

Provider Behavior-Shaping as a Stepping Stone to Value Based Care

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- AIM: To see if prospective behavior-shaping tools are effective in reducing variability and improving accuracy in E/M coding
- METHODS
 - education of IMP providers in billing accuracy from 2013 to 2015
 - CPT codes for new (99201-5) and established (99211-5) visits in 2016
 - IMP urologists vs. all urologists practicing nationally (US) and in groups of 10+ (G10+)
 - mean code level, coding variability, coding inaccuracy (assessed by determining frequency of a cluster coding [provider use of single E/M code >70% of the time] overall and for level 4/5 codes combined)

- 1,032,623 new and 7,045,239 established E/M visits billed to CMS by a total of 8,651 urologists in 2016

New Patient Visits (CPT 99201-5)			
Group	Mean CPT (SD)	Cluster Coding (%)	4/5 Cluster (%)
IMP	3.42 (0.25)	20.0	4.3
G10+	3.66 (0.48)	65.8	41.5
All US	3.60 (0.58)	60.3	46.8
Follow-Up Patient Visits (CPT 99211-5)			
Group	Mean CPT (SD)	Cluster Coding (%)	4/5 Cluster (%)
IMP	3.16 (0.18)	9.6	0.0
G10+	3.4 (0.37)	47.0	11.4
All US	3.28 (0.43)	34.7	12.9

- Institution of a standardized, ongoing review process combined with continuous provider feedback and education resulted in both improved accuracy and reduced variability in E&M coding. Such programs are an important stepping stone for providers to participate in risk-based value based care models