



Coding Queries

How, When & Why Coders Query Providers for Clarification

CODING DECODED

1. Query in Medical Coding

A query in medical coding is a formal request made by a coder to a healthcare provider (such as a physician) for clarification, specificity, or additional documentation related to the diagnosis, treatment, or procedures performed on a patient. Queries are necessary when the existing documentation is ambiguous, inconsistent, incomplete, or unclear, which can impact accurate code assignment and billing compliance.

Example

A patient presents with a cough and fever. A chest x-ray is ordered for the patient, and the patient is started on clindamycin. No diagnosis is documented.

Query to Physician: A query would be generated for a diagnosis for the antibiotics.

Example — Conflicting Documentation

The patient presents to the ER with abdominal pain, gastroenteritis, and hypokalemia. In the discharge summary, the physician documents hyperkalemia. The coder may generate a query to address this conflict. Depending on the policies of the facility, this conflict may need to be addressed through a physician advisor.

Query: Based on the notes of ER, gastroenteritis was also documented, however, in the discharge summary it was not documented. Please clarify.

Sample Query Form: typically includes fields for Patient Name, Patient Number, Admission Date, Discharge Date, Query Date, and a structured request to the provider (e.g., “Dear Dr. ____”) asking for the most appropriate code(s) that reflect the patient's condition, along with space for the Physician Response.

2. Why Are Queries Important?

Reason	Why It Matters
Accurate Code Assignment	Ensures proper classification of diagnoses and procedures, leading to correct reimbursement and statistical reporting.
Compliance with Regulatory Standards	Supports adherence to healthcare regulations, including CMS, AHIMA, and ACDIS guidelines for coding accuracy.
Clinical Validation	Confirms that the coded conditions and procedures align with clinical indicators and medical necessity.
Revenue Integrity	Reduces the risk of under- or over-coding, which can lead to financial loss or compliance audits.
Quality Reporting	Accurate documentation ensures quality metrics reflect the true complexity of patient care.

3. When Should a Query Be Issued?

A coder should issue a query in the following situations:

1. Incomplete Documentation

- When essential details (e.g., diagnosis specificity, laterality, acuity) are missing.
- Example: Physician documents “pneumonia” without specifying the type (e.g., bacterial, viral, aspiration).

2. Conflicting Information

- When documentation contains inconsistencies between different sections of the medical record.
- Example: The progress note states “Type 1 diabetes,” but the discharge summary mentions “Type 2 diabetes.”

3. Unclear or Ambiguous Terminology

- When the provider uses non-specific terms such as “probable” or “consistent with” without clear clinical indicators.

4. Clinical Indicators Present Without Diagnosis

- When laboratory results, imaging reports, or treatment plans indicate a condition that is not explicitly documented.

- Example: Blood glucose levels and insulin therapy suggest diabetes, but it is not documented in the record.

5. POA (Present on Admission) Status Unclear

- When it is not clear whether a condition was present upon hospital admission or developed later during the stay.

4. Based on Timing of Query

Based on when the query is made, they are divided into two types:

- Concurrent Query (During Patient's Hospital Stay)
- Retrospective Query (After Discharge)

Key Differences Between Concurrent and Retrospective Queries

Feature	Concurrent Query	Retrospective Query
Timing	During hospital stay	After discharge
Purpose	Clarify documentation before final coding, during documentation discrepancies.	Ensure accuracy before claim submission
Common Example	POA status, unclear sepsis diagnosis	Missing specificity in final diagnosis
Benefit	Immediate correction, reduces post-discharge queries	Comprehensive review, ensures final claim accuracy
Challenge	Provider response delays during patient care	Billing delays if providers don't respond quickly

5. Types of Queries in Medical Coding

Queries can be made in different formats depending on the hospital policy and regulatory guidelines:

1. Verbal Queries

- Direct communication with the provider (documented in writing afterward).
- Typically used for urgent clarifications.

2. Written Queries

- Formal documentation sent via electronic health records (EHR), email, or paper-based forms.
- Preferred for audit trails and compliance purposes.

