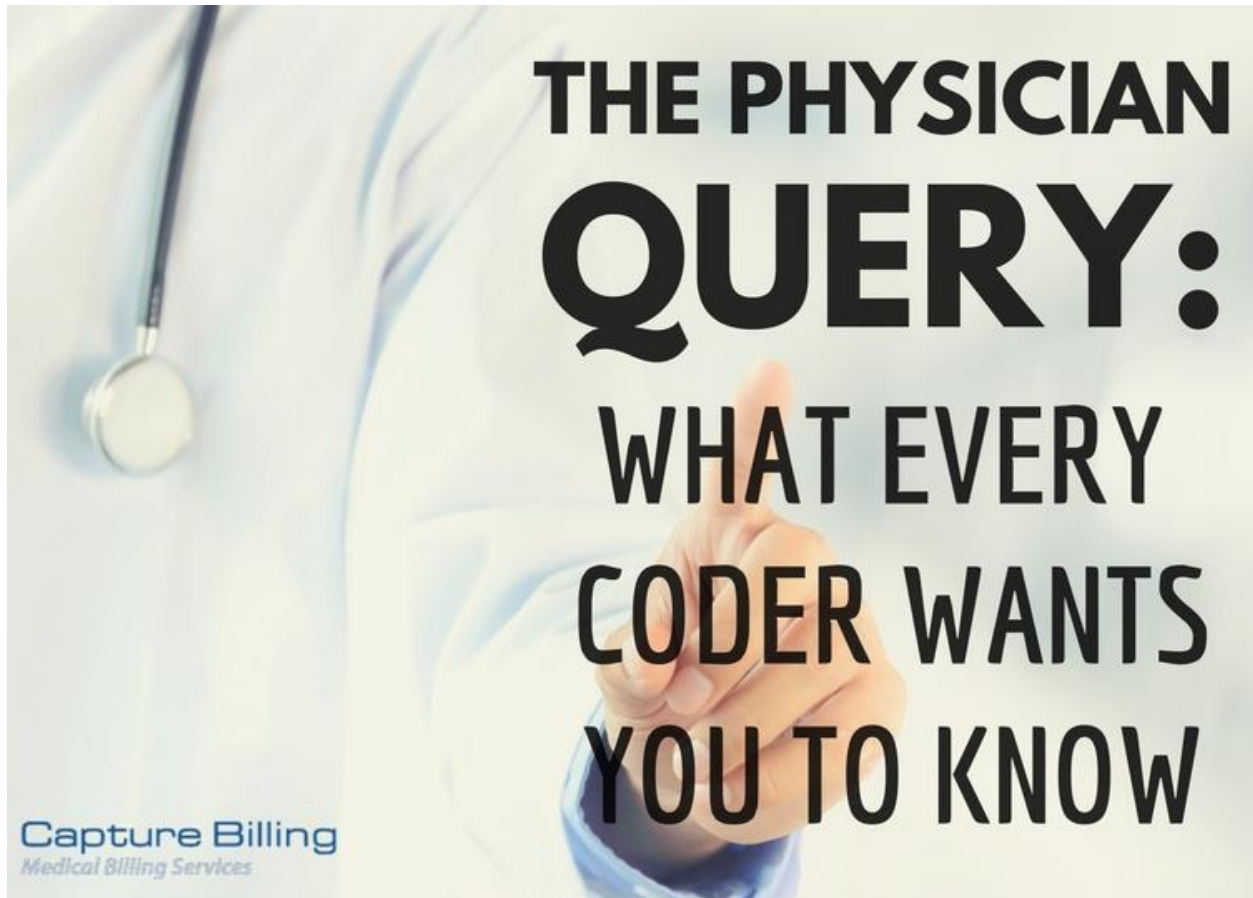


## **The Physician Query: What Every Coder Wants You To Know**



### **Query! Query! Query! Who are these people and what do they want from me?**

Whether you are a physician who practices medicine in the inpatient or outpatient setting, you have probably been hunted down by a medical biller, coder or clinical documentation improvement specialist.

This group of “hunters and gatherers” are quite astute and tenacious and their weapon of choice is the QUERY! They know their stuff and can sniff out any area in the [chart that needs clarification](#). Coders and CDI have the task of assigning the codes and providing documentation to paint the most accurate picture of the patient care you provided. They increase revenue, decrease reimbursement time, put together the puzzle that displays the acuity of care you provide, help relay information about risk of mortality, and more.

Take my word for it; you want these fierce hunters on your team. Now, onto the query!

## What is a Query?

So, what in the world is a query (besides a word that drives me crazy and makes your skin crawl) anyways?

