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Sample Documentation—99215

**Level V Established Patient Office Visit**

Chief Complaint: 61 y.o. white female with fever, weakness, weight loss and headaches x 3 weeks.

HPI: This patient reports fevers up to 102 degrees, no chills or sweats. Denies having any of these symptoms prior to this illness. Has lost seven days of work in the past three weeks due to “just feeling bad.” Notes anorexia, no dysphasia. Denies cough, rhinitis, ear pain or photophobia. Denies shortness of breath, sputum production, pleuritic or chest pain. Denies nausea, vomiting, diarrhea or abdominal pain. Denies flank pain, dysuria or urgency. Denies skin rashes.

Notes recent pain and stiffness in neck, shoulders and hips, not relieved by aspirin. Has had one episode of jaw pain while chewing. Admits to left-sided scalp tenderness.

Meds: Estrogen/Progesterone replacement, OTC multivitamins.

PMH: G4, P3, AB1, three children alive and well. Lives with her husband. No tobacco, uses alcohol socially, denies illicit drugs. Appendectomy age 15; fracture of right femur 20 years ago, no sequellae. No allergies. Prior to this illness, walked 5–7 miles a week and played tennis twice a week.

ROS: HEENT: Recent blurred vision such that she is afraid to drive. No dental problems.

Pulmonary See HPI.

Cardiovascular: No pressure, pain, palpitations, syncope. No orthopnea, paroxysmal nocturnal dyspnea or dyspnea on exertion. O/W neg.

G.I.: See HPI.

GU: Menopause 10 Years ago. See HPI.

Musculoskeletal: No history of arthritis or joint problems. Now stiff and painful neck, shoulders, hips.

Neurologic: See HPI. No focal weakness, numbness, paresthesias. No seizure history. Difficulty walking due to painful joints and weakness.

Physical Exam: Height 5’4”. Weight 118 lbs (-6 lbs. in 6 months). BP: 110/70 T: 100.5 P: 65 R: 18.

General Appearance: Well developed, obviously fatigued white female in no acute distress.

HEENT: PERRLA, EOMI, conjunctiva and sclerae clear. TM’s intact, nasal passages clear. Teeth in good repair without signs of infection. Swelling and tenderness over both temporal arteries. Artery on left no pulse is palpable. Bilateral temporal bruits 1/4.

Neck: Muscular stiffness noted. No bony tenderness, bilateral carotid bruits. No masses.

Lungs: Normal respiratory excursion, clear to percussion and auscultation.

Heart: Normal PMI, regular rate and rhythm; no gallops, murmurs or rubs. No neck vein distention.

Abdomen flat, healed appendectomy scar RLQ, soft, no masses, organomegaly or tenderness.

Spine/Back: Non-tender, flexes to 90 degrees with effort, no CVA tenderness.

GU: Deferred to her gynecologist. Last exam 3 months ago reported as normal.

Musculoskeletal: Diffuse rigidity of hips and shoulders bilaterally. No redness, heat, effusions or focal deformities. Neck and deltoid areas markedly tender. No edema.

Skin: Warm, dry, no rashes, normal turgor.

Neurological: Alert, oriented to person, place and time. No focal defects, DTR’s + 2 upper, + 1 lower.

Rectal: Normal tone, no masses; stool heme negative.

Impression: 1. Temporal Arteritis with Polymyalgia Rheumatica.
   2. R/O occult infection, specifically UTI, abscess.

Plan: 1. CBC with Diff, ESR, UA.
   2. If ESR is elevated and CBC and UA do not show infection, start prednisone 60mg daily x 2 weeks and re-check. Clinical presentation precludes temporal biopsy at this time.

(General multisystem)

**Level V Established Patient Office Visit**

S: This 62-year-old female presents with a chief complaint of progressive weight loss, loss of appetite, fatigue, constipation associated with vague abdominal pain, vaginal itching and white discharge, occasional headaches and blurry vision. The patient reports these symptoms have been ongoing and...
3. Medical Decision Making

Number of Diagnoses or Treatment Options

Identify each problem or treatment option mentioned in the record. Enter the number in each of the categories in Column B in the table below. (There are maximum number in two categories.) Do not categorize the problem(s) if the encounter is dominated by counseling/Coordinating of care, and duration of time is not specified. In that case, enter 3 in the total box.

