PROPRIETARY STATEMENT

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Please direct all questions to HTS Compliance, who can be reached at:
compliance@htstherapy.com

Provider Query Process Policy and Procedure

I. Policy Statement and Purpose

The facility is committed to advocating proper documentation practices. This policy describes the expectation for the use of a query process to enhance the facility's compliance with billing/coding rules and to serve as an educational tool for providers and facility staff.

II. Procedures

1. Providers will be educated about the need for the provider query process to generate their constructive communication and promoting regulatory agency compliance.
2. Queries will be initiated as a result of variation in documentation practices by providers. Queries may be made in situations such as:
    - Clinical indicators of a diagnosis present, but no documentation of the condition
    - Clinical evidence present to support a higher degree of specificity or severity
    - Uncertainty of a cause-and-effect relationship between two conditions or organisms
    - An underlying cause when admitted with symptoms
    - Only the treatment is documented (without a diagnosis documented)
    - Clinical validation of a diagnosis
3. It may be appropriate to generate a provider query when documentation in the patient's record fails to meet one of the following criteria:
    a. Legibility
    b. Completeness
    c. Clarity
    d. Consistency
    e. Precision
    f. Reliability
    g. Timeliness
4. Provider documentation entries in the medical record should:
    a. Address clinical significance of abnormal test results
    b. Support the intensity of patient evaluation and treatment and describe the thought process and complexity of medical decision making
    c. Include all diagnostic and therapeutic procedures, treatments, and tests ordered and performed in addition to the results
    d. Include any changes in the patient's condition, including psychological and physical symptoms
    e. Include all conditions that coexist at the time of the admission, that subsequently develop, or that affect the treatment received and the patient's length of stay

5. Queries may be either verbal or written, verbal queries will follow the same format as written queries
6. Written and e-mail queries will be made utilizing compliant query templates
7. Query templates may only be edited as follows:
    a. Deletion of any part of the query form not pertinent to the query
    b. Add any pertinent clinical findings as documented in the health record
8. All queries will:
    a. Be clear, concise, and non-leading
    b. Be simple and direct
    c. Indicate the clinical indicators or clues (example: documentation found in nursing documentation, but not mentioned in the primary providers documentation, lab findings, radiological findings) in the medical record
9. The query should contain all of the patient's identifying information such as name, date of admission, room number, etc. as well as clear concise itemization of the clinical findings with supporting documentation resulting in a specific question for the provider
10. Queries may be initiated by either health information management or MDS staff
11. All queries will be logged for follow-up, to track responses and to trend for any documentation issues that may indicate additional documentation improvement educational opportunities for providers or over use of queries by facility staff

APPROVALS	Printed Name	Signature	Date
Executive Leadership			
Chief Compliance Officer			
General Counsel			
REVIEW & REVISIONS			
Version #: Date:			
Summary of changes:			
Version #: Date:			
Summary of changes:			

Instructions

Use the following steps to assist in completing the following query template(s).

1. Review the record and identify your query opportunity.

2. Select the query template that best fits your query need.

3. Fill in each section of the query to add the specificity needed for each patient. You may add free text in the open response boxes provided; each query should include all the clinical indicators used to support the query. Click on the free text or drop down box to insert the query specific information. Use the Check Boxes next to selections to indicate your appropriate response.

    a. Insert the Provider's name in the first open response box.

    b. Describe the opportunity

    c. Enter the date/ location in regards to the reference document.

    d. Fill out the following table with the drop-box selections provided, if there are any additional indicators that are not included in the list or if there are more than four, describe or list them below the table in the "Other Indicators" open response field.

    e. Use the check boxes to select one question to be asked of the provider.

    f. Select one or both of the first two check boxes to insert an open response diagnostic option, or select from the remaining three options (If "Other explanation of clinical findings" is selected, please identify the findings using the open response box provided).

HTS your partner in therapy™ PROACTIVE MEDICAL REVIEW

Provider Query (General)

Provider name(s):_____

Opportunity: _____

Reference document date/location(s): _____

Signs & Symptoms	Treatments	Risk Factors

Other Indicators: _____

Select a question to be asked of the provider:

- ◯ Can this diagnosis be further specified?
- ◯ Can this relationship between these two diagnoses be further specified?
- ◯ Can this diagnosis be further specified as present on admission or developed after admission?
- ◯ Can an associated diagnosis be documented?

Please either enter a diagnostic option(s) or select one of the provided options below.

- ◯ _____

  _____
- ◯ Other explanation of clinical findings: _____

  _____
- ◉ Unable to determine.
- ◯ No further clarification needed.