RVUs, Coding, Productivity, and Oh Yes! Salary too!

Terrill Bravender MD MPH
Jon E Dennis MD MPH
Laura MP Koenig MD
Julia MR Pillsbury DO
I, Jon Dennis, MD, have no commercial relationships to disclose.

I will not be discussing any unapproved uses of pharmaceuticals, devices, or rabbits.
SAHM Board of Directors ...

Priority task for SAHM Strategic Plan

- Create an Advisory Council
- Work with AMA and AAP and other major medical societies
- Define the correct RVUs for adolescent health

SAHM RVU Working Group created

- 1) Summarize key issues related to RVUs and adolescent healthcare financing
- 2) Recommend specific advocacy efforts that SAHM should consider regarding RVUs
- 3) Recommend members for a SAHM RVU Advisory Council charged with accomplishing #2
SAHM RVU Working Group

- Carol Ford (Chair)
- James D. Baumberger
- Maggie Blythe
- Amy Campbell
- Jon E Dennis
- Julia Joseph-Di Caprio
- Laura Koenigs
- Peggy McManus

**Consultants:**
- Linda Walsh, Director of the AAP Division of Healthcare Financing
- Paula Braverman (representing AAP Committee on Adolescence)
- Barbara Snyder (representing AAP Section on Adolescence)
Survey of SAHM Board and SOAH Membership

Questions:

1. Do we not have the codes we need? Are the codes not right?
2. **Is there a problem with number of RVUs assigned to codes?**
3. Are RVUs not being acknowledged by payors?
4. **How much of the problem is because there is a gap between work performed and what is coded by clinician?**
5. **How much of this is an issue with “facility” expectations of adolescent medicine physicians?**
6. Are facilities only crediting adolescent medicine clinicians with RVUs for which they received payment from payors? Or are they using RVUs billed?
7. **Is this primarily a problem in academic settings? Private practice? Or Both?**
Reached Out to Members of Working Group...

- Members that have agreed to participate on the Advisory Council

  Jon Dennis-Adolescent Medicine and Pediatrics
  Centracare Health
  St. Cloud, MN

  Laura Koenigs-Director, Adolescent Medicine
  Baystate Children's Hospital
  Springfield, MA 01199

  Peggy McManus
  President, The National Alliance to Advance Adolescent Health
  Washington, DC 20036

Consultants:
James D. Baumberger – AAP Legal Liaison to SAHM
Julia Marie Reddy Pillsbury- AAP Member Committee on Coding and Nomenclature
Member appointed from AAP’s COA/SOAH
What is this workshop all about?

1. Understand **basic terminology** utilized in the discussion of physician *productivity* and *compensation*, including the definition of relative value units (RVUs) assigned to different current procedural terminology (CPT) codes.

2. Review some basic coding **rules** to maximize reimbursement for care of the teen patient.

3. Learn about sources of **data** on adolescent medicine *physician productivity* standards and *salaries*, including the different professional organizations that collect these data.

4. Develop strategies for negotiating with your employer about “expected” productivity and thus “predicted” compensation.
Relative Value Units (RVUs)

• Methodology that ranks and rates Physician Services
  • RVUs assigned to most E/M codes and procedure codes.
• RVUs for each code made up of three components
  • *Physician work (50.9%)*: time, skill, mental effort, stress about risk needed by physician to perform procedure
  • *Practice expense (44.8%)*: usual supplies, equipment, overhead, staff, and general expenses need to perform procedure
  • *Professional Liability Insurance (PLI) (4.3%)*: describes potential malpractice implications for procedure.
Relative Value Units (RVUs)

• Two sets of Total RVUs - non facility and facility
  • Work RVU: physician
  • Malpractice (PLI)
  • Practice expense
    • Non-facility: work performed in own office/ clinic (e.g. Work+ NF practice expense + PLI)
    • Facility: work performed in a hospital or outpatient facility (e.g. Work+ F practice expense + PLI)

• Total RVUs vary
  • State by state and city by city even within the same state
  • Most variation in practice expense and malpractice
2015 Geographic Practice Cost Index (GPCIs)

**Based on Locale of Practice**

- Three components for RVU: 
  - physician work + practice expense (NF or F) + malpractice cost (PLI)

