

GENERAL MEMORANDUM 99/02 –15
For Immediate Distribution

TO: Alabama Hospitals
Administrator
Chief of Staff
Utilization Review/Quality Assurance Department
Medical Records Department
PPS Contact
Compliance Officer
PEPP Contact

FROM: James F. DeLong, M.D.
Medical Director

DATE: December 31, 2001

SUBJECT: Coding Compliance – Use of Physician Query Forms - UPDATE

- A. This General Memorandum provides clarification of the Centers for Medicare & Medicare Services (CMS) (formerly HCFA) policy concerning PRO acceptance of hospital Physician Query Forms, a.k.a. Coding Summary Forms. **This General Memorandum replaces AQAF General Memorandum 99/02-10, distributed February 5, 2001.**
- B. CMS reevaluated their previously issued policy and determined that physician query forms are primarily used as a communication and educational device within a hospital. The practices associated with the use of this tool are generally considered acceptable.
- C. AQAF generally endorses the use of the query as outlined in the “Practice Brief” on the Physician Query Process published in October 2001 Journal of AHIMA. Please refer to that Practice Brief for more specific information. In general, the position endorsed by AQAF is as follows:
1. AQAF encourages some type of concurrent query process so that the documentation can be obtained prior to discharge of the patient, and can be available to coders within the 3-5 day time frame for coding/billing.
 2. Queries are needed whenever there is conflicting, ambiguous, and/or incomplete information in the medical record.
 3. Please refer to the attached *AHIMA* “Practice Brief” on acceptable format of the query form. It is especially important to indicate on the form the clinical documentation within the medical record that prompted the query.

4. Queries are not necessary when a consulting physician adds additional specificity to attending physician documentation, as long as it does not conflict with documentation of the attending physician. The consultant's documentation that adds additional specificity to a record is appropriate for use in code assignment.
5. Coders are not expected to challenge the physician's medical judgement. However, your facility may want to establish a policy regarding when to query a physician if clinical indicators within the medical record do not support a final diagnosis (such as negative test results). This could indicate a documentation problem and/or an opportunity for improvement that needs to be followed by the Compliance Team.
6. Your facility should develop a policy to determine whether the query form will become a permanent part of the medical record. If the query form is not a permanent part of the medical record, the physician should add the additional documentation from the query into the progress notes or discharge summary. If the additional documentation is added later, it should be labeled as an "addendum," signed, and dated by the attending physician. If the query form will be maintained within the medical record, it should be approved by the appropriate medical staff committee as an official medical record form.
7. In general, AQAF will accept a query form as a stand-alone document to support coding when it meets the acceptable criteria for use, includes the clinical clues from the record to support the query, and is maintained as a permanent part of the medical record. However, AQAF will evaluate each query form on a case-by-case basis in performing DRG validation to ensure appropriate use before accepting the information to support code assignment.
8. AQAF also recommends that the query form usage be monitored and trended for patterns to be used in educating individual physicians as well as the entire medical staff. Patterns of high query usage and continued poor documentation could indicate an ineffective Compliance Program.

If you have any questions concerning this Memorandum, or other DRG Validation issues, please contact AQAF coding staff listed below:

	Anita Meyers, RHIT, CCS,	ext. 3217;
	Susie Spencer, RHIT,	ext. 3114;
	Cathy Dixon, RHIA, CCS,	ext.3426;
	Joan Wilder, CPC, CCS,	ext. 3218; or
Coding Consultant:	Joy King, RHIA, CCS,	ext.3314.

cc: AQAF Board of Directors; L.Malone, EdD, FMQAI; Sandy McMillan, PO/DHHS; C.Kuhlman, MASA; M.Horsley, AlaHA—Montgomery; Frazer Rolen, AlaHA-Birmingham; L.Northcutt, BCBS; Mary Woon, MoO.

Attachment