

The E/M service documented is a level FIVE established office patient.

99215

\$99.12

Reason for consult: Acute renal failure

HPI: Patient followed in the past by my associate, Dr. Cho, for CKD with baseline creatinine of 1.8. Found to have severe ARF this morning associated with acidosis and moderate hyperkalemia after presenting to the ER with "dehydration." Renal service is consulted for advice and opinion regarding treatment of this problem. The patient is currently admitted under observation status to the hospitalist service.

ROS: Cardiovascular: Negative for CP/PND. GI: Negative for nausea, positive for diarrhea. GU: Negative for obstructive symptoms or documented exposure to nephrotoxins. All other systems reviewed and are negative.

PFSH: Remarkable for longstanding diabetes and HTN, negative family history of hereditary renal disease and negative history of tobacco or ETOH abuse.

EXAM: CONSTITUTIONAL: 99/52, 18, 102. NAD; conversant. EYES: anicteric sclerae, no proptosis, PERRL. ENMT: Normal aside from somewhat dry mucus membranes. CARDIOVASCULAR: RRR, no MRGs, no edema. RESPIRATORY: Lungs CTA, normal respiratory effort. GI: NABS, no HSM. SKIN: Warm and dry, decreased turgor. PSYCHIATRIC: A&OX3 with appropriate affect.

Labs: BUN 99, creatinine 3.6, HCO3 14, K 5.9.

### IMPRESSION

1. New, acute renal failure, most likely due to volume depletion due to diarrhea
2. History of underlying stage III CKD
3. Mild hypotension

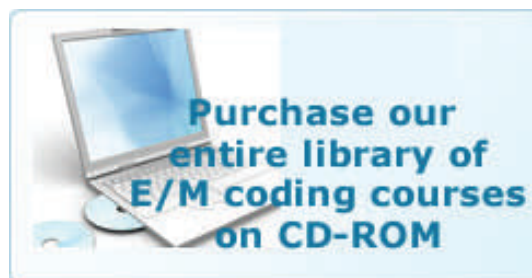
### PLAN

1. Bolus with another liter of NS wide open.
2. Then start D5W with 3 amps of HCO3 at 150 cc/hr.
3. Repeat labs in eight hours.
4. Further diagnostic testing will ordered if no improvement with volume repletion.

To watch a new 3-minute video about billing for hospital "consults", click [HERE](#).



|  |                |  |
|--|----------------|--|
|  | Problem Points |  |
|  | Data Points    |  |
|  | Risk           |  |



| E/M   | History | Exam | MDM    | Time |
|-------|---------|------|--------|------|
| 99211 | No      | MD   | needed | 5    |
| 99212 | PF      | PF   | SF     | 10   |
| 99213 | EPF     | EPF  | Low    | 15   |
| 99214 | Det     | Det  | Mod    | 25   |
| 99215 | Comp    | Comp | High   | 40   |

(Requires 2 out of 3 key components)

| History  | HPI   | ROS   | PFSH |
|----------|-------|-------|------|
| PF       | Brief | None  | None |
| EPF      | Brief | ≥ 1   | None |
| Detailed | Ext   | 2 - 9 | 1/3  |
| Comp     | Ext   | ≥ 10  | 3/3  |

| Exam     | 1995 Exam Rules   |
|----------|---|
| PF       | A limited exam of affected body area or organ system  |
| EPF      | Limited exam of affected organ system and other symptomatic or related organ systems                    |
| Detailed | Extended exam of the affected body area or organ systems and other symptomatic or related organ systems |
| Comp     | 8 - 12 organ systems  |

| MDM  | Prob. Pts | Data Pts | Risk |
|------|-----------|----------|------|
| SF   | ≤ 1       | ≤ 1      | Min  |
| Low  | 2         | 2        | Low  |
| Mod  | 3         | 3        | Mod  |
| High | ≥ 4       | ≥ 4      | High |

Requires 2/3 dimensions

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Peter R. Jensen, MD, CPC

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