

Increasing Professional Fee Billing

ORGANIZATIONS

- University of Pennsylvania Health System
- Medical College of Wisconsin
- UMass Memorial Health Care

CHALLENGE

Limitations on professional fee billing reimbursements due to illegible or incomplete documentation.

SOLUTION

Use of VISICU's eCareManager™ Physician Notes documentation for optimized billing.

BENEFITS

- 30% increase in pro-fee billing charges
- 30-50% increase in billing collections

“We substantially underestimated our professional billing collections as evidenced by our results using the eICU® electronic medical record - over 30% on the medical side and 50% on the surgical side. The improvements with affiliated practitioners were more than 20-fold above budget”

— Craig Lilly, MD
eICU Medical Director,
UMass Memorial Health Care

BACKGROUND

Patient records are a critical source of documentation for professional fee (pro-fee) billing. Yet handwritten patient records, which typically contain illegible handwriting and incomplete notes, may prevent healthcare providers from capturing the data needed to achieve maximum reimbursement for physician services. This translates into lost income for physicians, departments, and hospitals.

Such was once the case for intensive care units at the University of Pennsylvania Health System in Philadelphia, Medical College of Wisconsin in Milwaukee and University of Massachusetts Memorial Health Care in Worcester. Professional fee abstractors, who were responsible for capturing billable encounters, had to manually sift through lengthy charts and handwritten notes to find the documentation needed to bill payers. Documentation was sometimes difficult to locate, confusing, or missing altogether.

At the Medical College of Wisconsin, for example, Dr. Joseph J. Hine, an intensive care physician, had noticed some discrepancies in billing for his services. At times the fees charged did not reflect the higher level of care that patients received. Professional fee abstractors had been unable to locate the documentation needed to support higher charges in these cases.

SOLUTION

The eICU® Program (VISICU, Baltimore, MD) was adopted by these organizations as a solution to the growing problem of intensivist, nurse and clinical staffing shortages and the corresponding impact on quality of care. These sites found that the benefits extended beyond patient care to have a positive impact on health system operations and on the quality and cost-effectiveness of intensive care unit (ICU) services.

In 2005, the eICU Program was implemented at the University of Pennsylvania Health System and Medical College of Wisconsin. University of Massachusetts Memorial Health Care completed implementation of their program in 2006. Intensive care physicians at each of these health systems soon noticed that the eICU documentation was improving the clarity, accuracy, and completeness of patient documentation. Caregivers were using the Care Plan, Flowsheet, and Physician Notes functions to electronically create the patient record, thereby capturing and recording legible text. Automated queries were also prompting caregivers to answer specific questions needed for complete documentation.

Dr. Benjamin A. Kohl, an intensivist at the University of Pennsylvania Health System, and Wisconsin's Dr. Hine realized that, in addition to the obvious patient care benefits, the eICU Program was enabling improved electronic medical record (EMR) documentation. In separate studies, the doctors decided to evaluate the financial impact associated with this by examining pro-fee billing before and after implementation. Dr. Craig Lilly, medical director of the eICU Center at the University of Massachusetts Medical Center, later initiated a similar project to review billing collections for his facility.

METHODS/RESULTS

Results from three different health systems report measurable improvements in pro-fee billing following implementation of the eICU Program.

University of Pennsylvania Health System

Dr. Kohl's single-center, retrospective study at the University of Pennsylvania analyzed billable encounters in the surgical ICU for five quarters before, and five quarters after, the eICU Program was introduced in the second quarter of 2005. There was no change in attending coverage or coding staff during the study periods that would interfere with results.

Dr. Kohl's study focused on tracking billable encounters for one of the primary billing codes for critical care services, CPT code 99291. His findings were presented at CHEST 2006, the annual meeting of the American College of CHEST Physicians.⁽¹⁾ His study determined that:

- the average number of CPT 99291 events captured rose 75%, from 935.4 to 1663.6;
- the total number of captured billable encounters increased by more than 10%, from 4,382 to 4,937; and
- documentation supported billing in 77% of encounters compared with 55%.

