NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
POLICY AND PROCEDURE

SUBJECT: PHYSICIAN CODING AND QUERY

NUMBER: NN-IM-MR-26

ORIGINAL DATE: 12/17/09

REVIEW/REVISE DATE: 8/16/12

APPROVAL: Cody L. Phinney, Agency Director

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I. PURPOSE

To delineate the procedure for Coders to obtain clarification and direction from the Medical Staff regarding unique clinical situations that impact the clinical coding process.

II. POLICY

Coders will contact the physician in writing regarding any questions, discrepancies, concerns or need for clarification regarding consumer diagnoses or care. The physician shall respond in writing.

III. PROCEDURE:

Coders and physicians will coordinate the coding process by open communication on an as needed basis.
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a. The Coder will initiate a request for information using the Physician Query form.

b. The physician will respond within 24 hours of receipt of the query.

c. The physician will complete the lower part of the form by checking one or more of the listed responses:

1. See new progress note (A progress note must be entered in Avatar)
2. See new physician order (An order must be entered in the paper chart)
3. See response below (progress note or order not required) this requires a written response on the Query form.

d. The coder will attach a copy of the progress note or order to the Physician Query form.

4. If a diagnosis is added or changed by the physician, it will be added as an addendum or late entry to the Physician Discharge Orders MR-105, and the discharge summary.

Post discharge documentation must be included as an addendum or late entry to the discharge summary. Disagreements between physicians on the case and/or Residents will be referred to the Medical Director for a final decision.

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PHYSICIAN QUERY

Physician Name: _____ Query Date: _____

Patient name: _____ Admit Date: _____
Medical Record Number: _____ Episode: _____

Coder Name:_____ Phone:_____ Email:_____

Specific Question/Rationale

To ensure that the reported codes best reflect your patient's condition, we need further clarification _____
_____
_____
_____
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Physician response:

_____ See new progress note (Enter progress note in Avatar)
_____ See new physician order (Write an order)
_____ See response below (progress note or order not required)

_____
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Physician Signature: _____ Date:_____ Time:_____