THIS DOCUMENT IS A DISCUSSION DRAFT AND HAS NOT BEEN ADOPTED BY EDPMA.

Mark E. Owen as Co-Chair of the Coding and Documentation Committee of EDPMA

Calculating the Number of Possible Diagnoses and/or Management Options (DMO)

The widely used Marshfield E/M audit tool offers a point system to calculate DMO. However this point system offers only one of the two possible options for calculating DMO that are described in the 1995 Documentation Guidelines. Below you will find information describing how one may "count" the DMO to determine the level of DMO rather than rely on whether there was (or was not) additional work up planned (AWP).

Consider adding a box to the E/M audit tool under, Number of Dx and Tx Options, add it under the box, "New Problem to Examiner with Additional Workup Planned";

This will help the coders remember that besides the New Problem with AWP, the 95 DG's indicate that one can use the number of 'possible Dx and/or Management Options' to determine if DMO is *Minimal, Limited, Multiple* or *Extensive*. Using a direct comparison there are 4 levels of DMO so we conclude that the possible Number of Dx and/or Management Options Considered equals:

- 1 Possible Dx and/or Mgmt Option = 1 point **Minimal** (Max =1)
- 2 Possible Dx and/or Mgmt Option = 2 points **Limited** (Max =1)
- 3 Possible Dx and/or Mgmt Option = 3 points **Multipl**e (Max =1)
- 4 or more Possible Dx and/or Mgmt Options considered = 4 points **Extensiv**e (Max =1)

The DMO counted should only include diagnoses, possible diagnoses, and/or management options that are pertinent to the presenting problem or presenting signs or symptoms.

Note below that the above calculation complies with the 95 guidelines, the Novitas definition, and the former trailblazer definition.

Also note that the 95 guidelines clearly state, "and/or" when counting Diagnoses and/or Management Options considered.

Also note that the 95 guidelines clearly allow one to count "possible" diagnoses aka Differential Dx.

The word "considered" is also key to the definition, the number of DMO considered is a measurement of the complexity of the Provider's Medical Decision making.

The DMO Language from 95 Guidelines (see below for the complete DG for DMO):
"the number of **possible** diagnoses **and/or** the number of management options that must be considered";

NOTE from the Author:

Do not get confused by the Novitas definition of AWP, that definition does not preclude one using the alternative method to determine the level of DMO considering the actual number of Possible Diagnoses and/or Management Options. Novitas is merely defining what Additional workup Planned means to Novitas if you choose to score AWP instead of counting the actual number of DMO documented.

Clearly the 95 DGs and the Novitas definition offered two ways to determine the level of DMO: "*For each encounter, an assessment, clinical impression, or diagnosis should be documented. It may be explicitly stated **or** implied in documented decisions regarding management plans and/or further evaluation".* The DGs indicate that the number of possible DMO can be documented and explicitly stated OR can be construed from management plans and/or further evaluation (AWP). Clearly AWP is not the only way to determine DMO nor is it the first choice listed in the DGs.

The DGs also provide us some clarification on what constitutes a, "management option". "*Treatment includes a wide range of management options including patient instructions, nursing instructions, therapies, and medications".*

Remember, when counting, always count the number of Diagnoses and/or possible Diagnoses as well as the number of Management Options documented. The DMO counted should be diagnoses, possible diagnoses, and/or management options pertinent to the presenting problem or presenting signs or symptoms. The only published guidance this author has seen regarding how many DMO constitute which level of DMO is the Trailblazer method (see below) using 1 DMO = Minimal; 2 DMO = Limited; 3 DMO = Multiple; and 4 or more DMO = Extensive.

CPT Definition of DMO:

"*The number of possible diagnoses and/or the number of management options that must be considered*". The complexity levels of DMO listed in CPT (Levels of DMO are not defined in CPT) are: *Minimal*, *Limited*, *Multiple*, and *Extensive*.

Novitas Definition of DMO

What constitutes additional workup in the Amount and Complexity of Data grid for Medical Decision Making?