3. Multiple-Choice Queries

- Provides the physician with several clinically supported options for response.
- Example: What type of heart failure does the patient have? A) Systolic heart failure B) Diastolic heart failure C) Combined heart failure D) Unable to determine

4. Yes/No Queries

- Used when the question is straightforward and based on clinical evidence.
- Example: "Was the pneumonia aspiration in nature? Yes/No"

6. How NOT to Query in Medical Coding

1. Leading Queries

A leading query suggests or influences a specific diagnosis or response that is not clinically supported in the documentation.

- **Example (Incorrect):** "The patient's documentation mentions shortness of breath. Do you agree that this should be coded as congestive heart failure (CHF)?"
- **Correct approach:** "Can you clarify the cause of the patient's shortness of breath based on clinical indicators?"
- **Why to avoid it:** Violates ethical guidelines by pressuring providers to document unsupported diagnoses. Can lead to inaccurate coding and potential fraud investigations.

2. Asking Vague Questions

Queries should be specific and structured to obtain clear, actionable information.

- **Example (Incorrect):** “Can you provide more details about the patient's condition?”
- **Correct approach:** “Can you specify whether the pneumonia is community-acquired or hospital-acquired based on the clinical findings?”
- **Why to avoid it:** Vague queries may not yield useful or compliant documentation improvements, and waste time for both coders and providers.

3. Querying Without Clinical Evidence

A query must be grounded in the clinical findings documented in the medical record rather than assumption or suspicion alone.

- **Correct approach:** “Can you specify whether the pneumonia is community-acquired or hospital-acquired based on the clinical findings?”
- **Why to avoid it:** Queries not supported by clinical evidence can be viewed as leading and may compromise the integrity of the documentation and coding process.

4. Repetitive or Excessive Queries

Avoid querying providers multiple times for the same issue if they have already provided a response or clarification.

- **Example (Incorrect):** Sending multiple queries asking for further clarification on the same diagnosis that has already been confirmed.
- **Correct approach:** Review the previous response carefully and only issue a follow-up if necessary.
- **Why to avoid it:** Can frustrate providers and damage collaboration between clinical and coding teams. Wastes time and resources.

5. Asking for Diagnosis Not Supported by Documentation

Queries should not attempt to elicit a diagnosis that does not have adequate clinical indicators.

- **Example (Incorrect):** “Can you document heart failure since the patient is on Lasix?”
- **Correct approach:** “The patient is on Lasix; can you clarify the clinical indication for this medication?”
- **Why to avoid it:** May result in upcoding, leading to fraud and audit issues. Breaches compliance and ethical standards.

6. Using Unprofessional or Inappropriate Language

Queries should be respectful and professional, without implying blame or urgency.

- **Example (Incorrect):** “You forgot to document the heart failure diagnosis.”
- **Correct approach:** “Can you provide clarification on whether heart failure was present based on the available clinical indicators?”
- **Why to avoid it:** Can lead to provider dissatisfaction and reduced cooperation with the coding team. May create legal risks if perceived as coercion.

7. Querying for Revenue-Driven Purposes

Queries should never be issued solely to maximize reimbursement or improve financial outcomes without clinical justification.

- **Example (Incorrect):** “Can you document malnutrition to support a higher DRG payment?”
- **Correct approach:** “Can you clarify the patient's nutritional status based on BMI and lab findings?”
- **Why to avoid it:** Violates healthcare regulations and ethical coding principles. May result in allegations of fraud and abuse.

7. Clinical Indicators Reference — Common Conditions

Quick-reference cards summarizing clinical indicators that support and justify common diagnoses for coding purposes.

