

Answer Key: Case of the Week for 9/3/08



E/M Insight Case of the Week

In this case, the correct answer is that you would code for both the progress note (99233) plus one hour of critical care (99291).



\$90.42 (99233)
\$205.20 (99291)



I saw one of my patients in the hospital who was being treated for CHF. He had worsening kidney function and I thought we had over-diuresed him. I stopped diuretics and started him on IV fluids. I documented a level three hospital progress note (99233) at 08:30.

Then...the following note was documented:

CTSP stat for acute S.O.B



Earlier today, diuretics were discontinued due to worsening azotemia. The patient was started on conservative volume expansion with isotonic saline. Two hours later he developed chest pain and severe hypotension. Exam showed severe bibasilar crackles more than half way up. Troponin was 2.3. EKG showed ST depression in the lateral leads and peaked T waves diffusely. Stat chem. 7 showed creatinine of 3.2 with a potassium of 6.6. We gave one dose of kayexalate on the floor along with two grams of calcium gluconate and transferred the patient to the ICU.



Impression:

1. Acute MI with cardiogenic shock
2. ARF
3. Severe hyperkalemia
4. Underlying ischemic cardiomyopathy

Plan:

1. Start heparin
2. 10 units regular insulin
3. Two amps bicarb
4. Repeat chem. 7
5. Consult cardiology
6. Consult nephrology

For more information on coding for critical care, click [HERE](#).

For information on the individual critical care codes click below:

- [99291](#)
- [99292](#)



Medical abbreviations used in this note

Total critical care time on the floor and in the ICU: 45 minutes

