

Template Features



Red notes

Red notes guide query authors on how to complete the template—never visible to providers.

** Please include the documentation that resulted in the need for further clarification and the location of the documentation within the health record (example: Reason for Clarification: Patient X is noted on H&P with "acute MI with extensive history of demand ischemia MI's, last one dated x/x") **

1. Reason for Clarification: _____. Based on the clinical indicators listed below and your professional judgement, Choose an item.? Please complete by selecting one of the options below.

- ☐ Acute myocardial infarction, Type 1 // Related to atherosclerotic plaque rupture, dissection, fissure, etc.
- ☐ Acute myocardial infarction, Type 2 (please specify source of supply/ demand mismatch) ____
- ☐ Acute myocardial infarction, Type 3 // Cardiac Death
- ☐ Acute myocardial infarction, Type 4a// Related to percutaneous coronary intervention
- ☐ Acute myocardial infarction, Type 4b// Related to in-stent thrombosis
- ☐ Acute myocardial infarction, Type 4c// Related to in-stent restenosis
- ☐ Acute myocardial infarction, Type 5// Related to Coronary artery bypass graft
- ☐ ST elevation myocardial infarction (STEMI)
- ☐ Non-ST elevation myocardial infarction (NSTEMI)
- ☐ Non-Q wave myocardial infarction
- ☐ **(Required)** Other explanation of clinical findings (please specify) ____

Red notes also flag compliance requirements for query authors.

Choose one...

can this diagnosis be further specified?

can an associated diagnosis be documented?

Drop-down menus in select templates make customization quick and easy.

Multiple response options let authors customize queries for clinical relevance and facility preferences.

5. Based on the clinical indicators listed below and your professional judgement, can an associated diagnosis be documented? Please complete by selecting one of the options below.

- ☐ Postprocedural Myocardial infarction following cardiac surgery
- ☐ Intraoperative Myocardial infarction during cardiac surgery
- ☐ Postprocedural Myocardial infarction following other surgery
- ☐ Intraoperative Myocardial infarction during other surgery



Next-level specificity that impact PSI, Mortality, Risk Adjustment and more.

Templates are designed for compliance and include codable response options that drive quality and financial impact.

6. Can the present on admission (POA) status be specified? **(all options are required)**

- ☐ Present on admission
- ☐ Not present on admission
- ☐ Clinically undetermined
- ☐ Unable to determine
- ☐ Other explanation of clinical findings (please specify) ____



Present on Admission Status

Templates offer customized query options relevant to the clinical scenario or query need—improving provider satisfaction, coding compliance, quality outcomes, and data collection. (ex. POA status, complications, condition linkage, severity, clinical validation etc.)

☒ Signs and Symptoms

- ☐ Vital signs: ____
- ☐ Labs: ____
- ☐ Diagnostic imaging: ____
- ☐ EKG: ____
- ☐ Echocardiogram: ____
- ☐ Stress test: ____
- ☐ Angiogram: ____
- ☐ Arrhythmia/ palpitations: ____
- ☐ Arm, neck, jaw or back pain: ____
- ☐ Chest pain/ pressure: ____
- ☐ Dizziness/ Lightheadedness: ____
- ☐ Fatigue: ____
- ☐ Weakness: ____

☐ Risk Factors

- ☐ Alcoholism: ____
- ☐ Substance use: ____
- ☐ Diabetes: ____
- ☐ Coronary artery disease: ____
- ☐ Hypertension: ____
- ☐ Hyperlipidemia: ____
- ☐ Hypertriglyceridemia: ____
- ☐ Obesity: ____
- ☐ Obstructive sleep apnea: ____
- ☐ Renal failure: ____
- ☐ Cardiomyopathy: ____
- ☐ Tobacco use: ____
- ☐ Family history: ____

☐ Treatment

- ☐ Labs: ____
- ☐ Diagnostic imaging: ____
- ☐ Consult: ____
- ☐ Aspirin: ____
- ☐ Anticoagulants: ____
- ☐ Antiplatelets: ____
- ☐ Thrombolytics/ fibrinolytics: ____
- ☐ Beta blockers: ____
- ☐ ACE inhibitors: ____
- ☐ Statins: ____
- ☐ Cardiac catheterization: ____
- ☐ Coronary angioplasty/ stenting: ____



Signs & Symptoms, Risk Factors, and Treatments

Built-in lists of relevant clinical indicators, signs and symptoms, and treatment options prompt CDI specialists to reference clinically relevant and appropriate documentation—ensuring compliant queries, stronger coding, fewer denials, and sharper critical thinking.

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