



E/M Health Plan Webinar: Overview of Changes Proposed for 2021

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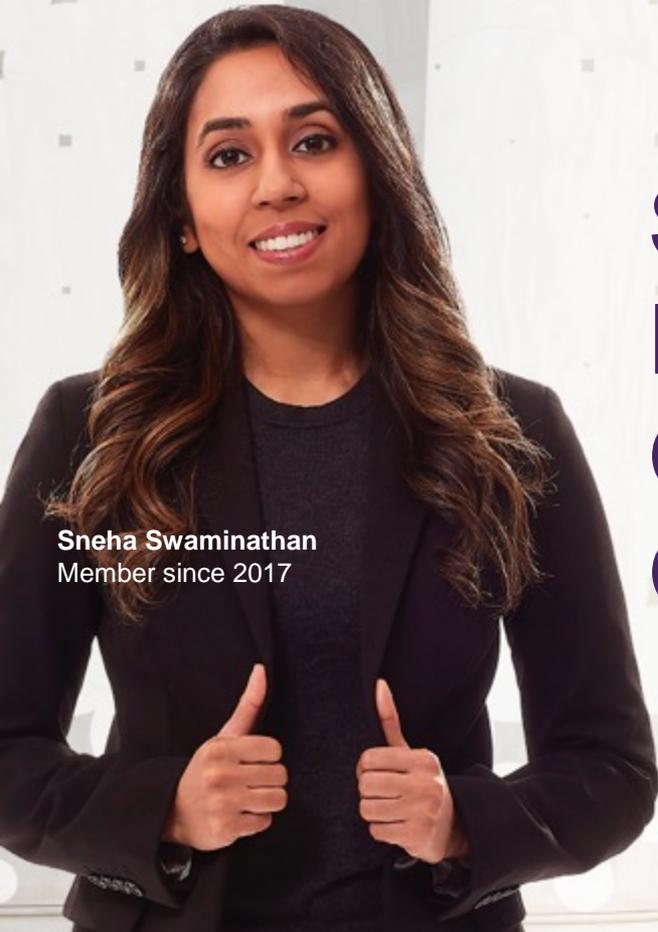
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Agenda

- Educational Level Set
 - Summary of Major E/M Revisions for 2021
 - Medical Decision Making (MDM)
 - Time
 - Prolonged Services
- Addressing Common Issues
- AMA Education & Resources
- Open Q&A

The AMA Call to Action– Adopt the New Revisions for E/M Office Visits for January 1, 2021

- On Monday, August 3 CMS released the 2021 Medicare Payment Schedule Proposed Rule
- CMS has again reiterated their intention to finalize the CPT revisions to the E/M office visits on January 1, 2021.
 - Proposal revises proposed services time.
- These revisions were made to achieve sizeable administrative burden reductions. It is critical that the industry finalize plans to adopt these important revisions on January 1, 2021 to ensure consistency and achieve the intended burden reduction.



Sneha Swaminathan
Member since 2017

Summary of Major E/M Revisions for 2021: Office or Other Outpatient Services

CAUTION



Summary of Major E/M Revisions for 2021: Office or Other Outpatient Services

- Extensive E/M guideline additions, revisions, and restructuring
- Deletion of code 99201 and revision of codes 99202-99215
 - Codes 99201 and 99202 currently both require straightforward MDM
- Components for code selection:
 - MDM or
 - Total time on the date of the encounter

Summary of Major E/M Revisions for 2021: Office or Other Outpatient Services

- E/M level of service for office or other outpatient services can be based on:
 - MDM
 - Extensive clarifications provided in the guidelines to define the elements of MDM
 - Time: *Total* time spent on the date of the encounter
 - Including non-face-to-face services
 - Clear time ranges for each code
- Addition of a shorter 15-minute prolonged service code (99XXX)
 - To be reported only when the visit is based on time **and** after the total time of the highest-level service (i.e., 99205 or 99215) has been exceeded

