

# Practice, Billing, and Value -*Lessons* *from Addiction/Toxicology* *Professional Work*

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# Disclosure Information (Required)

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4/14/2023

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◆ No disclosures



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To briefly describe the specialty of Medical Toxicology and how it is similar/overlaps with Addiction Medicine.

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Describe how 'value' is interpreted in medicine and in relation to Medical Toxicology and Addiction Medicine

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Define important terms used in medical billing (E&M, CPT, RVU...)

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To provide a sample of ICD10 diagnosis codes with relation to common Medical Toxicology billing opportunities

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To give an overview of the most common billing opportunities in an ED, hospital and clinic setting for a Medical Toxicologist (and Addiction Medicine provider)

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## Learning Objectives (Suggested)

» For Medical Toxicologists

» For Public

» About Medical Toxicology

» Find a Toxicologist

» Toxicology FAQs

» Choosing Wisely

» For Fellows-in-Training

» For Residents and Students

## About Medical Toxicology

### What is Medical Toxicology?

Medical Toxicology is a field of medicine dedicated to the evaluation and treatment of poisoned and envenomated patients. This also includes adverse health effects of medications, occupational and environmental toxins, and biological agents. Medical Toxicology is an officially recognized subspecialty by the [American Board of Medical Specialties](#).

### What are some examples of problems evaluated by Medical Toxicologists?

Medical toxicologists are involved in the care of people who come into contact with drugs, substances or other agents causing potentially adverse health effects. This entails expertise in many areas, such as:

- Unintentional and intentional overdoses of such agents as:
  - Therapeutic drugs including antidepressants, cardiac medications and many others
  - Over-the-counter medicines
  - Drugs of abuse
- Exposure to industrial chemical products and environmental hazards such as:
  - Pesticides
  - Heavy metals
  - Household products
  - Toxic gases
  - Toxic alcohols
  - Other industrial and environmental agents, including radiation exposures
- Drug abuse management including:
  - Inpatient care for acute withdrawal states from addictive agents such as alcohol and drugs of abuse

600+ Board Certified  
Medical Toxicologists

➤ 20% also dual  
certified in Addiction  
Medicine

[https://www.acmt.net/  
overview.html](https://www.acmt.net/overview.html)

# Medical Toxicology Practice Pathways

- ◆ Medical Toxicology Consult (or admin program)
  - ◆ ED/hospital/clinic based CL practice often at academic tertiary care center
- ◆ Addiction Toxicology (Addiction Medicine)
- ◆ Occupational/Environmental Medicine
- ◆ Governmental/Regulatory (FDA, CDC, ATSDR, other)
- ◆ Forensic/medicolegal
- ◆ Poison Center based
- ◆ Industry/pharmaceutical
- ◆ Many 'niche' areas e.g., toxinology/envenomation, international

# Value in Medicine

- ◆ Billing and Reimbursement -how much \$ coming in?
- ◆ RVUs (common language) -productivity (if less insured patient mix)
- ◆ Patients with improved health and efficiency of practice- *hospital flow improves quicker d/c, hospital stay improved, outcomes improved...*
- ◆ Education/Research value (mix of value and incoming \$)
- ◆ Risk mitigation (med safety, other patient safety)
- ◆ Service to Dept, hospital, community... (Committees, Program Director, core faculty)
- ◆ Collaboration
- ◆ Other...

# Reimbursement Models

Can combine these

## Salaried position\*

- Primary tox (? FTE 100% vs mix ?)
- EM (or other primary specialty) and tox mix

## Hourly reimbursement

- Forensic/medicolegal
- Other clinical hourly (call vs. site)

## Medical Director stipend (or FTE if salaried)

## Per item/case value (e.g. IME or other fee for service, paper/project)

- Ask your mentors what they charge, to review sample contracts...

