

 HAWAII HEALTH SYSTEMS CORPORATION <i>Quality Healthcare for All</i>	Department: Administration	Policy No. HIM 1010A
		Supersedes Policy No.
POLICY	Approved By: <i>Stephany Vaioleti</i>	Approved Date: January 26, 2023
Subject: Medical Records: Physician Query	HHSC Board of Directors By: Stepany Vaioleti Its: Secretary/Treasurer	Last Reviewed: November 21, 2022

I. PURPOSE:

To establish guidelines to improve the quality of the physician documentation within the body of the medical record to support code assignments and patient care. The policy defines when a Physician Query should be initiated and outlines the appropriate process to be used. Following the policy guidelines will help ensure complete, consistent, and accurate coding practices and improve quality of care. This policy shall apply to all HHSC operations in all HHSC facilities.

II. DEFINITIONS:

“Physician Query” means a request made by a coder for additional information from the physician to determine the best way of coding aspects of clinical care for insurance purposes to assist coders to provide a clearer picture of any documentation related to a health record.

III. POLICY:

A. When the medical record has incomplete, inconsistent, unclear, or ambiguous documentation, a Physician Query shall be requested to improve coding and quality of care. The following resources may be referenced to provide guidelines to assign diagnoses and procedures codes:

1. The Official Guidelines for Coding and Reporting Diagnosis and Procedures published in *Coding Clinic for - ICD-10-CM guidelines and Coding Clinic for ICD-10-CM and PCS guidelines*
2. AHIMA Code of Ethics
3. Joint Commission on Accreditation of Healthcare Organizations Standards (I.M. Standards)
4. Medicare Conditions of Participation
5. International Classification of Diseases (ICD) standards known as the 10th edition using Clinical Modifications (CM) and the Procedure Coding System (PCS)

B. All HHSC operations shall comply with the Procedure HIM 1010B in carrying out the Physician Query process.

IV. AUTHORITY:

All applicable federal and state statutes and regulations that pertain to coding and health care reimbursement. Third party payor contracts, as applicable.

V. RELATED PROCEDURE(S):

HIM 1010B Physician Query Process

VI. REFERENCE(S):

- CMS ICD-10 Official Coding Guidelines for Coding and Reporting
- American Health Information Management Association (AHIMA) Standards of Ethical Coding
- AHA Coding Clinic for ICD-10-CM Guidelines (most current guidelines)
- CMS memorandum to the Peer Review Organization entitled "Use of the Physician Query Forms", January 22, 2001
- Medical Staff Bylaws