

QUERY AND COMMUNICATION PROJECT SAMPLE CLARIFICATION MESSAGES

SAMPLE 1 HIM TEAM: HEART FAILURE SPECIFICITY

Template

- Patient with documented **(CDC to choose CHF, diastolic dysfunction, heart failure, etc.). (CDC should add any pertinent clinical/diagnostic findings and treatments as well as dates).**
- Please specify and document the type, acuity, and underlying cause of the heart failure in your note:
 1. **Type:** Combined systolic and diastolic, diastolic, systolic, other(please specify), or unable to determine
 2. **Acuity:** acute, chronic, acute on chronic, other (please specify), or unable to determine
 3. **Cause:** Due to presence of cardiac prosthesis, following cardiac surgery, hypertensive, valvular, other (please specify) or unable to determine.
- If no further information is known please respond back so that the query may be closed and the coding process completed.
- Note: By submitting this query, we are seeking further clarification of documentation to accurately reflect all conditions that you are monitoring, evaluating, treating or that extend the hospitalization or utilize additional resources of care. Please utilize your independent clinical judgment when addressing the question(s) below.

Example as Filled Out

The History & Physical documents congestive heart failure with last known EF of 20% two months ago. The physical exam notes that the patient appears fluid overloaded (elevated JVP and BNP 1100). Will diurese. Start Lasix 80 mg IV BID with a goal of 1L per day. Continue with Coreg.

Please specify and document the type of HF (systolic, diastolic, or systolic/diastolic) and acuity (acute, chronic, or acute on chronic) if known in the record.

If no further information is known please respond back so that the query may be closed and the coding process completed.

Note: By submitting this query, we are seeking further clarification of documentation to accurately reflect all conditions that you are monitoring; evaluating, treating or that extend the hospitalization or utilize additional resources of care. Please utilize your independent clinical judgment when addressing the question.

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SAMPLE 2 **HIM TEAM: ACUTE KIDNEY FAILURE SPECIFICITY**

- Patient with documented **(CDC should add any pertinent clinical/diagnostic findings and treatments as well as dates). (CDC list document in which information was found).**
- Please specify and document in **(CDC to state which document)**. Also, please include documentation of underlying condition(s) contributing/causing **(list pertinent information)**
 - Acute kidney injury (AKI)
 - Acute kidney injury secondary to ATN
 - Acute renal failure with lesion of renal cortical necrosis
 - Acute renal failure with lesion of renal medullary (papillary) necrosis
 - Acute renal failure with other specified pathological lesion in kidney
 - Necrotizing renal papillitis
 - Other condition (please specify)
 - Unable to determine
- If no further information is known please respond back so that the query may be closed and the coding process completed.
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SAMPLE 3 HIM TEAM: CAUSE AND EFFECT RELATIONSHIP

- Please clarify the relationship, if any between () and (). A cause and effect relationship may not be assumed and must be documented by the provider. If there is no relationship or it cannot be determined please respond back so that the query can be closed.
- Note: By submitting this query, we are seeking further clarification of documentation to accurately reflect all conditions that you are monitoring, evaluating, treating or that extend the hospitalization or utilize additional resources of care. Please utilize your independent clinical judgment when addressing the question(s) below.

Cause and Effect Relationship – Specific, between CHF/HTN/CKD

Per *(CDC to choose the document/date)*, this patient has CHF, HTN, and CKD. Please clarify the relationship, if any, between the patient's CHF, HTN, and CKD.

Coding guidelines allow the coder to assume a relationship between HTN and CKD unless otherwise stated, however the link between CHF and HTN cannot be assumed.

A cause and effect relationship must be documented by the provider. If there is no relationship or it cannot be determined, please respond back so that the query can be closed.

Note: By submitting this query, we are seeking further clarification of documentation to accurately reflect all conditions that you are monitoring, evaluating, treating or that extend the hospitalization or utilize additional resources of care. Please utilize your independent clinical judgment when addressing the question(s) below.

QUERY AND COMMUNICATION PROJECT
SAMPLE CLARIFICATION MESSAGES

SAMPLE 4
VMG CODING TEAM: FIRST ASSISTANT- SURGERY

FIRST ASSISTANT STATEMENT-SURGERY

You have listed Dr. X as first assistant, if no qualified resident was available to assist with the procedure this must be documented in the operative note per the teaching physician guidelines. Please review and advise.

Plus disclaimer language as applicable.

SAMPLE 5
VMG CODING TEAM: NOTE IN DRAFT STATUS

Please review, edit as needed and finalize by signing the note below.

Plus disclaimer language as applicable.