Summary of Major E/M Revisions for 2021: Office or Other Outpatient Services

- Revisions to Appendix C - Clinical Examples
 - Removed office visits (99201-99215) from Appendix C for CPT 2021
 - Plan is to determine usefulness of clinical examples going forward
 - National specialty societies through CPT process will be queried, and potential solution developed in the future

Office or Other Outpatient Services Code Descriptors



Lase Ajayi, MD
Member since 2013

Office or Other Outpatient Services: New Patient

Office or Other Outpatient Services/**New Patient**

★▲99203 **Office or other outpatient** visit for the evaluation and management of a new patient, which requires ~~these 3 key components:~~ a medically appropriate history and/or examination and low level of medical decision making.

- ~~A detailed history;~~
- ~~A detailed examination;~~
- ~~Medical decision making of low complexity.~~

~~Counseling and/or coordination 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 the family's needs.~~

~~Usually the presenting problem(s) are of low to moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.~~

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

Office or Other Outpatient Services: Established Patient

Office or Other Outpatient Services/~~Established Patient~~

★▲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:a medically appropriate history and/or examination and low level of medical decision making.

- ~~An expanded problem focused history;~~
- ~~An expanded problem focused examination;~~
- ~~Medical decision making of low complexity.~~

~~Counseling and/or coordination 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 the 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.~~

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

Selecting a Level of Service (Office or Other Outpatient E/M Service)



Hunter Pattison, MD
Member since 2013

Selecting a Level of Service (Office or Other Outpatient E/M Service)

2020

The appropriate level of E/M service is based on the following:

- Key components
 - History
 - Examination
 - MDM

Or

- Time

Selecting a Level of Service (Office or Other Outpatient E/M Service)

2020

Time Rules:

- When counseling and/or coordination of care dominates (more than 50%) of the encounter with the patient and/or family
- Only face-to-face time in the office on the date of the encounter

Selecting a Level of Service (Office or Other Outpatient E/M Service)

Effective Jan. 1, 2021

The appropriate level of E/M service is based on the following:

- The level of the MDM as defined for each service; **or**
- The total time for E/M services performed on the date of the encounter



Medical Decision Making (MDM)

Kamalika Roy, MD
Member since 2012

Medical Decision Making (MDM)

Modifications to the criteria for MDM:

- Create sufficient detail in CPT code set to reduce variation between contractors/payers
- Attempt to align criteria with clinically intuitive concepts
- Use existing CMS and contractor tools to reduce disruption in coding patterns

Workgroup came back to real-life examples in their deliberations.

Medical Decision Making (MDM)

Modifications to the criteria for MDM:

- CMS Table of Risk used as a foundation to create the Level of Medical Decision Making Table
- CMS Contractor “audit tools” also consulted to minimize disruption in MDM level criteria
- Removed ambiguous terms (e.g., “mild”) and defined previously ambiguous concepts (e.g., “acute or chronic illness with systemic symptoms”)

Medical Decision Making (MDM)

Effective January 1, 2021

Level of Medical Decision Making Table

- Guide to assist in selecting the level of MDM
- Used for office or other outpatient E/M services only
- Includes four levels of MDM (**unchanged from current levels of MDM**)
 - Straightforward
 - Low
 - Moderate
 - High

Medical Decision Making Table

MDM 2020		MDM Effective Jan. 1, 2021
Number of Diagnoses or Management Options	→	Number and Complexity of Problems Addressed at the Encounter
Amount and/or Complexity of Data to be Reviewed	→	Amount and/or Complexity of Data to be Reviewed and Analyzed
Risk of Complications and/or Morbidity or Mortality	→	Risk of Complications and/or Morbidity or Mortality of Patient Management

MDM: Number and Complexity of Problems Addressed at the Encounter: Clinically Relevant

- Straightforward
 - Self-limited
- Low
 - Stable, uncomplicated, single problem
- Moderate
 - Multiple problems or significantly ill
- High
 - Very ill

