Patient DOB MRN
Facility Encounter Date

E/M Documentation Assessment Using the TrailBlazer Method

Applicable to Medicare patient encounters in Texas, Virginia, Delaware, Maryland and District of Columbia

There are several different Medicare carriers, of which TrailBlazer is one, and each may have its own set of documentation guidelines. TrailBlazer is the Medicare carrier for Texas, Virginia, Delaware, Maryland and the District of Columbia. Medical documentation audits are broken into 3 categories: History, Exam and Medical Decision Making. Medical Decision Making is determined by the complexity of decision making and is further subdivided into 3 categories: Number of Diagnoses and/or Treatment Options, Data Reviewed or Ordered, and Risk of Complications, Morbidity or Mortality. The values of the subcategories of Medical Decision Making are then used to determine the complexity of Medical Decision Making. The values (supported by documentation) for the History, Exam and the Complexity of Medical Decision Making are then used to determine the overall patient encounter code.

History *Chief Complaint is required in ALL documentation*

Components	Criteria			
HPI (History of Present Illness) **Status of 3 chronic problems** ❑1 ❑2 ❑3 ***OR*** **Choose Elements** ❑Quality ❑Location ❑Duration ❑Severity ❑Timing ❑Context ❑Modifying factors ❑Associated Signs/Symptoms	❑ Status of 1-2 Chronic Conditions ***OR*** ❑ *Brief* 1-3 Elements	❑ Status of 1-2 Chronic Conditions ***OR*** ❑ *Brief* 1-3 Elements	❑ Status of 3 Chronic Conditions ***OR*** ❑ *Extended* ≥4 Elements	❑ Status of 3 Chronic Conditions ***OR*** ❑ *Extended* ≥4 Elements
ROS (Review of Systems) ❑Constitutional ❑ENT ❑Eyes ❑CV ❑Skin/Breasts ❑Resp ❑Endo ❑GI ❑GU ❑Heme/Lymph ❑MS ❑Neuro ❑Psych ❑Allergy/Immunology	**NA**	❑ *Pertinent to Problem* **1**	❑ *Extended* (Pertinent to problem and other related systems) **2-9 Total**	❑ *Complete* (Pertinent and all related systems) **10 Total**
PFSH (Past Medical, Family Social History) ❑Past History (Illnesses, Surgeries, Injuries) ❑Past Family (Diseases, Hereditary illnesses) ❑Social (Review of current, past activities)	**NA**	**NA**	❑ *Pertinent* **1** Area	❑ **Complete* **2-3** Areas
*Complete PFSH *3 history areas for ALL NEW Patients* *2 history areas for ALL Follow Up/Established Visits OR Patients seen in Emergency Department*	❑ **PROBLEM FOCUSED**	❑ **EXPANDED PROBLEM FOCUSED**	❑ **DETAILED**	❑ **COMPREHENSIVE**

ALL Criteria for selected level MUST be MET or EXCEEDED

Examination

Exam description	1995 Guideline	1997 Guideline	Type of Exam
Limited to affected body area or organ system	❑1 Body Area or Organ System	❑1-5 Bulleted Items	❑ **PROBLEM FOCUSED**
Affected body area/organ system and other symptomatic or related organ systems	❑2-7	❑6-11 or more	❑ **EXPANDED PROBLEM FOCUSED**
Extended exam of affected body areas/organ systems and other symptomatic or related organ systems	❑2-7	❑12-17 or more for 2 or more systems	❑ **DETAILED**
General Multi-System	❑≥8	❑18 or more for 9 or more systems	❑ **COMPREHENSIVE**
Complete Single Organ System	Not Defined	Refer to Guideline	

See 1995 or 1997 Guidelines for Evaluation & Management Services for specific requirements

