Insights to Coding and Data Quality

Readiness for ICD-10 includes physician query inventory and checklist

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Can it be that we also need an inventory of physician query forms/template in preparation for ICD-10? Well, yes, this is a necessity and of great value. With the greater specificity of ICD-10 wording and language there will be revisions needed to some common diagnoses we query for today, whether that querying is performed by coding or clinical documentation improvement staff. In addition, there are some areas of ICD-10 that will result in the creation of new physician queries for greater diagnosis specificity.

The physician query process is essential to the coding and clinical documentation improvement (CDI) activities. The following sample is a start to tracking the inventory and checklist process. This is also a good tool to use to validate that this step in your readiness has been completed.

ICD-10 PHYSICIAN QUERY INVENTORY & CHECKLIST

#	Query Name	Purpose	Definitions/ Clinical Indicators Provided	Dt. Last Rev'd	Reviewed for ICD-10? (Y/N)	Revision Needed? (Y/N)	What Needs to be Revised?	Date Rev. Complete	Date Rev. Released
1	Alcoholic Dependence	Specify alcohol use as: • abuse or dependence • episodic or continuous • in remission	Defines each term	12/2012	YES	Yes			
2	Asthma	Specific type of asthma. Provides a list of common asthma.	Asthma unspecified Status asthmaticus	12/2012	YES	YES	Add new type of asthma Dx: Mild intermittent Mild persistent Moderate persistent Severe persistent Other & Unspecified Asthma	9/2013	
3	POA	Specify if diagnosis was present on admission (POA)	Provides POA status indicators and definitions.	12/2012	YES	No	NA	NA	NA
4	Heart Failure	Specify the type of failure	Specific type of heart failure	10/2013	Yes	No	NA	NA	NA
5									
6									
7									
8									
9									

List the "title" or the diagnosis of your query (template); include a column to indicate the purpose of the query; add any clinical indicators that are often helpful; include columns for the dates of the different steps as well as the "new revised" language or wording that is recommended for the query form.

We know that ICD-10-CM has some specific code subcategory expansion and these are areas to consider for new query forms. For example "Coma" in ICD-10-CM has been expanded greatly. Coma falls into Chapter 18: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (code range R00-R99). Coma now incorporates the Glasgow coma scale in the code range R40-21–R40-23. Specific documentation will be needed to reflect the scale AND the presentation. During the coding process, assigning the level of consciousness (coma) in the presentation of the patient at the 7th character extension level is needed; at a minimum the presentation at the facility is needed.

0 – unspecified time
1 – in the field [EMT or ambulance]
2 – at arrival to the emergency department
3 – at hospital admission
4 – 24 hours or more after hospital admission accurate documentation and coding is needed for trauma and research registries.

A physician query may be needed in order to add the code regarding exposure to and use of tobacco; there is greater emphasis on **tobacco exposure and use** in ICD-10. This area is one the physician usually ask their patients about and documents, especially with the EHR.

Of course one should follow the compliant query process established in the AHIMA 2013 Practice Brief which will be a great resources and tool for you to use while you revise current wording and create new query forms. Using multiple choice and yes/no queries is allowed BUT with specific guidelines.

If your readiness plan does not include the inventory, review and revisions to physician query forms, it should, so discuss this with your committee or subgroup for ICD-10. Your ICD-10 readiness along with confirmation for your compliance leadership should include the inventory checklist. Being proactive and organized with easy to use inventory tools will make the final months easier to manage.

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