

# CPT Coding and Documentation Guidelines for Outpatient Infectious Diseases Physicians

## 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>	<b>Problem-Focused</b>	<b>Expanded Problem-Focused</b>	<b>Detailed</b>	<b>Comprehensive</b>	
<b>HPI:</b> location, quality, severity, duration, timing, context, modifying factors, associated signs/symptoms	1-3 elements	1-3 elements	4 elements	4 elements	
<b>ROS:</b> 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>	<b>Problem-Focused</b>	<b>Expanded Problem-Focused</b>	<b>Detailed</b>	<b>Comprehensive</b>	
Using 1995 Documentation Guidelines	1 system	2 - 7 systems	2 - 7 systems with detail	8 systems	
<b>MEDICAL DECISION MAKING (MDM)</b>	<b>Straight Forward</b>		<b>Low Complexity</b>	<b>Moderate Complexity</b>	<b>High Complexity</b>
<b>Assessment:</b> 1 point for each stable established problem; 2 points for each worsening established problem; 3 points for new problem w/o add'l work-up; 4 points for new problem w/ add'l work-up	1 established problem, stable (1 point)		1 or 2 established problems, worsening (2 points)	NEW PROBLEM W/O ADDITIONAL WORK -UP (3 points)	NEW PROBLEM W/ ADDITIONAL WORK -UP (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
<b>Risk Level</b> (see Table of Risk below)	Minimal		Low	Moderate	High
<b>Choose the type of MEDICAL DECISION MAKING based on the two highest elements (Assessment, Data, Risk Level)</b>					
<b>2 of 3 elements in the MEDICAL DECISION MAKING table must be met or exceeded</b>					

## 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>	<b>Nurse Visit</b>	<b>Problem-Focused</b>	<b>Expanded Problem-Focused</b>	<b>Detailed</b>	<b>Comprehensive</b>
<b>HPI:</b> 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
<b>ROS:</b> 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 2 areas must be documented
<b>PHYSICAL EXAM</b>	<b>Nurse Visit</b>	<b>Problem-Focused</b>	<b>Expanded Problem-Focused</b>	<b>Detailed</b>	<b>Comprehensive</b>
Using 1995 Documentation Guidelines		1 system	2-7 systems	2-7 systems with detail	8 systems
<b>MEDICAL DECISION MAKING (MDM)</b>		<b>Straight Forward</b>	<b>Low Complexity</b>	<b>Moderate Complexity</b>	<b>High Complexity</b>
<b>Assessment:</b> 1 point for each stable established problem; 2 points for each worsening established problem; 3 points for new problem w/o add'l work-up; 4 points for new problem w/ add'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
<b>Risk Level</b> (see Table of Risk below)		Minimal	Low	Moderate	High
<b>Choose the type of MEDICAL DECISION MAKING based on the two highest elements (Assessment, Data, Risk Level)</b>					
<b>2 of 3 elements in the MEDICAL DECISION MAKING table must be met or exceeded</b>					

## 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 [www.cms.gov/MLNMattersArticles/downloads/MM5972.pdf](http://www.cms.gov/MLNMattersArticles/downloads/MM5972.pdf) for further guidance.

<b>Time:</b> total time must = the <i>typical/avg. time*</i> associated with the companion E&M code <i>+ at least 30 min. of additional time.</i>	Prolonged Service, Outpatient <b>Face-to-Face Time</b>	<b>99354</b> first 30 – 74 min.	<b>99355</b> each add. 15 – 30 min. (beyond 1 <sup>st</sup> hr.)	<b>Face-to-Face:</b> <i>Outpatient prolonged service time must be face-to-face.</i> Floor/unit time in the ER or other outpatient settings does not count.
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**IMPORTANT: E&M Code Scoring System May Vary by Payer—Billing Level Should Be Driven by MEDICAL DECISION MAKING**

### Table of Risk: Use as a guide to assign Risk Level. Risk is highest level assigned in any of 3 columns

Risk Level	Presenting Problem(s) Definition and examples	Diagnostic Procedure(s) Ordered Definition and Examples	Management Options Selected Definition and Examples
Low	Acute uncomplicated or stable chronic illness or ≥2 self-limited or minor problems <ul style="list-style-type: none"> <li>■ Skin abscess in patient with diabetes</li> <li>■ Uncomplicated zoster on trunk</li> <li>■ Cellulitis &lt;5 cm</li> </ul>	Imaging studies w/ contrast (not CV), superficial needle biopsies <ul style="list-style-type: none"> <li>■ Blood cultures</li> <li>■ Wound cultures</li> <li>■ CT or MRI of head</li> </ul>	Minor surgery (low risk), OTC medications, IV fluids w/o additives <ul style="list-style-type: none"> <li>■ Topical antibiotic therapy</li> <li>■ I&amp;D paronychia</li> <li>■ Referral to other specialists</li> </ul>
Moderate	≥1 chronic illness w/ progression or treatment side effects; ≥2 stable chronic illnesses; undiagnosed new problem w/ uncertain prognosis; acute illness w/ systemic symptoms <ul style="list-style-type: none"> <li>■ HIV patient with pneumocystis pneumonia</li> <li>■ Diabetic patient s/p total knee arthroplasty with surgical site infection</li> <li>■ Patient with erythema migrans and swollen knee</li> </ul>	Diagnostic endoscopies, deep needle or incisional biopsy, fluid aspirate from body cavity <ul style="list-style-type: none"> <li>■ Lumbar puncture</li> <li>■ Aspiration of knee joint effusion</li> <li>■ Bone marrow biopsy</li> <li>■ Transesophageal echocardiogram</li> <li>■ MRI or CT scan of ≥1 anatomical region</li> <li>■ Mediastinoscopy</li> <li>■ Thoracentesis</li> </ul>	Minor surgery w/ risk factors, elective major surgery, prescription drug management, IV fluids w/ additives <ul style="list-style-type: none"> <li>■ Removal of transvenous pacemaker</li> <li>■ Debridement of diabetic ulcer</li> <li>■ Intravenous antibiotic therapy</li> <li>■ Decision to withhold antibiotics and monitor clinical status</li> <li>■ Decision to begin ARV therapy on HIV patients</li> </ul>
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 <ul style="list-style-type: none"> <li>■ Neutropenic lymphoma patient with fever and obtundation</li> <li>■ Post-surgical patient with witnessed aspiration on pressor blood pressure support, intubated and febrile</li> <li>■ Diabetic patient with limb-threatening leg ulcer and sepsis</li> </ul>	Diagnostic endoscopies w/ identified risk factors, cardiac electrophysiologic tests <ul style="list-style-type: none"> <li>■ Emergent cardiac catheterization prior to valve replacement in patient with active endocarditis</li> <li>■ Pericardiocentesis</li> <li>■ Bronchoscopy</li> <li>■ Neuroradiological biopsy of epidural space</li> <li>■ Thoracentesis with pleural biopsy</li> </ul>	Elective major surgery w/ identified risk factors, emergency major surgery, drug therapy requiring intensive monitoring for toxicity <ul style="list-style-type: none"> <li>■ Colistin treatment for multidrug resistant <i>Pseudomonas pneumonia</i></li> <li>■ Replacement of an infected prosthetic hip</li> <li>■ Sepsis management</li> <li>■ Decision to begin ARV therapy on HIV patients with other complex medical conditions</li> </ul>