

 <p><b>HAWAII HEALTH SYSTEMS</b> CORPORATION "Quality Healthcare For All"</p> <p><b>POLICY</b></p>	<p>Department: Administration</p>	<p>Policy No.: <b>PAT 1010A</b></p>
	<p>Issued by: Finance &amp; Information Systems Committee</p>	<p>Revision No.: N/A</p>
<p>Subject:  Medical Records: Query Policy</p>	<p>Approved by: <i>Toni Torres</i> HHSC Board of Directors By: Toni Torres Its: Secretary/Treasurer</p>	<p>Effective Date: March 19, 2015</p>
		<p>Supersedes Policy: NA</p> <p>Page: 1 of 2</p>

Last Review: November 18, 2014; Next Review: November 18, 2017

- I. **PURPOSE:** 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 will 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-9-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
  - The International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification, volumes 1-3.
  - International Classification of Diseases (ICD) standards known as the 10<sup>th</sup> edition using Clinical Modifications (CM) and the Procedure Coding System (PCS)

All HHSC operations shall comply with the Procedure PAT 1010B in carrying out the query process.
  
- III. **APPLICABILITY:** All HHSC operations in all HHSC facilities.
  
- IV. **AUTHORITY:** Federal rules on coding health care provider bills; contracts with third party payors.

## **V. REFERENCES:**

- CMS ICD-9 Official Coding Guidelines for Coding and Reporting
- American Health Information Management Association Standards of Ethical Coding
- AHA Coding Clinic for ICD-9-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 PAT 1010B Query Process