

# CPT Coding and Documentation Guide for Outpatient HIV Care

Office Consultations and New Patients					
All 3 Key Elements (HISTORY, PHYSICAL EXAM, and MEDICAL DECISION MAKING) must be met in a column. To code by time instead, total face-to-face time (of which >50% is counseling or coordinating care) should correlate with the typical/avg. time* associated with the E&M code.					
Consult, Outpatient <i>Not Medicare Covered</i>	99241 15 min.*	99242 30 min.*	99243 40 min.*	99244 60 min.*	99245 80 min.*
New Patient, Office	99201 10 min.*	99202 20 min.*	99203 30 min.*	99204 45 min.*	99205 60 min.*
<b>HISTORY</b>	Problem-Focused	Expanded Problem-Focused	Detailed	Comprehensive	
HPI: location, quality, severity, duration, timing, context, modifying factors, associated signs/symptoms	1 - 3 elements	1 - 3 elements	4 elements	4 elements	
ROS: constitutional, eyes, ENT, CV, resp, GI, GU, musculo, skin, neuro, psych, endo, hem/lymph, all/immun		1 in addition to HPI system	2-9	10	
Past, Family, Social History (PFSH)			Pertinent: 1 or 2 areas must be documented	Complete: At least 1 item from each area must be documented	
<b>PHYSICAL EXAM</b>	Problem-Focused	Expanded Problem-Focused	Detailed	Comprehensive	
Using 1995 Documentation Guidelines	1 system	2 - 7 systems	2 - 7 systems with detail	8 systems	
<b>MEDICAL DECISION MAKING (MDM)</b>	Straight Forward		Low Complexity	Moderate Complexity	High Complexity
<b>Assessment:</b> 1 point for each stable established problem; 2 points for each worsening established problem; 3 points for new problem w/o addt'l work-up; 4 points for new problem w/ addt'l work-up	1 point		2 points	3 points	4 points
<b>Data:</b> 1 point for ordering or reviewing labs, 1 point for ordering or reviewing X-rays, 1 point for ordering or reviewing tests from medicine section of CPT (such as EKG, PFT, etc.), 1 point for obtaining hx from someone else, 2 points for independent review of tests, 2 points for summarization of old records or discussing the patient with another doctor	1 point		2 points	3 points	4 points
Risk Level (see Table of Risk below)	Minimal		Low	Moderate	High
Choose the type of MEDICAL DECISION MAKING based on the two highest elements (Assessment, Data, Risk Level)					
2 of 3 elements in the MEDICAL DECISION MAKING table must be met or exceeded					

Office Visits, Established Patients					
2 of 3 Key Elements (HISTORY, PHYSICAL EXAM, and MEDICAL DECISION MAKING) must be met in a column. To code by time instead, total face-to-face time (of which >50% is counseling or coordinating care) should correlate with the typical/avg. time* associated with the E&M code.					
Office Visit, Established Patient	99211 "Nurse Visit"	99212 10 min.*	99213 15 min.*	99214 25 min.*	99215 40 min.*
<b>HISTORY</b>	Nurse Visit	Problem-Focused	Expanded Problem-Focused	Detailed	Comprehensive
HPI: location, quality, severity, duration, timing, context, modifying factors, associated signs/symptoms		1-3 elements	1-3 elements	4 elements or status of 3 chronic conditions	4 elements or status of 3 chronic conditions
ROS: constitutional, eyes, ENT, CV, resp, GI, GU, musculo, skin, neuro, psych, endo, hem/lymph, all/immun			1 in addition to HPI system	2-9	10
Past, Family, Social History (PFSH)				Pertinent: 1 or 2 areas must be documented	Complete: At least 1 item of each area must be documented (PFS)
<b>PHYSICAL EXAM</b>	Nurse Visit	Problem-Focused	Expanded Problem-Focused	Detailed	Comprehensive
Using 1995 Documentation Guidelines		1 system	2-7 systems	2-7 systems with detail	8 systems
<b>MEDICAL DECISION MAKING (MDM)</b>		Straight Forward	Low Complexity	Moderate Complexity	High Complexity
<b>Assessment:</b> 1 point for each stable established problem; 2 points for each worsening established problem; 3 points for new problem w/o addt'l work-up; 4 points for new problem w/ addt'l work-up		1 point	2 points	3 points	4 points
Risk Level (see Table of Risk below)		Minimal	Low	Moderate	High
Choose the type of MEDICAL DECISION MAKING based on the two highest elements (Assessment, Data, Risk Level)					
2 of 3 elements in the MEDICAL DECISION MAKING table must be met or exceeded					