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Medical Decision Making

Number of Diagnoses		
A "problem" is a definitive diagnosis. *Undiagnosed problems can be a collection of related symptoms and clinical findings.*		**Points**
Each new problem for which the diagnosis or treatment plan is evident regardless of the presence of diagnostic information		**1**
Each new or established problem for which the diagnosis or treatment plan is not evident *Each must be clearly stated and supported by information in the record and require diagnostic evaluation or confirmation*	2 plausible differential diagnoses, comorbidities or complications *(not counted as separate problems)*	**2**
	3 plausible differential diagnoses, comorbidities or complications	**3**
	4 or more plausible differential diagnoses, comorbidities or complications	**4**
Note: Choose EITHER the Total Points from Number of Diagnoses OR Total Points from Management Options. Select the larger of the 2 values and check the corresponding box in Row A of ***Final Result for Complexity of Medical Decision Making*** **Total Points**		

Management Options		
Important Note: These tables are not all inclusive. The entries are examples of commonly prescribed treatments and the point values are illustrative of their intended quantifications. Many other treatments exist and should be counted when documented.		**Points**
Do not count as treatment options notations such as: Continue "same" therapy or "no change" in therapy (including drug management) if specified therapy is not described (record does not document what the current therapy is nor that the physician reviewed it).		**0**
Drug Management, per problem. Includes "same" therapy or "no change" therapy IF specified therapy is described *(record documents the current therapy AND that the physician reviewed it)*. Dose changes for current medications are not required, HOWEVER, the record must reflect conscious decision making to make no dose changes in order to count for coding purposes.	≤3 new or current medications per problem	**1**
	>3 new or current medications per problem	**2**
Open or percutaneous therapeutic cardiac, surgical or radiological procedure; minor or major		**1**
Physical, occupational or speech therapy or other manipulation		**1**
Closed treatment for fracture or dislocation		**1**
IV fluid or fluid component replacement, or establish IV access when record is clear that such involved physician medical decision making and was not standard facility "protocol".		**1**
Complex insulin prescription *(SC or combination of SC/IV),* hyperalimentation, insulin drip or other complex IV admix description		**2**
Conservative measures such as rest, ice/heat, specific diet, etc.		**1**
Radiation therapy		**1**
Joint, body cavity, soft tissue, etc. injection/aspiration		**1**
Patient education regarding self or home care		**1**
Decision to admit patient to hospital		**1**
Discuss case with other physician		**1**
Other		**1**
Note: Choose EITHER the Total Points from Number of Diagnoses OR Total Points from Management Options. Select the larger of the 2 values and check the corresponding box in Row A of ***Final Result for Complexity of Medical Decision Making*** **Total Points**		

Patient DOB MRN
Facility Encounter Date

Data Reviewed or Ordered		Point Value
Order and/or review medically reasonable and necessary clinical laboratory procedures *Note: Count laboratory panels as one procedure*	1-3 procedures	1
	≥4 procedures	2
Order and/or review medical reasonable and necessary diagnostic imaging studies in radiology section of CPT	1-3 procedures	1
	≥4 procedures	2
Order and/or review medical reasonable and necessary diagnostic procedures in medical section of CPT	1-3 procedures	1
	≥4 procedures	2
Discuss test results with performing physician		1
Discuss case with other physician(s) involved in patient's care or consult another physician *(i.e., true consultation meaning seeking opinion or advice of another physician regarding the patient's care). This does NOT include referring the patient to another physician for future care.*		1
Order and/or review old records. Record type and source must be noted. Review of old records must be reasonable and necessary based on the nature of the patient's condition. Practice or facility driven record ordering does not require physician work and thus should not be considered when coding E/M services. Perfunctory notation of old record ordering/review solely for coding purposes is inappropriate and counting such is not permitted.	Order/Review without summary	1
	Order/Review and summarize	2
Independent review and interpretation of an image, EKG or laboratory specimen NOT reported for separate payment. *Note: Each visualization and interpretation is allowed one point*		1
Review of significant physiologic monitoring or testing data not reported for separate payment *(e.g., prolonged or serial cardiac monitoring data not qualifying for payment as rhythm electrocardiograms).* *Note: Each visualization and interpretation is allowed one point*		1
Check corresponding box on line B of **Final Result for Complexity of Medical Decision Making**	**Total Points**	

C. Risk of Complications, Morbidity and/or Mortality

Choose highest risk level and select corresponding risk level on line C in Final Result for Complexity