*Contract for coverage and also secure own billing (e.g., Hospitalist model).*



# To start → setting up 'shop'

- ◆ License
- ◆ Hospital credentialing
- ◆ Insurance credentialing
  - ◆ Privilege delineation for staff office available if anyone would like –email me
- ◆ How do I obtain a Tax ID?

*It's very easy go through CMS office or your Program Administrator. Each specialty will have unique tax ID if in system (e.g., EM, Med Tox, Addiction Med...) if a provider is covering both ED and Med Tox, they have two tax IDs one for each specialty. A provider can be listed under two tax IDs for billing.*

- ◆ *What is a tax ID #?*

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Unique tax ID for provider/practice separate from their primary specialty.

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## What is a Tax ID?

Own budget/ledger

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A specialty code is useful but does not obviate the need for a separate tax ID

# January 2011 – June 2011 Charges vs Billing

	Jan-11	Jun-11	FYTD Averages	FYTD Totals
TOTAL CHARGES	\$24,305	\$26,820	\$26,062	\$156,370
TOTAL NET REVENUE	\$272	\$10,629	\$5,905	\$35,429
TOTAL CONTRACTUAL ADJ.	\$743	\$25,042	\$11,434	\$68,604
INPATIENT CHARGES	\$22,275	\$22,580	\$20,926	\$125,555
INPATIENT REVENUE	\$0	\$8,228	\$4,546	\$27,274
INPATIENT CONTRACTUAL ADJ.	\$0	\$19,638	\$8,596	\$51,576
ED & OUTPATIENT CHARGES	\$2,030	\$4,240	\$5,136	\$30,815
ED & OUTPATIENT REVENUE	\$272	\$2,400	\$1,359	\$8,155
ED & OUTPATIENT CONTRACTUAL ADJ.	\$743	\$5,404	\$2,838	\$17,028
INPATIENT CHARGE LAG DAYS	17.4	7.3	11.9	
ED & OUTPATIENT CHARGE LAG DAYS	0.0	5.1	7.9	
NET COLLECTION RATE	N/A	65.5%	52.8%	
TOTAL RECEIVABLES	\$22,780	\$43,173	\$41,376	
DAYS IN RECEIVABLE				49.97
INPATIENT CONSULTS/ VISITS	61	61	56	333
ED & OUTPATIENT/CONSULTS/ VISITS	4	7	9	56
PROCEDURES	0	0	0	0

# July 2011 to June 2012

	FY 11-12	FY 11-12
	Totals	Monthly Average
<b>TOTAL CHARGES</b>	<b>\$525,763</b>	<b>\$43,814</b>
<b>TOTAL NET REVENUE</b>	<b>\$156,997</b>	<b>\$13,083</b>
TOTAL CONTRACTUAL ADJ.	\$312,735	\$26,061
INPATIENT CHARGES	\$389,048	\$32,421
INPATIENT REVENUE	\$119,323	\$9,944
INPATIENT CONTRACTUAL ADJ.	\$233,178	\$19,432
ED & OUTPATIENT CHARGES	\$136,715	\$11,393
ED & OUTPATIENT REVENUE	\$37,674	\$3,139
ED & OUTPATIENT CONTRACTUAL ADJ.	\$79,557	\$6,630
INPATIENT CHARGE LAG DAYS		8.3
ED & OUTPATIENT CHARGE LAG DAYS		7.4
NET COLLECTION RATE		82.6%
TOTAL RECEIVABLES		\$60,771
DAYS IN RECEIVABLE	36.14	
INPATIENT CONSULTS/ VISITS	967	81
ED & OUTPATIENT/CONSULTS/ VISITS	231	19
PROCEDURES	17	1