- Total RVUs 2.04 for 99213 in physician’s office

- Calculation of 99213 visit in Indianapolis, Indiana:
  - physician work x GPCI = 0.97 x 0.970 = **0.941**
  - practice expense (NF) x GPCI = 1.00 x 0.920 = **0.922**
  - malpractice expense x GPCI = 0.07 x 0.615 = **0.0431**

Thus 1.96 total RVUs in Indianapolis IN but 2.34 in Long Island NY for non facility site.
Medicare Conversion Factor (CF)

• National value that converts the total RVUs into payment amounts for the purpose of paying physicians for services provided.
• Updated annually
• $36.6137 (2000); $37.8975 (2005); $35.9335 (2015); $35.8279 [2016, ↓0.3%]
• Since 2009 CMS is required to maintain Medicare budget neutrality exclusively via annual adjustments to the Medicare Conversion Factor.

“Basically rob Peter to pay Paul”
# Office or Outpatient Services Visit*

## Established Patient 2016

<table>
<thead>
<tr>
<th>Level</th>
<th>CPT Code</th>
<th>History</th>
<th>Exam</th>
<th>Medical Decision Making</th>
<th>Typical Time (mins)</th>
<th>RVUs (Work)</th>
<th>Facility Payment (dollars)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>99211</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>5</td>
<td>0.18</td>
<td>9.32</td>
</tr>
<tr>
<td>Level 2</td>
<td>99212</td>
<td>PF</td>
<td>PF</td>
<td>SL</td>
<td>10</td>
<td>0.48</td>
<td>25.80</td>
</tr>
<tr>
<td>Level 3</td>
<td>99213</td>
<td>EPF</td>
<td>EPF</td>
<td>LC</td>
<td>15</td>
<td>0.97</td>
<td>51.59</td>
</tr>
<tr>
<td>Level 4</td>
<td>99214</td>
<td>D</td>
<td>D</td>
<td>MC</td>
<td>25</td>
<td>1.50</td>
<td>79.18</td>
</tr>
<tr>
<td>Level 5</td>
<td>99215</td>
<td>C</td>
<td>C</td>
<td>HC</td>
<td>40</td>
<td>2.11</td>
<td>111.78</td>
</tr>
</tbody>
</table>

PF = Problem Focused  
D = Detailed  
SL = Self Limiting  
EPF = Expanded Problem Focused  
C = Comprehensive  
LC = Low Complexity  
MC = Moderate Complexity  
HC = High Complexity  

* 2016 100% Medicare*  
1 RVU = $35.8279
### Office or Outpatient Services Visit*

#### New Patient 2016

<table>
<thead>
<tr>
<th>Level</th>
<th>CPT Code</th>
<th>History</th>
<th>Exam</th>
<th>Medical Decision Making</th>
<th>Typical Time (mins)</th>
<th>RVUs (Work)</th>
<th>Facility Payment (dollars)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>99201</td>
<td>PF</td>
<td>PF</td>
<td>SL</td>
<td>10</td>
<td>0.48</td>
<td>27.23</td>
</tr>
<tr>
<td>Level 2</td>
<td>99202</td>
<td>EPF</td>
<td>EPF</td>
<td>LC</td>
<td>20</td>
<td>0.93</td>
<td>50.88</td>
</tr>
<tr>
<td>Level 3</td>
<td>99203</td>
<td>D</td>
<td>D</td>
<td>MC</td>
<td>30</td>
<td>1.42</td>
<td>77.75</td>
</tr>
<tr>
<td>Level 4</td>
<td>99204</td>
<td>C</td>
<td>C</td>
<td>M/HC</td>
<td>45</td>
<td>2.43</td>
<td>131.49</td>
</tr>
<tr>
<td>Level 5</td>
<td>99205</td>
<td>C</td>
<td>C</td>
<td>HC</td>
<td>60</td>
<td>3.17</td>
<td>170.90</td>
</tr>
</tbody>
</table>

PF = Problem Focused  
D = Detailed  
C = Comprehensive  
SL= Self Limiting  
LC = Low Complexity  
MC = Moderate Complexity  
HC= High Complexity  