MDM: Amount and/or Complexity of Data to be Reviewed and Analyzed

- Simplified and standardized contractor scoring guidelines
- Emphasized clinically important activities over number of documents
- Need to account for quantity of documents ordered/reviewed (as it is MDM work) and create “counting rules”
- Data are divided into three categories:
 - Tests, documents, orders, or independent historian(s)—each unique test, order, or document is **counted** to meet a threshold number
 - Independent interpretation of tests not reported separately
 - Discussion of management or test interpretation with external physician/other QHP/appropriate source (not reported separately)

MDM: Amount and/or Complexity of Data to be Reviewed and Analyzed

- Straightforward
 - Minimal or None
- Low (one category only)
 - Two documents or independent historian
- Moderate (**one** category only)
 - Count: Three items between documents and independent historian; or
 - Interpret; or
 - Confer
- High (**two** categories)
 - Same concepts as moderate

MDM: Risk of Complications and/or Morbidity or Mortality of Patient Management

- Risk of complications and/or morbidity, or mortality of patient management decisions made at the visit, associated with the patient's problem(s), treatment(s)
 - Includes possible management options selected and those considered, but not selected
 - Addresses risks associated with social determinants of health

MDM: Risk of Complications and/or Morbidity or Mortality of Patient Management

- Straightforward
 - Minimal risk from treatment (including no treatment) or testing. (Most would consider this effectively as no risk)
- Low
 - Low risk (e.g., very low risk of severity problems), minimal consent/discussion
- Moderate
 - Would typically review with patient/surrogate, obtain consent and monitor, or there are complex social factors in management
- High
 - Need to discuss higher risk problems that could happen for which physician or other qualified health care professional will watch or monitor

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

<p>99204 99214</p>	<p>Moderate</p>	<p>Moderate</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; <p>or</p> <ul style="list-style-type: none"> • 2 or more stable chronic illnesses; <p>or</p> <ul style="list-style-type: none"> • 1 undiagnosed new problem with uncertain prognosis; <p>or</p> <ul style="list-style-type: none"> • 1 acute illness with systemic symptoms; <p>or</p> <ul style="list-style-type: none"> • 1 acute complicated injury 	<p>Moderate <i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> • 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
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<p>99205 99215</p>	<p>High</p>	<p>High</p> <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; <p>or</p> <ul style="list-style-type: none"> 1 acute or chronic illness or injury that poses a threat to life or bodily function 	<p>Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> Any combination of 3 from the following: <ul style="list-style-type: none"> 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> 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
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Medical Decision Making Table

To qualify for a particular level of medical decision making, two of the three elements for that level of decision making must be met or exceeded **(concept unchanged from current guidelines).**

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal <ul style="list-style-type: none"> 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Any combination of 2 from the following: <ul style="list-style-type: none"> 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

Time



Betty Chu, MD
Member since 1997

Time: Office and Other Outpatient E/M Services

2020

- When counseling and/or coordination of care dominates (**over 50%**) the encounter with the patient and/or family, time shall be the key or controlling factor to qualify for a particular level of E/M service
- Only face-to-face time counted

Time: Office and Other Outpatient E/M Services

Effective Jan. 1, 2021

- Time may be used to select a code level in office or other outpatient services whether or not counseling and/or coordination of care dominates the service
- Time may only be used for selecting the level of the other E/M services when counseling and/or coordination of care dominates the service

Time: Office and Other Outpatient E/M Services

Total Time on the date of the encounter

- Includes physician/other QHP face-to-face and non-face-to-face time
- Time spent by clinical staff is not included
- More than one clinician addressed (count only 1 person per minute)

Time: Office and Other Outpatient E/M Services

Total Time on the date of the encounter

- Recognizes the important non-face-to-face activities
- Uses easy to remember increments based on time data of past valuations
- Removes “closest” vs “threshold” by giving exact ranges
- Is for *Code Selection When Using Time*
 - Not a required minimum amount when using MDM

Time: Office and Other Outpatient E/M Services

Physician/other QHP time includes the following activities (when performed):

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically necessary appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not reported separately)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not reported separately) and communicating results to the patient/family/caregiver
- Care coordination (not reported separately)