<table>
<thead>
<tr>
<th>Problem(s) Status</th>
<th>Column B</th>
<th>Column C</th>
<th>Column D</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-limited or minor</td>
<td>Max = 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(stable, improved or worsening)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Est. prob (to examiner): stable, improved</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Est. prob (to examiner): worsening</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New prob (to examiner): no</td>
<td>Max = 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>additional workup planned</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New prob (to examiner): addit; workup</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Multiply the number in columns B & C and put the product in column D. Enter a total for Column D. Bring total to line A in Final Result for Complexity (table below).

Amount and/or Complexity of Data Reviewed

For each category of reviewed data identified, circle the number in the points column. Total the points.

<table>
<thead>
<tr>
<th>Reviewed Data</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and/or order of clinical lab test</td>
<td>1</td>
</tr>
<tr>
<td>Review and/or order of tests in the radiology section of CPT</td>
<td>1</td>
</tr>
<tr>
<td>Review and/or order of tests in the medicine section of CPT</td>
<td>1</td>
</tr>
<tr>
<td>Discussion of tests results with performing physicians</td>
<td>1</td>
</tr>
<tr>
<td>Discussion to obtain old records and/or obtain history from someone other than patient</td>
<td>1</td>
</tr>
<tr>
<td>Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider</td>
<td>2</td>
</tr>
<tr>
<td>Independent visualization of image, tracing or specimen itself (not simply review of report)</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

Bring total to line C in Final Result for Complexity (table below)

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not contain all specific instances of medical care; the table is intended to be used as a guide. Circle the most appropriate factor(s) in each category. The overall measure of risk is the highest level circled. Enter the level of risk identified in Final Result for Complexity (table below).

### Risk of Complications and/or Morbidity or Mortality

#### Level of Risk

- **Minimal**
  - One self-limited or minor problem, e.g., cold, insect bite, tinea corporis
- **Low**
  - Two or more self-limited or minor problems
  - One stable chronic illness, e.g., well controlled hypertension of non-insulin dependent diabetes, cataract, BPH
  - Acute uncomplicated illness or injury, e.g. cystitis, allergic rhinitis, simple sprain
- **Moderate**
  - One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment
  - Two or more stable chronic illnesses
  - Underdiagnosed new problem with uncertain prognosis, e.g., lump in breast
  - Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis
  - Acute complicated injury, e.g., head injury with brief loss of consciousness
- **High**
  - One or more chronic illnesses with severe exacerbation, progression or side effects of treatment
  - Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peripheral acute renal failure
  - An abrupt change in neurologic status, seizure, TIA, weakness or sensory loss

#### Presenting Problem(s)

- **Minimal**
- **Low**
- **Moderate**
- **High**

#### Diagnostic Procedure(s) Ordered

- **Minimal**
  - Laboratory tests requiring venipuncture
  - Chest x-rays
  - EKG/EEG
  - Urinalysis
  - Ultrasound, e.g., echo
  - KOH prep
- **Low**
  - Physiologic tests not under stress, e.g., pulmonary function tests
  - Non-cardiovascular imaging studies with contrast, e.g., barium enema
  - Superficial needle biopsies
  - Clinical laboratory tests requiring arterial puncture
  - Skin biopsies
- **Moderate**
  - Physiologic tests not under stress, e.g., cardiac stress tests, fetal contraction stress test
  - Diagnostic endoscopies with no identified risk factors
  - Deep needle or incisional biopsies
  - Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram cardiac cath
  - Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis
- **High**
  - Cardiovascular imaging studies with contrast with identified risk factors
  - Cardiac electrophysiological tests
  - Diagnostic endoscopies with identified risk factors
  - Discography

#### Management Options Selected

- **Minimal**
- **Low**
  - Over-the-counter drugs
  - Minor surgery with no identified risk factors
  - Physical therapy
  - Occupational therapy
  - IV fluids without additives
- **Moderate**
  - Minor surgery with identified risk factors
  - Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors
  - Prescription drug management
  - Therapeutic nuclear medicine
  - IV fluids with additives
  - Closed treatment of fracture or dislocation without manipulation
- **High**
  - Elective major surgery (open, percutaneous or endoscopic with identified risk factors
  - Parenteral controlled substances
  - Drug therapy requiring intensive monitoring for toxicity
  - Decision not to resuscitate or to de-escalate care because of poor prognosis