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New E & M Changes for 2021

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Major Changes Are Coming to E/M Visits in 2021: Are You Ready?

Why Are These Changes Being Made?

- **These changes from AMA CPT and CMS have come about as a result of issues with the current healthcare documentation system.**
- **Physicians have previously stated how it takes them a significant amount of time to complete the healthcare documentation process, leaving them with less time to spend with their patients.**
- **This also aligns with the "Patients Over Paperwork" process established by CMS, which aims to streamline regulations and allow physicians to spend as much time with patients as possible.**
- **The new CPT coding changes will reduce the amount of time physicians spend on documenting visits.**
- **This allows physicians to prioritize the documentation of information pertinent to patient care, create resource-based reimbursement, and create less of a need for audits, due to definitions and guidelines being extended.**

Office/Outpatient E/M Coding Before 2021

- **To understand what's coming for E/M coding, you need to know the basics of how E/M coding works now.**
- **AMA's current CPT® code set includes guidelines on using patient history, clinical examination, and medical decision-making (MDM) to determine the correct level of E/M codes. The guidelines also offer information on how to use time to select E/M codes when counseling, coordination of care, or both make up more than 50% of the intraservice time.**
- **Not all E/M codes use history, exam, MDM, or time for code selection, but office and outpatient visit codes 99201-99215 are among those that do.**

Office/Outpatient E/M Coding Before 2021

For example, note the references to history, examination, and MDM, as well as the typical time spent, in these 2020 CPT® code descriptors for level 3 E/M codes 99203 and 99213:

- **99203**: ***Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.***
- **99213**: ***Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.***
- **CMS' 1995 and 1997 Documentation Guidelines for Evaluation and Management Services provide more details than the CPT® guidelines on how to select a final E/M code based on the key components or time. These Documentation Guidelines create a lot of work for coders and The Documentation Guidelines are also more than 20 years old, which is a long time in the always-evolving world of healthcare.**

Summary of Upcoming Changes

- **The changes below relate only to new and established E/M Office or Other Outpatient visits in 2021, codes 99202—99215.**
  - **Code 99201 will be deleted.**
  - **Clinicians may use either time or medical decision making to select a code.**
  - **There will be no required level of history or exam for visits 99202—99215. From the AMA website for 2021,**
    - ***"Office or other outpatient services include a medically appropriate history and/or physical examination, when performed. The nature and extent of the history and/or physical examination is determined by the treating physician or other qualified health care professional reporting the service. The care team may collect information and the patient or caregiver may supply information directly (eg, by portal or questionnaire) that is reviewed by the reporting physician or other qualified health care professional. The extent of history and physical examination is not an element in selection of office or other outpatient services."***

Summary of Upcoming Changes

- **Time will be defined as total time spent, including non-face-to-face work done on that day, and will no longer require time to be dominated by counseling.**
- **Visits will have a range for time, e.g., 99213 will be 20-29 minutes, 99214 will be 30-39 minutes**
- **There will be new definitions within Medical Decision Making (ie. MDM)**
- **The MDM calculation will be similar to, but not identical to, the current MDM calculation.**
- **CPT® is providing numerous definitions to clarify terms in the current guidelines, such as “chronic illness with exacerbation, progression or side effects of treatment,” and “drug therapy requiring intensive monitoring for toxicity.”**

Summary of Upcoming Changes

- **There was a hint in the Physician Proposed Fee Schedule rule that the CPT® Editorial panel was continuing its work on E/M services. Will we see changes to other categories of E/M services in 2022?**
- **All other E/M services that are defined by the three key components will continue to use the 1995 and/or 1997 Documentation Guidelines in 2021.**
  - **The upcoming changes DO NOT apply to other categories of E/M services (ie. Home Visits, Rest Home/Custodial Care Facility Visits, Nursing Facility Visits, Hospital Inpatient Visits). The documentation and coding of these visits will still be based upon the 1995 or 1997 Guidelines.**

Here Come the Changes!

2021 Office/Outpatient E/M Codes: New Patient

- **99201: The 2021 CPT® code set will not include new patient level 1 code 99201. It will be deleted. As you will see below, the revised code descriptors for the remaining office and outpatient E/M codes use MDM or time to dictate code selection. Code 99201 requires straightforward MDM, the same as 99202, and having two codes requiring the same level of MDM would be redundant.**
- **99202-99205: In 2021, new patient codes 99202-99205 will no longer require the 3 key components or reference typical face-to-face time. Instead, each service includes "a medically appropriate history and/or examination," and code selection will be based on the MDM level or total time spent on that date.**

2021 Office/Outpatient E/M Codes: New Patient

- **99202: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straight forward medical decision making.**

When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter

- **99203: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making.**

When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter

2021 Office/Outpatient E/M Codes: New Patient

- **99204: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.**

When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter

- **99205: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making.**

When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter

- **For services 75 minutes or longer, see Prolonger Services 99XXX (only used with Level 5 services).**

2021 Office/Outpatient E/M Codes: Established Patient

- **99211: Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.**
- **99212: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straight forward medical decision making.**

When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

2021 Office/Outpatient E/M Codes: Established Patient

- **99213: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.**

When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.

