

Coding and Billing with New Documentation Guidelines: Investigating Orthopaedic Providers' Perceptions

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INTRODUCTION:

In January 2021, the American Medical Association made updates to the outpatient evaluation and management coding guidelines. This allows orthopaedic providers (attendings, residents, and advanced practice providers (APPs)) to choose either medical decision making (MDM) or time-based billing. With the new guidelines, providers can consider the number and severity of symptoms when determining which MDM level to bill at. When using time-based billing, physicians can now bill for the total time spend with a patient and time spend on chart review, documentation, and coordinating care with other providers that occurred on the same day as the patient visit. Such changes may introduce uncertainty and inaccuracy into coding practices. Precise knowledge of these changes is essential for orthopaedic providers in order to employ accurate coding and billing practices moving forward. Despite the significant economic role coding and billing have in medical practice, few studies have explored their significance. With the new guidelines it is necessary to assess how comfortable orthopaedic providers are with the new guidelines and evaluate their accuracy.

METHODS:

In phase 1 of this study, completed in 2021, orthopaedics providers were asked to complete a survey, distributed through email, on their confidence in coding at various coding levels (Levels 3-5) as well as their perceived comfort in using MDM and time-based billing. Providers' coding accuracy performance was measured via their monthly coding audits and compared to their responses to the confidence survey. Then, each provider was given education, with training to reflect the new guidelines, by a coding professional that focused on improving confidence and comfort of the provider.

In phase 2 of this study, completed in 2023, the providers who had completed the survey in phase 1 (n=100) were asked to complete the same survey. From those who completed the survey again (n=84), provider comfort was assessed and their coding audits were obtained. Again, providers' actual coding performance was measured via their monthly coding audits.

Descriptive statistics were calculated for the response to each question. To compare the survey responses from phase 1 and phase 2, T-tests were conducted and analyzed with significance set at $p \leq 0.05$.

RESULTS:

The phase 2 survey had an overall response rate of 84% (84/100). Surveys were completed by 28 APPs, 19 were residents, and 37 were attendings. Overall, after education there was statistically significant improvement shown for providers coding for all coding levels with residents showing greatest improvement across levels 3 and 4 while APPs showed greatest improvement in level 5 coding ($p < 0.05$) (Figure 1). Additionally, APPs and attendings were significantly less comfortable coding for MDM compared to time-based between 2021 and 2023, while residents were significantly more comfortable coding with MDM between 2021 and 2022 ($p < 0.05$) (Figure 2). Compared to APPs and attendings, residents were least comfortable using time-based billing and their comfort level has decreased since phase 1 (Figure 2).

DISCUSSION AND CONCLUSION:

Previous literature surrounding the coding and billing practices of orthopaedics is limited, and few studies have examined practices after the major updates to coding guidelines that were implemented in January of 2021. Our study reveals that after coding education, there was greater improvement shown for providers coding for all coding levels. This data suggests that orthopaedic providers benefit from mandatory education and training. Additionally, when examining providers comfort with MDM or time-based billing, significant variation exists between attending physicians, resident physicians, and APPs. The increase in comfort with MDM since 2021 for resident physicians suggests that coding, as opposed to the decrease in comfort with MDM since 2021 for attending physicians and APPs, suggests that changes in coding and documentation guidelines have not been received equally across providers. Such data may implore additional, tailored training for different providers.

