

Patient  
Facility

DOB  
Encounter Date

MRN

## 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 <i>Chief Complaint is required in ALL documentation</i>				
Components	Criteria			
<b>HPI (History of Present Illness)</b> <b>Status of 3 chronic problems</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  <b>OR</b> <b>Choose Elements</b> <input type="checkbox"/> Quality <input type="checkbox"/> Location <input type="checkbox"/> Duration <input type="checkbox"/> Severity <input type="checkbox"/> Timing <input type="checkbox"/> Context <input type="checkbox"/> Modifying factors <input type="checkbox"/> Associated Signs/Symptoms	<input type="checkbox"/> Status of 1-2 Chronic Conditions <b>OR</b> <input type="checkbox"/> Brief 1-3 Elements	<input type="checkbox"/> Status of 1-2 Chronic Conditions <b>OR</b> <input type="checkbox"/> Brief 1-3 Elements	<input type="checkbox"/> Status of 3 Chronic Conditions <b>OR</b> <input type="checkbox"/> Extended $\geq 4$ Elements	<input type="checkbox"/> Status of 3 Chronic Conditions <b>OR</b> <input type="checkbox"/> Extended $\geq 4$ Elements
<b>ROS (Review of Systems)</b> <input type="checkbox"/> Constitutional <input type="checkbox"/> ENT <input type="checkbox"/> Eyes <input type="checkbox"/> CV <input type="checkbox"/> Skin/Breasts <input type="checkbox"/> Resp <input type="checkbox"/> Endo <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Heme/Lymph <input type="checkbox"/> MS <input type="checkbox"/> Neuro <input type="checkbox"/> Psych <input type="checkbox"/> Allergy/Immunology	NA	<input type="checkbox"/> Pertinent to Problem  1	<input type="checkbox"/> Extended (Pertinent to problem and other related systems) <b>2-9 Total</b>	<input type="checkbox"/> Complete (Pertinent and all related systems)  <b>10 Total</b>
<b>PFSH (Past Medical, Family Social History)</b> <input type="checkbox"/> Past History (Illnesses, Surgeries, Injuries) <input type="checkbox"/> Past Family (Diseases, Hereditary illnesses) <input type="checkbox"/> Social (Review of current, past activities)	NA	NA	<input type="checkbox"/> Pertinent <b>1 Area</b>	<input type="checkbox"/> *Complete <b>2-3 Areas</b>
*Complete PFSH 3 history areas for ALL NEW Patients 2 history areas for ALL Follow Up/Established Visits OR Patients seen in Emergency Department	<input type="checkbox"/> PROBLEM FOCUSED	<input type="checkbox"/> EXPANDED PROBLEM FOCUSED	<input type="checkbox"/> DETAILED	<input type="checkbox"/> 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	<input type="checkbox"/> 1 Body Area or Organ System	<input type="checkbox"/> 1-5 Bulleted Items	<input type="checkbox"/> PROBLEM FOCUSED
Affected body area/organ system and other symptomatic or related organ systems	<input type="checkbox"/> 2-7	<input type="checkbox"/> 6-11 or more	<input type="checkbox"/> EXPANDED PROBLEM FOCUSED
Extended exam of affected body areas/organ systems and other symptomatic or related organ systems	<input type="checkbox"/> 2-7	<input type="checkbox"/> 12-17 or more for 2 or more systems	<input type="checkbox"/> DETAILED
General Multi-System	<input type="checkbox"/> $\geq 8$	<input type="checkbox"/> 18 or more for 9 or more systems	<input type="checkbox"/> COMPREHENSIVE
Complete Single Organ System	Not Defined	Refer to Guideline	
See 1995 or 1997 Guidelines for Evaluation & Management Services for specific requirements			