The number of possible diagnosis and/or the number of management options that must be considered is based on the number of types of problems addressed during the encounter, the complexity of establishing a diagnosis, and the management decisions that are made by the physician. For each encounter an assessment clinical impression or diagnosis should be documented. It may be explicitly stated or implied in documented decisions regarding management plans and/or further evaluation. Additional workup is defined as **anything** that is being done beyond that encounter at that time. For **example**, if a physician sees a patient in **his office** and needs to send that patient on for further testing, that would be additional workup. The physician needs to obtain more information for his medical decision making.

THIS DOCUMENT IS A DISCUSSION DRAFT AND HAS NOT BEEN ADOPTED BY EDPMA.

Mark E. Owen as Co-Chair of the Coding and Documentation Committee of EDPMA

Trailblazer Definition of DMO:

Determine total points for each diagnosis or problem and associated management options using Tables A.1 and A.2. Use the larger of the two "Totals" for Section D. Final Assignment of Medical Decision Making Type.

Table A.1 Number of Diagnoses

A "problem" is defined as definitive diagnosis or, for undiagnosed problems, a related group of presenting symptoms and/or clinical findings.		Points
Each new or established problem for which the diagnosis and/or treatment plan is evident with or without diagnostic confirmation		1
Each new or established problem for which the diagnosis and/or treatment plan is not evident	2 plausible differential diagnoses, comorbidities or complications (not counted as separate problems) clearly stated and supported by information in record: requiring diagnostic evaluation or confirmation	2
	3 plausible differential diagnoses, comorbidities or complications (not counted as separate problems) clearly stated and supported by information in record: requiring diagnostic evaluation or confirmation	3
	4 or more plausible differential diagnoses, comorbidities or complications (not counted as separate problems) clearly stated and supported by information in record: requiring diagnostic evaluation or confirmation	4
	Total Points	

Table A.2 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 option's 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" in therapy if specified therapy is described (i.e., record documents what the current therapy is 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 decision-making and was not standard facility "protocol"		1
Complex insulin prescription (SC or combo of SC/IV), hyperalimentation, insulin drip or other complex IV admix prescription		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 to hospital		1
Discuss case with other physician		1
Other		1
	Total Points	

CMS Definition of DMO (bold and underline added for emphasis):

1995 DOCUMENTATION GUIDELINES FOR EVALUATION & MANAGEMENT SERVICES
DOCUMENTATION OF THE COMPLEXITY OF MEDICAL DECISION MAKING

The levels of E/M services recognize four types of medical decision making (straight-forward, low complexity, moderate complexity and high complexity). Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option as measured by:

· the number of **possible** diagnoses **and/or** the number of management options that must be **considered**;

· the amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed and analyzed; and

· the risk of significant complications, morbidity and/or mortality, as well as comorbidities, associated with the patient's presenting problem(s), the diagnostic procedure(s) and/or the possible management options.

NUMBER OF DIAGNOSES OR MANAGEMENT OPTIONS

The number of possible diagnoses and/or the number of management options that must be considered is based on the number and types of problems addressed during the encounter, the complexity of establishing a diagnosis and the management decisions that are made by the physician.

Generally, decision making with respect to a diagnosed problem is easier than that for an identified but undiagnosed problem. The number and type of diagnostic tests employed may be an indicator of the number of possible diagnoses. Problems which are improving or resolving are less complex than those which are worsening or failing to change as expected. The need to seek advice from others is another indicator of complexity of diagnostic or management problems.

*•DG: For each encounter, an assessment, clinical impression, or diagnosis should be documented. It may be explicitly stated **or** implied in documented decisions regarding management plans and/or further evaluation.*

· For a presenting problem with an established diagnosis the record should reflect whether the problem is: a) improved, well controlled, resolving or resolved; or, b) inadequately controlled, worsening, or failing to change as expected.

· For a presenting problem without an established diagnosis, the assessment or clinical impression may be stated in the form of a differential diagnoses or as "possible", "probable", or "rule out" (R/O) diagnoses.

•DG: The initiation of, or changes in, treatment should be documented. Treatment includes a wide range of management options including patient instructions, nursing instructions, therapies, and medications.

•DG: If referrals are made, consultations requested or advice sought, the record should indicate to whom or where the referral or consultation is made or from whom the advice is requested.