

Class 9

Analyzing Medical Records

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Today's Discussion

CDI in the IRF

Case Studies

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CDI Clarifies.....

- Diagnosis Specificity
- Description of Conditions
- Association of Conditions/Treatments
- Validation of Diagnoses
- Clarifies conflicts:
 - Stated diagnoses
 - Illegibility
 - Poor Templates
 - Provider conflicts
- Technical Components
- Medical Reasonableness and Necessity

How to Seek... and Find

1

Back to the Basics

- IGC rules
- Understand diagnosis definitions & anatomy
- ICD-10 Guidelines

2

Understand clinical indicators

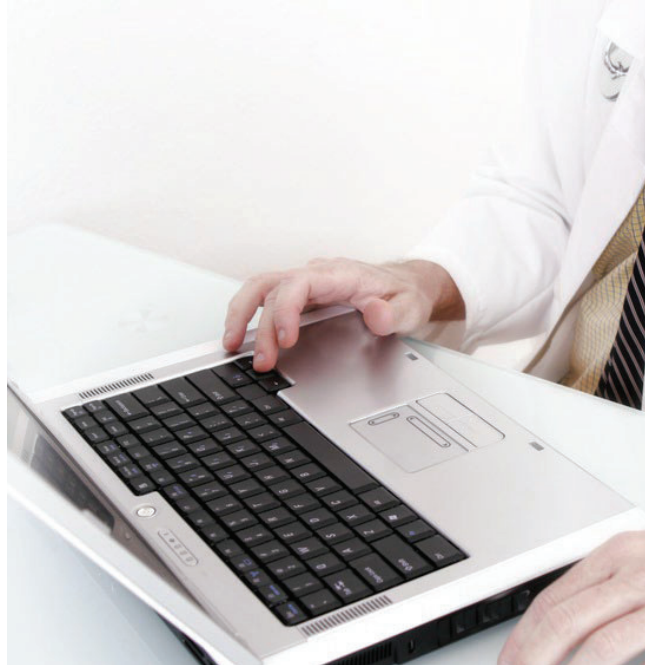
- Use resources/CDI/ Physician and Nursing Staff

3

Query the unknown or unclear!

Reasons to Query

- Diagnosis Specificity
- Diagnosis Clarity
- Linking Conditions
- Validating treatment
- Compliance/
Reimbursement Accuracy



Who Can Query?

- Coders
- CDS
- CMG/PPS
Coordinators
- Case Managers/UR
Staff
- Others



CMS Guidance

Queries should not be leading or introduce new information

Should be:

- Clearly /concisely written
- Contain precise language
- Present the facts
- Identify why clarification needed
- Present the scenario

CMS Guidance

The query form:

- Should be phrased so the physician is allowed to specify the correct diagnosis;
- Should not indicate a financial effect of the response;
- Should not be designed so that the only thing required is a signature.



Determining Need for a Query

Conditions that affect:

- Clinical Evaluation
- Care/Treatment/Procedures
- Extends the Length of Stay
- Increases Nursing Care Monitoring
- Severity of Illness
- Medical Reasonableness and Necessity

ICD-10-CM Official Guidelines

- *“Due to the complex nature of severe sepsis, some cases may require querying the provider prior to assignment of the codes”*
- *“If the documentation is not clear as to whether acute respiratory failure and another condition are equally responsible for occasioning the admission, query the provider for clarification..”*
- *“If the documentation is unclear as to whether the patient has a current (new) pressure ulcer or if the patient is being treated for a healing pressure ulcer, query the provider.”*
- *“If at the time of code assignment the documentation is unclear as to whether a condition was present on admission or not, it is appropriate to query the provider for clarification.”*
- *“Coders are encouraged to query the providers when the documentation is unclear.”*

Coding Clinic

"Any clinical information published in Coding Clinic, is provided as background material to aid the coder's understanding of disease processes. The information is intended to provide the coder with 'clues' to identify possible gaps in documentation where additional physician query may be necessary. It is not intended to replace the need for specific physician documentation to substantiate code assignment."

AHIMA

"Query provider (physician or other qualified healthcare practitioner) for clarification and additional documentation prior to code assignment when there is conflicting, incomplete, or ambiguous information in the health record regarding a significant reportable condition or procedure or other reportable data element dependent on health record documentation (e.g., present on admission indicator)."

Types of Questions

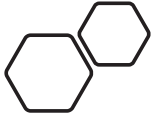
- Open Ended
- Closed Ended
- Leading



How to Ask an Effective Question?

- Start Simple
- Define exactly what it is you want to know.
- Never ask in an aggressive manner
- Ask politely and second guess carefully
- Be gracious





How to Ask an Effective Question?

- Personalize
- List the clinical findings
- Indicate tests ordered, medications given, treatment plan; give quotes
- Findings from other physicians
- Be Specific
- Own It!



Is There a Wrong Way?



Good Queries or Bad?

The patient had anemia, was it acute blood loss anemia?

The patient was on lasix. Were you treating him for CHF?

Good or Bad Queries?

The H&P indicates the patient had swallowing issues, orders reflected speech evaluation and swallowing exercises. Patient was on modified liquid diet. Please clarify the swallowing issue treated.

