

Introduction

- Understanding trends in Evaluation & Management (E&M) billing is important for Interventional Radiology (IR) as we aim to become a more clinically oriented specialty and in the setting of declining procedural reimbursement rates.
- The following study provides a financial analysis of national trends in submitted charges and reimbursement rates for outpatient E&M billing both on aggregate and by specialty
- A comparison is made between IR and other specialties with the goal of providing important feedback to the IR community

Design/Sample

- Claims from the Medicare Part B Physician/Supplier Procedure Summary Master Files (PSPS) for the years 2010-2018 were analyzed using the current procedural terminology (CPT) codes.
- Billing codes in the following categories were used: New outpatient encounter (99201-99205) and established outpatient encounter (99211-99215).
 - Modified codes for prolonged services were excluded.
- Physician specialty codes were used to identify physician specialty
 - Provider codes for diagnostic and interventional radiology were combined as E/M services were assumed to fall under the description of interventional related work.

Analysis

- The number of allowed services (i.e., services receiving payment from Medicare) was calculated by subtracting the denied service count from the submitted service count to exclude duplicate or incorrectly billed procedures.
- Average reimbursement per E&M service were calculated from the total reimbursement and the number of allowed services.
- Average submitted charge per E&M service was calculated from the allowed submitted charges (total submitted charges minus denied submitted charges) and number of allowed services.

Results

Reimbursement for Outpatients (all Specialties)

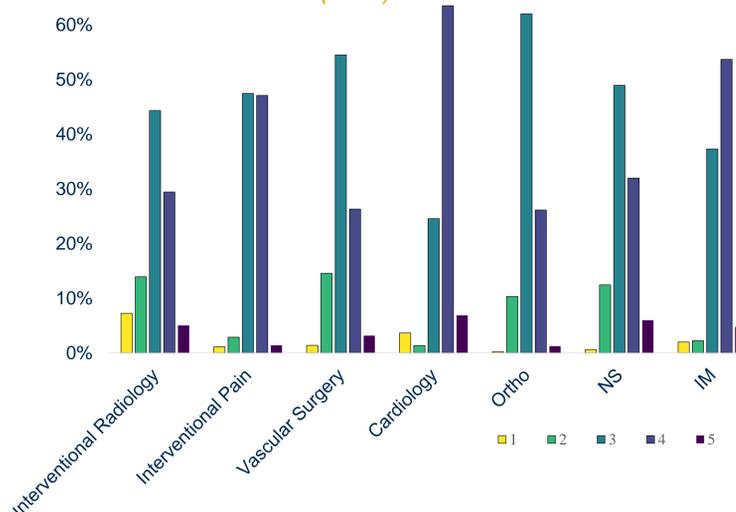
	CPT	2010-2018										change	CPT	2010-2018										change
		2010	2011	2012	2013	2014	2015	2016	2017	2018	2010			2011	2012	2013	2014	2015	2016	2017	2018			
All	All	123.4	127.0	126.8	128.9	130.0	130.6	129.5	131.4	131.0	6.1%*	All	75.5	79.2	79.7	82.0	83.2	84.0	83.9	85.1	86.0	13.8%*		
New Patients	99201	36.8	38.3	38.9	39.8	39.5	39.9	39.5	39.9	40.6	10.5%	99211	19.1	19.5	19.1	19.7	19.4	19.2	19.1	19.5	20.8	8.8%		
	99202	65.4	68.3	68.4	70.1	69.9	70.0	69.7	69.8	70.5	7.8%	99212	38.2	40.3	40.3	41.4	41.2	41.4	40.5	41.0	41.2	7.9%		
	99203	96.7	100.9	101.7	103.9	103.8	104.6	102.7	103.5	103.5	7.0%	99213	64.7	67.9	67.9	69.8	69.7	69.5	69.3	69.5	69.6	7.7%		
	99204	151.7	156.3	156.6	159.4	161.0	160.7	159.2	158.8	159.6	5.2%	99214	97.5	100.6	100.5	102.6	103.5	103.5	102.1	102.9	102.9	5.6%		
	99205	190.7	194.8	193.8	197.2	200.6	200.8	199.0	199.3	199.9	4.8%	99215	132.3	136.2	135.9	137.5	138.4	139.7	137.7	137.2	138.2	4.5%		

*p<0.01

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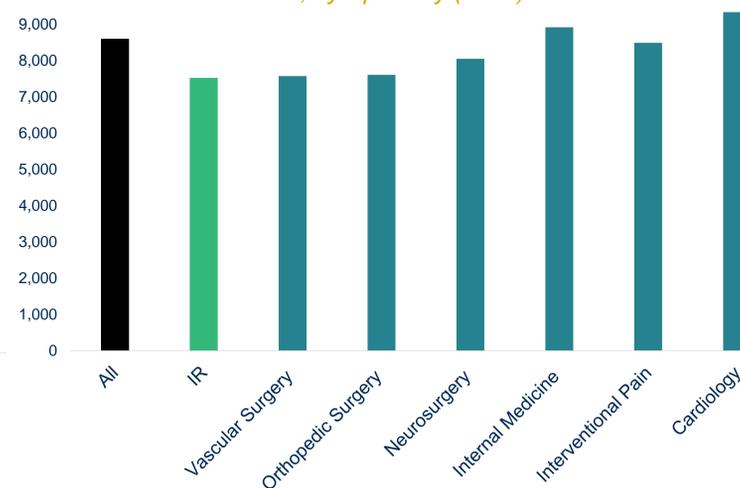
Proportion of Outpatient Encounters by Complexity

