



PROVIDER QUERIES 101

A Quick Guide to
Help Providers
Understand the
Purpose & Benefits
of Queries



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The question we hear most often: “What is this query for and why do I have to answer it?”

We often incorrectly assume that because a physician is an expert in medical procedures, they are also an expert in documenting those procedures.

Physicians are responsible for the care and treatment of millions of patients every single day who put their lives, quite literally, in the physician’s hands. However, to consistently maintain and improve upon safety and effectiveness standards, the system relies on more than just the skill and actions of the provider – it also relies on accurate and comprehensive clinical documentation.

Precise and comprehensive clinical documentation is essential for:

- **Appropriate Reimbursement**
- **Quality Metrics and Reporting**
- **Consistency of Treatment Plans**

Central to this process is the **physician query**, a tool employed by medical coders and Clinical Documentation Integrity (CDI) professionals to **clarify ambiguities, inconsistencies, or gaps in medical records**. For providers, understanding why a query is in their inbox could help **change a query from a source of frustration into an opportunity** for patient safety and appropriate reimbursement.



Purpose of Physician Queries

Physician queries serve as a formal communication method to obtain clarification or additional information regarding a patient's medical record. The primary objectives include:

Ensuring Accurate Diagnosis Coding: Queries help confirm that documented diagnoses are precise and align with clinical indicators, facilitating correct code assignment.

Clarifying Procedures: They seek to clarify details about procedures performed, ensuring that the documentation accurately reflects the services provided.

Resolving Documentation Discrepancies: Queries address conflicting, imprecise, incomplete, or ambiguous information within the medical record, promoting consistency and clarity.

Establishing Cause-and-Effect Relationships: They aim to confirm associations between conditions, such as linking a symptom to an underlying diagnosis, which is crucial for accurate coding, treatment planning and reimbursement.

5 Types of Physician Queries & Examples

#1

Diagnosis Clarification Queries

These queries seek to specify or confirm diagnoses that are not clearly documented but are supported by clinical indicators.

Example: A patient's symptoms and test results suggest sepsis, but the diagnosis is not explicitly stated, a query would seek to confirm this condition.

#2

Procedure Clarification Queries

Aimed at obtaining detailed information about procedures performed, these ensure that the documentation accurately reflects the services rendered.

Example: Clarifying whether a procedure was open or laparoscopic can impact coding and reimbursement.

#3

Conflicting Documentation Queries

When different parts of the medical record contain contradictory information, queries are used to resolve these discrepancies.

Example: If one note indicates a diagnosis of pneumonia while another suggests bronchitis, a query would seek clarification.

#4

Present-on-Admission (POA) Indicator Queries

These queries determine whether a condition was present at the time of hospital admission, which affects quality metrics and reimbursement.

Example: Not documenting the presence of a DVT on admission could result in a Hospital Acquired Condition (HAC).

#5

Cause-and-Effect Relationship Queries

Used to establish connections between conditions

Example: Confirming that a patient's acute respiratory failure is due to congestive heart failure -- vital for accurate severity of illness (SOI) assessment.

Best Practices for Physicians Responding to Queries

To optimize the query process and enhance clinical documentation, physicians should consider the following best practices:

Make Timely Responses a Habit: Prevents delays in billing submission, ensuring that claims are processed efficiently and reducing the risk of denied or delayed reimbursements due to incomplete or unclear documentation.



Provide Clear and Specific Documentation: By offering detailed and precise information in responses, physicians help eliminate ambiguities, making it easier for coders and auditors to accurately capture the patient's condition and treatments, thereby reducing the likelihood of subsequent queries.



Engage in Dialogue with your CDI Professionals:

Engage in dialogue with your CDI partners to understand documentation requirements and reduce future queries.

Participate in Education Opportunities:

Commit to attending regular training sessions or workshops on documentation standards, coding updates, and compliance guidelines to stay current and minimize errors in clinical documentation.

One 2021 health system study found that 42% of query responses resulted in a MS-DRG change, leading to almost **\$9.8 million per month in reimbursements from queries**. Investment, education and training around improving clinical documentation integrity can have massive implications.

- ACDIS 2014 Determine when and how to query physicians | ACDIS
- AGSHealth A Look At The Top Clinical Documentation Integrity Trends From 2021 – AGS Health
- AHIMA Guidelines For Achieving a Compliant Query Practice (2022 Update)



INEFFICIENT DOCUMENTATION CAN COST YOU—**OPTIMIZE YOUR PROCESSES TO MAXIMIZE REIMBURSEMENT**

Reach out to UASI for expert support in enhancing clinical documentation and responding to physician queries effectively. Our tailored solutions can help improve accuracy, reduce query frequency, and increase reimbursement. Visit our website to learn how our **40 years of industry experience** can optimize your documentation efforts and boost your revenue cycle.

Let's Connect!

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