# E M Coding Cheat Sheet 2013 Hospital

**DJ Losen**



## **E M Coding Cheat Sheet 2013 Hospital:**

**Priorities in Critical Care Nursing - E-Book** Linda D. Urden, Kathleen M. Stacy, Mary E. Lough, 2019-01-09 NEW Updated evidence based content reflects the latest meta analyses systematic reviews evidence based guidelines and national and international protocols NEW Enhanced multimedia resources include 15 links to sample skills from Elsevier Clinical Skills and 25 3D animations NEW and UNIQUE Focus on interprofessional patient problems helps you learn to speak a consistent interprofessional language of patient problems and learn to work successfully as a team NEW and UNIQUE Integration of IPEC Core Competencies for Interprofessional Collaborative Practice incorporates the four IPEC Competencies Values Ethics Teams and Teamwork Roles Responsibilities and Interprofessional Communication into textbook content and case studies NEW Thoroughly updated case studies reflect the current flavor of high acuity progressive and critical care settings and now include questions specifically related to QSEN competencies NEW Additional content on post ICU outcomes has been added to chapters as they relate to specific disorders NEW Updated information on sepsis guidelines has been added to Chapter 26 NEW More concise boxes with new table row shading enhance the book s focus on need to know information and improve usability

**Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases** John E. Bennett, MD, MACP, Raphael Dolin, MD, Martin J. Blaser, MD, 2014-08-28 After thirty five years Mandell Douglas and Bennett s Principles and Practice of Infectious Diseases 8th Edition is still the reference of choice for comprehensive global guidance on diagnosing and treating the most challenging infectious diseases Drs John E Bennett and Raphael Dolin along with new editorial team member Dr Martin Blaser have meticulously updated this latest edition to save you time and to ensure you have the latest clinical and scientific knowledge at your fingertips With new chapters expanded and updated coverage increased worldwide perspectives and many new contributors Mandell Douglas and Bennett s Principles and Practice of Infectious Diseases 8th Edition helps you identify and treat whatever infectious disease you see Get the answers to questions you have with more in depth coverage of epidemiology etiology pathology microbiology immunology and treatment of infectious agents than you ll find in any other infectious disease resource Find the latest diagnoses and treatments for currently recognized and newly emerging infectious diseases such as those caused by avian and swine influenza viruses Put the latest knowledge to work in your practice with new or completely revised chapters on influenza new pandemic strains new Middle East respiratory syndrome MERS virus probiotics antibiotics for resistant bacteria antifungal drugs new antivirals for hepatitis B and C Clostridium difficile treatment sepsis advances in HIV prevention and treatment viral gastroenteritis Lyme disease Helicobacter pylori malaria infections in immunocompromised hosts immunization new vaccines and new recommendations and microbiome Benefit from fresh perspectives and global insights from an expanded team of international contributors Find and grasp the information you need easily and rapidly with newly added chapter summaries These bulleted templates include diagnosis therapy and prevention and are designed as a quick summary of the

chapter and to enhance relevancy in search and retrieval on Expert Consult Stay current on Expert Consult with a thorough and regularly scheduled update program that ensures access to new developments in the field advances in therapy and timely information Access the information you need easily and rapidly with new succinct chapter summaries that include diagnosis therapy and prevention Experience clinical scenarios with vivid clarity through a richly illustrated full color format that includes 1500 photographs for enhanced visual guidance

*Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases E-Book* John E. Bennett, Raphael Dolin, Martin J. Blaser, 2014-09-02 After thirty five years Mandell Douglas and Bennett s Principles and Practice of Infectious Diseases 8th Edition is still the reference of choice for comprehensive global guidance on diagnosing and treating the most challenging infectious diseases Drs John E Bennett and Raphael Dolin along with new editorial team member Dr Martin Blaser have meticulously updated this latest edition to save you time and to ensure you have the latest clinical and scientific knowledge at your fingertips With new chapters expanded and updated coverage increased worldwide perspectives and many new contributors Mandell Douglas and Bennett s Principles and Practice of Infectious Diseases 8th Edition helps you identify and treat whatever infectious disease you see Get the answers to any questions you have with more in depth coverage of epidemiology etiology pathology microbiology immunology and treatment of infectious agents than you ll find in any other ID resource Apply the latest knowledge with updated diagnoses and treatments for currently recognized and newly emerging infectious diseases such as those caused by avian and swine influenza viruses Put the latest knowledge to work in your practice with new or completely revised chapters on Influenza new pandemic strains New Middle East Respiratory Syndrome MERS Virus Probiotics Antibiotics for resistant bacteria Antifungal drugs New Antivirals for hepatitis B and C Clostridium difficile treatment Sepsis Advances in HIV prevention and treatment Viral gastroenteritis Lyme Disease Helicobacter pylori Malaria Infections in immunocompromised hosts Immunization new vaccines and new recommendations and Microbiome Benefit from fresh perspectives and expanded global insights from an expanded team of American and International contributors Martin Blaser MD a leading expert and Muriel G and George W Singer Professional of Translational Medicine at New York University School of Medicine joins veteran PPID editors John E Bennett MD and Raphael Dolin MD to continue a legacy of excellence Find and grasp the information you need easily and rapidly with newly added chapter summaries

*Epitope Discovery and Synthetic Vaccine Design* Clarisa Beatriz Palatnik-de-Sousa, Irene da Silva Soares, Daniela Santoro Rosa, 2018-07-12 Since variolation conventional approaches to vaccine development are based on live attenuated inactivated or purified pathogen derived components However effective vaccines against global health threats such as HIV parasite infections and tumors are difficult to achieve On the other hand synthetic vaccines based on immunogenic epitopes offer advantages over traditional vaccines since they are chemically defined antigens free from deleterious effects Additionally in contrast to live attenuated vaccines they do not revert to virulence in immunocompromised subjects and different from genetic vaccines they do not involve ethical questions

Traditional vaccines contain PAMPs and induce strong immune responses while recombinant vaccines are less potent. In spite of the immunogenic weakness previously attributed to epitope based vaccines, a synthetic vaccine containing a 17 amino acid epitope of the *Pseudomonas aeruginosa* Type IV pilus exceeded the protective potential of its cognate protein composed of 115 amino acids. Therefore, the efficacy yield of a synthetic vaccine can be potentiated by using the proper combination of target epitopes. Recent advances in adjuvant development, immunogen platforms for DNA vaccines and viral vectors also contributed to optimize immunogenicity. Another constraint to the use of epitope vaccines was their restriction to some MHC or HLA phenotypes. However, epitopes containing 20 or less amino acids of *Plasmodium falciparum* and *Leishmania donovani* bind to multiple HLA DR and MHC receptors. Thus, synthetic epitope vaccines may better meet the requirements of the regulatory agencies since they have lower costs and are easier to produce. The classical experimental approach for the development of an epitope based vaccine involves the use of recombinant domains or overlapping 15 mer peptides spanning the full length of the target antigen and the analysis of the induced antibody and/or T cell immune responses in vitro or in vivo. On the other hand, in silico tools can select peptides that are more likely to contain epitopes, reducing the number of sequence candidates. T cell epitope prediction dates back to 1980s when the first algorithm was developed based on the identification of amphipathic helical regions on protein antigens. Since then, new methods based on MHC peptide binding motifs or MHC binding properties have been developed. The recent reverse vaccinology concept uses high throughput genome sequencing and bioinformatics tools to identify potential targets of immune responses. The feasibility of this approach was shown for the first time in the design of a vaccine against *Neisseria meningitidis* that is now in phase III clinical trials. In addition, different computational tools allow the determination of crucial genes through comparative analyses between different pathogenic strains. Alternatively, carbohydrates have been considered as key targets in developing safe and effective vaccines to combat cancer, bacterial and viral infections. Tumor associated carbohydrate antigens can be coupled covalently to protein carriers to target MHC receptors and improve immunogenicity and have reached already pre-clinical and clinical studies. In light of the recent availability of genomic tools, we believe that in the near future, an increasing number of vaccine candidates composed of defined epitopes will be available for synthetic vaccines showing improved protection.

