
 <p><b>HAWAII HEALTH SYSTEMS</b> CORPORATION "Quality Healthcare For All"</p> <p><b>POLICY</b></p>	<p>Department:</p> <p>Administration</p>	<p>Policy No.:</p> <p><b>HIM 1010A</b></p>
	<p>Issued by:</p> <p>Finance &amp; Information Systems Committee</p>	<p>Revision No.:</p>
<p>Subject:</p> <p>Medical Records: Query Policy</p>	<p>Approved by:</p>  <p>HHSC Board of Directors By: Donna McCleary, M.D. Its: Secretary/Treasurer</p>	<p>Effective Date:</p> <p>October 25, 2018</p>
		<p>Supersedes Policy:</p> <p>PAT 1010A</p>
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Last Review: August 14, 2018; Next Review: August 14, 2021

- 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 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.
  
- II. **POLICY:** When the medical record has incomplete, inconsistent, unclear, or ambiguous documentation, a physician query shall be requested in order to improve coding and quality of care. The following resources may be referenced to provide guidelines to assign diagnoses and procedures codes:
  - 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*.
  - AHIMA Code of Ethics
  - Joint Commission on Accreditation of Healthcare Organizations Standards (I.M. Standards)
  - Medicare Conditions of Participation
  - International Classification of Diseases (ICD) standards known as the 10th edition using Clinical Modifications (CM) and the Procedure Coding System (PCS)

All HHSC operations shall comply with the Procedure HIM 1010B in carrying out the query process.
  
- III. **APPLICABILITY:** All HHSC operations in all HHSC facilities.
  
- 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. **REFERENCES:**
  - 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

**VI. ATTACHMENTS:**

- HHSC Procedure HIM 1010B Query Process