Queries Q&A

Q: What is a query?

A: A query is a note sent back to the provider after the completed Clinical Documentation Improvement Alert is reviewed and additional documentation or clarification is needed prior to assigning the diagnosis code.

CDI Alerts

Q: Who sends queries?

A: Queries are created by Advantasure®'s CDI Alert review team which consists of physicians and certified coders. The CDI Alert review team reviews providers' documentation in the office visit note for the same date of service a CDI Alert was completed for a patient enrolled in the Provider Engagement Coordination or Remote Clinical Documentation Improvement Program.

Q: Why would a query be sent back to the provider?

A: Queries are sent back to providers for two main reasons:

1. There is missing documentation from the office visit note. For example:
   - The provider marked *Yes* to a diagnosis on the CDI Alert but didn't document that diagnosis in the office visit note from the same date of service.
   - The provider wrote a diagnosis in the office visit note but didn't document if it was addressed during the visit. For example, the office visit note doesn't mention any monitoring, evaluation, assessment, treatment or referral to a specialist.
2. More specificity is required in the documentation to report the appropriate diagnosis code. For example:
   - The provider marked *Yes* to a diagnosis code on the CDI Alert but documented a different or less specific diagnosis (for example, marked Yes to "exudative macular degeneration" but documented the diagnosis as "macular degeneration").
   - Evidence for a more specific diagnosis exists in the office visit note when a less specific diagnosis is documented (for example, criteria for morbid (severe) obesity are present but "obesity" or "overweight" is documented).

Q: What are providers expected to do when they receive a query?

A: Providers are expected to amend their documentation in the office visit note to reflect the requested clarification or add the missing documentation in the form of an addendum. All changes made in the medical record should be signed and dated by the provider.

Q: What do the Yes and No responses to the query mean?

A: The *Yes* and *No* responses indicate to Advantasure's reviewers whether an amendment or addendum was made by the provider in the medical record in response to the query. A *Yes* response will prompt the reviewer to verify that the requested documentation was added to the record.

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Q: What is the time frame allowed to make changes in the medical record based on a query?

A: According to the Centers for Medicare & Medicaid Services, all changes to the documentation in an office visit note must be made within 30 days from the date of the face-to-face or audio and visual telehealth visit. Advantasure won't ask providers to make any changes to their documentation outside of that time frame.

Q: Are queries ever sent for diagnoses not listed on the CDI Alert?

A: *Yes*. If any diagnosis that affects the patients perceived severity of illness is documented as part of the patient visit, and the specificity in the documentation is inadequate to assign and report the appropriate diagnosis code, a query will be sent to the provider requesting clarification by adding the required specificity. For example:

- Documenting the diagnosis of "depression" or "major depressive disorder" without specifying the recurrence or severity of the patient's depression, or whether it is in remission.
- Documenting the diagnosis of "chronic kidney disease" without documenting the stage based on the patient's glomerular filtration rate.

Q: What if the query was the result of an incorrect response on the CDI Alert?

A: If the provider marked the wrong response for a diagnosis code on the alert, for example, he or she marked *Yes* to a diagnosis that wasn't addressed with the patient during the visit or to a diagnosis that is no longer valid, the provider should correct the entry on the CDI Alert to *Not Addressed* or *No* and initial and date the correction.

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