- **99214: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.**

When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.

2021 Office/Outpatient E/M Codes: Established Patient

- **99215: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making.**

When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

- **For services 55 minutes or longer, see Prolonged Services 99417**

2021 CPT® E/M Guidelines for Time and Separate Services

- **You will be able to use time alone to select the correct code from 99202-99205 and 99212-99215. Note that 99211 is not in that list because no time is listed in that descriptor.**
- **Counseling and/or coordination of care will not need to dominate an office or other outpatient E/M service for you to code the service based on time in 2021. But for other E/M services that you code based on time, you will still need to meet the threshold of counseling and/or coordination of care taking up more than 50% of the visit.**
- **You will use 99211 if clinical staff members perform the face-to-face visit under the supervision of the physician or other qualified healthcare professional.**
- **The 2021 Time guidelines explain that for 99202-99205 and 99212-99215, total time on the encounter date includes both face-to-face and non-face-to-face time spent by the provider.**

2021 CPT® E/M Guidelines for Time and Separate Services

- **The guidelines offer the examples of preparing for the visit (such as reviewing tests); getting or reviewing a history that was separately obtained; performing the exam; counseling and providing education to the patient, family, or caregiver; ordering medicines, tests, or procedures; communicating with other healthcare professionals; documenting information in the medical record; interpreting results and sharing that information with the patient, family, or caregiver; and care coordination.**
- **When you start counting time for the 2021 codes, you should not include time spent on services you report separately. For instance, if you report care coordination using a separate CPT® code, you should not include that in the time for the E/M code.**
- **The total time also will not include time for activities the clinical staff normally performs.**

2021 CPT® E/M Guidelines for Office/Outpatient History and Exam

- **The History and/or Examination portion of these E/M guidelines explains that office and other outpatient E/M services include "a medically appropriate history and/or physical examination, when performed."**
- **"Medically appropriate" means that the physician or other qualified healthcare professional reporting the E/M determines the nature and extent of any history or exam for a particular service. Remember that code selection does not depend on the level of history or exam. That's why the guidelines don't quantify these elements.**
- **The history and exam guidelines for office and outpatient E/M visits also specify that the "care team" may collect information, and the patient (or caregiver) may provide information, such as by portal or questionnaire. The reporting provider must then review that information.**

2021 CPT® E/M Guidelines for MDM

- **Medical decision making includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option. Medical decision making in the office and other outpatient services code set is defined by three elements:**
  - **1. The number and complexity of problem(s) that are addressed during the encounter**

Definition of Problem:

- **A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter.**
- **Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services unless they are addressed, and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management.**

2021 CPT® E/M Guidelines for MDM

- **2. The amount and/or complexity of data to be reviewed and analyzed. This data includes medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter. This includes information obtained from multiple sources or interprofessional communications that are not separately reported. It includes interpretation of tests that are not separately reported. 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. Data is divided into three categories:**
  - **A. Tests, documents, orders, or independent historian(s). (Each unique test, order or document is counted to meet a threshold number)**
  - **B. Independent interpretation of tests**
  - **C. Discussion of management or test interpretation with external physician or other qualified healthcare professional or appropriate source**

2021 CPT® E/M Guidelines for MDM

- **3. The risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient's problem(s), the diagnostic procedure(s), treatment (s). This includes the possible management options selected and those considered, but not selected, after shared medical decision making with the patient and/or family. For example, a decision about hospitalization includes consideration of alternative levels of care. Examples may include a psychiatric patient with a sufficient degree of support in the outpatient setting or the decision to not hospitalize a patient with advanced dementia with an acute condition that would generally warrant inpatient care, but for whom the goal is palliative treatment.**

2021 CPT® E/M Guidelines for MDM

- **Four types of medical decision making are recognized:**
- **straight forward, low, moderate, and high. The concept of the level of medical decision making does not apply to code 99211**
- **Shared medical decision making involves eliciting patient and/or family preferences, patient and/or family education, and explaining risks and benefits of management options.**
- **Medical decision making may be impacted by role and management responsibility**
- **When the physician or other qualified health care professional is reporting a separate CPT code that includes interpretation and/or report, the interpretation and/or report should not be counted in the medical decision making when selecting a level of office or other outpatient service. When the physician or other qualified professional is reporting a separate service for discussion of management with a physician or other qualified health care professional, the discussion is not counted in the medical decision making when selecting a level of office or other outpatient service.**