Sepsis <i>A life-threatening condition where the body's response to an infection causes tissue damage and</i>	Congestive Heart Failure (CHF) <i>A condition where the heart can't pump enough</i>	Acute Myocardial Infarction (AMI) <i>Occurs when blood flow to the heart is blocked,</i>
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<i>organ failure.</i> Clinical Indicators - Fever/hypothermia - Tachycardia - Hypotension - Elevated WBC - Positive cultures - Multi-organ dysfunction	<i>oxygen-rich blood to meet the body's needs.</i> Clinical Indicators - Dyspnea, orthopnea - Pedal edema - Crackles - Elevated BNP - Cardiomegaly on CXR	<i>leading to damage or death of heart muscle tissue.</i> Clinical Indicators - Chest pain - ECG changes - Elevated troponin - Diaphoresis - SOB
Pneumonia <i>An infection that inflames the air sacs in one or both lungs, which may fill with fluid or pus.</i> Clinical Indicators - Cough, fever - SOB - Crackles - CXR infiltrates - Elevated WBC	COPD Exacerbation <i>A sudden worsening of COPD symptoms, such as increased shortness of breath, coughing, and mucus production.</i> Clinical Indicators - Worsening dyspnea - Sputum changes - Hypoxia - Wheezing - Use of accessory muscles	Stroke / CVA / TIA <i>Occurs when blood flow to a part of the brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients.</i> Clinical Indicators - Unilateral weakness - Slurred speech - Confusion - CT/MRI changes
Acute Kidney Injury (AKI) <i>A sudden episode of kidney failure or kidney damage that happens within a few hours or days.</i> Clinical Indicators - Elevated creatinine - Oliguria - Hyperkalemia - Fluid retention	Diabetic Ketoacidosis (DKA) <i>A serious complication of diabetes where the body produces high levels of blood acids called ketones.</i> Clinical Indicators - Hyperglycemia - Ketonuria - Metabolic acidosis - Dehydration	GI Bleeding (Hemorrhage) <i>Bleeding that occurs in any part of the gastrointestinal tract, from the esophagus to the rectum.</i> Clinical Indicators - Melena/hematemesis - Anemia - Hypotension - Positive endoscopy
Liver Failure / Cirrhosis with Complications <i>Severe liver damage leading to loss of liver function, often accompanied by complications like bleeding or confusion.</i> Clinical Indicators - Ascites - Jaundice - Coagulopathy - Encephalopathy - Variceal bleeding - Low albumin, elevated INR	COVID-19 Pneumonia <i>A lung infection caused by the SARS-CoV-2 virus, leading to inflammation and fluid in the lungs.</i> Clinical Indicators - Fever, cough, dyspnea - Hypoxia - Positive RT-PCR - Bilateral infiltrates on chest imaging - Elevated CRP, ferritin, D-dimer	Urinary Tract Infection (UTI) <i>A UTI that spreads to the kidneys (pyelonephritis) or bloodstream (sepsis), causing more severe symptoms.</i> Clinical Indicators - Dysuria, frequency - Flank pain - Fever - Positive urinalysis and culture - CVA tenderness
Substance Abuse / Overdose <i>The harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs, leading to health issues or overdose.</i> Clinical Indicators - Altered mental status - Respiratory depression - Pinpoint pupils (opioids) - Positive toxicology - History of drug use	Psychiatric Admissions <i>Hospitalization due to severe mental health conditions that pose a risk to the individual or others.</i> Clinical Indicators - Suicidal ideation - Hallucinations or delusions - Manic or depressive episodes - Homicidal ideation - Psychiatric history	Pulmonary Embolism (PE) <i>A blockage in one of the pulmonary arteries in the lungs, usually caused by blood clots that travel from the legs.</i> Clinical Indicators - Sudden dyspnea - Chest pain - Tachycardia - D-dimer ↑ - Positive CTPA
Anemia (Severe) <i>A condition where the body doesn't have enough healthy red blood cells to carry adequate oxygen to tissues.</i> Clinical Indicators - Fatigue - Pallor - Tachycardia - Low hemoglobin/Hct	Alzheimer Dementia <i>A progressive neurological disorder causing memory loss and cognitive decline.</i> Clinical Indicators - Memory loss - Confusion - Disorientation - Problems with vision	Malignancy (Complications of Cancer) <i>Serious complications arising from cancer, such as infections, bleeding, or organ failure.</i> Clinical Indicators - Pain - Weight loss - Fatigue - Neutropenia

