

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

99214

\$96.61

? CC: F/U HTN and DM2

? INTERVAL HISTORY: The patient's HTN remains well controlled on current medications. Diabetes is stable as well, with no symptomatic hypoglycemia of severe hyperglycemia. Dyslipidemia remains stable on statin therapy. ?

? PFSH is remarkable for CAD, s/p CABG in 2001

? ROS CV: Negative for chest pain, orthopnea or PND
Neuro: Negative for paresthesias

Vitals: 120/80, 18, 82, 98.6

General: NAD, conversant

? Lungs: Clear to auscultation

CV: RRR, no MRGs

Abdomen: Soft, non-tender

Ext: No peripheral edema

$\frac{139}{4.6} | \frac{101}{23} | \frac{12}{0.8} | \frac{124}{0.8} | \frac{12}{36}$

HGBA1c = 6.8

LDL = 77

MA/Cr = 28

Assessment

- ?
 1. Well controlled DM2
 2. Well controlled HTN
 3. Stable dyslipidemia

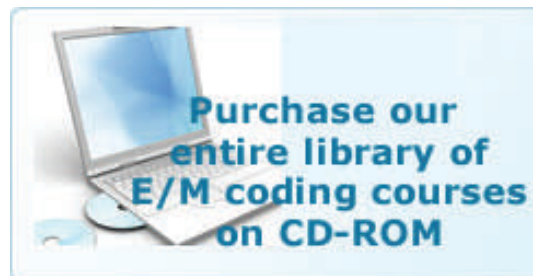
Plan

1. Continue LISINOPRIL unchanged for HTN
2. Renal profile, urine microalbumin, CBC on return
3. Also check LFTs due to ongoing statin therapy
4. Return visit in four months

? 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	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



Peter R. Jensen, MD, CPC