**Evaluation and Management Questions – 2**

1. Documentation of a new patient in a doctor’s office setting supports the History in four elements for an extended history of present illness (HPI), three elements for an extended review of systems (ROS) and three elements for a complete Past, Family, Social History (PFSH) . There is an extended examination of six body areas and organ systems. The medical making decision making is of high complexity. Which E/M service supports this documentation?
2. Two-year-old is brought to the ER by EMS for near drowning. EMS had gotten a pulse. The ER physician performs endotracheal intubation, blood gas, and a central venous catheter placement. The ER physician documents a total time of 30 minutes on this critical infant in which the physician already subtracted the time for the other billable services. Code the E/M service and procedures to report for the ER physician?
3. 2-year-old is coming in with his mom to see the pediatrician for fever, sore throat, and pulling of the ears. The physician performs a brief history along with a problem pertinent review of systems. A limited exam was performed on the ears, nose and throat and respiratory systems. A strep culture was taken and came back positive. A diagnosis was also made of the infant having acute otitis media with effusion. The medical decision making was of moderate complexity with the giving of a prescription.
4. 42-year-old woman is being discharged today, 2/5/XX. She was admitted to the hospital 2/2/XX for acute diverticulitis. Refer to dictated notes for a detailed description of the history, exam, and assessment and treatment protocol. Patient was also seen in consultation by Dr Z. She was placed on intravenous antibiotics and has made slow steady progress. Today has no abdominal pain. Labs are normal and CT of the abdomen and pelvis showed changes consistent with diverticulitis in the left side of colon. She was given follow up instructions of her medications, what diet to have and to follow up with PCP in 10 to 14 days or return if pain resumes. Total time spent with patient 40 minutes.
5. 63-year-old man is coming in for a second opinion for his sleep apnea. He has had it for the past five months. Sleep is disrupted by frequent awakenings and getting worse due to anxiety and snoring. He feels tired all the time, has some joint stiffness and night sweats; all other systems were negative. He is going through a divorce which is causing him anxiety and had a hernia repair two month ago. Doctor performs a comprehensive exam and orders labs and a sleep study test. Prescription was given to help with the anxiety. What CPT® code should be reported.
6. A 55-year-old established patient is coming in for a pre-op visit; he is getting a liver transplant due to cirrhosis. The physician performs an expanded problem focused history, detailed examination, and moderate MDM. Patient agrees with his physician’s recommendations and the transplantation will take place as scheduled. After the evaluation, the patient expresses a number of concerns and questions for the prospective liver transplant. Physician spends an additional 30 minutes, excluding the time spent in doing the E/M service, in counseling and answering questions regarding the surgery and discussing possible outcomes.
7. Physician performs a medical review and documentation on an 83-year-old patient still hospitalized for confusion for the last two days. She is alert and oriented x 3 today. Reviewing her labs from yesterday, her BNP was elevated suspecting her confusion is due to congestive heart failure. An echocardiogram is ordered and treatment will be for congestive heart failure. Patient is not safe to return home.
8. A plastic surgeon is called to the ED at the request of the emergency department physician to evaluate a patient that arrived with multiple facial fractures after being in an automobile accident for her opinion on the need for reconstructive surgery. The plastic surgeon arrives at the ED, obtains a history of present illness including an extended history of present illness; a system review, including constitutional, musculoskeletal, integumentary, neurologic, and EENMT; and the patient’s social history and past medical history. The plastic surgeon then performs a physical exam including respiratory, cardiovascular, and an extended examination of the skin and bony structures of the patient’s face. The plastic surgeon performs moderate medical decision making, including deciding the patient needs major surgery to repair the injuries. The plastic surgeon schedules the patient for surgery the next day and documents her full note with findings in the ED chart.
9. At the request of the mother’s obstetrician, the physician was called to attend the birth of an infant being delivered at 29 weeks gestation. During delivery, the neonate was pale and bradycardic. Suctioning and bag ventilation on this 1000 gram neonate was performed with 100 percent oxygen. Brachycardia worsened; endotracheal intubation was performed and insertion of an umbilical line for fluid resuscitation. Later this critically ill neonate was moved from the delivery room and admitted to the NICU with severe respiratory distress and continued hypotension.
10. 38-year-old female initial visit, just moved from out of state, has neck and back pain for the last year and is getting worse. Pain is exacerbated when she drives, bends, or changes positions, and moderately alleviated with ibuprofen. Positive for aches and weakness in her muscles and tingling and numbness of the arms and hands, as well as headaches. All other systems are reviewed and are negative. She has had a partial hysterectomy and is divorced. Her mother has a history of breast cancer. The physician performs an exam on the following systems: constitutional, eyes, ENT, respiratory, cardiovascular, gastrointestinal, musculoskeletal, and neurologic. X-rays of the cervical and lumbar spine were taken. Will be sending her to get a MRI and to start physical therapy. Prescription was given for muscle relaxer.
11. A four-year-old patient presents with pain in the left forearm following a fall from a chair. The injury occurred one hour ago. Her mom applied ice to the injury but it does not appear to help. The ED physician performs a four system ROS. The patient lives at home with both parents and attends pre-K classes. The patient has no known drug allergies. The ED physician performs an extended six system exam. An X-ray is ordered, which shows a fracture of the distal end of the radius as read by the radiologist. The ED physician performs moderate conscious sedation with ketamine for 30 minutes. The fracture is reduced and cast applied by an orthopedic surgeon following consultation with the ED physician. The child was monitored with pulse oxymetry, cardiac monitor and frequent physician evaluation. The patient was discharged with a sling and requested to follow up with the orthopedic surgeon. Code the services performed by the ED physician.
12. Dr. X performs a follow-up consultation on certain tests that were not available in a nursing facility for a 75- year-old-male that was having chest pain. Today the patient is feeling better after a GI cocktail with Maalox and Xylocaine. The EKG showed an arrhythmia and the chest X-ray came back normal. Dr. X performs a problem focused history. He listens to the patient’s heart and lungs. Dr. X makes the recommendation of repeat cardiac enzymes and EKG and to have a GI evaluation. The PCP accepts the recommendations and implements the plan of care. What CPT® code should be reported for Dr. X.