



Financial Analysis of Outpatient Evaluation and Management Billing: A Comparison of IR to Other Specialties

Cody Key

Department of Radiology, UC Davis

Purpose: In the context of clinical interventional radiology (IR) growth and decreasing procedural compensation, understanding trends in reimbursement, submitted charges, and complexity distribution of outpatient evaluation and management (E&M) billing is increasingly important.

Methods: This study utilized data derived from publicly available databases provided by the Center for Medicare and Medicaid Services (CMS). Billing data from the CMS Physicians/Supplier Procedure Summary (PSPS) Master Files from 2010 to 2018 were obtained. Billing codes for new (99201-99205) and established (99211-99205) outpatient encounters were used—stratified into 5 different complexities. Provider codes for diagnostic and interventional radiology were combined and assumed to fall under the description of interventional related work. Similar procedural specialties were analyzed for comparison (vascular, orthopedic, and neurosurgery, interventional pain management, and cardiology).

Results: A 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.

Submitted charges may be used as a rough proxy for non-Medicare/Medicaid reimbursement. IR submits higher charges than nearly every similar subspecialty at every complexity level. This, with the lower complexity distribution of IR E&M billing, results in near-average charges per 100 Medicare beneficiaries in comparison to similar specialties.

Conclusion: Increasing reimbursement make outpatient E&M services an important source of revenue for all specialties. IR's complexity distribution is lower than other specialties. This could be related to seeing lower complexity patients or to inadequate complexity stratification due to billing and coding. Understanding the cause and implications of variation in submitted charge for outpatient E&M services is an area for future research.