Medical College of Wisconsin

Dr. Hine investigated whether the system was having an impact on average pro-fee billing charges for the medical ICU. The single-center, retrospective study examined 10-month periods before, and after, the eICU Program came online. There was no change in attending coverage or coding staff during either of the periods that would interfere with results.

Dr. Hine's study researched monthly patient admissions and average billing charges for the two primary codes for critical care services: CPT code 99291 and CPT code 99292. His study was accepted for presentation at the 2006 SCCM meeting.⁽²⁾ The study concluded that:

- the average monthly pro-fee billing charge rose 30%, from \$174,000 to \$227,000 (see Figure 1); and
- annualized billings increased by more than 30%, from \$2,088,000 to \$2,724,000.

Dr. Hine continued to track data reconfirming these trends another six months after the study, through December 2006.

UMass Memorial Health Care

At University of Massachusetts Memorial Health Care, Dr. Lilly found a substantial increase in pro-fee billing collections: nearly 30% for medical services and 50% for surgical services.

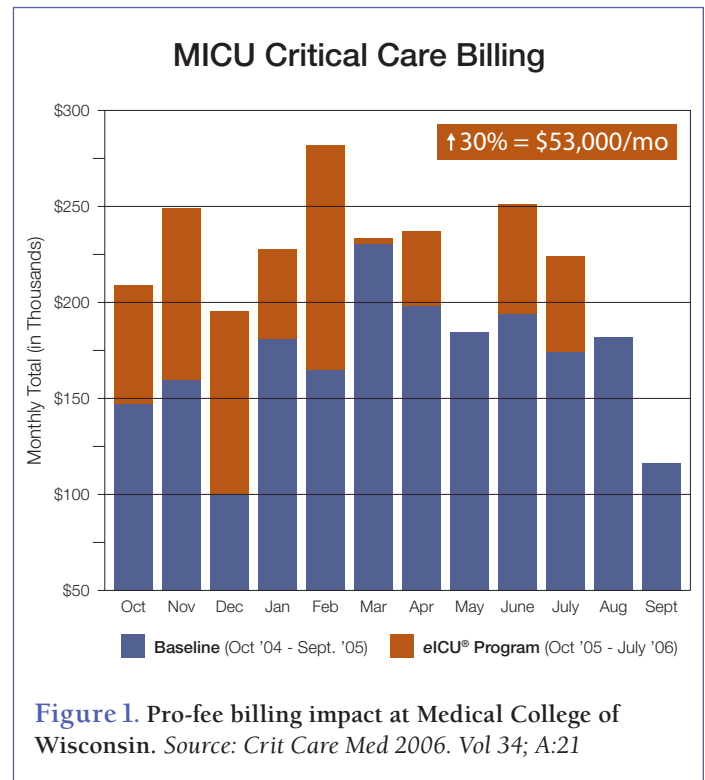


Figure 1. Pro-fee billing impact at Medical College of Wisconsin. Source: *Crit Care Med* 2006. Vol 34; A:21

CONCLUSION

Research that has broad-based applications in healthcare often takes place in the context of academic medical centers. The same is true for recent studies measuring the impact of the eICU Program on pro-fee billing for physician services.

These studies show that incorporating the eICU Program into clinical workflows can improve capture of billable encounters for critical care professional services. The program also facilitates clear and accurate documentation of these encounters to allow higher payer reimbursement for actual levels of care delivered. This financial evidence is further supported by clinical studies⁽³⁾ which show a positive impact from eICU Programs on patient outcomes. □

REFERENCES:

- 1) Kohl, Benjamin A., The Effect of Instituting an ICU Electronic Medical Record on Billing and Compliance, Chest Meeting Abstracts 2006 130: 112S-a
- 2) Hine, Joseph J., The Effect of Instituting an ICU Electronic Medical Record on Professional Fee Billing, Crit Care Med 2006. Vol 34; A:21
- 3) Rosenfeld BA, Dorman T, Breslow MJ, et al, Crit Care Med 2004; 32:31-38

FOR MORE INFORMATION:

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