

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

99214

\$91.24



Case of the Week

By Peter R. Jensen, MD, CPC

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)



CC: F/U HTN



INTERVAL HISTORY: The patient's HTN has worsened since our last visit. Also, he continues to have knee pain from OA for which he has recently increased his use of NSAIDs. Hyperlipidemia remains stable on generic statin therapy.



ROS: CV: Negative for CP/Orthopnea/PND. GI: Negative for abdominal pain, melena, hematochezia.



PFSH: Negative for smoking.



Exam: Awake, alert, NAD. BP 156/78, HR 56, RR 20. Lungs CTA. Heart: RRR, no MRGs. No extremity edema.

Labs: Creatinine 1.0, K 4.2, Hgb 13.4, LDL 77

IMPRESSION:



1. Worsening HTN possibly due to increased NSAID use.
2. Stable hyperlipidemia.
3. Worsening OA.

PLAN:

1. Increase AMLODIPINE to 10 mg PO QD.
2. Patient will try to alternate TYLENOL with ADVIL.
3. BP check in two weeks.
4. RTC in six months with the usual labs.

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



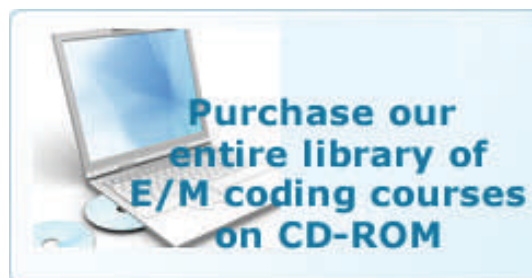
Problem Points



Data Points



Risk



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



Peter R. Jensen, MD, CPC

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