A Single-Center Experience in Capturing Inpatient Evaluation and Management for an IR Practice

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ABSTRACT

Purpose: To demonstrate that interventional radiologists can capture work relative value units (wRVUs) for the work that is already being performed providing evaluation and management (E&M) clinical services.

Materials and Methods: A team approach was implemented to optimize revenue capture for inpatient E&M. Structured templates were created for inpatient documentation to ensure that maximum wRVUs were captured. Inpatient billing was audited from fiscal year 2011 (1 year before meeting and structured template creation) through fiscal year 2014. Specifically, data were collected on total charges, collections, wRVUs and total number of inpatient E&M encounters, and the level of the billed encounter.

Results: Retrospective annual audits revealed that overall inpatient E&M billing charges increased by 722%, whereas collections increased by 831% from 2011 to 2014. The wRVUs increased in 2011 from 181.74 to 1,396.9 (669% increase) in 2014, and the number of inpatient E&M encounters billed increased from 130 to 693 (433% increase) over that same time period. Lower level billing (level I) declined from 30% to 19%, and complex billing levels (level II or higher) increased from 70% to 81%.

Conclusions: By implementing a systems approach to revenue management, which includes physician and billing staff meetings and the use of structured templates, billing capture from inpatient E&M services can be improved.

ABBREVIATIONS

CMS = Centers for Medicare and Medicaid Services, CPT = Current Procedural Terminology, E&M = evaluation and management, FY = fiscal year, IVC = inferior vena cava, wRVU = work relative value unit

The Centers for Medicare and Medicaid Services (CMS) and the American Medical Association began working together recently to assess the appropriateness of values of the Current Procedural Terminology (CPT) codes that are used routinely for professional fees associated with interventional radiology (IR) procedures (1,2). The Relative Value Scale Update Committee of the American Medical Association, which makes recommendations to CMS on work relative value unit (wRVU) designations, recommended that codes be bundled when appropriate (1,3). For example, before bundled codes, placement of an inferior vena cava (IVC) filter could be billed with CPT codes 36010 (insertion of a catheter into the IVC), 37620 (interruption of the IVC), and 75940 (supervision and interpretation of IVC filter placement) (4). When combined, these codes were valued at 13.51 wRVUs (5). After revaluation, CPT code 37191 (insertion of IVC filter, which includes catheter placement, vascular access, and associated imaging) was introduced, and the value of an IVC filter placement decreased to 4.71 wRVUs (5,6), which represents an overall decrease of 8.8 wRVUs. This example demonstrates that wRVUs for standard IR procedures are declining. However,

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CMS also recommended increases in most evaluation and management (E&M) wRVUs over the past decade. A decade ago, CPT code 99221 (initial inpatient care) was valued at 1.28 wRUVs (5). In 2014, the same CPT code has a value of 1.92 wRVUs, which represents an overall increase of 50% (3).

Because procedural services are being devalued, professional payments in E&M are a means to increase revenue. E&M services are billable if appropriate documentation and coding are provided. For example, in a report from 2003, a basic IR service (abscess drainage) rendered a mean of 11.5 wRVUs ± 5.1 for the initial procedure. However, this service also generated 3.5 wRVUs ± 3.0 in E&M services (7). Combining the wRVUs of the procedure and the E&M, there is a 30% increase in revenue generation.

Given that the clinical practice of IR continues to grow, and inpatient IR E&M services have increased by 1,112% since 1993, this can represent a large increase in revenue (8). IR practices need to ensure that when E&M services are rendered, appropriate, legitimate billable documentation is generated to capture revenue. The purpose of this study is to demonstrate that interventional radiologists can capture wRUVs for the work that is already being performed providing E&M clinical services.

MATERIALS AND METHODS

This retrospective project was reviewed by the institutional review board, which determined that a formal evaluation and management application was unnecessary. A team approach was implemented to optimize revenue capture for inpatient E&M. Interventional radiologists and coding and billing specialists compiled a list of appropriate CPT codes for inpatient E&M encounters. The decision was made that element billing (billing based on elements—eg, history of present illness, review of systems, physical examination) was the most appropriate for inpatient E&M encounters.

Creation of Structured Templates for Charting with Appropriate Billable Language

Two separate structured templates for inpatient care were created by the interventional radiologists to ensure that the proper elements were included to capture and maximize the applicable billing codes for element based billing (9). Specifically, an inpatient daily progress note was created, which was billed as follow-up hospital care visits (subsequent hospital care CPT 99231–99233). In addition, because IR served as a consulting service, an inpatient consultation note was created (CPT 99251–99255). As of 2010, CMS no longer recognizes consultation codes as billable services; however, these codes are still recognized by some private payers. An inpatient consultation was appropriate and billable if the consultation resulted in a decision to treat. The use of a modifier, Modifier-57, indicated to the billing specialist that the consultation resulted in a decision for surgery (3). When these two structured templates were created, they were reviewed by the coding and billing staff to ensure that the correct format and elements were included and then uploaded as templates into the electronic medical record (Epic Systems, Verona, Wisconsin). The templates were created so that certain elements (eg, past medical history, social history, vital signs, medications) automatically populated within the template and could be reviewed and appended by the provider.

Creation of Attestations for Verification of Faculty Involvement

Because most patient encounters at our institution had trainee involvement, development of appropriate faculty attestations was necessary. Without the appropriate faculty involvement, regardless of the documentation by the trainee, encounters were considered nonbillable for government payers. Two attestations were created to be used in cases of faculty involvement: one that was used for subsequent hospital care and one for inpatient consultation.

Auditing Billing

To ensure that inpatient E&M was appropriately captured, inpatient E&M billing was annually audited retrospectively. The appropriate CPT code ranges were identified. Reports from the professional billing system were generated to include targeted CPT codes month by month for fiscal year (FY) 2011 through FY 2014 for each of the identified interventional radiologists. The following professional payment data were collected in terms of each physician (six total) and each CPT code: total charges, total collections (at the given point in time when data were collected), total wRVUs, and total number of billable inpatient E&M encounters. These data were collected for each FY, which spans from July 1 through June 30. Subset analysis evaluating the E&M revenue by level of service was also determined. Lower level billing was defined as level I; complex billing included levels II and higher. Because a new faculty member joined the practice in FY 2012, E&M totals were calculated with and without the additional faculty to adjust for growth resulting from increased staffing. Outpatient E&M data were collected from the onsite IR clinic to calculate total E&M and determine the percentage of E&M from inpatient versus outpatient encounters. All of the data were organized into an Excel Pivot Table (Microsoft Excel 2010; Microsoft Corp, Redmond, Washington) for analysis.

Editing and Updating Templates

After the initial meeting, the interventional radiologists met with the coding and billing staff annually. The goal