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Querying Your Physicians for Inpatient MS-DRG & POA – Are You in Compliance?

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Physician Query

- Objectives
  - Understand the historical perspective and evolution of physician queries.
  - Learn what role physician queries plays under CMS MS-DRG and POA initiatives.
  - Recognize what constitutes a "clinically appropriate query".
  - Identify the "CQI" process of clinical queries.

Physician Queries

- Physician query process began to increase markedly in early 1990's.

- Physician query →mainly to clarify additional diagnosis or increase specificity →**Increased Reimbursement**.

- Increased reimbursement drove tone and content of physician query.

Examples of Physician Queries

Reimbursement Queries

- “Could this be aspiration pneumonia?
- “Could this be early sepsis?”
- “May this be gram-negative pneumonia?”
- “Patient was transfused 2 units Packed Red Blood cells, is this acute blood loss anemia?
- “Patient’s albumin is lower than normal, could this possibly be malnutrition?

And so forth and so on!

“Possible, Probable, Suspected”

Misuse of Possible, Probable, Suspected:

- Aspiration pneumonia
- CVA/Stroke
- Gram-negative pneumonia
- Blood loss anemia
- Sepsis
- UTI

Improper Queries

- Queries→Reimbursement→Increased scrutiny by OIG, QIO, Fiscal Intermediary

Why?

- Physician queries lacked clinical basis.
- Clinicals of patient presentation and physician management did not support basis for physician query.

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MS-DRG and POA Initiatives

MS-DRG & Present on Admission Initiatives drastically changed the query process:

- Increased Clinical Specificity in documentation required to achieve clinical accuracy in DRG assignment.

- Business Financial Success under MS-DRG system predicated upon clinically accurate DRG assignment.

- Inclusion of all clinically relevant diagnoses essential under MS-DRG system, PDX and secondary.

- Role of reporting all diagnoses - material impact upon risk of morbidity and mortality adjustment calculation.

DRG Assignment

- Final Diagnoses:
  - ICD-9 code 486-Pneumonia
  - ICD-9 code 428.0
    - DRG-195-Simple Pneumonia and Pleurisy without CC/MCC→Relative weight=.8398

- Potential DRG with increased specificity of type and degree of Congestive Heart Failure:
  - DRG 194-Simple Pneumonia and Pleurisy with CC → Relative weight=1.0235

Case in Point

- Patient admitted with shortness of breath, tachycardia, temperature of 101 F, and respiratory rate of 28.

- Diagnosis of pneumonia made on day 1 with positive chest x-ray and elevated white blood cell count with bands.

- Patient has history of CHF.

Highest Level of Specificity for CHF…

- Same case - Final Diagnoses
  - Pneumonia
  - Acute on chronic systolic heart failure
    - DRG Assignment→DRG Simple Pneumonia and Pleurisy with MCC-Relative weight=1.2505

- How to query physician to obtain specificity in type and degree of CHF?

Where Form & Function Matter

- Elements of a Clinically Appropriate Query:
  - Include brief clinical findings as documented in record.
  - Clarify clinical relationship between findings and diagnosis implied by clinical management of patient.
  - Avoid leading physician to desired response.
  - No open ended questions.
  - Be brief and to the point-three to four sentences maximum.

Crafting A Query

Clarifying Acute-on-Chronic Congestive Heart Failure:

"Noted in the ED, the patient presented with extreme shortness of breath with respiratory rate of 32 and accessory muscle use.

Patient received IV 80 mg Lasix in ED, continued on floor. History and Physical indicates patient had history of CHF, on 40 mg PO Lasix and Digoxin as maintenance therapy outpatient.

In light of the above, please clarify in your discharge whether this meets your clinical definition of acute on chronic CHF and whether this represents systolic versus diastolic or both. Thank you."

The Query Process

Recognizing When Query is Relevant & Essential:

- *C*ommon areas where clinical queries may be appropriate:
  - Solidify principal diagnosis.
  - Clarify implied secondary diagnoses.
  - Uncover the “hidden agenda” in the physician orders.
  - Clarify conflicting documentation in the record, attending physician versus consultant.
  - Clarify conflicting documentation in the record, attending physician versus residents and fellows.

Clinical Query

Role of Clinical Query in a Nutshell

Bringing the Implicit into the Explicit!

Helping Physicians Properly, Effectively, & Accurately Capture Their Medical Decision Making Through Translation into Explicit Medical Record Documentation

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Monitoring Clinical Queries

- Best Standards of Practice
  - Monitor Clinical Queries by:
    - Coder
    - Physician
    - Response rate
    - Affirmative
    - Negative
    - Unanswered

- Track and trend data.

- Use as basis for physician clinical documentation education, documentation specialists education, coder education.

Questions?