2016 100% Medicare*  
1 RVU=35.8279
## Office or Outpatient Services Visit*

### Consultation 2016

<table>
<thead>
<tr>
<th>Level</th>
<th>CPT Code</th>
<th>History</th>
<th>Exam</th>
<th>Medical Decision Making</th>
<th>Typical Time (mins)</th>
<th>RVUs (Work)</th>
<th>Facility Payment (dollars)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>99241</td>
<td>PF</td>
<td>PF</td>
<td>SL</td>
<td>15</td>
<td>0.64</td>
<td>32.96</td>
</tr>
<tr>
<td>Level 2</td>
<td>99242</td>
<td>EPF</td>
<td>EPF</td>
<td>L/MC</td>
<td>30</td>
<td>1.34</td>
<td>69.15</td>
</tr>
<tr>
<td>Level 3</td>
<td>99243</td>
<td>D</td>
<td>D</td>
<td>MC</td>
<td>40</td>
<td>1.88</td>
<td>96.74</td>
</tr>
<tr>
<td>Level 4</td>
<td>99244</td>
<td>C</td>
<td>C</td>
<td>M/HC</td>
<td>60</td>
<td>3.02</td>
<td>155.49</td>
</tr>
<tr>
<td>Level 5</td>
<td>99245</td>
<td>C</td>
<td>C</td>
<td>HC</td>
<td>80</td>
<td>3.77</td>
<td>192.40</td>
</tr>
</tbody>
</table>

PF = Problem Focused  
D = Detailed  
SL= Self Limiting  
EPF = Expanded Problem Focused  
C = Comprehensive  
LC = Low Complexity  
MC = Moderate Complexity  
HC= High Complexity  

2016 100% Medicare *  
1 RVU=35.8279
# Office or Outpatient Services Visit*

**New/Established Patients Preventive 2016**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>CPT Code</th>
<th>History</th>
<th>Exam</th>
<th>Medical Decision Making</th>
<th>Typical Time (mins)</th>
<th>RVUs (Work)</th>
<th>Facility Payment (dollars)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-17 new</td>
<td>99384</td>
<td>C</td>
<td>C</td>
<td>N/A</td>
<td>N/A</td>
<td>2.00</td>
<td>103.54</td>
</tr>
<tr>
<td>18-39 new</td>
<td>99385</td>
<td>C</td>
<td>C</td>
<td>N/A</td>
<td>N/A</td>
<td>1.92</td>
<td>99.24</td>
</tr>
<tr>
<td>12-17 est</td>
<td>99394</td>
<td>C</td>
<td>C</td>
<td>N/A</td>
<td>N/A</td>
<td>1.70</td>
<td>87.78</td>
</tr>
<tr>
<td>18-39 est</td>
<td>99395</td>
<td>C</td>
<td>C</td>
<td>N/A</td>
<td>N/A</td>
<td>1.75</td>
<td>90.29</td>
</tr>
</tbody>
</table>

PF = Problem Focused  
EPF = Expanded Problem Focused  
D = Detailed  
C = Comprehensive  
SL= Self Limiting  
LC = Low Complexity  
MC = Moderate Complexity  
HC= High Complexity  

1 RVU=35.8279  
2016100% Medicare *
### Office or Outpatient Services Visit*

*Established Patient 2016*

<table>
<thead>
<tr>
<th>Level</th>
<th>CPT Code</th>
<th>History</th>
<th>Exam</th>
<th>Medical Decision Making</th>
<th>Typical Time (mins)</th>
<th>RVUs (Work)</th>
<th>Facility Payment (dollars)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>99211</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>5</td>
<td>0.18</td>
<td>9.32</td>
</tr>
<tr>
<td>Level 2</td>
<td>99212</td>
<td>PF</td>
<td>PF</td>
<td>SL</td>
<td>10</td>
<td>0.48</td>
<td>25.80</td>
</tr>
<tr>
<td>Level 3</td>
<td>99213</td>
<td>EPF</td>
<td>EPF</td>
<td>LC</td>
<td>15</td>
<td>0.97</td>
<td>51.59</td>
</tr>
<tr>
<td>Level 4</td>
<td>99214</td>
<td>D</td>
<td>D</td>
<td>MC</td>
<td>25</td>
<td>1.50</td>
<td>79.18</td>
</tr>
<tr>
<td>Level 5</td>
<td>99215</td>
<td>C</td>
<td>C</td>
<td>HC</td>
<td>40</td>
<td>2.11</td>
<td>111.78</td>
</tr>
</tbody>
</table>

PF = Problem Focused  
D = Detailed  
SL = Self Limiting  
EPF = Expanded Problem Focused  
C = Comprehensive  
LC = Low Complexity  
MC = Moderate Complexity  
HC = High Complexity  

2016 100% Medicare*  
1 RVU=35.8279
**Prolonged Service with Face-to-Face Patient Contact: Outpatient 2016**

