

# Development of Consultation Form for Facial Trauma Evaluation and Its Affect on CPT Coding and Billing

Andre Y. Levesque, MD; David M. Tauber, MD; Johnson C. Lee, MD; Jose R. Rodriguez-Feliz, MD; James A. Edmond, MD; Jerome D. Chao, MD

## Abstract

**Background:** Facial trauma is among the most frequent consultations encountered by plastic surgeons and can become an integral part of any plastic surgery practice. Unfortunately, the reimbursement from these consultations can be low and qualified plastic surgeons may be tempted to exclude facial trauma from their practice.(1) At our institution, we found that the coding level and subsequent reimbursement is highly dependent on the information garnered during the consultation history and physical examination. An audit of our records found that our documentation practices were lacking and we were not capturing the full CPT code. Similarly, Barnes et al was faced with falling reimbursement rates at the University of Cincinnati Trauma Center. He, however, found a remarkable increase in billing of 394% by instituting standardized daily progress note forms. (2) Taking a cue from Barnes et al, we devised a Facial Trauma Consultation form to ensure complete examination and to aid with documentation, coding, and billing.

**Methods:** The Plastic Surgery Division, in consultation with our billing and coding department, developed a concise Facial Trauma Consultation Form (Figure 1). Under the guidance of division faculty, two plastic surgery residents performed 10 consultations each without the aid of the consult form followed by 10 consultations each with the aid of the form. The CPT codes and billing data for these consultations were then obtained from the billing department for comparison.



FACIAL TRAUMA BRIEF CONSULTATION NOTE		After Patient Examination	
FROM:	TO:	ROOM:	RESIDENT:
HPI (+/- Elements)			
PMHx:			
ALLERGY: <input type="checkbox"/> NSAID <input type="checkbox"/> Other: _____			
MEDS: <input type="checkbox"/> Unchanged from Medication List dated _____ <input type="checkbox"/> Other: _____			
SOCIAL: Occupation: _____ Habits: _____ TOB: _____ ETOH: _____			
FBI: <input type="checkbox"/> Non Contributory <input type="checkbox"/> Other: _____			
ROS: <input type="checkbox"/> 10 systems reviewed and found to be negative unless otherwise noted in HPI and PMHx. <input type="checkbox"/> Other: _____			
VITALS: <input type="checkbox"/> AYES <input type="checkbox"/> Other: Temp: _____ BP: _____ HR: _____ SAT: _____			
GEN: <input type="checkbox"/> No acute distress, AAU = 3 <input type="checkbox"/> GCS: _____ <input type="checkbox"/> Other: _____			
NEURO: <input type="checkbox"/> Non-focal <input type="checkbox"/> Other: _____			
CARD: <input type="checkbox"/> REG. NAD R/O <input type="checkbox"/> Other: _____			
PULM: <input type="checkbox"/> CTAB <input type="checkbox"/> Other: _____			
GI: <input type="checkbox"/> Abd & NT/ND-BB <input type="checkbox"/> Other: _____			
MSK/EXT: <input type="checkbox"/> No injuries <input type="checkbox"/> N/V Inact: <input type="checkbox"/> MAE's #: _____ <input type="checkbox"/> Scars 2 point <input type="checkbox"/> Other: _____			
VISION: <input type="checkbox"/> Vision grossly intact <input type="checkbox"/> ECOM: <input type="checkbox"/> PERLA <input type="checkbox"/> Diplopia <input type="checkbox"/> Other: _____			
HEENT: <input type="checkbox"/> Entrapment: L / R <input type="checkbox"/> Sub-Conjunctival Hemorrhage: L / R <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Accusation: <input type="checkbox"/> Gross deformity <input type="checkbox"/> Asymmetry <input type="checkbox"/> Step Off <input type="checkbox"/> Other: _____			
<input type="checkbox"/> CN 2-12 Intact <input type="checkbox"/> VI-3 Intact <input type="checkbox"/> Loose teeth <input type="checkbox"/> Maxillary mobility <input type="checkbox"/> Septal hematoma: L / R <input type="checkbox"/> Details/Other: _____			
LABS: 			
IMAGE: <input type="checkbox"/> CT/MR (if 60/90mm only)			
<input type="checkbox"/> Other: 			
ASSESSMENT:		<input type="checkbox"/> Attending Attention:	
PLAN:		<input type="checkbox"/> Additional Sedation and plan of care include:	
<input type="checkbox"/> Full consultation dictated # _____			
<input type="checkbox"/> Documented with _____ Ph # 282-2229			
<input type="checkbox"/> F/U at clinic _____			
Resident:	Date:	Time:	Attending:
			Date:
			Time:

Figure 1: Consultation Form Utilized for study

**Results:** 40 total consultations were documented - 20 consultations without the form and 20 consultations with the form. When the form was not used, the CPT code level was 2.95 and the average bill was \$392 per consult. In contrast, when the form was used, the average CPT code level was 3.6 and the average bill was \$524. This represents an increase in billing of 33.4% when the consultation form is used.

**Conclusions:** The use of the Facial Trauma Consultation Form has resulted in more complete documentation and a subsequent increase in CPT coding and billed services.

#### **References**

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