Time: Office and Other Outpatient E/M Services New Patient (*Total Time on the Date of the Encounter*)

New Patient E/M Code	Typical Time (2020)	Total Time (2021)
99201	10 minutes	Code deleted
99202	20 minutes	15-29 minutes
99203	30 minutes	30-44 minutes
99204	45 minutes	45-59 minutes
99205	60 minutes	60-74 minutes

Time: Office and Other Outpatient E/M Services

Established Patient (*Total Time on the Date of the Encounter*)

Established Patient E/M Code	Typical Time (2020)	Total Time (2021)
99211	5 minutes	Time component removed
99212	10 minutes	10-19 minutes
99213	15 minutes	20-29 minutes
99214	25 minutes	30-39 minutes
99215	40 minutes	40-54 minutes

Prolonged Services (Office or Other Outpatient E/M Service)

Magda Houlberg, MD
Member since 2003

Prolonged Services (99XXX)

- The E/M Workgroup identified the need for a prolonged service code to capture services for a patient that required longer time on the date of the encounter
- The Workgroup agreed with CMS that a shorter time was appropriate

Prolonged Services (99354, 99358, 99XXX)

2020

- Prolonged services codes with direct patient contact (99354, 99355) and without direct patient contact (99358, 99359)
 - First hour (base code)
 - Each additional 30 minutes (add-on code)
- Currently, prolonged services of less than 30 minutes beyond the *typical time* of the E/M service is not reported separately
- If criteria met, 99354 and/or 99358 may be reported on the date of service

Prolonged Services (99XXX)

Effective Jan. 1, 2021

- Shorter prolonged services code to capture each 15 minutes of physician/other QHP work beyond the time captured by the office or other outpatient service E/M code
 - Used only when the office/other outpatient code is selected using time
 - **For use only with 99205, 99215**
 - Prolonged services of less than 15 minutes should not be reported



Prolonged Services (99XXX)

Prolonged Services/Prolonged Service With or Without Direct Patient Contact on the Date of an Office or Other Outpatient Service

★+●99XXX Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient **Evaluation and Management** services)

▶(Use 99XXX in conjunction with 99205, 99215)◀

▶(Do not report 99XXX on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416)◀

▶(Do not report 99XXX for any time unit less than 15 minutes)◀

AMA CPT[®] E/M Education



Siobhan Wescott, MD
Member since 2013

AMA CPT® E/M Education

AMA Microsite

ama-assn.org/cpt-office-visits

CPT® Evaluation and Management



E/M office visit revisions

On Nov. 1, 2019 the Centers for Medicare and Medicaid Services (CMS) finalized a historic provision in the 2020 Medicare Physician Fee Schedule Final Rule. This provision includes revisions to the Evaluation and Management (E/M) office visit CPT® codes (99201-99215) code descriptors and documentation standards that directly address the continuing problem of administrative burden for physicians in nearly every specialty, from across the country. With these landmark changes, as approved by the CPT Editorial Panel, documentation for E/M office visits will now be centered around how physician think and take care of patients and not on mandatory standards that encouraged copy/paste and checking boxes.

Office Evaluation and Management (E/M) CPT code revisions

This educational module provides an overview of the new E/M code revisions and shows how it will differ from current coding requirements and terminology.

E/M office visit historical background

For decades, the physician community has struggled with burdensome reporting guidelines for reporting office visits and other E/M codes. With the proliferation of electronic health records (EHRs) into physician practices, documentation requirements for office visits has moved towards increased “note bloat” within the patient record due to the largely check-box nature of meeting the current documentation requirements.