Blood loss history	- Struggles with speaking or writing - Anxiety	Tumor burden symptoms
Osteomyelitis <i>A serious bone infection that can be acute or chronic, caused by bacteria or fungi, most commonly Staphylococcus aureus.</i> Clinical Indicators - Fever (>38°C) - Localized swelling - Pain or tenderness - Warmth (heat) - Drainage from the affected site	Acute Respiratory Failure <i>A life-threatening condition where the lungs cannot adequately provide oxygen to the blood or remove carbon dioxide, leading to hypoxemia, hypercapnia, or both.</i> Clinical Indicators - Decreased oxygen saturation - Arterial blood gas showing hypoxemia - Hypercapnia - Use of accessory muscles for breathing - Altered mental status due to hypoxia	Acquired Immunodeficiency Syndrome (AIDS) <i>The most advanced stage of HIV infection, characterized by a severely weakened immune system (CD4 count <200 cells/mm³) and increased vulnerability to opportunistic infections and certain cancers.</i> Clinical Indicators - Recurrent or severe opportunistic infections - Presence of AIDS-defining illnesses (e.g., Kaposi's sarcoma) - Lymphadenopathy - Unintentional weight loss and chronic diarrhea
Coronary Artery Disease <i>A condition where the coronary arteries become narrowed or blocked due to atherosclerosis, reducing blood flow to the heart and potentially causing angina or myocardial infarction.</i> Clinical Indicators - Chest pain on exertion (angina) - Positive stress test - Abnormal ECG findings (e.g., ST depression) - Coronary artery blockage on angiography - History of myocardial infarction	Deep Vein Thrombosis <i>The formation of a blood clot in a deep vein, usually in the legs, which can lead to serious complications like pulmonary embolism if the clot travels to the lungs.</i> Clinical Indicators - Unilateral leg swelling - Localized leg pain or tenderness - Warmth over affected area - Positive Homan's sign - Diminished or absent peripheral pulses	Diverticulitis <i>Inflammation or infection of one or more diverticula (small pouches) in the colon wall, typically presenting with abdominal pain, fever, and digestive disturbances.</i> Clinical Indicators - Left lower quadrant abdominal pain - Fever and chills - Elevated white blood cell count - Nausea and vomiting - Thickened bowel wall or pericolic fat stranding on CT scan
Cholelithiasis <i>The presence of gallstones in the gallbladder. When stones cause blockage and inflammation of the gallbladder, it leads to cholecystitis.</i> Clinical Indicators - Right upper quadrant abdominal pain - Nausea and vomiting after fatty meals - Positive Murphy's sign on physical exam - Fever and leukocytosis - Gallbladder wall thickening or stones on ultrasound	Appendicitis <i>Inflammation of the appendix, usually due to obstruction, leading to abdominal pain, especially in the lower right quadrant, and requiring prompt surgical intervention.</i> Clinical Indicators - Periumbilical pain migrating to right lower quadrant - Loss of appetite (anorexia) - Rebound tenderness - Elevated white blood cell count - Nausea and vomiting	Epilepsy and Convulsions <i>A chronic neurological disorder marked by recurrent, unprovoked seizures. Convulsions are sudden, involuntary muscle contractions often associated with seizures.</i> Clinical Indicators - Recurrent unprovoked seizures - Loss of consciousness or awareness during episodes - Tonic-clonic movements - Abnormal findings on EEG - Postictal confusion or fatigue
Obesity <i>A medical condition characterized by excessive body fat, typically defined by a BMI of 30 or higher, increasing the risk for chronic diseases.</i> Clinical Indicators - BMI ≥ 30 kg/m² - Waist circumference >40 in (men) or >35 in (women) - Fatigue or decreased physical activity - Comorbid conditions such as hypertension or diabetes - Increased body fat percentage by imaging or DEXA scan	Alcohol-Related Disorders <i>A spectrum of conditions caused by excessive alcohol use, including dependence, abuse, intoxication, and withdrawal, often with physical, psychological, and social impairments.</i> Clinical Indicators - History of chronic or binge alcohol use - Withdrawal symptoms (tremors, agitation) - Elevated liver enzymes (AST > ALT ratio) - Cognitive or behavioral changes - Macrocytic anemia on CBC	Cardiac Dysrhythmias <i>Abnormal heart rhythms resulting from irregular electrical activity in the heart, ranging from harmless to life-threatening, including atrial fibrillation and ventricular tachycardia.</i> Clinical Indicators - Palpitations or irregular heartbeat - Dizziness or near-syncope - Shortness of breath - Irregular pulse on physical exam - Abnormal rhythm on ECG (e.g., atrial fibrillation)