“A **physician query** is **defined** as a written question to a physician to obtain additional, clarifying documentation to improve the specificity and completeness of the data used to assign diagnosis and procedure **codes** in the patient’s health record.”

I have found that queries seem to instill the fight or flight response from most physicians. Is this person questioning my clinical judgment? Dukes are up...ready to fight. They want me to decide what type of heart failure my patient has.....Run for the Hills! But it doesn’t have to be this way.

## Coders speak in codes. Physicians speak in clinical rational.

When a coder sends you a query to clarify information in the chart, they are looking for a code to assist them in painting the patient’s clinical picture. It’s unlikely that they’re questioning your clinical care or judgments, but rather searching out clarification of which code is most appropriate to reflect the care you’ve provided.

Physicians are eager to provide clinical rationale for the query. Several paragraphs regarding clinical judgment and rationale take up too much of your time and is not what the coders need and/or want to complete their task.

On the flip side, if the coder asks what type of CHF the patient has, a physician's response of "just CHF, that's it" is not helpful either. In other words, both sides must be balanced to create harmony. Here are a few steps to help achieve said harmony:

1. The coders and CDI need to query appropriately for information they need to accurately assign codes.
2. Queries need to be consistent with evidence-based practice and clinical practice.
3. Physicians need be educated on how to document and respond with documentation to help coders accurately assign codes.

Most of all, everyone has to be patient with each other. We are all on the same team here. We just need learn each other's language.

## Meat and potatoes? Yes please....

Okay, so why do we need these "hunters and gatherers?" Because they get you your meat and gather your potatoes so you can focus on patient care. Hospitals have seen the benefit of coders and CDI programs for years now, but outpatient practices are starting to see the advantages in their practice as well. [Think of CDI as a quality initiative.](#)

Most physicians are not taught how to document in order to assign codes accurately, which is where coders and CDI come in! They help you demonstrate the quality of care



provided. Whether your practice designates a coder/CDI from already existing staff or [hires an outside coding or billing company](#), their contribution is guaranteed to be invaluable to you.

### **Here are 7 reasons a physician needs coders/CDI:**

- 1.** They can track the volume of queries by physician (education needs)
- 2.** They track response rates to queries. The faster response time, the quicker the revenue turnover
- 3.** They can track the most common CC/MCC diagnoses
- 4.** Track the most common DRGs, E&M codes, CPT etc
- 5.** Determine the severity of illness and risk of mortality scores
- 6.** Track your case mix index
- 7.** Reduce/ manage denials and audits

### **Scout on and Forage, Fellow Villager!**

With cuts in healthcare spending, tightened purse strings of private insurance companies, and increased claims audits, hospitals and [outpatient medical practices](#) can really benefit from coding and CDI teams. While no one likes to receive questions regarding care that they provided, being proactive with the coder/ CDI process, will only help the physician in the big picture.

The return on investment (ROI) is evident with this process through quicker revenue return, decreased claim audits, and education for physicians on proper charting. The data received can also be organized and utilized to look deeper into various topics of interest to a physician's personal practice, their business practice, or hospital revenue flow.

So, hopefully you will no longer dodge the query bullet, but better understand why the fierce hunters and gatherers do their job, and come to appreciate the help they can provide your village.

**Let's dialogue on whether your practice uses coders or CDI. What experience you have had with coders and whether you internalize these roles in your outpatient practice or outsource?**



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My name is Sarah Matacale RN,BSN,CCS. I have been a nurse for 20 years and have practiced in a variety of care settings. My passions have always been with Hospice care and Cardiac Critical Care, however, due to unknown reasons, I lost a large percentage of my hearing bilaterally about 4 years ago with a continuous decline over the years. This meant I had to find new passions and a way to reach out in the healthcare environment. I went back to school to obtain a certification in Medical Coding and Billing and passed the national certification exam. I was also presented with the opportunity to start healthcare freelance writing. This has become my new way to reach patients, caregivers, and fellow healthcare workers in a fun and fulfilling way!

## About the Author



Manny Oliverrez

Manny Oliverrez, CPC, is a 20-year healthcare veteran and the CEO and co-founder of Capture Billing, a medical billing services company located outside of Washington, D.C. He teaches the nation's physicians, administrators, and medical practices how to maximize billing and revenue cycle management processes. Manny also frequently posts articles and videos on his [award-winning healthcare blog](#). For more information on Manny and his company, please visit [his website](#), or call (703)327-1800. And if you're on [LinkedIn](#), please look for him there too. **READ MORE**

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