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Typical Time (minutes)</th>
<th>RVUs (Work)</th>
<th>Facility Payment (dollars)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>99354</td>
<td>30-74</td>
<td>1.77</td>
<td>93.87</td>
</tr>
<tr>
<td>99355</td>
<td>each 30</td>
<td>1.77</td>
<td>91.00</td>
</tr>
</tbody>
</table>
Four Different Professional Organizations

• Association of Administrators in Academic Pediatrics
  https://aaapeds.org/
  
  **Mission**: To enhance the leadership and professional skills among our members to support their roles in *health delivery system operations, education, research, advocacy* and *resource allocation*, alone and in partnerships with medical leadership, to improve outcomes for children and young adults.

  **Membership**: 100 member institutions (private [35] and public [65]) representing 10,120 physicians and 1168 PhD’s

  “*Annual 2014-2015 Medical School Pediatric Faculty Compensation and Productivity Survey*”
  
  188 responses for adolescent medicine providers in 2013
Four Different Professional Organizations

• Medical Group Manager’s Association (MGMA)

www.mgma.com/

**Membership:** 33,000 physician practice managers, members professional educational field, students in health care finance.

“Annual 2014 Survey MGMA Physician Compensation and Production Survey “

In 2013 **11** responses for adolescent providers in 8 groups
Four Different Professional Organizations

• American Medical Group Association

https://www.amga.org/

**AMGA Mission Statement:** AMGA supports its members in enhancing population health and care for patients through integrated systems of care.

**Membership:** 430 member groups with 170,000 physicians; 63% group practices, 24% Integrated Delivery Systems (IDS), 9% **Academic**, Independent Practicing Physicians (IPA) 4%

“Annual 2014 Compensation Survey”

37 responses for adolescent providers in 2013
Four Different Professional Organizations

• SullivanCotter and Associates, Inc
https://www.sullivancotter.com/

**SCA Mission:** an independent consulting firm specializing in executive, physician and employee compensation and governance in the health care and not-for-profit industry with a specific focus within health care, higher education, associations and foundations.”

**Membership:** 1,500 organizations comprised of more than 360 health systems and 1,150 hospitals, including data for over 23,500 executives and managers.

“**Annual 2014 Physician Compensation and Productivity Survey**”

0 responses in 2013 for adolescent providers
What is 1.0 FTE? Adolescent Provider

- Patient Contact
  - Call requirements
  - Extended hours or weekend clinics
  - Inpatient responsibilities
  - Mix of primary care and consultations in outpatient setting
  - Subspecialty clinics (ex: eating disorders, sports medicine)
  - Contract work (ex: school based clinics, juvenile justice services)

- Other measurement tools
  - Patient satisfaction
  - Quality measures
  - “Good citizen” activities (ex: volunteering to do sports physicals at school)

- Other responsibilities-teaching, administrative, research and grants
Association of Administrators in Academic Pediatrics

https://aaapeds.org/

• “Medical School Pediatric Faculty Compensation and Productivity Survey” 2014-2015

• 100 member institutions (private [35] and public [65]) representing 10,120 physicians and 1168 PhD’s

• Divided into **West** [13, 3 PVT/10 Public](MT → ND) , **Midwest**[26, 7 PVT/19 Public](OH → PA) **Northeast**[31, 20 PVT/11 Public] and **South** [30, 5 PVT/25 Public] (IN → KY)
Association of Administrators in Academic Pediatrics
-Data Reported By Region-

• Private Institutions (35) vs Public (65)
• Ranks of members reported: Instructor/Lecturer (567), Assistant Professor (4824), Associate Professor (2469), Professor (2260)
• Responsibilities of members reported: Clinician/Teacher (7936), Community based provider (234), Division Head (998), Researcher (933)
• Subspecialties represented: Adolescent Medicine (188) similar to Child Development (177); General Peds (1085) and Pediatric Endocrinology (435)
• Responses by years in rank: 0-5, 6-10, ≥10 years as Instructor, Assistant, Associate, Professor
<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>n</th>
<th>Nat Mean $</th>
<th>Nat Median $</th>
<th>RVUs (median)**</th>
<th>RVU $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent</td>
<td>079</td>
<td>141,500</td>
<td>140,000</td>
<td>2901</td>
<td>48.30</td>
</tr>
<tr>
<td>Gen Peds</td>
<td>561</td>
<td>151,700</td>
<td>143,400</td>
<td>4399</td>
<td>32.60</td>
</tr>
<tr>
<td>Endo</td>
<td>205</td>
<td>150,400</td>
<td>146,600</td>
<td>3764</td>
<td>38.90</td>
</tr>
<tr>
<td>Child Devel</td>
<td>066</td>
<td>148,500</td>
<td>143,000</td>
<td>2826</td>
<td>50.60</td>
</tr>
</tbody>
</table>

