

99215

\$130.40

Case of the Week

By Peter R. Jensen, MD, CPC

CC: F/U Chronic kidney disease and proteinuria

Interval History: The patient's CKD continues to worsen. GFR is down to 26 mls/min. Proteinuria has also not improved and is now well above the nephrotic range. HTN is currently well controlled with systolic pressures running in the 120s at home.

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)

PMH: remarkable for CAD. FH negative for hereditary renal disease.

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

ROS: Constitutional: Negative for fevers or chills, positive for fatigue.

GU: Negative for gross hematuria or flank pain. GI: Negative for nausea or vomiting. All other systems reviewed and are negative.

Exam: BP 130/78, HR 85, RR 18. Lungs are clear. Heart RRR. There is significant lower extremity edema.

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

Labs: creatinine 2.8, prot/creat ratio is 3700 mg/g. LDL 130.

Impression:

1. Worsening nephrotic range proteinuria
2. Worsening stage IV CKD
3. Worsening hyperlipidemia

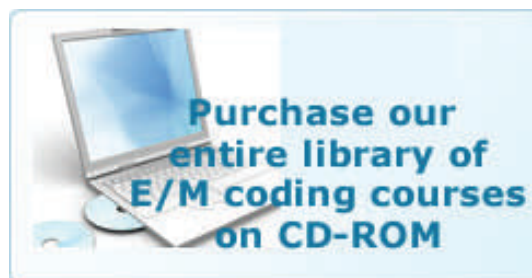
Plan:

1. Renal biopsy will be scheduled for this week.
2. Continue current ARB/ACE inhibitor unchanged.
3. Increase SIMVASTATIN to 80 mg PO QD.
4. RTC next week to go over results of biopsy.

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

?	?	Problem Points
?	?	Data Points
?	?	Risk



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



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