Risk	Presenting problems	Dx procedures ordered	Management options
Min ❑	1 minor or self-limited ❑	Venipuncture, CXR, EKG, EEG ❑	Rest, elastic bandages ❑
Low ❑	2 or more minor 1 stable chronic problem Acute uncomp illness/injury ❑	Physiol tests NOT under stress Non CV imaging with contrast Superficial needle biopsies ❑	OTC drugs, PT, OT IV fluids without additives Minor surgery NO risk factors ❑
Mod ❑	Mild exac ⩾ 1 chron prob ⩾2 stable chron prob Acute illness + systemic Sx Acute complicated injury ❑	Physiologic tests under stress Dx endoscopies NO risk factors Deep needle or incisional bx CV imaging + contrast Obtain fluid from body cavity ❑	Minor surgery + risk factors Elective major surgery Prescription drug therapy Therapeutic nuclear medicine IV fluids + additives ❑
High ❑	Sev exac, ⩾1 chron prob Acute or chronic illness posing threat to life/limb Abrupt change neuro status ❑	CV imaging + contrast, risk factors Card electrophysiologic studies Dx endoscopies + risk factors Discography ❑	Elective maj surg + risk factors Emergency major surgery Parenteral controlled sub Rx requiring intense monitoring DNR or de-escalation of care ❑

Check corresponding box below on Line C of **Final Result for Complexity of MDM**

Final Result for Complexity of Medical Decision Making

The column with 2 or 3 circles determines overall complexity of Medical Decision Making

A	**Number Tx Options** *See TOTAL above in Box A*	❑1 or less *Minimal*	❑2 *Limited*	❑3 *Multiple*	❑4 *Extensive*
B	**Amount of Data** *See TOTAL above in Box B*	❑1 or less *Minimal*	❑2 *Limited*	❑3 *Multiple*	❑4 *Extensive*
C	**Highest Risk** *See Box C Above*	❑*Minimal*	❑*Low*	❑*Moderate*	❑*High*
	Decision Making Level	❑**SF**	❑**Low**	❑**Moderate**	❑**High**

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OVERALL OUTPATIENT ENCOUNTER LEVEL

	New Office / Consult / ER Requires 3 components within shaded area					Established Office Requires 2 components within shaded area				
History	❑PF ER: PF	❑EPF ER: EPF	❑D ER: EPF	❑C ER: D	❑C ER: C	Minimal problem that may not require presence of physician	❑PF	❑EPF	❑D	❑C
Exam	❑PF ER: P	❑EPF ER: EPF	❑D ER: EPF	❑C ER: D	❑C ER: C		❑PF	❑EPF	❑D	❑C
Complexity Medical Decision	❑SF ER: SF	❑SF ER: L	❑L ER: M	❑M ER: M	❑H ER: H		❑SF	❑L	❑M	❑H
LEVEL	❑I	❑II	❑III	❑IV	❑V	❑I	❑II	❑III	❑IV	❑V

PF = Problem focused EPF = Expanded problem focused D = Detailed C = Comprehensive
SF = Straightforward L = Low complexity M = Moderate complexity H = High complexity

OVERALL INPATIENT ENCOUNTER LEVEL

	Initial Hosp Encounter or Observation			Subsequent Inpatient or Follow Up		
History	❑D or C	❑C	❑C	❑PF	❑EPF	❑D
Exam	❑D or C	❑C	❑C	❑PF	❑EPF	❑D
Complexity Medical Decision	❑SF / L	❑M	❑H	❑SF / L	❑M	❑H
LEVEL	❑I	❑II	❑III	❑I	❑II	❑III

PF = Problem focused EPF = Expanded problem focused D = Detailed C = Comprehensive
SF = Straightforward L = Low complexity M = Moderate complexity H = High complexity

References

1997 Guidelines for Evaluation and Management Services
http://www.cms.hhs.gov/MLNProducts/Downloads/MASTER1.pdf

HGSAdministrators Documentation Worksheet
www.aace.com/advocacy/pdf/AUDITTOOLMEDICARE.pdf

Evaluation and Management Coding and Documentation Reference Guide
Trailblazer Health Enterprises, LLC