

**HIV/AIDS MEASURES GROUP
SuperBill Addendum
(For Patients Age 13 and Older)**

Patient Name: _____	Patient MRN: _____	Date of Service: _____	Physician: _____
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CPT: <input type="checkbox"/> 99201 <input type="checkbox"/> 99203 <input type="checkbox"/> 99205 <input type="checkbox"/> 99212 <input type="checkbox"/> 99214 <input type="checkbox"/> 99202 <input type="checkbox"/> 99204 <input type="checkbox"/> 99213 <input type="checkbox"/> 99215	ICD9: <input type="checkbox"/> 042 <input type="checkbox"/> 079.53 <input type="checkbox"/> V08
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Measure Number and Title	Action Performed	Action Not Performed / Reason Documented	Action Not Performed / Reason Not Documented
159: CD4+ Cell Count or CD4+ Percentage	<input type="checkbox"/> 3500F CD4+ cell count or CD4+ cell percentage documented as performed.		<input type="checkbox"/> 3500F-8P CD4+ cell count or percentage not documented as performed. No reason noted.
160: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	<input type="checkbox"/> 4280F & 3494F Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count or percentage. CD4+ cell count <200 cells/mm ³	<input type="checkbox"/> 4280F-1P & 3494F Pneumocystis jiroveci pneumonia prophylaxis not prescribed within 3 months of low CD4+ cell count or percentage for medical reason CD4+ cell count <200 cells/mm ³ <input type="checkbox"/> 3495F CD4+ cell count 200 – 499 cells/mm ³ <input type="checkbox"/> 3496F CD4+ cell count ≥500 cells/mm ³	<input type="checkbox"/> 3494F-8P CD4+ cell count not performed, No reason noted. <input type="checkbox"/> 4280F-8P & 3494F PCP prophylaxis was not prescribed within 3 months of low CD4+ cell count. No reason noted. CD4+ cell count <200 cells/mm ³
161: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy	<input type="checkbox"/> 4276F & 3492F Potent antiretroviral therapy prescribed. History of nadir CD4+ cell count <350 cells/mm ³ . <input type="checkbox"/> 4276F & 3490F Potent antiretroviral therapy prescribed. History of AIDS-defining condition.	<input type="checkbox"/> 3493F No history of nadir CD4+ cell count <350 cells/mm ³ AND no history of AIDS-defining condition.	<input type="checkbox"/> 4276F-8P & 3492F Potent antiretroviral therapy not prescribed. No reason noted. History of AIDS-defining condition. <input type="checkbox"/> 4276F-8P & 3490F Potent antiretroviral therapy not prescribed. No reason noted. History of AIDS-defining condition.

<p>162: HIV RNA Control After Six Months of Potent Antiretroviral Therapy</p>	<p><input type="checkbox"/> 3502F & 4270F HIV RNA viral load below limits of quantification. Patient receiving potent antiretroviral therapy for 6 months or longer.</p> <p><input type="checkbox"/> 3503F & 0575F & 4270F HIV RNA viral load not below limits of quantification. HIV RNA control plan of care, documented. Patient receiving potent antiretroviral therapy for 6 months or longer.</p>	<p><input type="checkbox"/> 4271F Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy.</p>	<p><input type="checkbox"/> 3502F-8P & 4270F Viral load not performed or documented. Reason not noted. Patient receiving potent antiretroviral therapy for 6 months or longer.</p> <p><input type="checkbox"/> 0575F-8P & 3503F & 4270F Plan of care for viral load not below limits of quantification was not documented. No reason noted. HIV RNA viral load not below limits of quantification. Patient receiving potent antiretroviral therapy for 6 months or longer.</p>
<p>205: Sexually Transmitted Disease Screening for Chlamydia and Gonorrhea</p>	<p><input type="checkbox"/> 3511F Chlamydia and gonorrhea screenings documented as performed.</p>	<p><input type="checkbox"/> 3511F-2P Chlamydia and gonorrhea screenings not documented as performed due to patient reason.</p>	<p><input type="checkbox"/> 3511F-8P Chlamydia and gonorrhea screenings not documented as performed. No reason noted.</p>
<p>206: Screening for High Risk Sexual Behaviors</p>	<p><input type="checkbox"/> 4293F Patient screened for high risk sexual behavior.</p>		<p><input type="checkbox"/> 4293F-8P Patient not screened for high risk sexual behaviors. No reason noted.</p>
<p>207: Screening for Injection Drug Use</p>	<p><input type="checkbox"/> 4290F Patient screened for injection drug use.</p>		<p><input type="checkbox"/> 4290F-8P Patient not screened for injection drug use. No reason noted.</p>
<p>208: Screening for Syphilis</p>	<p><input type="checkbox"/> 3512F Syphilis screening documented as performed.</p>	<p><input type="checkbox"/> 3512F-2P Syphilis screening not documented as performed due to patient reason.</p>	<p><input type="checkbox"/> 3512F-8P Syphilis screening not documented as performed. No reason noted.</p>