



<input type="checkbox"/> ADMINISTRATE POLICY & PROCEDURE (APP)		<input type="checkbox"/> INSTITUTIONAL POLICY & PROCEDURE (IPP) <input type="checkbox"/> INTERDEPARTMENTAL <input type="checkbox"/> INTERNAL	
TITLE		POLICY NUMBER/V#	
Clinical Documentation Improvement (CDI)		MMC- IT -05 (1)	
INITIATED DATE	EFFECTIVE DATE	REVISED DATE	
02/08/2025	01/09/2025	01/08/2028	
REPLACES NUMBER		NO. OF PAGES	
N/A		06	
APPLIES TO		RESPONSIBILITY	
All Admin workers		All coders in the Health Information Management (HIM) Department	

1. PURPOSE

- 1.1. To be able to establish guidelines for the Clinical Documentation Improvement (CDI) Physician Query Process.
- 1.2. The goal of query is to clarify any ambiguous, conflicting or incomplete documentation regarding any significant condition or procedure done for the patient.
- 1.3. The query process is meant to ensure complete and accurate documentation that supports the principal diagnosis, all relevant secondary conditions, severity of illness, risk of mortality and resources utilize. Appropriate query process will improve accuracy, integrity and quality of the documentation in the medical record.

2. DEFINITION

- 2.1 **Clinical Term:** Relating to the observation and treatment of actual patients rather than theoretical or laboratory studies (documentation that needs clarification).
- 2.2 **Diagnostic Term:** Relating to or used in diagnosis (accurate code may be assigned).
- 2.3 **Query:** A communication tool or process used to clarify documentation in health record for documentation integrity and accurate code assignment for an encounter in a healthcare setting.



2.4 Concurrent Query: A query initiated before the patient has been discharged from the clinic.

2.5 Retrospective Query: A query initiated after the patient has been discharged from the clinic.

2.6 CDI Practitioner: An individual who reviews health records on a concurrent and retrospective basis and aids the provider if opportunities to improve documentation are identified.

2.7 Clinical Indicators: A broad term encompassing documentation that supports a diagnosis as reportable and/or establishes the presence of a condition.

2.8 Documentation Gaps: Clinical data incongruence which is identified during the analysis.

3. RESPONSIBILITY

Physicians, CDI Practitioner

4. POLICY

The HIM Department requires that documentation in the medical record will be consistent and adequate to facilitate care, substantiate claims and provide legal protection to the patient, physician and the clinic. The physicians can be queried to clarify diagnosis, provide greater documentation specificity, verify causal relationships between symptoms and/or diagnosis and to validate conditions present on admission. Queries may be posed after discharge (retrospective).

5. EQUIPMENT

N/A

6. PROCEDURE

6.1 Opportunities for Queries:

6.1.1 Physicians should be queried whenever there is conflicting, unclear or incomplete documentation in the medical record. Significant reportable conditions should be queried. These include conditions or activities with a significant impact on patient care and resource intensity that is not supported by the documentation. These include but are not limited to:

6.1.1.1 additional clinical evaluations

6.1.1.2 therapeutic treatments

6.1.1.3 further diagnostic studies, procedures or consultations

6.1.1.4 an extended length of stay



6.1.1.5 increased nursing care and/or monitoring It is also appropriate to generate a physician query when documentation of patient's medical record fails to meet one of the following:

- 6.1.1.5.1 Legibility
- 6.1.1.5.2 Completeness
- 6.1.1.5.3 Clarity
- 6.1.1.5.4 Consistency

6.1.2 Physician queries are initiated when medical record documentation reveals:

- 6.1.2.1 Clinical indicators of a diagnosis are present but no documentation of the condition
- 6.1.2.2 There is clinical evidence for a higher degree of specificity or severity than documented
- 6.1.2.3 A cause-and-effect relationship between two conditions is not documented
- 6.1.2.4 An underlying cause is not specified when patient is admitted with symptoms
- 6.1.2.5 Treatment is documented without a corresponding diagnosis
- 6.1.2.6 The present on admission (POA) condition is not documented by the physician

