CODING QUERIES

What Are Coding Queries?

Coding queries are requests for clarification on medical documentation. They are sent when a coder needs more information to code the patient accurately.

Importance Of Queries?

- Accurate coding affects reimbursement and quality metrics
- Timely responses help meet billing deadlines
- Your expertise is crucial in clarifying clinical documentation

Required Actions

- **Watch For Faxed Queries**
- **Complete and Return These Queries Within TWO WEEKS of Receipt**
- **Provide Clear and Concise Answers**

For Questions About Queries, Please Contact:

Samantha Monks, Manager Quality & Risk
Phone 650.613.1183 or Email Smonks@ppmsi.com

PPMSI SCIPPA has retained the services of VBC One to support their Clinical Documentation Integrity (CDI) program. For more information or support on CDI for your office, please contact cdi@vbcone.com

Speaking Points & Common FAQ on Clinical Documentation Integrity (Coding) Queries

1. What are coding queries?
- Coding queries are requests for clarification on medical documentation.
- They're sent when the coder needs more information to code a patient encounter accurately.
- Queries help ensure the medical record is complete and accurately reflects the care provided.

2. Why are queries important?
- Ensure accurate coding and billing.
- Maintain compliance with regulatory requirements.
- Improve the quality and completeness of medical records.
- Support appropriate reimbursement for services provided.
- Contribute to accurate quality metrics and reporting.

3. Process for handling queries:
- Queries will be sent via fax to the doctor's office.
- Doctors should review, complete, and return queries within two weeks.
- Clear and concise answers are most helpful.

4. Potential questions from doctors and suggested responses:

Q: Why am I receiving these queries?

A: Queries are sent when additional information is needed to code the patient encounter accurately. They're a standard part of ensuring our documentation is complete and compliant.

Q: Do I really need to respond to every query?

A: Yes, each query is important. Responding to all queries ensures accurate coding, proper reimbursement, and complete medical records.

Q: What happens if I don't respond to a query?

A: Unanswered queries can lead to inaccurate coding, down coding, and potential compliance issues and may affect reimbursement. It's crucial to respond to maintain the integrity of our medical records and billing processes.

Q: Can't the coders just figure it out from what I've already written?

A: Coders are trained to code based on specific documentation. When information is ambiguous or missing, they're required to query for clarification rather than make assumptions.

Q: How long will this query process continue?

A: The query process is ongoing. It's a standard part of medical coding and helps maintain the accuracy and completeness of our records.

Q: I'm very busy. Is there a way to reduce the number of queries I receive?

A: The best way to reduce queries is to provide thorough, clear documentation to support diagnoses billed in the initial patient record. We can provide guidance on common areas where queries are often needed.

5. Benefits of timely query responses:
- Faster billing cycles and improved cash flow for the organization.
- Reduced risk of audit findings or compliance issues.
- More accurate representation of the complexity and quality of care provided.

6. Support available:
- If doctors have questions or concerns about a specific query, they can reach out to Samantha Monks, Manager, Quality & Risk, 650.613.1183.
- Training or guidance on documentation practices that can reduce queries is available upon request.
- It's important that everyone in the office understand the purpose of queries and how to respond.   If you encounter questions you can't answer, don't hesitate to contact Samantha Monks, Manager, Quality & Risk, 650.613.1183 for clarification.