Top 5 Changes to 2019 AHIMA/ACDIS Compliant Query Practice Brief

- **Previous Encounters in Queries:**
  - Clinical evidence from a prior health record may be referenced to support a query IF it is clinically pertinent to the present encounter.
  - It is inappropriate to "mine" a previous encounters documentation solely to generate a query not related to the current encounter.

- **Uncertain Diagnosis:**
  - Avoid using terms (likely, probable) that indicate an uncertain diagnosis as a query response choice unless the query is at time of discharge or after discharge.
  - Avoid using the qualifier "possible" in the formation of the query question.

- **Clinical Indicators:**
  - Queries must be accompanied by clinical indicators specific to patient, episode of care, and support an accurate diagnosis/procedure to be reportable.
  - There is not a required number of clinical indicators that must accompany a query but rather the quality of the clinical indicator is more important than the quantity.
  - There no mandatory or minimum number of choices necessary to constitute a compliant multiple choice query.

- **Who is Queried:**
  - Queries can be addressed to licensed, independent providers (includes physicians, nurse practitioners, physician assistants) who render direct patient care.
  - It is appropriate to query non-physician professional (wound care nurse, respiratory therapist) when that professional performs the service or procedure and code assignment is appropriate for the procedure code.

- **Query Response:**
  - Query responses should be consistently documented within the health record as part of the progress notes and discharge summary or as an addendum as appropriate or as part of the query itself if part of permanent health record.
  - Absence of the documented answer in a progress note, discharge summary, or addendum should not prohibit code assignment.

### CDI-Coder Query Best Practices:

- **Integrated Query Design:**
  - Combine CDI & Coder query templates for one consistent physician-centric query template.
  - Include clinical indicators, risk factors and treatment as clinically relevant and appropriate within query to facilitate timely physician review and response.

- **CDI-Coder Education & Audit:**
  - Educate CDS/Coders on the importance of inclusion of appropriate clinical indicators and query compliance.
  - Audit queries, provide feedback and ensure accountability of CDS/Coders.

- **Physician Engagement & Escalation:**
  - Educate physicians on query process (where to find queries and how to respond).
  - Establish physician champion query escalation process and resolution guidelines for timely query response.

- **Query Data Analysis:**
  - Monitor query metrics (query rate, response rate, agree rate, response times, including by specialty & provider trends) and develop corrective action plans.
  - Align with targeted education to CDS/Coders and physicians.

- **Automated Query Process:**
  - Automate query process from paper to EMR/CDI tool to streamline workflow and improve efficiency.
  - If using automated queries, ensure the query algorithms adhere to evidence-based clinical criteria and undergo physician validation.

Reference:
[https://acdis.org/resources/guidelines-achieving-compliant-query-practice%E2%80%942019-update](https://acdis.org/resources/guidelines-achieving-compliant-query-practice%E2%80%942019-update)