

# Office/Outpatient Evaluation & Management Services Frequently Asked Questions

January 2021

*Developed by the IDSA Clinical Affairs Committee E/M Work Group:*

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*Is the time of a separately reportable service counted when choosing a code level based on time?*

- No. Only count the time for the E/M service performed, not the time for additional services (for example, providing a vaccination at the time of the E/M visit).

*Has code 99201 been deleted?*

- Yes, code 99201 was deleted as it had the same level of medical decision-making (MDM) as 99202 and therefore was deemed to be unnecessary.

*Is it a requirement to document the history and physical exam?*

- Documentation of the history and physical exam is not a required element; however, relevant medical history and examination may be documented as deemed appropriate by the provider.

*What is considered an “addressed” problem?*

- A problem that is evaluated or treated at the encounter by the provider. An addressed problem does NOT include problems that are managed by another provider or when a referral is made by a provider without evaluation or consideration of treatment. Additionally, merely mentioning that treatment for a problem will be deferred to another provider is not sufficient for that problem to be considered addressed.

*What is a self-limited or minor problem?*

- A problem that has a definite and prescribed course, is transient in nature and not likely to permanently alter health status.

*What is a stable chronic illness?*

- A stable chronic illness is at least one year in duration and is expected to last until death of the patient. Stable refers to a treatment goal for the condition.

*What is an acute, uncomplicated illness or injury?*

- A recent or short-term problem with a low risk of morbidity with considered treatment and little to no risk of mortality with treatment. There is the expectation of a full recovery without functional impairment. May be a normally self-limited or minor problem that is not resolving.

*What is an acute illness with systemic symptoms?*

- Involves a problem with a high risk of morbidity without treatment.

*How is an acute complicated injury described?*

- This is an injury or problem that requires evaluation of body systems that are not directly a part of the illness and includes more possible diagnoses.

*What is a unique test when being considered as an element of MDM?*

- Laboratory tests that are identified by a single CPT® code are considered unique tests.

*How is risk determined for the purposes of choosing the appropriate level of E/M service?*

- Probability and/or consequences of an event;
- Affected by the nature of the considered event such that a low probability of death is high risk and a high chance of a minor, self-limited adverse effect of treatment is low risk;
- Based on usual behavior and thought processes of providers in same specialty;
- Based on consequences of problem(s) addressed when appropriately treated;
- Includes medical decision-making with regard to initiating or forgoing testing, treatment and/or hospitalization.

*If admitting a patient to the hospital is considered, but the ultimate decision is to NOT admit the patient to the hospital, does this constitute “high risk”?*

- Yes. Any potential plans or outcomes that were considered or discussed will contribute to risk assessment even if they are not ultimately executed. It is the consideration that matters.

*Can a laboratory test that was previously ordered at a different visit by the provider be counted as “reviewed” at the current visit if that lab test was reviewed?*

- No. The ordering and subsequent review of a lab test is “counted” only one time. Thus, review of the test results at a subsequent date or visit (if ordered by the provider) should be counted as part of “ordering the test results on the date they were ordered rather than reviewing prior results on a subsequent visit.” Per CPT® Guidelines, “Ordering a test is included in the category of test result(s) and the review of the test result is part of the encounter and not a subsequent encounter.”

*Who is considered an independent historian, and when can an independent historian be used to determine amount and/or complexity of data reviewed/analyzed?*

- A parent, guardian, surrogate, spouse or witness that can provide a history of the patient’s illness when the patient is unable to do so. Confirmatory history from the historian may also be deemed necessary.

*What are some of the social determinants of health?*

- Includes such things as food or housing insecurities or other problems that may affect that patient's ability to care for oneself or to obtain proper care.

*What is an example of drug therapy monitoring?*

- Monitoring for assessment of adverse effect and not for therapeutic effect, such as monitoring renal function and electrolytes with treatment of an HIV-positive patient with cryptococcal meningitis on amphotericin B and flucytosine.
- Monitoring is based on lab tests, physiologic tests and imaging, but not on history or examination.
- Long-term monitoring is not less than quarterly.

*How do I bill according to time when my advanced practice provider and I had a shared or split visit with the patient?*

- Count the total time for each clinician, provided that the time for tasks is not duplicated.

*Can I use the prolonged time CPT® code 99417 with any level of visit?*

- No. The prolonged time code 99417 may only be added to the highest E/M visit level for new patients (99205) and established patients (99215).

*What is the difference between a new patient E/M visit and a consultation?*

- Consultations are performed at the request of another medical provider to either a) recommend care for a specific condition or problem or to b) determine whether to accept responsibility for the ongoing management of a patient's condition or problem.
- The consultation documentation should include the opinion and medical findings of the consultant and services ordered or performed and the written communication to the requesting medical provider.

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For more information and general inquiries, contact IDSA staff via [clinicalaffairs@idsociety.org](mailto:clinicalaffairs@idsociety.org).

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