

The E/M service documented is a level THREE outpatient consult.

99243

Ⓚ \$103.69

Reason for consult: Labile HTN Ⓚ

Requesting Physician: Richard Y. Hayes, MD Ⓚ

E/M	History	Exam	MDM	Time
<u>99241</u>	<u>PF</u>	<u>PF</u>	<u>SF</u>	15
<u>99242</u>	<u>EPF</u>	<u>EPF</u>	<u>SF</u>	30
<u>99243</u>	<u>Det</u>	<u>Det</u>	<u>Low</u>	40
<u>99244</u>	<u>Comp</u>	<u>Comp</u>	<u>Mod</u>	60
<u>99245</u>	<u>Comp</u>	<u>Comp</u>	<u>High</u>	80

(Requires 3 out of 3 key components)

Ⓚ HPI: Patient is a pleasant 56 YOWM with a 10 year history of HTN which has apparently become more labile over the past few months. BP improved recently with the addition of HCTZ which was added to previous monotherapy with LISINOPRIL. The patient thinks that on one occasion, his elevated BP was associated with a headache.

Pertinent PFSH: Remarkable for moderate alcohol consumption of two to three drinks per day. Ⓚ

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

Review of systems: Eyes: Negative for blurry vision. CV: Negative for palpitations or chest pain. Ⓚ

EXAM: NAD, 136/80, 64, 22. EYES: PERRLA. Neck: No thyromegaly or carotid bruits. Lungs are CTA with normal respiratory effort. Heart: RRR, no MRGs. Abdomen: Soft, non-tender, no HSM. Normal aortic pulsations. Extremities show no cyanosis or edema. Pedal pulses intact. Ⓚ

Exam	Bullets Required
<u>PF</u>	1 - 5 from any organ systems
<u>EPF</u>	6 - 11 from any organ systems
<u>Detailed</u>	≥ 12 from any organ systems
<u>Comp</u>	2 bullets from NINE systems

Labs: BUN 10, creatinine 0.7. UA: benign Ⓚ

IMPRESSION: Well controlled HTN Ⓚ

PLAN: It looks like this patient's HTN has stabilized with the addition of HCTZ. At this point, I do not think we need w/u for secondary HTN. However, I asked the patient to record BP readings at home at least three times a week. I also educated him that his BP would likely improve with decreased alcohol intake. RTC in three months with labs or sooner if BP elevated.

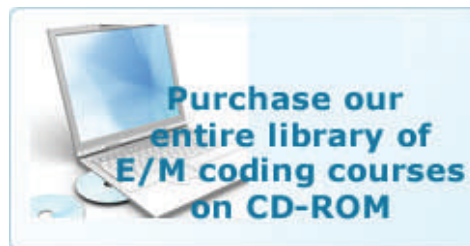
MDM	Prob. Pts	Data Pts	Risk
<u>SF</u>	≤ 1	≤ 1	<u>Min</u>
<u>Low</u>	2	2	<u>Low</u>
<u>Mod</u>	3	3	<u>Mod</u>
<u>High</u>	≥ 4	≥ 4	<u>High</u>

Requires 2/3 dimensions

Ⓚ Problem Points

Ⓚ Data Points

Ⓚ Risk



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



Peter R. Jensen, MD, CPC