

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 remains labile and moderately severe with systolic readings occasionally in the 160s. There has been mild improvement with low sodium diet. Denies any associated symptoms such as pounding headaches or chest pain.

ROS: CV: Negative for CP or PND. EYES: Negative for blurry vision.

PFSH is remarkable for dyslipidemia.

Exam: Awake, alert, NAD. BP 158/78, HR 56, RR 20. Lungs CTA. Heart: RRR, no MRGs. No peripheral edema.

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

IMPRESSION:

1. Worsening HTN.
2. Stable hyperlipidemia.

PLAN:

1. Increase AMLODIPINE from 5 mg to 10 mg PO QD.
2. Continue low sodium diet.
3. BP check in two weeks.
4. Continue SIMVASTATIN.
5. RTC in three months with the usual labs.

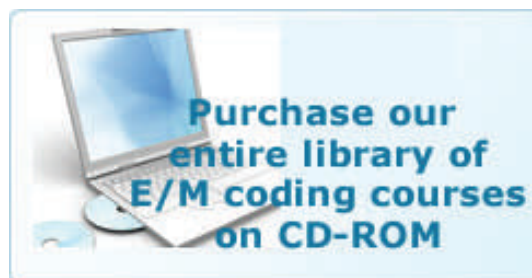
History	HPI	ROS	PFSH
PF	Brief	None	None
EPF	Brief	≥ 1	None
Detailed	Ext	2 - 9	1/3
Comp	Ext	≥ 10	3/3

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



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