

Chief Complaint: Patient presents today with a new concern about chest pain.

History of Present Illness: I had the pleasure of meeting John today for cardiovascular evaluation. He is a very pleasant 57 yo with no past cardiac history, He recently began to note some intermittent chest pain occurring 4-5 times a day. Described as a central chest pressure and spreads to his arms, associated with feeling faint like may be his "last moment". Sudden onset and goes away quickly. Can occur while driving on occasion. No nausea, sweating. Dull discomfort, not too sharp. Doesn't wake him from sleep. No palpitations. Doesn't get with exertion. He was referred for a stress echo which showed no ischemia at a good workload.

Review of Systems: As stated above in HPI.

Past Medical History: CHL on Rx x 3 years, Pre-DM

Family History: no early CAD or sudden cardiac death

Social History: Works in retails, non smoker. Active goes on treadmill 15 -1 mile few days a week.

I have reviewed the patient's medical history including PMhx, ROS and SOHx, in detail and updated the computerized patient record.

Outpatient Encounter Medications as of 12/19/2019

Medication

fluticasone (FLONASE) 50 mcg/actuation nasal spray, 50 mcg , by Each nare route once daily.

metFORMIN (GLUCOPHAGE) 500 MG tablet TAKE 1 TABLET BY MOUTH TWICE A DAY

pravastatin (PRAVACHOL) 20 MG tablet pravastatin 20 mg tablet

rifAMPin (RIFADIN) 300 MG capsule Take 2 capsules (600 mg total) by mouth once daily.

Allergies

Sulfa (Sulfonamide Antibiotics) Hives

Exam:

Physical Examination: BP 130/74 | Pulse 67 | Ht 172.7 cm (68") | Wt 70.3 kg (155 lb) | SpO2 99% | BMI 23.57 kg/m²

Appears well. Sclera are anicteric. No xanthelasma. No jugular venous distention. Carotids have normal upstrokes without bruits. Lungs are clear, the heart is regular with a normal S1 and S2, no third heart sound or murmur. Abdomen soft nontender. Extremities are free of edema, skin warm dry and well perfused.

Data:

A 12 lead ECG today demonstrates SR

Laboratory Data:

TSH SerPI-aCnc 2019-10-25 17:06:00

Entered At:

Central Clinical Lab

Test Item	Value	Reference Range	Comments
Thyrotropin [Units/volume] in Serum or Plasma by Detection limit <= 0.05 mIU/L	1.89 uIU/ML	0.400-4.100	

Comp Metab 2000 Pnl SerPI 2019-10-25 17:06:00

Entered At: Clinical Lab

Test Item	Value	Reference Range	Comments
Glucose [Mass/volume] in Serum or Plasma	132 MG/DL	70-99	
Urea nitrogen [Mass/volume] in Serum or Plasma	14 MG/DL	6-20	
Creatinine [Mass/volume] in Serum or Plasma	0.94 MG/DL	0.8-1.40	
BUN/CREAT RATIO	14.9		
Calcium [Mass/volume] in Serum or Plasma	9.9 MG/DL	8.5-10.5	
Bilirubin.total [Mass/volume] in Serum or Plasma	1.1 MG/DL	0.0-1.2	
Aspartate aminotransferase [Enzymatic activity/volume] in Serum or Plasma	17 U/L	9-50	
Alanine aminotransferase [Enzymatic activity/volume] in Serum or Plasma	18 U/L	5-50	
Alkaline phosphatase [Enzymatic activity/volume] in Serum or Plasma	70 U/L	39-118	
Protein [Mass/volume] in Serum or Plasma	7.2 GM/DL	6.1-8.3	NORMALS FOR PATIENTS LYING DOWN COULD BE AS MUCH AS 0.7 GM/DL LOWER.

Stress Echo 2019

- 9:23 Bruce, no CP

- Exercise capacity was adequate. Target HR achieved.

- Following an adequate level of stress there is no Echocardiographic evidence of inducible ischemia. Nondiagnostic upsloping ST depression noted.

- Biventricular size and systolic function are normal.

- Screening Echo/Doppler of cardiac valves is normal. I1n3- Exercise capacity

Impression:

- Atypical CP at rest
- DM
- Lipids
- Nonsmoker

Plan: He has h/o DM and lipids both on optimal medical Rx now with intermittent ~once monthly episodes of acute onset CP at rest lasting a few minutes. Not associated with exertion. No triggers or situations he can correlate this with. Exam no CHF, ECG normal stress echo no symptoms or ischemia at a good workload, normal LVEF. Very reassuring stress test as such low suspicion for ischemia as etiology. While he doesn't endorse palpitations with the episodes, I wonder whether intermittent, episodic nature, the abrupt onset and resolution may be arrhythmia. Would be difficult to capture this with a monitor, and suspicion not high enough to warrant a loop recorder. Will observe for now. Otherwise, things seem to be doing well from a cardiovascular standpoint. We did not arrange a follow up appointment, but I would be happy to see him again at any time in the future should the need arise.

Coding:

History - Detailed (appropriate)

Exam- Detailed (appropriate)

MDM-

- Number and Complexity of problems addressed: 1 undiagnosed new problem with uncertain prognosis
- Data: combination of 3- labs, ecg, echo
- Risk of complications: No prescription changes

Based on 2/3 elements: Moderate

Level of service: 99204

Rationale: Under the 1995-1997 guidelines, this visit would be limited to 99203 based on a Detailed History and Detailed Physical Exam. There was no time statement. The level of Complexity of Medical Decision Making is Moderate, which supports 99204.

Bonus tip: The time requirement for 99204 is 45-59 minutes. The provider may report the level of service based on either the complexity of MDM or time, whichever is more advantageous to the provider.