



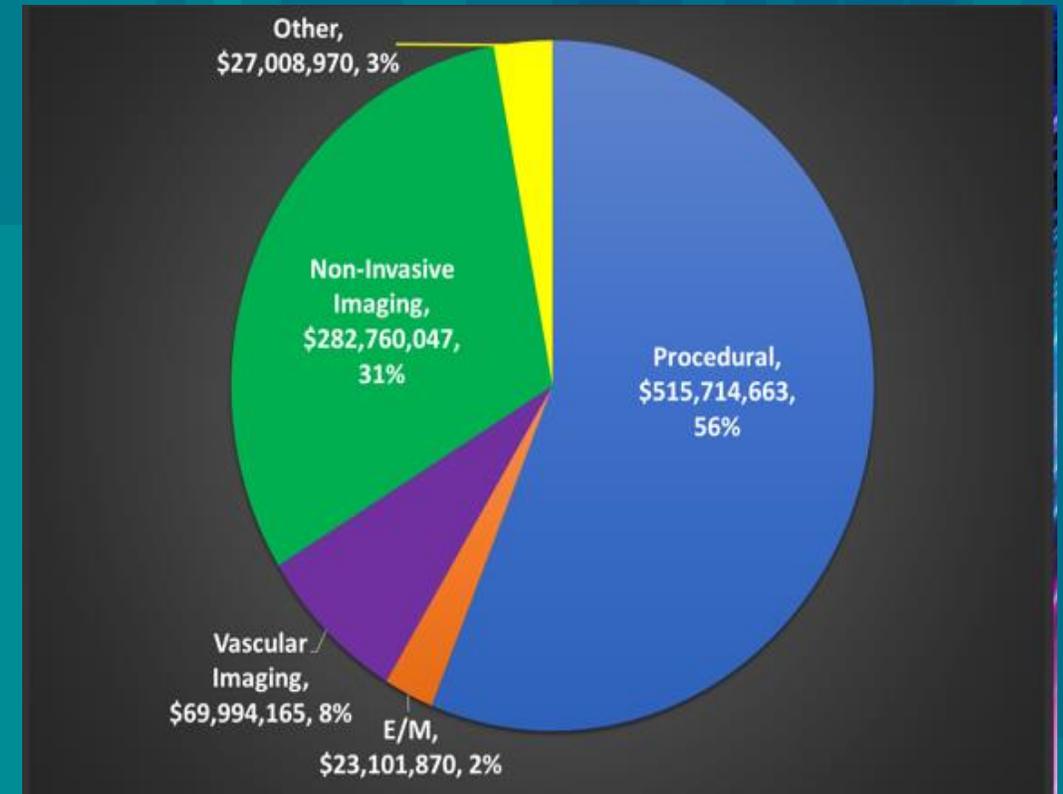
E/M Survey Results (2021)

Practice Development & Operations



Background

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



Margin of Error Calculation

2021 SIR E/M Survey		Value		
Total SIR Members		8800		
SIR Members (practicing physicians)		3500		
SIR Members Survey Monkey in spam email		300		
SIR Members (practicing physicians) (p)		3200		
Completed Surveys (n)		295		
Fraction of the SIR Members (practicing physicians)		9.2%		
Column1	SD 1	SD 2	SD 3	
Confidence Level	90%	95%	99%	
Z value	1.645	1.96	2.58	
Margin of Error	0.84%	1.00%	1.32%	

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 inpatient 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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