To address this, on Feb. 9, 2019, the AMA-convened CPT Editorial Panel

Essential Tools & Resources

 CPT® E/M Office or Other Outpatient and Prolonged Services Code and Guideline Changes

 CPT® E/M Office Revisions Level of Medical Decision Making (MDM)

 Review RUC recommendations on CPT E/M office visit codes

CPT Code Revision Updates

AMA CPT® E/M Education

Full CPT Guidelines Language



CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes

This document includes the following CPT E/M changes, effective January 1, 2021:

- E/M Introductory Guidelines related to Office or Other Outpatient Codes 99202-99215
- Revised Office or Other Outpatient E/M codes 99202-99215

For the complete version of E/M Introductory guideline changes, Office or Other Outpatient [99202-99215] code changes, Prolonged Services code (99354, 99355, 99356, 99XXX) and guideline changes, see *Complete E-M Guideline and Code Changes.doc*.

Note: this content will not be included in the CPT 2020 code set release

Category I Evaluation and Management (E/M) Services Guidelines Common to All E/M Services

Time

The inclusion of time in the definitions of levels of E/M services has been implicit in prior editions of the CPT codebook. The inclusion of time as an explicit factor beginning in CPT 1992 is done to assist in selecting the most appropriate level of E/M services. Beginning with CPT 2021 and except for 99211, time alone may be used to select the appropriate code level for the office or other outpatient E/M services codes (99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215). Different categories of services use time differently. It is important

Level of Medical Decision Making (MDM)

Note: this content will not be included in the CPT 2020 code set release



Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
Q11	N/A	N/A	*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	N/A
Q12	Straightforward	Minimal <ul style="list-style-type: none"> • 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
Q13	Low	Low <ul style="list-style-type: none"> • 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) <p>Category 1: Tests and documents</p> <ul style="list-style-type: none"> • Any combination of 2 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* <p>or</p> <p>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)</p>	Low risk of morbidity from additional diagnostic testing or treatment
Q14	Moderate	Moderate <ul style="list-style-type: none"> • 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 2 out of 3 categories) <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • 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) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional [not separately reported]; <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care 	Moderate risk of morbidity from additional diagnostic testing or treatment <p>Examples only:</p> <ul style="list-style-type: none"> • 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



AMA CPT® E/M Education Training Modules

Office Evaluation and Management (E/M) CPT Code Revisions

83% COMPLETE

LEARN

- Introduction ✓
- Current E/M Coding ✓
- E/M Office Visit Coding Revisions ✓
- Key Benefits ✓
- Challenge ✓
- Additional Resources ○

Lesson 1 of 6

Introduction

Learning Objectives

After completing this course, you will be able to:

- 1 Explain the CPT E/M office or other outpatient services revisions and when changes will take effect
- 2 Identify why CPT E/M revisions are needed and benefits provided
- 3 Describe how the foundational changes will impact your work

What is Changing and Why?

