

Appendix A: Query Monitoring/Auditing

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Physician practices vary greatly in terms of number of physicians, size of staff, type of setting, management structure, and even whether they have CDI and/or credentialed coding professionals. As the healthcare industry moves toward population health initiatives and healthcare redesign, CDI professionals are key team members to include in population health initiatives because they are working with the practice and key stakeholders.

In most practices, physicians and advanced practice providers depend on the CDI and/or coding professional to ensure their documentation is an accurate reflection of the services they provide. For larger practices and academic organizations, monitoring the quality and compliance of a query could fall on coding professionals, CDI specialists, nurses, advanced practice providers, or other physicians. For community physicians in smaller practices, a coding professional may send a query to the provider, who in turn can decide if it is clinically valid based on the documentation in the record, and then discuss the query.

A monitoring process should be ongoing and typically includes:

- A spreadsheet with the status of the query, the date with the patient's identifying information, and the provider's name.
- An escalation process for unanswered queries (see Query Escalation and Retention section below).
- Ongoing and continuous monitoring of the query process.
- An auditing program with an auditing frequency of at least twice a year, depending on the needs of the organization and the maturity of the program. Identify lost opportunities for greater specificity or appropriate E/M level assignment when physicians determine and assign their own E/M levels without subsequent random review. In this case, monitoring E/M level distribution is essential. When physicians are outside the norm (bell curve), they should consider coding professional intervention and querying opportunities.

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