Level of Medical Decision Making Table

- **The Level of Medical Decision Making table is to be used as a guide to assist in selecting the level of medical decision making for reporting an office or other outpatient E/M service code. The table includes the four levels of medical decision making (ie, straightforward, low, moderate, high) and the three elements of medical decision making (ie, number and complexity of problems addressed, amount and/or complexity of data reviewed and analyzed, and risk of complications and/or morbidity or mortality of patient management). To qualify for a particular level of medical decision making, two of the three elements for that level of medical decision making must be met or exceeded.**

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited *(Must meet the requirements of at least 1 of the 2 categories)* Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	Low risk of morbidity from additional diagnostic testing or treatment

Chronic→one year or more…

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	Risk of Complications and/or Morbidity or Mortality of Patient Management

99204
99214
	Moderate	**Moderate**
		• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;
		or
		• 2 or more stable chronic illnesses;
		or
		• 1 undiagnosed new problem with uncertain prognosis;
		or
		• 1 acute illness with systemic symptoms;
		or
		• 1 acute complicated injury
			Moderate
			(Must meet the requirements of at least 1 out of 3 categories)
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following:**
			  ◦ Review of prior external note(s) from each unique source*;
			  ◦ Review of the result(s) of each unique test*;
			  ◦ Ordering of each unique test*;
			  ◦ Assessment requiring an independent historian(s)
			or
			Category 2: Independent interpretation of tests
			• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
				Moderate risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Prescription drug management
				• Decision regarding minor surgery with identified patient or procedure risk factors
				• Decision regarding elective major surgery without identified patient or procedure risk factors
				• Diagnosis or treatment significantly limited by social determinants of health

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	Risk of Complications and/or Morbidity or Mortality of Patient Management
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive *(Must meet the requirements of at least 2 out of 3 categories)* Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

Acute vs. Chronic

- **It is under “Number and/or Complexity of Problems Addressed” that the issue of acute vs. chronic is addressed.**

Acute vs. Chronic

- **1. *stable chronic illness*: A chronic stable problem is one with an expected duration of at least a year/death of patient; a patient at treatment goal is stable.**
- **2. *acute, uncomplicated illness or injury*: Acute, uncomplicated illness/injury is one that is a recent or new short-term problem with low risk of morbidity. There is little to no risk of mortality of treatment and full functional impairment is expected.**
- **3. *chronic illnesses with exacerbation, progression, or side effects of treatment*: Chronic exacerbated is one that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects, but that does not require consideration of hospital level of care.**

Acute vs. Chronic

- **4. *acute illness with systemic symptoms*: Acute complicated illness with systemic symptoms has a high risk of morbidity without treatment.**
- **5. *acute complicated injury*: Acute complicated injury is one that requires treatment that includes evaluation of body systems that are not directly part of the injured organ, extensive injury, or treatment options are multiple and/or associated with risk or morbidity.**
- **6. *chronic illnesses with severe exacerbation, progression, or side effects of treatment*: Chronic illness with severe exacerbation includes progression or severe side**
  effects of treatment that have significant risk of morbidity and may require hospital level of care.

Acute vs. Chronic

- **7. *acute or chronic illness that poses threat to life or bodily function*: Acute/chronic that poses threat to life or bodily function soon without treatment.**

What About the Reimbursements?

2021 E/M Proposed Rule E/M RVUs

CPT/ HCPCS	Description	2020 Work RVUs	2021 Proposed Work RVUs	Work RVU Difference	Work RVU % Change	2020 Non-Facility PE RVUs	2021 Proposed Non-Facility PE RVUs	Non-Facility RVU Difference	Non-Facility RVU % Change
99201	Office/outpatient visit new	Code 99201 will be deleted in 2021							
99202	Office/outpatient visit new	0.93	0.93	0.00	0%	1.12	1.12	0.00	0%
99203	Office/outpatient visit new	1.42	1.60	0.18	13%	1.48	1.54	0.06	4%
99204	Office/outpatient visit new	2.43	2.60	0.17	7%	1.98	2.10	0.12	6%
99205	Office/outpatient visit new	3.17	3.50	0.33	10%	2.40	2.71	0.31	13%
99211	Office/outpatient visit est	0.18	0.18	0.00	0%	0.46	0.50	0.04	9%
99212	Office/outpatient visit est	0.48	0.70	0.22	46%	0.75	0.91	0.16	21%
99213	Office/outpatient visit est	0.97	1.30	0.33	34%	1.06	1.29	0.23	22%
99214	Office/outpatient visit est	1.50	1.92	0.42	28%	1.45	1.76	0.31	21%
99215	Office/outpatient visit est	2.11	2.80	0.69	33%	1.85	2.33	0.48	26%