AMA CPT E/M Education

Current/Future Offerings

Two additional Training Modules

- Time and MDM-specific
- CME available

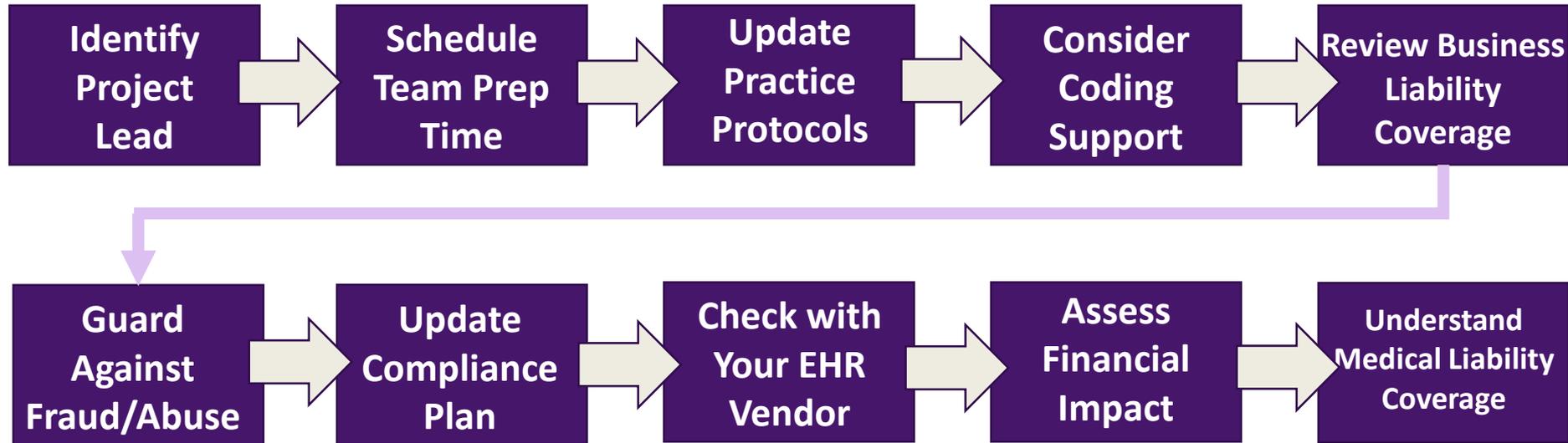
App-based education

- Stand alone E/M educational app
- Imbedded in current *CPT*[®] *QuickRef* phone/tablet app
- Timeline: Later 2020

SMART on FHIR Integration

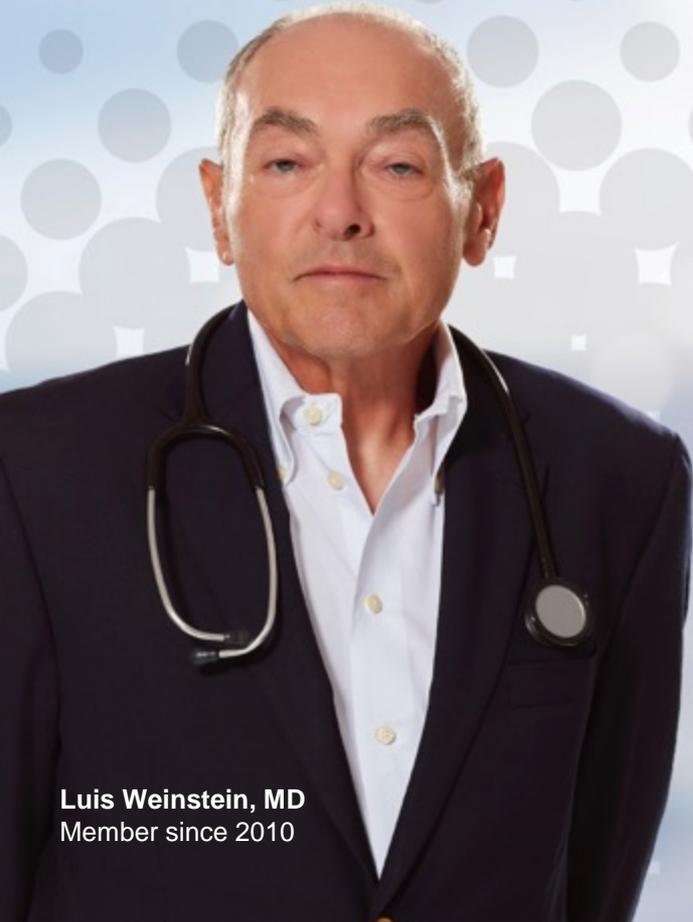
- Developing direct EMR integration

10 Tips to Prepare your Practice for E/M Office Visit Changes



Next Steps- The AMA Call to Action

- The AMA will continue to educate physicians, health systems, health plans, and vendors on these revisions and the opportunities for burden reduction
- We are committed to understanding any barriers, challenges and concerns with adoption
- We urge adoption on January 1, 2021
- Please share your questions, concerns, feedback.....



Luis Weinstein, MD
Member since 2010

Addressing Common Questions

Statement on future E/M review

- **Question:** *Since the revisions taking effect for January 1, 2021 are only for the E/M office visits, what is the AMA planning to do with the remaining set of E/M visits?*

Statement on EHR Vendor Readiness

- Are EHR vendors adapting new workflows to account for these revisions?

Statement on EHR Vendor Readiness

- Do payers have to adopt the new E/M office revisions?



Physicians' powerful ally in patient care