

Case of the Week

By Peter R. Jensen, MD, CPC



98.13



CHIEF COMPLAINT: CHF



INTERVAL HISTORY: CHF symptoms worsened since yesterday. Now has some resting dyspnea. HTN remains poorly controlled with systolic pressure running in the 160s. Also, I'm concerned about his CKD, which has worsened, most likely due to cardio-renal syndrome.



REVIEW OF SYSTEMS: Positive for orthopnea and one episode of PND. Negative for flank pain, obstructive symptoms or documented exposure to nephrotoxins.



PHYSICAL EXAMINATION:

GENERAL: Mild respiratory distress at rest
 VITAL SIGNS: BP 168/84, HR 58, temperature 98.1.
 LUNGS: Worsening bibasilar crackles
 CARDIOVASCULAR: RRR, no MRGs.
 EXTREMITIES: Show worsening lower extremity edema.



LABS: BUN 56, creatinine 2.1, K 5.2, HGB 12.

IMPRESSION:

1. Severe exacerbation of CHF
2. Poorly controlled HTN
3. Worsening ARF due to cardio-renal syndrome

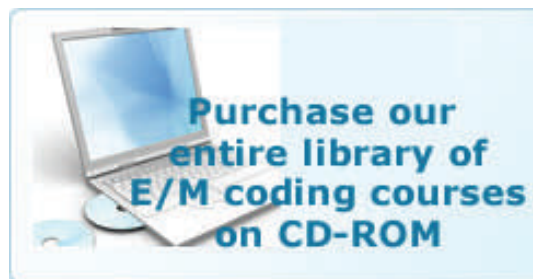
PLAN:

1. Increase BUMEX to 2 mg IV Q6.
2. Give 500 mg IV DIURIL times one.
3. Re-check usual labs in a.m.



Total time: 20minutes.

Problem Points	
Data Points	
Risk	



E/M	History	Exam	MDM	Time
99231	PF	PF	SF/Low	15
99232	EPF	EPF	Mod	25
99233	Det	Det	High	35

(Requires 2 out of 3 key components)

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

Exam	Bullets Required
PF	1 - 5 from any organ systems
EPF	6 - 11 from any organ systems
Detailed	≥ 12 from any organ systems
Comp	2 bullets from NINE 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

On-Site Physician-to-Physician E/M Coding Education



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