**Brunner and Suddarth's Textbook of Medical-Surgical Nursing** Janice L. Hinkle, Kerry H. Cheever, 2018-08-30. Trusted by nursing fraternity for more than 50 years, Brunner and Suddarth's Textbook of Medical-Surgical Nursing layers essential patient care information, engaging critical thinking exercises and diverse features to help students learn critical content. The South Asian edition is comprehensively updated to customize and keep pace with South Asia's health care environment by including Indian/Asian epidemiologic data of common diseases and disorders, flowcharts of pathophysiologic processes of various diseases and disorders and psychosocial concepts which is contemporary to South Asian scenario. Furthermore, essential medical-surgical nursing content and diseases/disorders which are specific to South Asia are added to make this textbook

most suitable to South Asian learners

**Essentials for Nursing Practice - E-Book** Patricia A. Potter, Anne G.

Perry, Patricia A. Stockert, Amy Hall, 2014-02-28 Approx 1218 pages Approx 1218 pages NEW QSEN scenarios present a clinical situation followed by an open ended question designed to help you understand and apply these core competencies NEW Chapter on professional nursing includes information on QSEN prioritization delegation and professional levels NEW Completely revised review questions contain a strong mix of clinical thinking and application level questions NEW Content on the impact of exercise covers its influence on disease reduction compassion fatigue lateral violence cyber bullying social media implications caregiver strain and safe patient handling NEW Expanded use of Evidence Based Practice boxes include a PICO question summary of the results of a research study and a description of how the study has affected nursing practice in every chapter NEW Patient Centered Care boxes address racial and ethnic diversity along with the cultural differences that impact socioeconomic status values geography and religion These will related to the chapter case studies when possible

**Clinical Pharmacology in Athletic Training** Michelle Cleary, Tom Abdenour, Mike Pavlovich, 2021-10-12 Athletic trainers have a responsibility to provide high quality pharmaceutical care while meeting both legal and ethical requirements Clinical Pharmacology in Athletic Training empowers athletic trainers with a functional understanding of pharmacology that enables them to formulate a treatment plan intended to mitigate disease and improve the overall health of their patients This text incorporates the most up to date content from the 2020 Commission on Accreditation of Athletic Training Education CAATE standards and it emphasizes interprofessional practice to enable future and current athletic trainers to collaborate with other health professionals in a manner that optimizes the quality of care Clinical Pharmacology in Athletic Training begins by addressing drug legislation and the legal aspects of the athletic trainer's role in sport medication The text provides an overview of pharmacokinetics and pharmacodynamics with an emphasis on concepts relevant to clinical practice Students are introduced to the generic and brand names general classifications and appropriate administration of drugs and are guided toward appropriate online reference materials Part II of this text describes common medications for pain inflammation and infections Part III includes medications for specific conditions including respiratory cardiovascular gastrointestinal neurological gynecological and mental health conditions The text also includes current information on opioid analgesics cannabis and cannabinoid based medications Clinical Pharmacology in Athletic Training teaches students to administer appropriate pharmacological agents for the management of the patient's condition The information includes indications contraindications dosing interactions and adverse reactions The following features are included to aid in the learning process Chapter objectives set the stage for the main topics covered in the chapter Key terms are boldfaced to indicate terms of special importance and a glossary of definitions is included at the back of the book Red Flag sidebars highlight warnings and precautions for certain medications or medicolegal issues Evidence in Pharmacology sidebars highlight recent research regarding medications Clinical Application sidebars present real life stories from the field of

athletic training Case studies highlight specific therapeutic medication applications and are accompanied by questions that prompt readers to think critically about the issues presented Quick reference drug tables describe medication types generic and brand names pronunciations common indications and other special considerations for the athletic trainer Over the past decade there has been an increased emphasis on pharmacology in athletic training Clinical Pharmacology in Athletic Training will equip students with appropriate skills and competencies prepare them to meet patient needs and enable them to work in interprofessional teams

