Implementation and Streamlining of Inpatient Interventional Radiology Consult Billing via EMR and Medaptus®
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Financial Disclosures:
None
Introduction

• Our IR department receives many requests for inpatient consultations

• Evaluation and consultation previously recorded in paper charts but were not coded and billed

• Goal was to begin utilizing electronic medical records (EMR) for consult completion and Medaptus® for coding and billing
Methods

The following pathway was utilized:

- Consultation Request
- Completed Consult Documented in EMR
- Billing Code Assignment
- Submit to Auditors/Billers
- Follow-up on Total Amount Generated
1. Consultation Request

• Primary team requests consultation to determine the need of an IR procedure

2. Consult Documentation in EMR

• A Consultation is a type of Evaluation & Management (E&M) service
• E&M services for new patients require documentation of 3 components: **History, Physical Examination, and Medical Decision**
• **Follow-up** requires only 2 out of the 3 components
• Services that **consist predominantly of counseling** require documentation of amount of time spent (intraservice time)
  • **Intraservice time** – total of all time spent face-to-face with the patient, reviewing patient’s chart, writing notes, and communicating with other professionals and the patient’s family

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3. Billing Code Assignment

• Service categorization determines proper billing code:
  • **Patient Type**: New or established
  • **Setting**: Inpatient or outpatient
  • **Level of Service**: Based on complexity of evaluation and intraservice time
3. Billing Code Assignment (cont.)

- Current inpatient consultation codes:
  - *New patients*: 99221-99223
  - *Established patients*: 99231-99233
  - Categorization system determines code (Figure 1)

- Before 2014, a different set of codes was used (Figure 2)

<table>
<thead>
<tr>
<th>E&amp;M type</th>
<th>CPT code</th>
<th>History</th>
<th>Exam</th>
<th>Decision making</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient, New</td>
<td>99221</td>
<td>Detailed</td>
<td>Detailed</td>
<td>Straightforward</td>
<td>30 min.</td>
</tr>
<tr>
<td>Inpatient, Established</td>
<td>99231</td>
<td>Problem-focused</td>
<td>Problem-focused</td>
<td>Straightforward</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Time Spent</th>
<th>Presenting Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>99251</td>
<td>20</td>
<td>self limited or minor</td>
</tr>
<tr>
<td>99252</td>
<td>40</td>
<td>low severity</td>
</tr>
<tr>
<td>99253</td>
<td>55</td>
<td>moderate severity</td>
</tr>
<tr>
<td>99254</td>
<td>80</td>
<td>moderate to high severity</td>
</tr>
<tr>
<td>99255</td>
<td>110</td>
<td>moderate to high severity</td>
</tr>
</tbody>
</table>

Figure 1. Current Inpatient Billing Codes
Figure 2. Previous Inpatient Billing Codes
3. Billing Code Assignment (cont.)

- A “modifier” is needed to appropriately code and bill for E&M services that involve a procedure

- **Major procedures** (global period 90 days) Modifier 57
  - If the decision to perform a procedure is made on the same day or day before the procedure is performed

- **Minor procedures** (global period 0-10 days) Modifier 25
  - Any separately identifiable E&M service, performed on the day of the minor surgical procedure
4. Submit to Auditors/Billers

- Submit completed consultation requests for auditing

5. Follow-up on Total Amount Generated

- Monitor total amount charged as well as the total amount generated
Results

- Medaptus® used for coding and billing of EMR completed consultations
- Consults stratified as mild, moderate or severe based on complexity and intraservice time
- Breakdown of billing codes and modifiers used shown below (Figure 3,4)

<table>
<thead>
<tr>
<th>E&amp;M Code Used</th>
<th>Number of Consults</th>
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<tbody>
<tr>
<td>99222</td>
<td>29</td>
</tr>
<tr>
<td>99223</td>
<td>10</td>
</tr>
<tr>
<td>99252</td>
<td>68</td>
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<tr>
<td>99253</td>
<td>41</td>
</tr>
<tr>
<td>99254</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>162</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Number of Times Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>57</td>
<td>5</td>
</tr>
<tr>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
</tr>
</tbody>
</table>

Figure 3. Number of Consults for Each E&M Billing Code Used
Figure 4. Number of Times Each Modifier was Used
• Total amount charged over the 6 month period of this study was $17,256.00, and total amount generated was $2,232.91 (Figure 5)
Conclusion

- Electronically streamlining the process of coding and billing for inpatient consults via EMR and Medaptus® increased revenue by 100% for the Interventional Radiology Department at our institution.

- Other institutions, especially those transitioning to electronic record and billing management, may benefit by following our methodology and process.