2021 MPFS Proposed Rule E/M Payments

CPT	Short Descriptor	2020 Non-Facility National Payment	2021 Proposed Non-Facility National Payment Changes	Proposed $ Change	Proposed % Change	2020 Facility National Payment	2021 Proposed Facility National Payment	Proposed $ Change	Proposed % Change
99201	Office/outpatient visit new	**Code 99201 will be deleted in 2021**							
99202	Office/outpatient visit new	$77.23	$69.04	-$8.20	-11%	$51.61	46.13	-$5.48	-11%
99203	Office/outpatient visit new	$109.35	$106.14	-$3.22	-3%	$77.23	78.07	$0.84	1%
99204	Office/outpatient visit new	$167.10	$159.36	-$7.73	-5%	$132.09	127.75	-$4.34	-3%
99205	Office/outpatient visit new	$211.13	$210.66	-$0.47	0%	$172.51	173.88	$1.37	1%
99211	Office/outpatient visit est	$23.46	$22.26	-$1.20	-5%	$9.38	8.71	-$0.67	-7%
99212	Office/outpatient visit est	$46.20	$54.20	$8.00	17%	$26.35	34.20	$7.85	30%
99213	Office/outpatient visit est	$76.15	$86.78	$10.63	14%	$52.33	63.23	$10.90	21%
99214	Office/outpatient visit est	$110.44	$122.91	$12.48	11%	$80.48	93.23	$12.75	16%
99215	Office/outpatient visit est	$148.33	$172.27	$23.94	16%	$113.68	137.75	$24.07	21%

Final Thoughts

- **1. Only Medicare is committed to making the E/M change.**
  - **This is absolutely NOT TRUE!**
  - **It has been incorrectly reported that this is a Medicare-only thing or Medicare and Medicare Advantage-only. This is absolutely, incorrect. The changes are in the 2021 CPT Manual. Health insurance companies/plans cannot choose to accept or not accept CPT guidance. If they accept CPT codes, they accept what is stated in the CPT Manual.**

Final Thoughts

- **It has also been incorrectly reported that you should not use the new E/M guidelines for a third-party payer until that third party payer "announces" that they are accepting the new guidelines. This too is wrong. It appears that this comes from the fact that CMS announced that they were "accepting" the 2021 E/M guidelines changes. Here is why that was necessary and does not apply to any other third-party payer: Prior to 2021, the CPT E/M guidelines were very vague and only gave us words like "expanded problem focused" and "detailed" with no quantification of what actually needed to be performed. CMS provided clarification with the 1995 and 1997 E/M Documentation guidelines. CMS was the only payer that provided these clarifying statements. Now that CPT has cleaned up this office /outpatient E/M section in the CPT Manual and provided all the specificity needed, CMS needed to announce they were accepting these changes in place of their 1995 and 1997 guidelines for CPT 99201 - 99215.**

Final Thoughts

- **Saying that you would have to wait for a third-party payer to "announce" they are accepting the new E/M guidelines would be no different than saying, "When submitting CPT code 11721 to a third-party payer, don't assume that payer considers 11721 to be debridement of 6 or more nails until they announce they agree with what is in the CPT book for that code."**
- **The bottom line is that "The Changes" were not made by any single payer. They are in the 2021 CPT Manual and any third-party payer that accepts CPT codes is required to accept what is in the CPT Manual.**

Final Thoughts

- **2. Only outpatient office visit codes are affected.**
  - **Only outpatient office visit codes are affected. In an effort to gradually phase in the E/M changes, CMS is limiting the 2021 rules to outpatient office visit codes only (CPT 99202-99215). That means the changes will heavily impact physicians in private practice or those who primarily see patients in the office setting. Meanwhile, hospitalists and specialists who do the bulk of their E/M visits as inpatient consults will essentially be unaffected in 2021. Again, the difficulty lies in asking physicians to adopt two styles of documentation, one under the current rules (ie. 1995 and 1997 Guidelines), one under the relaxed rules (ie. the new 2021 rules).**

Final Thoughts

- **3. Time savings could be less than anticipated.**
  - **Most providers familiar with E/M coding already spend relatively little time on documentation for level 2 and level 3 visits (especially for established patients), which represent straightforward and low complexity MDM respectively. The time savings would be greatest with level 4 and 5 visits, representing moderate and high complexity MDM respectively, and level 4s and 5s could make up the majority of visits for certain specialties.**
  - **All physicians spend time away from their patients, whether reviewing labs, reviewing radiological studies, speaking to patients and family members, physician conversations and never had the ability to get reimbursed for time outside of the scheduled face-to-face visit. This is changing and has the potential to allow for higher level E/M coding in 2021.**

Sources of Information

- **1. CPT Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes) – AMA**
- **2. What's Changing for E/M Codes 99201-99215 in 2021? - AAPC**

Questions?

Stay Safe and Healthy

Thank You!!