

## **Uncaptured Billable Services: Recognizing Additional Revenue Streams in Plastic Surgery Programs**

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### **Introduction**

The emergency department (ED) often consults plastic surgery (PS) for assistance treating patients with complex trauma; and often these patients require procedures in the ED. In academic institutions, many of these procedures are performed by senior PS residents without direct oversight from an attending. The purpose of this study was to quantify these services at a Level 1 trauma center.

### **Materials and Methods**

We performed a review of all ED consults between January and September 2014 to the PS service at our Level 1 Trauma Center. Medical reports were coded using standard AMA Common Procedural Terminology (CPT) and Evaluation & Management (E&M) codes. These codes were converted to work relative value units (wRVUs) and billable charges were summated using the 2014 Medicare Physician Fee Schedule.

### **Results**

Of 1796 patient encounters identified, 81.2% (n = 1463) were completed by a PS resident. The remainder were either not seen in person (e.g., telephone encounter) or seen with PRS attending; these were not included in this analysis. All encounters were indirectly supervised as defined by the ACGME and PS Residency Review Committees. The E&M codes from these encounters generated 5,231.3 wRVUs. 40.3% of the encounters had at least one procedure, generating 3,622.4 wRVUs from 1445 CPTs. The total billable charges from these claim submissions totaled \$317,382.10.

### **Conclusion**

What was originally thought to be an insignificant loss of revenue, this data clearly demonstrates that a PS consultation service could provide revenue generation through documentation of direct attending oversight. Extrapolated to a calendar year, greater than 11,000 wRVUs could be generated from ED consults alone, which is nearly double the national average for productivity of a full-time academic plastic surgeon (MGMA Academic Practice Compensation, 2014). These results may support more aggressive tactic for capturing revenue sources in the ED.