According to the latest data analytics that were presented during the SIR 2021 Annual Meeting – Value of IR Plenary Session, only 2% of income received by designated IRs represent E/M billing, which is significantly less than our colleagues in similar specialties (vascular surgery and cardiology). The Practice Development Committee created an E/M survey to obtain legitimate data for all practice models who are doing appropriate E/M billing and coding currently. The purpose of this survey is to identify the barriers and pain points for many IRs in relation to performing and billing E/M services (inpatient or outpatient). Our intention is to ultimately create educational resources that would be beneficial to the SIR membership.
Methodology

Members of Society of Interventional Radiology (SIR) Practice Development Committees formed a working group that developed an anonymous online 32-question survey. The survey was then conducted by using SurveyMonkey (www.surveymonkey.com) over a 5-week period from July to August of 2021. A reminder email was sent 2 weeks after the initial survey invitation to generate a second round of responses.

Numeric data analysis was purely descriptive. Several survey questions focused on the primary practice setting, demographics of the interventional radiologists, and key IR procedures that are being performed. Multiple questions sought to elucidate the structure and model for performing e/m. All the questions had close ended multiple choice answers. Additional questions focused on how members are billing e/m, do they receive periodic training for coding and reimbursements. Opportunity was provided at the end of the survey for responders to express additional comments or concerns.

The inclusion criteria for the survey were US-based attending physician with an active SIR membership. The survey invitation e-mails were sent to 3,500 attending physicians. The exclusion criteria included APPs and residents. Written instructions of single survey participation were issued to prevent multiple responses by the same participant.

The questions inquired about whether the members do appropriate evaluation and management (e/m) billing, barrier related to e/m billing and list of IR procedures/services that will be beneficial for e/m structured reports.
## Margin of Error Calculation

<table>
<thead>
<tr>
<th>2021 SIR E/M Survey Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total SIR Members</td>
</tr>
<tr>
<td>SIR Members (practicing physicians)</td>
</tr>
<tr>
<td>SIR Members Survey Monkey in spam email</td>
</tr>
<tr>
<td>SIR Members (practicing physicians) (p)</td>
</tr>
<tr>
<td>Completed Surveys (n)</td>
</tr>
<tr>
<td>Fraction of the SIR Members (practicing physicians)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column1</th>
<th>SD 1</th>
<th>SD 2</th>
<th>SD 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidence Level</td>
<td>90%</td>
<td>95%</td>
<td>99%</td>
</tr>
<tr>
<td>Z value</td>
<td>1.645</td>
<td>1.96</td>
<td>2.58</td>
</tr>
<tr>
<td>Margin of Error</td>
<td>0.84%</td>
<td>1.00%</td>
<td>1.32%</td>
</tr>
</tbody>
</table>
Captured data points

Approximately 9.2% (295/3500) SIR members, classified as practicing physicians, completed the survey.

Within those respondents, 90.8% said they performed E/M, and 80.7% indicated they bill E/M.

The good news is that IRs tend to bill E/M primarily for follow-up consults.

Unfortunately, 41.9% do not bill E/M for in-patient new patient consults, and 26.9% do not bill for outpatient new-patient consultants. As expected, the majority (71.2%) have an electronic billing system that extracts information from the EHR, and most billing companies (84.4%) require dictation to bill.

As expected, though, 76.1% of IRs do not get periodic education on coding and reimbursement.

The top reason IRs do not bill E/M is that they have no support within their practice. In addition, it is a cumbersome process to get documentation to the billing company and pressure to generate diagnostic RVUs.

However, ~90% of IRs will find it beneficial to have E/M templates/structured reports.
Additional SIR membership information captured:

- Years in practice
- Practice location
- Practice types (private IR/DR group, private IR group only, private multispecialty, academic-employed, and health system/hospital employed)
- Practice setting (hospital-based only, hybrid, outpatient only)
- Clinical specialty (service lines)
- Telehealth services provisions, platforms utilized, and use of extenders
- APP’s role in the IR practice
- Billing and coding knowledge
- List of IR procedures/services that will be beneficial for E/M structured reports
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