A Team Approach to Queries

CDI and Coding

Coleen Elser, RN, CCDS
Linda Dawson, RHIT, CCS

Coding and CDI Working together
We are now a team

There used to be a lot of whispering

Communication is a lot better than it used to be
Objectives
Learn how CDI and Coding can work together on issues of:
- Coding Compliance
- Compliant queries
- Operative report documentation
- Clinical indicators of common conditions
- Medical necessity of admission
- HAC's, PSI's and patient safety documentation
- Pathophysiology of disease processes

Coding Compliance
- Coders know the coding rules and the coding clinics inside and out.
- Coders can help the CDI interpret query compliance.
- CDI can interpret the clinical indicators and make sure the definition is met for any disease process
- Both CDI and coding should read and understand AHIMA's Compliant Query definition.
Compliant Queries

What is a compliant Query?

- Non leading – give options that do not point to a particular diagnosis
- Does not introduce a new diagnosis
- Yes or no queries are used in only certain circumstances.

  only when asking for an agreement with:
  ***pathological diagnosis or when checking for
  ***conflicting documentation between two physicians
  ***POA indicators

CDI and Coding teamwork

Collaboration with how queries are written

CDI and Coding can work together to write queries

- Clearly and concisely in a language physicians can understand
- Adhering to query standards and coding rules
- Can be used by either coding or CDI
- Obtain the documentation needed.
Operative Report Documentation

CDI can help with:
- questions of type and site of debridement and extent of adhesions – This affects the DRG
- Obtaining needed documentation while the patient is still in the hospital
- Querying regarding complications of surgery such as:
  - accidental puncture perforations
  - intra-op hemorrhage, post-op hemorrhage,
  - post-op infections, dehiscence, etc

Operative Report Documentation

- Coders and CDI can work together on procedures that shift the DRG to an Operative/Surgical DRG. Make sure all procedures are coded with correct approach, body part, and if diagnostic or therapeutic.

- Non surgical procedures in I-10 can now be diagnostic or therapeutic and can affect the DRG – Be sure of reason they are done.
Chart Documentation

- Coders should communicate with CDI on their specific needs
- CDI should communicate with Coding in regards to patient safety indicators, complications of care, and other areas where documentation is needed.
- Coders should communicate with CDI on the latest trends in insurance audits.
- CDI can help with inconsistent documentation in the health record

---

Chart Documentation

CDI looks at a chart looking for query opportunity.

- Labs
- Diagnostics –
- Meds
- Vital Signs
- CDI’s have an idea of what the diagnosis is at this point is time
- Compare what Dr has documented with what is found in the clinical information in the chart
- Query depending on what they see
Chart Documentation

- Coders look at the chart to determine the DRG

- Coders code all conditions which meet the definition of a secondary diagnosis comparing medications given and treatment given.

- Coders code all procedures.

- Coders look at the labs, x-rays only to verify certain diagnosis and clinical indicators of a disease.

Clinical indicators

Every hospital may have their own clinical definition

Acute respiratory failure – impaired ventilation or oxygenation usually manifested as respiratory distress

- Blood gasses are not always used. When available:
  - PH <7.35 with PO2 <60 and PCO2 >50
- In absence of ABG, O2 sats less than 89%,
  Respiratory rate 24 or greater. Air hunger, cyanosis,
  Accessory muscle usage, respiratory distress.
  Mechanical ventilation is not a requirement. The patient
  should be receiving active care such as frequent monitoring
  with treatment such as O2, BIPAP, etc.
Clinical indicators and Querying

Each diagnosis has its own clinical indicators

- Write your query with this in mind using your institution’s clinical indicators for that diagnosis in the body of the query. Make sure your query suggestions are clinically relevant to your case.

Query Example:

Dear Dr:

This patient has a temp of 103, RR 28, BP 85/45 and WBC of 23.5 with a left shift. Procalcitonin is elevated.

Please state the diagnosis you believe is most accurate:

1. Aspiration pneumonia
2. Sepsis with septic shock due to pneumonia (please specify type)
3. Bacterial pneumonia, please specify gram +, Gram –
4. Sepsis w/o septic shock
5. Combination of above (please specify)
6. Other
7. Unable to determine
The waters got muddier

Sepsis criteria has recently changed. Look for the new SOFA criteria. Know what your hospital doing about this new criteria??????

- Hypotension with systolic less than 100,
- Confusion
- Tachypnea – increased RR greater 22
- CDI – Educate your physicians on the new criteria.
- Work together to make sure you to query consistently when SIRS is documented and Sepsis documented without new clinical criteria.

Medical Necessity of Admission

There are certain symptom codes that do not meet medical necessity for admission

- Chest pain
- Syncope

Other conditions:
- UTI
- AMS
- Weakness
Chest pain
Check for cause of chest pain:

- Unstable angina due to CAD
- Angina due to CAD
- Esophageal spasm
- Atypical chest pain – CAD ruled out
- GERD
- ACS
- Myocardial ischemia without MI – Demand Ischemia
  Demand MI type II

CDI/Coding can query for cause of the chest pain.

Syncope
Check for cause of syncope:

- Arrhythmia
- Orthostatic hypotension
- Drug related

CDI/Coding can query for cause of the syncope.
HACs, PSIs, Core Measures and other patient safety documentation

With patient safety so closely related to hospital reimbursement, it has become important to have documentation in the chart clearly spelled out when there is a HACs or PSI.

With Medicare monitoring our patient care so closely, it has become important to specify certain conditions in the health record.

Remember physician profiling – We need to make sure we are recording accurate information.

---

HAC’s, PSI’s, Core Measures and other patient safety documentation

With patient safety so closely related to hospital reimbursement, it has become important to have documentation in the chart clearly spelled out when there is a HAC or PSI.

CAUTI’s or CLABSI’s – CDI should query while patient is in house – Coder to follow up to make sure is queried on all cases that apply

Make sure it is a foley catheter infection and not suprapublic catheter as it is not a CAUTI. POA???

Make sure it is a central line infection – Is it localized or blood steam systemic infection. ???
HAC’s, PSI’s, Core Measures and other patient safety documentation

Complication of surgery/medical care: Just because the physician says it is post-op pneumonia the pneumonia may be due to causes other than the surgery. Look for other implication – aspiration, pre-op pneumonia.

CDI/coder: Read the operative notes carefully for anything out of the ordinary.

Pathophysiology of diseases

- This is one of the areas that CDI excels and are able to pass their knowledge on to the coders.
- Coders see black and white and CDI’s see in color, with life and death experience in their work as nurses.
- Coders know Anatomy well while the CDS knows Physiology well. We each have something to contribute.
- The CDI can help the coder understand how the body parts work together to function efficiently.
- CDI can help follow this trail and effectively help the coder understand the disease process.
Questions