6.2 CDI Query Process:

- 6.2.1 An electronic query will be placed as a task sent to the physician thru the Electronic Health Record to review.
- 6.2.2 Verbal queries will be entered as well in the EHR to include the query posed.
- 6.2.3 The query will include the following information:
 - 6.2.3.1 Patient name
 - 6.2.3.2 URN
 - 6.2.3.3 Admission date
 - 6.2.3.4 Date query was initiated
 - 6.2.3.5 Contact information of the CDIP initiating the query
 - 6.2.3.6 Statement of the issue in a form of question along with clinical indicators
 - 6.2.3.7 Physician name
- 6.2.4 Initial query will be sent after reviewing the records within 48 hours. If a reply was received within 48 hours, query will be closed.
- 6.2.5 In case of unanswered query after 48 hours, the CDI Practitioner will perform a follow up review of the medical record and an escalation follow up of queries



unanswered after the 48 hours. The provider has 24 hours to answer the concurrent query.

- 6.2.6 Concurrent queries are not part of the clinical medical record. The documentation associated with the query answer is documented in the progress notes and/or appropriate part of the patient's medical records.
- 6.2.7 Retrospective queries (answered and unanswered) will be kept and will be part of the patient record.
- 6.2.8 If the record has been completed (discharged) then an addendum should be created as a note entry in the documentation, which includes the reason for the additional information and to be electronically signed.
- 6.2.9 If the query remains unanswered at the time of discharge, the CDI Practitioner will retrospectively review the medical record and discharge summary to determine if the query was answered. If answered, CDI practitioner will update their monitoring sheet and close the query.

6.3 Query Escalation:

- 6.3.1 Unanswered queries after 48 hours of the initial query will be directed respectively to:
 - 6.3.1.1 If a query was referred to a Junior Staff (Resident, Specialists, or Senior Specialist) and was not answered within 48 hours of the initial query, an escalation follows up query will be sent to the Consultant.
 - 6.3.1.2 If a query was referred to a Consultant and was not answered within 48 hours of the initial query, an escalation follows up query will be sent to the CDI Physician Champion of the Department and/or Head of the Department.
- 6.3.2 If a query was made and was not answered after discharge, this will be included in the weekly report which will be sent to their Department Chairman.
- 6.3.3 A statistics which contains closed/answered queries and open/unanswered queries will be sent to CMO on monthly basis.

7. EQUIPMENT

- 1. NA

8. REFERENCES

AHIMA (American Health Information Management Association), ACDIS (Association of Clinical Documentation Integrity Specialists)



8. Forms and Attachments

CDI Query Form

CLINICAL DOCUMENTATION IMPROVEMENT (CDI) QUERY FORM

Date: _____

Patient Name: _____ URN: _____

Admission Date: _____ Discharge Date: _____ CDI

Practitioner: _____ CDI Practitioner Ext: 4749

QUERY:

Dear Dr. _____

A review of the medical record by the Clinical Documentation Team found a need for documentation clarification.

The following information is recorded in (state the specific location in the medical record of information contributing to the reason for query.) List the information:

Gaps Identified Location in the Medical Record

- 1.
- 2.
- 3.
- 4.

I have the following question/s about this record:

Please respond to the question/s in the space below:



Reminder: ALL documentation MUST occur in the medical record. Thank you for your prompt response to this clarification request!

9. APPROVAL:

APPROVALS & REVIEWS:			
Prepared By	Title	Date	Signature
Mr. Mohamed Nasreleslam Sayed	Information Technology	02-08-2025	
Reviewed By			
Dr. Mostafa Mohammed Osman	Quality Director	02-08-2025	
Approved By			
Dr. Abdulmajeed Abdullah Saleh	Medical Director	02-08-2025	
Eng. Meshaal Hussein Alghamdi	Executive Director	02-08-2025	