Army and Navy Register ,1921      *T.P.'s Weekly* ,1909      **Real Estate Record and Builders' Guide** ,1922      *Illinois Regulations* ,1994      **Principles of Rehabilitation Medicine** Raj Mitra,2018-10-12 A concise expertly written overview of physical medicine and rehabilitation from leaders in the field A Doody's Core Title for 2022 2024 Principles of Rehabilitation Medicine is comprehensive and authoritative review for the specialty of Physical Medicine and Rehabilitation The book offers a wide array of chapters with complete reviews of classical rehabilitation topics such as brain injury spinal cord injury stroke pain management and electrodiagnostic medicine Additionally there is in depth coverage of musculoskeletal medicine pediatric rehabilitation and sports An expansive first section reviews fundamental knowledge essential to the basic rehabilitation assessment Chapters reflect cutting edge topics in the field such as Regenerative medicine Rehabilitation of the veteran Rehabilitation of the polytrauma patient Hand rehabilitation Ethics Rehabilitation in pregnancy Sexual rehabilitation Rehabilitation of the injured worker Rehabilitation issues in the developing world Rehabilitation at the end of life Chapters are authored by proven leaders in the field with a focus on pathophysiology diagnosis and rehabilitative management Information is presented in a clear concise manner with direct patient applications The text is complemented by numerous figures tables and patient care algorithms which are designed to confer a basic understanding of principles

Bulletin ,1952      **Directory of Manufacturers, the State of Washington** ,1952  
*Government Reports Announcements & Index* ,1983      **Bulletin - Bureau of Economic and Business Research**  
Washington State University. Bureau of Economic and Business Research,1955      *Who's who in Special Libraries* Special Libraries Association,2000      **Minnesota Directory of Manufacturers** ,1972      **Ohio Business Directory** ,2017  
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web the active and reactive power is calculated from the formula this can be done according to the load duty to find out the individual and total consumed load during intermittent standby and continuous load operating load operating load refers to the expected power consumption during the normal operations and calculated from peak load

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web the basic steps for creating a load schedule are step 1 collect a list of the expected electrical loads in the facility step 2 for each load collect the electrical parameters e g nominal absorbed ratings power factor efficiency etc step 3 classify each of the loads in terms of switchboard location load duty and load criticality

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web nov 16 2021 the electrical load schedule is an estimate of the instantaneous electrical loads operating in a facility in terms of active reactive and apparent power measured in kw kvar and kva respectively the load schedule is usually categorised by switchboard or occasionally by sub facility area

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web the difference being bhp is the calculated requirements needed to keep the process at maximum process capacity hp is the size of a standard 460v nema frame motor

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web may 17 2022 the system i am working with is commonly 208v 120v 3 phase in wye configuration 208v 200a 1 732 sqrt 3 gives me about 72 000 va theoretical power output of the service if i were to connect 200a of load on each leg to neutral 120v i would be pulling 72 000 va 200a 120v 3 phases 72 000

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web the load schedule provides data that is a close approximation of the amount of power consumed for normal peak and

anything in between loads electrical equipment 2017 making a load schedule for a certain establishment can take a lot of time and meticulousity because a mistake in choosing the protective device will cause electrical hazards

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web jun 27 2023 because you won't ever use these appliances together choose the larger number and add it to the total williamson shared the following table that shows a sample calculation for a 1 500 square foot home general lighting and receptacles 1 500 sq ft home x 3 va per sq ft 4 500 va small appliance circuits

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web mar 6 2015 any data given in the schedule of loads were backed by calculation based on a well settled electrical principles and code requirements the general rule the cable and circuit breaker must always be coordinated computations circuit 1 i 1 200 va 220 v 5 45 ampere wire 5 45 80 6 82 amperes use 2 0 sqmm tw wire or 14 awg 1

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web may 20 2020 peak load is calculated as sum of 100 of all the continuous loads 30 of the intermittent loads 10 of the standby loads the electrical load schedule is an estimate of the instantaneous

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web jul 4 2020 in this article we will discuss how to prepare db loading schedule and the branch circuit load calculations related to it including total connected loads loads unbalance total demand