*Assistant Professor Clinician Teacher Nationally

**1.0 FTE
<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Median $</th>
<th>RVU (50%)</th>
<th>RVUs (60%)**</th>
<th>RVU $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent</td>
<td>143,200</td>
<td>2901</td>
<td>3291</td>
<td>43.50</td>
</tr>
<tr>
<td>Gen Peds</td>
<td>150,000</td>
<td>4399</td>
<td>5021</td>
<td>29.90</td>
</tr>
<tr>
<td>Endo</td>
<td>148,000</td>
<td>3764</td>
<td>4220</td>
<td>35.10</td>
</tr>
<tr>
<td>Child Devel</td>
<td>139,800</td>
<td>2826</td>
<td>3176</td>
<td>44.00</td>
</tr>
</tbody>
</table>

*Assistant Professor Clinician Teacher

**1.0 FTE Midwest
Calculations of RVUs

Association of Administrators in Academic Pediatrics

• Median number of RVUs 2901 per adolescent provider
• Median salary $140,000
• 52 weeks of which 6 weeks holidays, vacations and CME
• 46 weeks of 10 half day sessions but in clinic only 9 half days or 8 half days
• 2901/46=63 RVUs per week; 63/9= 7 RVUs per session or 63/8=9.0 RVUs per session.
**PROVIDER WORK RVUs for CPT Codes-Reminder**

- Follow up codes: 99213= 0.97 (15 min), 99214=1.5 (25 min); 99215=2.11 (40 min)
- Consultation codes: 99243= 1.88 (40 min), 99244= 3.02 (60 min); 99245= 3.77 (80 min)
- New patient codes: 99203= 1.42 (30 min) 99204 =2.43 (45 min) 99205=3.17 (60 min)
- Annual gyn visit: 99394=1.70 (12-17 yrs); 1.75 (18+ yrs)*

*not time based code*
### Medical Group Manager’s Association & American Medical Group Association 2014-2015

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>(n)</th>
<th>MGMA (11)</th>
<th>RVU</th>
<th>AMGA (37)</th>
<th>RVU</th>
<th>RVU Rate (48)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent</td>
<td>048</td>
<td>184,356</td>
<td>3411</td>
<td>187,805</td>
<td>4054</td>
<td>49.85$</td>
</tr>
<tr>
<td>Gen Peds</td>
<td>6994</td>
<td>220,873</td>
<td>5024</td>
<td>232,099</td>
<td>5448</td>
<td>42.24$$</td>
</tr>
<tr>
<td>Endo</td>
<td>183</td>
<td>201,718</td>
<td>3568</td>
<td>197,087</td>
<td>3385</td>
<td>58.72$$</td>
</tr>
<tr>
<td>Child Devel</td>
<td>084</td>
<td>175,465</td>
<td>2215</td>
<td>189,204</td>
<td>2722</td>
<td>71.10$$</td>
</tr>
</tbody>
</table>

*Blended Median RVUs for MGMA and AMGA 3733, Blended Median salary $186,081*

$ Blended Median RVU rate for MGMA and AMGA

$$ Blended Median RVU rate for MGMA and AMGA and Sullivan
Calculations of RVUs

*Medical Group Manager’s Association (MGMA) and American Medical Group Association (AGMA)*

- Median number of RVUs 3733 per adolescent providers
- Median salary $186,081
- 52 weeks of which 6 weeks holidays, vacations and CME
- 46 weeks of 10 half day sessions but in clinic only 9 half days or 8 half days
- \(3733/46=81\) RVUs per week; \(81/9=9\) RVUs per session or \(81/8=10\) RVUs per session.
PROVIDER WORK RVUs for CPT Codes - Reminder

• Follow up codes: 99213= 0.97 (15 min), 99214=1.5 (25 min); 99215= 2.11 (40 min)

• Consultation codes: 99243= 1.88 (40 min), 99244= 3.02 (60 min); 99245= 3.77 (80 min)