Established Encounters (2018)



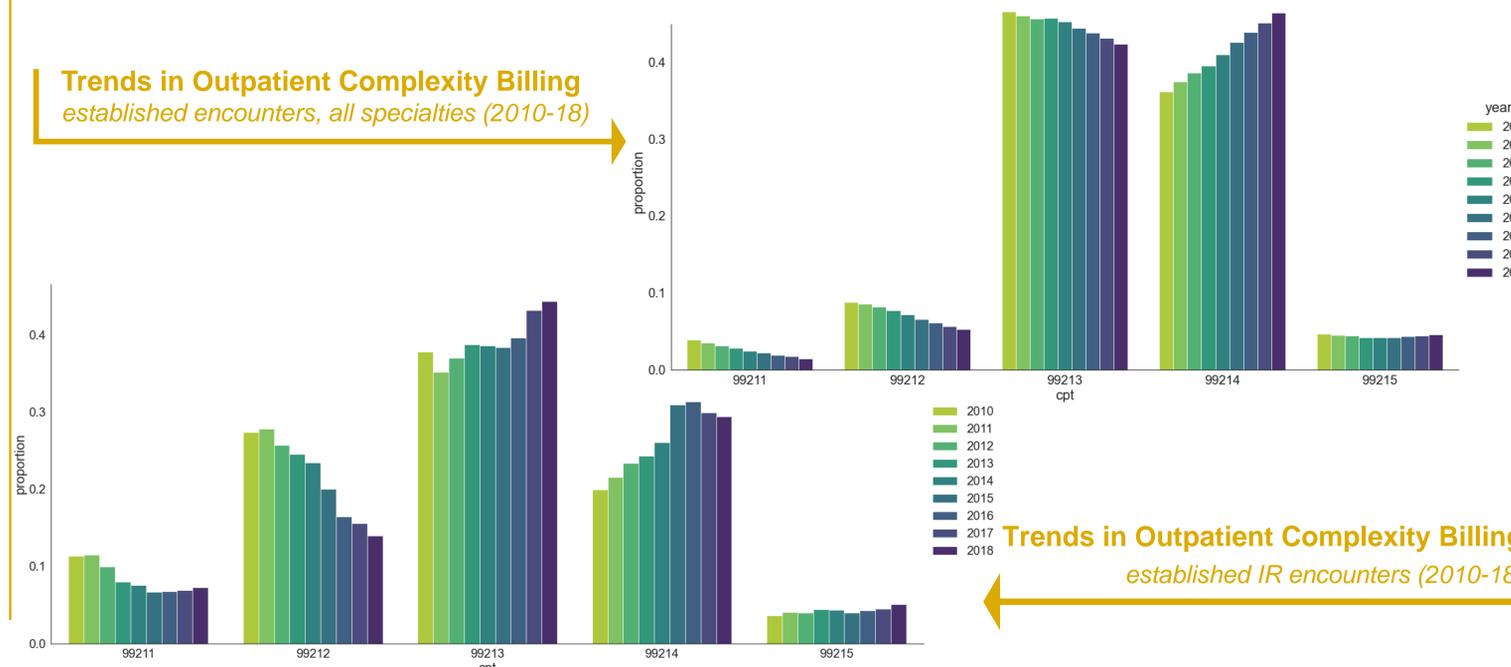
Reimbursement per 100 Medicare Beneficiaries

Established Patients, by Specialty (2018)



Trends in Outpatient Complexity Billing

established encounters, all specialties (2010-18)



Trends in Outpatient Complexity Billing

established IR encounters (2010-18)

Summary

- Reimbursement for new and established E&M services increased at all complexity levels over the study period, ranging from +4.5 to +10.5%. The overall increase was greater than +10.5% due to a superimposed trend toward billing for more complicated encounters.
- Compared to similar specialties, IR bills for less complicated E&M services, resulting in the lowest reimbursement for established encounters and second lowest for new encounters.

Conclusions/Further Study

- Increasing reimbursement makes outpatient E&M services an important source of revenue for all specialties.
- Why does IR have lower time/complexity visits and what are the reasons/CC for each complexity visit?
- Comparison of multiple practice settings would allow for better understanding of the types of E&M clinic billing by IR physicians. Preliminary institutional data at a single academic center shows a higher complexity of billed outpatient E&M codes when compared to national data.

Acknowledgements

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