

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

99215

\$130.40

? CC: Proteinuria

? Interval History: The patient has severe nephrotic range proteinuria which was found on a routine screening UA about six months ago and is now associated with worsening lower extremity edema.

? PFSH/ROS: Reviewed and unchanged from previous note. For details, please refer to the dictated note in this chart dated 3/24/09.

? EXAM: 150/90, 78, 20. HEENT: remarkable for periorbital edema. Lungs are clear. Heart is RRR with no MRGs. Extremities show 3+ edema.

? Labs: Creatinine is up to 2.1 compared to 1.6 one month ago. Electrolytes are stable. Protein/creatinine ratio is up to 9800 mg/G.

? IMPRESSION: 45 year old gentleman with poorly controlled HTN and worsening severe nephrotic range proteinuria now accompanied by abruptly worsening renal failure.

? PLAN: Will add TEKTRUNA 150 mg PO QD to ongoing therapy with ACE inhibitor and ARB. At this point renal biopsy is indicated to look for reversible causes of nephrotic syndrome and renal failure. Patient consents. Will make the arrangements and see him back in the office next week to go over results.

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)

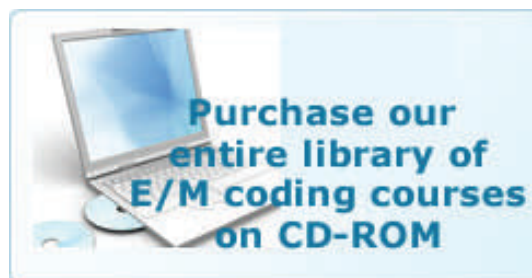
History	HPI	ROS	PFSH
PF	Brief	None	None
EPF	Brief	≥ 1	None
Detailed	Ext	2 - 9	1/3
Comp	Ext	≥ 10	2/3

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

- ?** Problem Points **?**
- ?** Data Points **?**
- ?** Risk **?**



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