



History	Need	Have
HPI	1	4
ROS	1	8
PFSH	0	1

History supports the level of service billed

ABC Infusion Center Kasey Carter, M.D.

Patient: Kim Smith
DOB: 10-4-1970
Date: October 8, 2015

Location

Duration

Quality

Kim presents today for evaluation of her condition. We are currently treating Kim with Chemotherapy for her recently diagnosed left breast cancer. She was diagnosed approximately 6 weeks ago and seems to be doing well physically, although she is dealing with emotional struggles and anxiety as this time. She admits to being having depressive periods that come and go. She has had some n/v after her chemo treatments that she notes as being severe in nature.

Timing

ROS: She reports n/v, no fever, no chills, no night sweats, no trouble breathing, no tachycardia, no suicide ideation, and no bowel or bladder dysfunction.

Family history: Mother passed from ovarian cancer

Exam includes 3 organ systems and is expanded problem focused and supports a 99213

Exam: The patient is alert and oriented at this time, her VS are 120/80, RR 12, weight 175.

Skin: Appears to have some dryness, and minimal hydration depletion

Assessment: Left breast cancer *Established stable = 1 point*
Depression *New problem no additional work up*

Plan: *3 points*

- We will continue on the course with weekly infusion of Taxol 30mg. Patient to have infusion today. Phenergan suppository prescription for at home use was provided today.
- I have suggested that she consider counseling as a way to help through the emotional ups and downs. Support groups as well as therapist suggestions were provided to Kim today. She was given a prescription for Wellbutrin 100 mg QD, although she seems hesitant to consider at this time.
- Patient should have labs repeated prior to follow up visit in 2 weeks. Please see lab requisition order form.

Electronically signed

Kasey Carter, MD

MDM	Need 2 of 3	Have
Diagnosis	2	4
Data ordered/reviewed	2	1
Table of Risk	Low	moderate

Medical Necessity Analysis:

-Regardless of whether you classify this encounter as an acute or chronic problem (for which there is not right or wrong answer) the level of service based on the medical necessity is the same.

-History as severity of the problem according to the patient: we have a patient with a problem (breast cancer) that is being complicated/exacerbated by depression and nausea/vomiting

-Plan of care for the severity of the problem per physician analysis and interpretation: she does indicate the current problem (whether or not it is classified as acute or chronic) of the patient is complicated/exacerbated by the depression and nausea/vomiting and separately addresses each.

-Medical necessity supports 99214

History = detailed

Exam = expanded problem focused

MDM = Moderate

Documentation = 99214

Presentation: Chemotherapy services w/hydration

Medication	Dosage	Start Time	Stop Time
Taxol	30mg	845	1002
Normal Saline	1000 ml	845	1124
Benadryl	50 mg	Push	@ 945
Phenergan	100 mg	Push	@ 947

Patient tolerated chemo treatment well, with relatively little to report. She will return next week for additional treatments.

Electronically Signed
Angela Smith, RN

Patient presented for chemotherapy so the initial infusion code to be supported would be:

Chemotherapy Infusion= 77 minutes= 96413

Hydration: Concurrent infusion time cannot be counted. Time subsequent Chemo infusion (82 minutes) can be supported with the add-on code + 96361 for the first 60 minutes, but no additional hydration codes supported.

Medication Pushes:

Benadryl Push = 96375

Phenergan Push = 96375

Drug Supply Codes:

Taxol: J9267 x 30 units

Phenergan: J2550 x 2 units

Benadryl: J1200 x 1 unit