Please document the indication for the (named) antibiotic given?

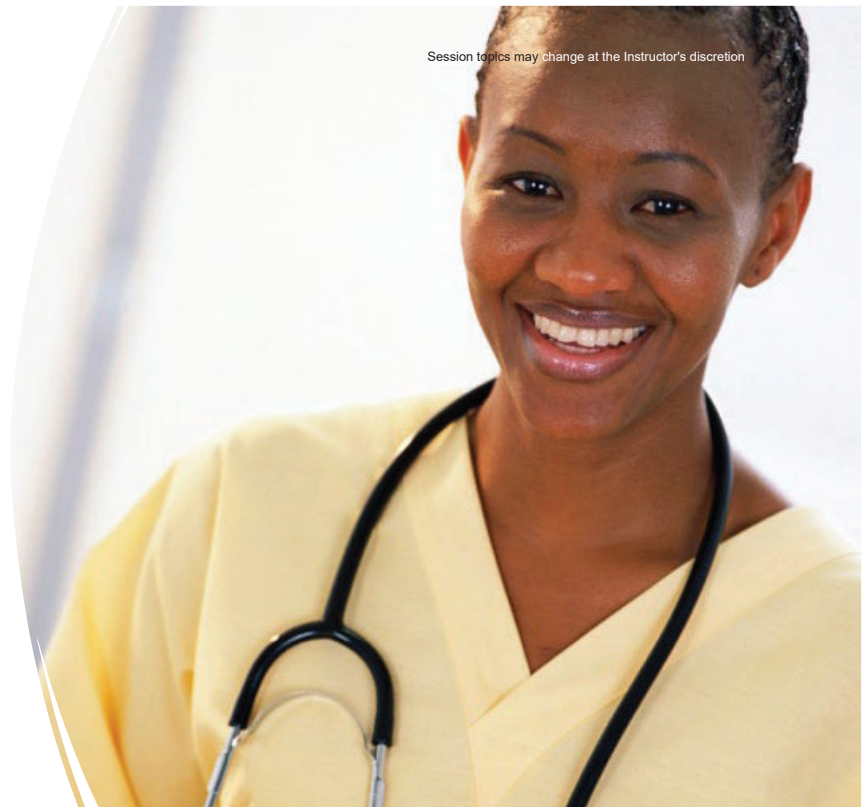
Good or Bad and Why?

If the patient's diagnosis is sepsis, please document sepsis 2nd to UTI, this increases revenue by \$2500.

In the H&P you state the patient had swallowing difficulties and also pneumonia. Was the pneumonia due to aspiration or an organism?

Coders vs Clinical Staff

- Is there a difference?
- Can Clinical Staff LEAD the physician?



Compliance and Effectiveness

- Compliance plan rules

Queries should not:

- Inappropriately increase reimbursement
- Misrepresent quality of care
- Be without clinical info to support the query
- Include coder lingo

Tips & Cues for an Effective Query

- Don't OVER Query
 - Have a defined process
- Flattery gets you Everywhere, Build that relationship!***
- Set-up
 - Question
 - Review





Can You Just Tell Me What to Say?

Coders rules:

- No clinical decisions;
- No leading to an answer;
- No guessing conditions based on symptoms or treatment/medications;
- Must use only PHYSICIAN documentation and physician validated diagnoses.
 - Labs, x-rays, therapy, nursing not utilized.

We Are Detail Junkies!

Documentation Must!

- Clearly state the “condition causing the impairment” on admission & consistently throughout.
- Document all comorbidities at admission.
- Document complications AS THEY OCCUR!
- Conditions recognized the last two days are not reported.
- Unconfirmed Diagnoses not reported (possible, probable, likely, suspected).



OIG's focus on IRFs

- IRF Nationwide Audit OIG <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000729.asp>
- <https://oig.hhs.gov/oas/reports/region1/12000501.asp>

Class 5 Session Nine, February 14, 2024

Session topics may change at the Instructor's discretion

Case Study 1 – Breakout

IRF-PAI	UB04
<ul style="list-style-type: none">• IGC:• Etiologic Diagnosis(es):• Tier:• Age:• Motor Score:• CMG:• 60%, WHY:	<ul style="list-style-type: none">• Principal: <p>What did you find?</p> <ul style="list-style-type: none">• Best Practices• Opportunities• Query Potential?• If so provide a query

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Case Study 2 – Breakout

IRF-PAI

- IGC:
- Etiologic Diagnosis(es):
- Tier:
- Age:
- Motor Score:
- CMG:
- 60%, WHY:

UB04

- Principal:
- What did you find?
- Best Practices
 - Opportunities
 - Query Potential?
 - If so provide a query

Case Study 3 – Breakout

IRF-PAI

- IGC:
- Etiologic Diagnosis(es):
- Tier:
- Age:
- Motor Score:
- CMG:
- 60%, WHY:

UB04

- Principal:
- What did you find?
- Best Practices
 - Opportunities
 - Query Potential?
 - If so provide a query

Session 9 Assignments

Connect with Kristine and take the quiz for CE Credit

Post in the group who does queries in your organization and if there are challenges in your query process.