



Clinical Vignette Packet

Use this packet of all 5 clinical vignettes from the STEPS Forward® Simplified Documentation and Coding toolkit during in-person training sessions.

Clinical Vignette 1. Sample Progress Note, Level 4 MDM



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HPI

60 y/o male here for follow up HTN and HL.

Doing well, no complaints.
 Meds reviewed.
 See A/P for remainder of HPI.

PEX

Vital signs: normal including blood pressure - 120/72
 Heart: RRR, no murmurs
 Lungs: clear to auscultation

A/P

1. HTN - well controlled on lisinopril 20 mg and thiazide diuretic 25 mg daily. Continue current medications.
 2. HL - on atorva 20 mg daily. No side effects. Last lipid panel 6 mo ago at goal. Continue current treatment.
- Next visit in 6 mo for follow up and wellness check.

Notes for the coding and documentation exercise:

Each element (number of diagnoses, complexity of data, and risk) can be classified as straightforward, low, moderate, or high. For CPT coding, 2 of 3 MDM elements need to meet the moderate level to be considered Level 4 MDM.

Number of Diagnoses	Complexity of Data	Risk	CPT Code
This case meets criteria for moderate number of diagnoses (any criteria below met) <ul style="list-style-type: none"> ○ ≥1 chronic condition with exacerbation ● ≥2 stable chronic conditions ○ 1 acute illness or injury with systemic symptoms ○ 1 acute illness or injury with uncertain prognosis 	This case meets criteria for straightforward complexity of data (minimal or no data)	This case meets criteria for moderate risk of morbidity from additional diagnostic testing or treatment <p>Example:</p> <ul style="list-style-type: none"> ● Prescription medication management (can be prescribing new medication, continuing same dose of current medication, or changing dose of current medication) 	This case meets Level 4 criteria for number of diagnoses and risk
Moderate/99214	Straightforward/99212	Moderate/99214	OVERALL CODE: 99214

Clinical Vignette 2. Sample Progress Note, Level 4 MDM



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HPI

40 y/o female with diet-controlled diabetes and obesity presents to establish care after moving from another state. No meds. States she had a visit with her old PCP about 6 mo ago, and blood work was done at that time. Currently living with her cousin while looking for jobs. She is a single parent to 2 teenagers. She has not found many grocery stores in the neighborhood and is not comfortable with public transportation. She sometimes can borrow a car from her cousin, but mostly uses this for job hunting, or transporting her children to school events. Asks to defer lab testing until her next visit due to possible out-of-pocket costs.

PEX

BP 120/72 P 74 BMI 35.12

A/P

1. Diet-controlled DM. States had labs done 6 mo ago, does not recall last A1c. Will work on transfer of records and defer testing until next visit.
2. Obesity - discussed daily exercise, adding more vegetables to her diet.
3. SDOH - Patient's care may be negatively impacted by food insecurity due to her current lack of income. Based on this, patient will not be able to access healthy foods to manage her diabetes and obesity. Will consult SW for community resources and social support.

Notes for the coding and documentation exercise:

Each element (number of diagnoses, complexity of data, and risk) can be classified as straightforward, low, moderate, or high. For CPT coding, 2 of 3 MDM elements need to meet the moderate level to be considered Level 4 MDM.

Number of Diagnoses	Complexity of Data	Risk	CPT Code
<p>This case meets criteria for moderate number of diagnoses (any criteria below met)</p> <ul style="list-style-type: none"> <input type="radio"/> ≥1 chronic condition with exacerbation <input checked="" type="radio"/> ≥2 stable chronic conditions <input type="radio"/> 1 acute illness or injury with systemic symptoms <input type="radio"/> 1 acute illness or injury with uncertain prognosis 	<p>This case meets criteria for minimal complexity of data (minimal or no data)</p>	<p>This case meets criteria for moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>Example:</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Diagnosis or treatment significantly limited by social determinants of health 	<p>This case meets Level 4 criteria for number of diagnoses and risk</p>
Moderate/99204	Straightforward/99202	Moderate/99204	OVERALL CODE: 99204

Clinical Vignette 3. Sample Progress Note, Level 5 MDM



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HPI

63 y/o male with 5 days of worsening cough productive of yellow sputum, SOB, and wheezing, as well as temp to 100.4 at home.

Hx COPD on daily LABA and inhaled steroid, former smoker, not on home oxygen. Last visit with me 2 mo ago for routine follow up - stable at that time. Most recent PFTs showed FEV1 55% of predicted. He has been hospitalized 2 times in the past 2 years for COPD exacerbation.

No known sick contacts, had a negative covid PCR test yesterday. Has been using albuterol rescue inhaler 3-4 times daily for the last 2 days.