• New patient codes: 99203= 1.42 (30 min) 99204 =2.43 (45 min) 99205=3.17 (60 min)

• Annual gyn visit: 99394=1.70 (12-17 yrs); 1.75 (18+ yrs)*

*not time based code
Sally, a 17 year-old female, comes in alone for a check up. She has not been seen in your practice or if primary care in the last three years. She has never been seen in your office as new patient or as consultation. LMP about 3 and ½ weeks ago. She needs sports physical to play basketball. Her history was comprehensive and included no positives except for:

- prolonged heavy periods with symptoms of dysmenorrhea
- and migraine headaches with no aura.
- sexually active in the past 6 months with a history of a prior sexual intercourse at age 14 years. UPT negative. Unprotected contact 3 weeks ago and again 3 days ago. Two lifetime male partners. Only vaginal contact.

She and her mom have discussed birth control and she would like to go on oral contraceptives to help her periods and for contraception. She also mentions she needs her third HPV and a PPD for her new job in a day care setting. She has commercial insurance. Her physical exam was comprehensive and included an appropriate genital exam.
- **What type of service?** E&M (evaluate and manage) vs. Procedure
  - E&M

- **What type of patient?** New vs established?
  - New Preventive
  - Consultation or New Patient

- **Is this a problem-focused vs preventive?**
  - Either preventive or problem focused

2016 Case Discussion
What CPT® codes? Any modifiers?

- Preventive medicine visit code 99384
- Office/outpatient visit code (99213) for menorrhagia, dysmenorrhea, migraine headaches, high risk sexual behavior, negative pregnancy test, emergency contraception and contraceptive initiation.
- Modifier – 25 should be added to the 99213 to indicating significant, separate identifiable service performed.
- Prescriptions were written.
• What ICD-10-CM diagnoses?
  ◦ Her ICD-10-CM list should include in this order: well child [Z00.121], menorrhagia (626.2)[N92.0], dysmenorrhea [N94.6], migraine headaches [G43.009], high risk sexual behavior [Z72.51], pregnancy test, negative [Z32.02], counsel STD prevention [Z71.89], emergency contraception [Z30.012], and contraceptive initiation, oral [Z30.011].
What CPT® codes? Any modifiers?

- Consultation or new patient medicine visit codes are CPT time based codes
- Consultation 99243 (40 min) [1.88], 99244 (60 min) [3.02] or New 99203 (30 min) [1.42], 99204 (45 min) [2.43]
- Office/outpatient visit code for menorrhagia, dysmenorrhea, migraine headaches (no aura), high risk sexual behavior, counsel STD prevention, negative pregnancy test, emergency contraception and contraceptive initiation.
- Prescriptions written.
What are the total facility RVUs? \[2.00 + 0.77 + 0.12\] + \[0.97 + 0.40 + 0.07\] = 4.33 ($155.13)

Other CPT® codes for facility reimbursement:
- Vision screen (99173), wet prep (87210), pregnancy test (81025) and urine dipstick (81002), spun hematocrit (85014).
- Third HPV shot (90649) by the nurse, as well as a PPD (86580).

96127 For administration and interpretation of PHQ-9 and/or SCARED, Vanderbilt. Include the ICD-10 CM codes F32.9 for depression, ADD, anxiety. Developmental assessment 96110.
**Consultation 99243 (40 minutes)**
- What are the total facility RVUs? \([1.88 + 0.71 + 0.11] = 2.70 \ ($96.74)\)

**Consultation 99244 (60 minutes)**
- What are the total facility RVUs? \([3.02 + 1.14 = 0.18] = 4.34 \ ($155.49)\)

**Reminder:** Total charges vary for Preventive New with modifier -25 \ ($155.13)\) compared to Consultation 99243 [$40 minutes] \ ($96.74)\) or 99244 [60 minutes] \ ($155.49)\) to New Patient 99203 [30 minutes] \ ($77.75)\) or 99204 [45 minutes] \ ($131.49)\).
Association of Administrators in Academic Pediatrics
-Average Salary by Rank and Region for *Adolescent Medicine*- 

