communication barriers
- ...anticipate common misunderstandings



What is an Effective Query?

Effective queries (continued):

- ...ensure the query's *intent* is not lost in the expected clinical *interpretation*
- ...are one part of an effective, compliant query process
- ...are likely to result in appropriate, physician-documented clarification
- ...are specific enough to generate ICD-9/ ICD-10 codable responses
- ...foster communication and relevant education



Query Compliance vs. Query Effectiveness

- *Compliant* queries follow the rules
- *Effective* queries get results

Good queries accomplish both goals



THE NATIONAL MEDICARE RAC SUMMIT 2011

The Effective Query

Summarized:

- A case-specific question posed to the physician in an unbiased, clinical manner that conveys a documentation concern with sufficient specificity to yield an appropriate, codable response.



Addressing and Overcoming Query Obstacles



THE NATIONAL MEDICARE RAC SUMMIT 2011

Obstacle: Anticipating Physician Behavior

- Male-Pattern Thinking
 - Hierarchical
 - * Avoid “You” statements
- Physician Defensiveness
 - “I didn’t do it”
 - * Divert blame; “Per....” “According to...”
- Confusion between DRG and E&M Rules
 - To R/O...or Not to R/O
 - * Use “suspected” or “likely” in the query
 - * Avoid requiring certainty (“the definitive dx”)



THE NATIONAL MEDICARE RAC SUMMIT 2011

Obstacle: Physicians Unfamiliar with Querying

- Clues
 - No responses
 - Arguments about basics (ex: urosepsis)
 - Inappropriate responses (ex: defensive paragraphs)
 - Difficulty with obvious questions (ex: connecting dx with culture results)
- New query programs
 - Important to inform and involve physicians
- Possible first-time queries
 - Establish if familiar with the querying program



THE NATIONAL MEDICARE RAC SUMMIT 2011

Obstacle: Coding Logic vs. Clinical Logic

- Examples of differences in definitions or logic
 - PDx
 - Severity
 - Certain diagnoses
 - Bacteremia
- One educational point made to the physician can save hundreds of frustrating queries



THE NATIONAL MEDICARE RAC SUMMIT 2011

Obstacle: Constraints of Query Compliance

- Evolving compliance guidelines
- Frustrated physicians
 - “Just tell me what you need me to write”
- Specificity without leading



THE NATIONAL MEDICARE RAC SUMMIT 2011

Obstacle: Query Terminology, Phrasing, Formatting

- How do you convey guidelines without stating them?
- Legibility, quality of written query
- Terminology – coding vs. clinical
 - Ex: “Evidence” vs. “Support”



THE NATIONAL MEDICARE RAC SUMMIT 2011

Obstacle: Confusing with E&M Rules

Avoid physicians confusing E&M and DRG rules:

- Permit uncertainty
- Avoid:
 - “...definitive diagnosis...”
 - “...determined the cause?”
 - “...when you know...”
- Try:
 - “...believed to be...”
 - “...thought to have...”
 - “...likely the...”
 - “...the probable...”



THE NATIONAL MEDICARE RAC SUMMIT 2011

Obstacle: Physician Perspective / State-of-mind

- Clinical validity and logic
 - Trust
 - Use co-workers and Dr. Google
- Physician frustration factors; examples:
 - Vague queries
 - Unclear questions
 - Implication of fault
 - Condescending tone
 - Borderline results
 - Premature querying



THE NATIONAL MEDICARE RAC SUMMIT 2011

Obstacle: Physician Perspective / State-of-mind

(Continued)

- Preconceptions of querying
 - “CC Shopper”
 - Time required
 - Only relates to reimbursement
 - Semantic game
 - Fraudulent
- Impression of query approach
 - Time expenditure
 - Time-of-day
 - Question vs. asking for help



THE NATIONAL MEDICARE RAC SUMMIT 2011

Obstacle: Query Intent vs. Query Perception

**“Guidelines
dictate that you
must
specify...”**

Coder’s question

**“I was hired only to
harass you...”**

Physician hears



Examples: Queries that Work... and Queries that Don't



THE NATIONAL MEDICARE RAC SUMMIT 2011

Example

Query:

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

- Non-compliant: Leading
- Physician perspective: Irritating

Alternative:

Pt admitted for asthma exacerbation. Creatinine increased 0.5 to 3.5 since admit. Per nursing, “physician hydrating for renal concerns.” Please clarify if you suspect a possible renal diagnosis.

