

IR, E&M and the outpatient clinic: A 9-year perspective from CMS billing data.

PB 095

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Learning Objectives:

To evaluate the growth of Interventional Radiology in the outpatient clinic setting by reviewing available Center for Medicare & Medicaid Services (CMS) billing data for outpatient Evaluation & Management (E&M) Current Procedural Terminology (CPT) codes between 2009-2017.

Background:

With increasing interest in establishing and developing Interventional Radiology clinics, it is important to understand the primary means for financial reimbursement in the outpatient setting. Current Procedural Terminology (CPT) codes -- as determined by the Center for Medicare & Medicaid Services (CMS) -- guide reimbursement both from CMS and private insurers. Specifically, outpatient visits are categorized as 'New Patient' (CPT 99201-99205) or 'Established Patient' (CPT 99211-99215). Each of these categories has 5 levels of patient encounters, with increasing complexity from Level 1 to Level 5. Yearly utilization data of these E&M CPT codes are published by CMS.

Teaching Points:

Review of outpatient E&M CPT code billing shows that there were 26,900 total outpatient encounters billed to CMS from outpatient interventional radiology clinics in 2009. This increases every year between 2009 and 2017 -- as demonstrated in *Table 1*-- with a total of 104,901 total outpatient encounters billed in 2017. This represents a 290% increase over a 9-year span, mirroring the anecdotal growth and importance of outpatient interventional radiology clinics to modern practice.

Visit Type	New Patient	Established Patient
Level 1	99201	99211
Level 2	99202	99212
Level 3	99203	99213
Level 4	99204	99214
Level 5	99205	99215

Table 1: Billable CPT codes for Outpatient E&M visits

Conclusion:

The importance of an outpatient clinic to the growth a modern interventional radiology practice is becoming standard dogma. The adoption of IR clinics is demonstrated empirically through E&MCPT billing data, which shows a 290% increase in outpatient visits billed to CMS by interventional radiologists between 2009 and 2017. As the primary means of reimbursement for these outpatient visits, the continued utilization of E&M billing codes by IRs is paramount for continued success.

References:

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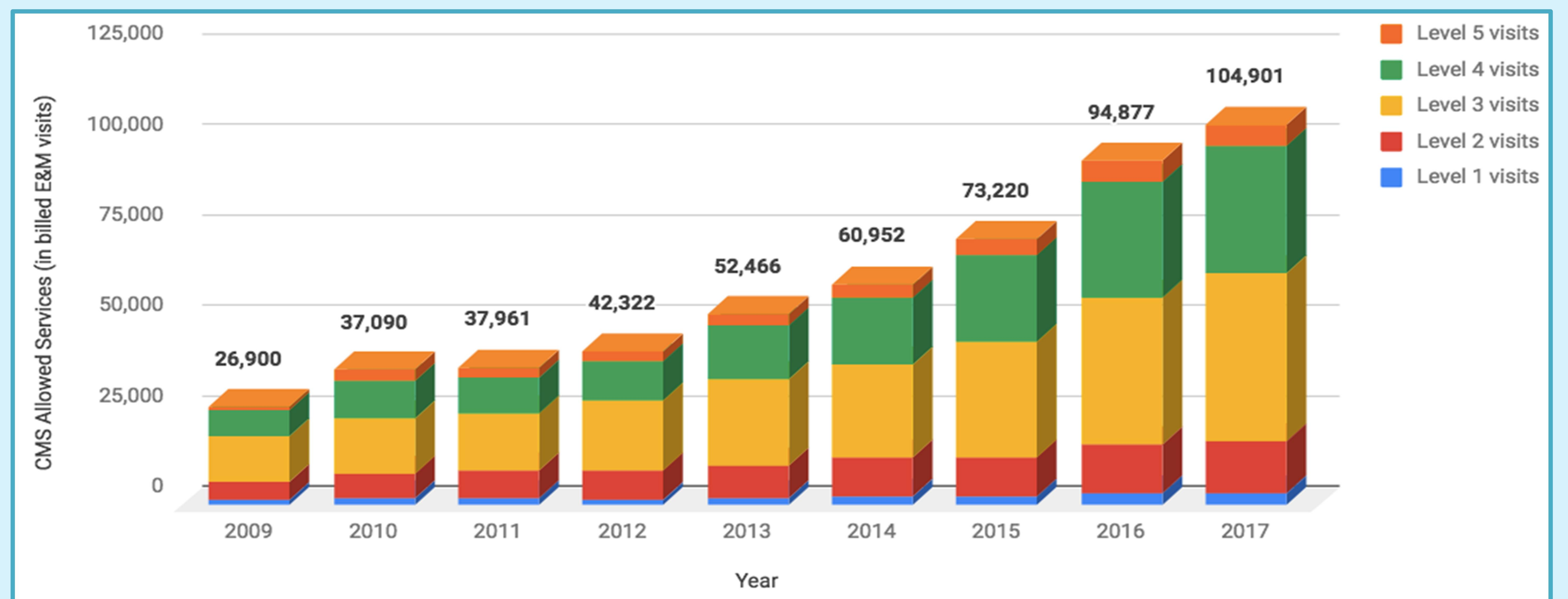


Figure 1: Outpatient CMS E&M CPT code utilization in Interventional Radiology, 2009-2017