

The E/M service documented is a not billable because the patient was not seen by the physician.



Case of the Week

By Peter R. Jensen, MD, CPC

9923x

\$0.00

E/M	History	Exam	MDM	Time
99231	PF	PF	SF/Low	15
99232	EPF	EPF	Mod	25
99233	Det	Det	High	35

(Requires 2 out of 3 key components)

CHIEF COMPLAINT: F/U stage III chronic kidney disease.

DIAGNOSES: The patient admitted with:

1. Right upper quadrant abdominal pain.
2. Elevated liver enzymes, possible biliary colic.
3. Stage III chronic kidney disease with a creatinine of 1.6.
4. History of chronic kidney disease, baseline creatinine 1.3 year ago, etiology unknown.
5. The patient recently relocated here from Chicago, no old records.
6. Atrial fibrillation on Plavix.
7. Dyslipidemia on Lipitor.

SUBJECTIVE: He is currently in nuclear medicine for biliary scan so I was unable to see him. Nurse reports persistent right upper quadrant pain. Liquid diet only. No shortness of breath.

MEDICATIONS: Reviewed in detail. He is on D5 half-normal saline at 150 an hour.

PHYSICAL EXAMINATION: GENERAL: He defervesced overnight. VITAL SIGNS: Temperature now is 99. His blood pressure is 120/70 with a heart rate of 110 and saturations are 100% on room air. His urine output yesterday was 1600, fluid balance positive March 10. Exam was limited as the patient is currently in nuclear medicine.

LABORATORY DATA: His white count is 4 down to 14,000, hematocrit 45%, platelet count is 186. Sodium 140, potassium 4.7, chloride 102, bicarbonate 27, BUN is 22, creatinine 1.8, uric acid 4.9, calcium 8.3, phosphorus 2.3, GOT was down to 38. GPT is down to 60, albumin is 2.6, magnesium is 2.4. Urine sodium 71, urine creatinine 180, FNA is less than 1%. Urinalysis showed positive blood, but negative WBCs, RBCs. Urine myoglobin was inconclusive. Total CPK was only 47.

ASSESSMENT AND MEDICAL DECISION-MAKING: Stage III chronic kidney disease, unclear etiology. Creatinine is actually up a little bit today despite vigorous hydration. Most likely he presents with febrile illness right upper quadrant pain, elevated liver enzymes consistent with biliary colic. I doubt rhabdomyolysis based on low CPK.

PLAN: Continue hypotonic fluids. We will discontinue potassium supplements. Replace phosphorus. Watch his fluid balance and electrolytes closely. We will check an intact PTH. Continue antibiotics per infectious disease. Followup biliary scan results when available.

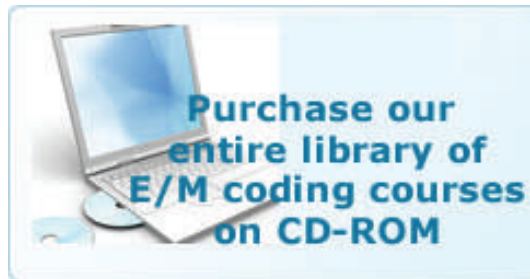
History	HPI	ROS	PFSH
PF	Brief	None	None
EPF	Brief	≥ 1	None
Detailed	Ext	2 - 9	1/3
Comp	Ext	≥ 10	3/3

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



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