Exs: Acute renal failure CKD (+stage)
Acute kidney injury Renal insufficiency
Acute glomerulonephritis Unable to further specify
Other: _____ (Please specify in notes)_____



THE NATIONAL MEDICARE RAC SUMMIT 2011

Example

Query

Physician documentation reminder: Pt diagnosed with “urosepsis.”

If your pt. has sepsis from UTI, for coding purposes, you must document it as “sepsis from UTI” – at least once

- Leading
- Directive
- Obnoxious

Alternative

- Intervention!
 - Although there are ways this query can be worded, the lack of understanding of this guideline suggests that an educational conversation is warranted



THE NATIONAL MEDICARE RAC SUMMIT 2011

Example

Query:

Pt on TPN and with clinical evidence of malnutrition (Prealbumin 19). If you agree, please document specific type (mild, mod, severe, protocol, mirasmus, etc).

- Leading Annoying (“Who says?”)

Alternative

Pt admitted for pneumonia. Per nursing, also “underweight; TPN ordered for malnutrition.” Prealbumin 19. If you agree, please document the BMI and the specific diagnosis, exs:

Protein malnutrition (mild, mod, severe)

Protein-calorie malnutrition (mild, mod, severe)

Protein-energy malnutrition (mild, mod, severe)

Kwashiorkor

Unable to further specify

Mirasmus

Other (please specify in progress notes)



THE NATIONAL MEDICARE RAC SUMMIT 2011

Example

Query:

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

- Blanket query

Alternative

Patient with documented CHF. Per H&P, “SOB, Bilateral infiltrates on CXR.” ECHO yesterday w/ 25% EF. If possible, please specify type and acuity of CHF in your progress note.



THE NATIONAL MEDICARE RAC SUMMIT 2011

Example

Query:

Bacteremia, Septicemia, Sepsis, Septic Shock etc

Discuss



THE NATIONAL MEDICARE RAC SUMMIT 2011

Query Strategies



THE NATIONAL MEDICARE RAC SUMMIT 2011

Query Strategies

- Defensive (RAC)
 - RAC-specific rules (excisional debridement)
 - Anticipatory queries (anticipating future RAC-type issues)
- Educational queries
- Written vs. Verbal
- Concurrent vs. Retrospective
- Severity queries
- The introductory query (the physician's first query)



THE NATIONAL MEDICARE RAC SUMMIT 2011

Query Strategies

- Targeted querying
 - by issue
 - by physician
 - by department
- Supportive querying
 - Ex: support for an empiric diagnosis
- Compliance querying
 - Usually querying to avoid unintentional coding of an inaccurate diagnosis
 - Ex: a negative sepsis work-up never stated as “ruled-out”



THE NATIONAL MEDICARE RAC SUMMIT 2011

Query Policies and Support

- Administrative support
- Clinical leader support
 - Physician champions
- Written query policies
- Required responses
 - If no response by (#?) of days, then....
- Policy regarding queries *after* RAC requests
- Differentiating from UR queries
 - UR query: ?admission vs. observation
 - UR is able to help guide the physicians to the appropriate determination
- Query Retention



THE NATIONAL MEDICARE RAC SUMMIT 2011

Questions?

Please contact me with additional questions or comments.

Thank you

Andrew Rothschild, MD, MS, MPH, FAAP, CCDS

Director – FTI Healthcare

Andrew.Rothschild@FTIhealthcare.com

484-226-9122