

Using the 1997 E/M guidelines, this E/M service is a level FIVE New Office Visit

99205

\$188.46

E/M	History	Exam	MDM	Time
99201	PF	PF	SF	10
99202	EPF	EPF	SF	20
99203	Det	Det	Low	30
99204	Comp	Comp	Mod	45
99205	Comp	Comp	High	60

(Requires 3 out of 3 key components)

CC: Renal insufficiency and proteinuria

HPI: This is an initial office visit for a patient with severe renal insufficiency (estimated GFR of 24 mls/min) found on routine labs about one month ago and associated with severe proteinuria.

PFSH/ROS: See today's intake form. Note is made of history of a NIRDMD and also hypertension.

[Click HERE to see the form.](#)

Exam: See intake form. Note that the blood pressure is 156/80.

Labs: Electrolytes are normal. Creatinine is 2.3, prot/creat ratio is 3800 mg/g. LDL 130, HGBA1c 6.8.

Impression

- Severe stage IV CKD most likely due to diabetic nephropathy
- Poorly controlled HTN with SBP of 156 and target SBP of 130/80
- Severe nephrotic range proteinuria
- Well controlled diabetes
- Well controlled hyperlipidemia

Plan

- Add COZAAR 100 mg PO QD to current ACE inhibitor therapy.
- Check renal profile across my desk this week to check potassium.
- Patient was educated about current GFR and various stages of CKD.
- We also discussed the modifiable risk factors to delay progression.
- RTC in two weeks with renal profile and spot prot/creat.
- We briefly discussed the indications for renal biopsy, but will hold off for now.

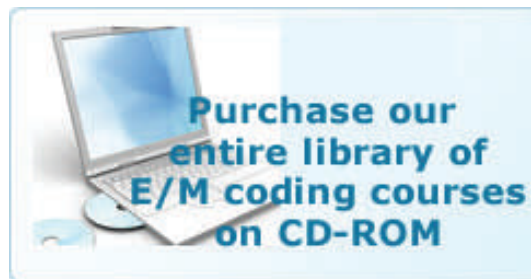
History	HPI	ROS	PFSH
PF	Brief	None	None
EPF	Brief	≥ 1	None
Detailed	Ext	2 - 9	1/3
Comp	Ext	≥ 10	3/3

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

		Problem Points
		Data Points
		Risk



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



Peter R. Jensen, MD, CPC

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