<table>
<thead>
<tr>
<th>Region</th>
<th>Instruc/Lecturer</th>
<th>Ass’t Prof</th>
<th>Assoc Prof</th>
<th>Professor</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>137.9 (7)</td>
<td>141.5 (79)</td>
<td>169.8 (50)</td>
<td>238.5 (52)</td>
</tr>
<tr>
<td>Midwest</td>
<td>140.2 (29)</td>
<td>176.5 (17)</td>
<td>206.1 (13)</td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
<td>132.2 (5)</td>
<td>141.5 (30)</td>
<td>158.5 (15)</td>
<td>254.5 (17)</td>
</tr>
<tr>
<td>South</td>
<td><strong>131.7 (8)</strong></td>
<td>179.0 (11)</td>
<td>271.7 (9)</td>
<td></td>
</tr>
<tr>
<td>West</td>
<td>151.1 (12)</td>
<td>163.4 (7)</td>
<td>227.1 (13)</td>
<td></td>
</tr>
</tbody>
</table>

*Total salary reported by $1000 (number of participants); includes both private and public institutions*

*Table gives average or mean; ex: 50% for national data assistant professor, **140.1**
Applicant for Job

• New Faculty Candidate
  • Finished three year fellowship in adolescent medicine
  • Completed internship and residency in three year pediatric program.

• Seeking position as full time (FTE 1.0) faculty member as Assistant Professor in Clinical Pediatrics
Each Panel Member: Bravender, Koenigs, Dennis

• Please discuss how to advise this candidate if applying to your (or similar) organization/institution:
  • General job responsibilities (ie clinical, program development, teaching, administrative, scholarly activities)?
  • Specific type of clinical responsibilities?
  • Surveys used as tools for your organization/institution (i.e. AAAP, MGMA, AMGA, Sullivan Cotter) to determine productivity goals?
  • What are expectations re. CME, vacation, payment of board fees, signing bonuses, moving expenses - how negotiated?
  • Would it be helpful to be able to do procedures (ie implants, IUDs)?
  • How will this new provider expect to get referrals? marketed? “ramp up time”?
Dr. Pillsbury

• How should one use Z00.129 {well child without abnormal findings} compared to Z00.121 {well child with abnormal findings}?

• Please comment on use of modifier -25 in preventive or annual GYN visits and the associated CPT codes (99212-99215).

• Would any of the -25 diagnoses for this case qualify for services using -33 diagnoses? Please explain the difference.

• Does the increase in number of codes available in ICD-10 allow one to better reflect the complexity of the visit?

• Any thoughts on systems need or can preserve confidentiality as providers are “forced” to detail all of the visit as ICD-10 codes?
**Etonogestrel Implant System**

- Possible ICD-9-CM *(ICD-10)* diagnosis codes
  - Z30.018 Encounter for contraceptive management, insertion of implantable subdermal contraceptive
  - Z30.49 Surveillance of previously prescribed contraceptive method; implantable subdermal contraceptive
  - Z30.8 Checking, reinsertion, or removal of implantable subdermal contraceptive

- CPT administration codes (2016 Work RVUs)
  - 11981 Insertion, non-biodegradable drug delivery implant (1.48)
  - 11982 Removal, non-biodegradable drug delivery implant. (1.78)
  - 11983 Removal, with reinsertion, non-biodegradable drug delivery implant. (3.30)

- J7307 Etonogestrel implant system, including implant and supplies.
Intrauterine Contraceptives

• Possible ICD-9 Codes
  • Z30.430 Insertion of intrauterine contraceptive device
  • Z30.432 Removal of intrauterine contraceptive device
  • Z30.433 Removal and reinsertion of intrauterine contraceptive device
  • Z30.431 Surveillance of previously prescribed contraceptive method, intrauterine device

• Possible CPT codes (2016 Work RVUs)
  • 58300 Insertion of IUD (1.01)
  • 58301 Removal of IUD (1.27)

• J codes
  • J7300 Intrauterine copper contraceptive
  • J7302 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
Summary

Original Questions and Possible Solutions:

Is there a problem with number of RVUs assigned to codes?

Advocate re. different/higher RVUs for 15-17 and 18-25 year olds

More active representation/closer working relationship between SAHM, AAP SOAH/COA and Coding Committee and Practice Administration Committees of AAP

How much of the problem is because there is a gap between work performed and what is coded by clinician?

Learn to code more effectively using ICD-10

How much of this is an issue with “facility” expectations of adolescent medicine physicians?

Learn what different surveys your employer is using
Where Should We Go From Here?

“Our program is primarily in existence to meet the ACGME requirements for teaching pediatric residents about adolescent medicine.”