PEX

VS - O2 sat 90% on RA, baseline is 92-94%
other VSS and unchanged from baseline

CV - RRR

Lungs - fair air movement, diffuse inspiratory and expiratory wheezes

A/P

COPD exacerbation with possible pneumonia - albuterol neb given in clinic. He felt a bit better, but O2 sat still lower than baseline. Discussed directly admitting him to observation status, but he is adamant about returning home.

Will rx Prednisone 40 mg daily for 5 days, first dose today, as well as oral antibiotics.

Follow up in clinic in 2 days, stressed need to go to ED if worsening symptoms; he understands and agrees.

Notes for the coding and documentation exercise:

Each element (number of diagnoses, complexity of data, and risk) can be classified as straightforward, low, moderate, or high. For CPT coding, 2 of 3 MDM elements need to meet the high level to be considered Level 5 MDM.

Number of Diagnoses	Complexity of Data	Risk	CPT Code
<p>This case meets criteria for high number of diagnoses (any criteria below met)</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> ≥1 chronic condition with severe exacerbation <input type="radio"/> 1 acute illness or injury with threat to life or bodily function 	<p>This case meets criteria for minimal complexity of data (minimal or no data)</p>	<p>This case meets criteria for high risk of morbidity from additional diagnostic testing or treatment</p> <p>Example:</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Decision regarding hospitalization 	<p>This case meets Level 5 criteria for number of diagnoses and risk</p>
High/99215	Straightforward/99212	High/99215	OVERALL CODE: 99215

Clinical Vignette 4. Sample Progress Note, Level 5 Time-Based



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HPI

48 y/o female with T2DM and migraine HA here for routine f/u - last visit with me 3 mo ago.

Not doing well today. Tearful. States teenage son having difficulties in school and she just found out 2 wks ago that he may be using illegal drugs. Her husband has not been coping well and has increased his alcohol consumption. She is working with the school counselor and other resources for her son. She cannot sleep and this is making her feel very anxious and emotionally labile, crying frequently and having difficulty functioning at home and at work. Weight is stable. Denies SI/HI. Has never experienced symptoms like this in the past - has never been on prescription medications for depression or anxiety.

PHQ9 - 10 points (moderate depression)

GAD7 - 12 points (moderate anxiety)

A/P

1. Mood disorder, mixed depression/anxiety, reactive. Start sertraline 25 mg, increase to 50 mg in 1 week. Refer to crisis counseling via social work. I personally spoke with Dr. Smith, PhD who can see her in 1 week. She contracted for safety.

2. Type 2 Diabetes with peripheral neuropathy. Continue current medications. BG running in 150-180 range at home. Lab testing deferred to next visit.

3. Migraine HA. Stable.

F/u in 3 weeks.

My total time on this date and for this encounter was 60 minutes which included the following activities: preparing to see the patient, performing a medically appropriate examination and/or evaluation, counseling and educating the patient/family/caregiver, ordering medications, tests, or procedures, referring to and communicating with other health care professionals about management, and documenting clinical information in the electronic or other health record. This time is independent and non-overlapping.

Notes for the coding and documentation exercise:

Each element (number of diagnoses, complexity of data, and risk) can be classified as straightforward, low, moderate, or high. For CPT coding, 2 of 3 MDM elements need to meet the high level to be considered Level 5 MDM. Alternatively, time-based coding can qualify for Level 5 independent of MDM.

Number of Diagnoses	Complexity of Data	Risk	CPT Code
<p>This case meets criteria for moderate number of diagnoses (any criteria below met)</p> <ul style="list-style-type: none"> ○ ≥1 chronic condition with exacerbation ● ≥2 stable chronic conditions ● 1 acute illness or injury with systemic symptoms ○ 1 acute illness or injury with uncertain prognosis 	<p>This case meets criteria for moderate complexity of data (any criteria below met)</p> <ul style="list-style-type: none"> ○ Any combination of 3: review notes, review test, order test, independent historian (other than patient) ○ Independent interpretation of tests ● Discuss case with external physician/qualified health professional about management or test interpretation 	<p>This case meets criteria for moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>Example:</p> <ul style="list-style-type: none"> ● Prescription medication management (can be prescribing new medication, continuing same dose of current medication, or changing dose of current medication) 	<p>This case meets Level 4 criteria for number of diagnoses and risk</p> <p>This case meets Level 5 criteria for time (40 minutes) PLUS an additional 99417 prolonged service code (15-minute)</p>
Moderate/99214	Moderate/99214	Moderate/99214	MDM CODE: 99214 TIME CODE: 99215 + 99417

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