**IMPORTANT: E&M Code Scoring System May Vary by Payer—Billing Level Should Be Driven by MEDICAL DECISION MAKING**

Prolonged Services			
Add on codes that are billed in conjunction with an E&M code to account for time that is beyond the typical/avg. time*. Review the CPT Book or go to MLN Matters at <a href="http://www.cms.gov/MLNMattersArticles/downloads/MM5972.pdf">www.cms.gov/MLNMattersArticles/downloads/MM5972.pdf</a> for further guidance.			
Time: total time must = the typical/avg. time* associated with the companion E&M code + at least 30 min. of additional time	Prolonged Service, Outpatient Face-to-Face Time	99354 first 30 – 74 min.	99355 each add. 30 min. (beyond 1st hr.)

Table of Risk: Use as a guide to assign Risk Level. Risk is highest level assigned in any of 3 columns The risk assessment below takes into account that the patient has HIV infection.			
Risk Level	Presenting Problem(s)   Definition and Examples	Diagnostic Procedure(s) Ordered   Definition and Examples	Management Options Selected   Definition and Examples
Low	One stable chronic illness • Routine Monitoring ART – adherence, vRNA control, side effects	Simple or routine imaging or lab studies • Plain Films • Routine HIV lab monitoring	• Recommended immunizations/screenings • OTC medication
Moderate	1 chronic illness with progression/exacerbation or > 2 or more stable chronic illnesses; One chronic illness with an acute illness or injury; undiagnosed new problem or acute complicated injury; • Stable HIV infection with hypertension and dyslipidemia • High risk sexual behavior and/or new sexually transmitted infection(s) • Patient with complaint of ARV-associated diarrhea • Patient with metabolic abnormalities: diabetes, lipodystrophy, hyperlipidemia • HCV patient with progression of liver disease • Skin Abscess • Cellulitis <5cm • Single dermatomal zoster	Diagnostic studies or procedures to guide treatment decisions in the management of chronic diseases or to assess treatment effects or toxicities. • Drug Screening • Blood cultures • Imaging studies (Transthoracic echocardiogram, US of abdomen) • STI screening (NATS, Culture, Serologies) • Laboratory monitoring of chronic comorbidities • Wound cultures	• Prescription drug management • Decision to begin ARV therapy on ARV naïve HIV patient • Decision to change ARV therapy to avoid side effect(s) • Decision to provide pharmacotherapy for ARV side effects • Medication adjustment for chronic metabolic conditions • Safer sex counseling • Oral antibiotic therapy • Decision to withhold/extend antibiotics and monitor clinical status • I&D of abscesses (e.g., carbuncle, suppurative hidradenitis or subcutaneous abscess, cyst) • Involvement of case management/social services or other consultation
High	≥1 chronic illnesses w/ severe exacerbation, progression or side effects of treatment; acute or chronic illnesses that pose a threat to bodily functions, abrupt change in neuro status • Patient with new/previously undiagnosed opportunistic infection/s • Patient with active opportunistic infection • Patient with ARV treatment failure • Aberrant behavior in patient receiving controlled substances • Coagulopathy in patient receiving warfarin • Depressed patient with risk for suicidality • Active substance abuse • Management of multiple ART and/or medication complications/interactions • Patient with erythema migrans and swollen knee	Advanced and/or urgent diagnostic studies for complex conditions and decision making. • Lumbar puncture • Bronchoscopy • TEE • MRI/CT • ARV resistance testing for presumed ARV failure and treatment options • Neuropsychiatric evaluation	• Drug therapy requiring intensive monitoring for toxicity • Decision to begin ARV therapy on HIV patients with other complex medical conditions and/or high risk medications • Intravenous antibiotic therapy • Initiating ART for resistant virus • Comprehensive suicide assessment, safety plan and referral • Comprehensive substance abuse assessment, harm reduction and referral • End of life counseling due to poor prognosis • Referral for admission/presentation to the clinical visit and findings which support that further evaluation and treatment is appropriately performed in an acute hospital setting