# 2014-2015 Monthly Average vs Total

2014-15 Averages	2014-2015 Totals
Charge \$96,998	\$1,163,973
Revenue \$31,026	\$372,311
Adjust \$57,883	\$694,590
Inpatient charges \$57,809	\$693,708
Inpatient revenue \$19,107	\$229,289
Adj \$33,919	\$407,025
Outpatient charges \$39,189	\$470,265
Outpatient revenue \$11,918	\$143,022
Adj \$23,964	\$287,565
8.2	98.8
8.6	103.7
% collections 87.0%	1043.6%
\$134,794	
Consult #s	
Inpatient 127	1,521
Outpatient 66	797
Procedures 45	536

CPT  
 Codes  
 billed in  
 first 4  
 years

CPT	PROCEDURE DESCRIPTION
99204	NEW PT VISIT-LEV 4
99205	NEW PT VISIT-LEV 5
99212	OFFICE VISIT-LEV 2
99213	OFFICE VISIT-LEV 3
99214	OFFICE VISIT-LEV 4
99215	OFFICE/OUTPATIENT VISIT, EST - 99215
99221	INITIAL HOSPITAL CARE
99222	INITIAL HOSP.CARE -LEV 2
99223	INITIAL HOSP CARE-LEV 3
99231	SUBSEQUENT HOSPITAL CARE
99232	SUBS HOSP CARE-LEV 2
99233	SUBS HOSP CARE-LEV 3
99242	OFFICE CONSULT-LEV 2
99243	OFFICE CONSULT-LEV 3
99244	OFFICE CONSULT-LEV 4
99245	OFFICE CONSULT-LEV 5
99251	INITIAL INPATIENT CONSULT
99252	INITIAL INPT CONSULT-LEV 2
99253	INITIAL INPT CONSULT-LEV 3
99254	INITIAL INPT CONSULT-LEV 4
99255	INITIAL INPT CONSULT-LEV 5
99285	ED VISIT LEVEL 5
99291	CRITICAL CARE,FIRST 30-74 MINS
99292	CRITICAL CARE, EACH ADDL 30 MINS
99354	PROLONGED SERVICE, OFFICE
99355	PROLONGED PHYSICIAN VISIT 30MIN
99356	PROLONGED SERVICE, INPATIENT
99357	PROLONGED SERVICE, INPATIENT/EACH ADD 30MINS
99358	PROLONGED SERV, W/O CONTACT
99359	PROLONGED EVAL/MANAGEMENT BEFORE/AFTER DIRECT PT CARE'EACH ADDTNL 30 MIN
36569	INSERTION OF PERIPHERALLY INSERT CVA;W/O SBCUTANEOUS PORT/PUMP 5+ YRS
96374	THER/PROPH/DIAG INJ, IV PUSH,SINGLE
96375	TX/PRO/DX INJ NEW DRUG ADDON
96376	TX/PRO/DX INJ NEW DRUG ADON
99406	SMOKING/TOBACCO USE CESSATION COUNSEL;INTERMEDIATE,GRTR THAN 3 MIN UP TO 10 MIN
99407	SMOKING/TOBACCO USE CESSATION COUNSELING VISIT;INTENSIVE,GREATER THAN 10 MIN
99408	AUDIT/DAST, 15-30 MIN
99409	AUDIT/DAST, OVER 30 MIN
G0396	ALCOHOL/SUBS INTERV 15-30 MIN
H0033	ORAL MEDICATION ADMIN,DIRECT OBSERVATION



# E & M by CPT Charge/Allowance\*

## INPATIENT & OUTPATIENT E&M CODES CHARGE AMOUNTS & PAYER ALLOWANCES EFFECTIVE 2012

CPT	DESCRIPTION	CHARGE AMOUNT	EXCELLUS ALLOWED	MEDICARE ALLOWED	MEDICAID ALLOWED	MVP ALLOWED	AETNA ALLOWED	WC/MVA ALLOWED	Average W/Medicaid	Average W/O Medicaid
99201	NEW OFFICE/OUTPATIENT VISIT LEVEL 1	\$125.00	\$36.65	\$24.77	\$11.36	\$32.30	\$34.36	\$51.54	\$31.83	\$35.92
99202	NEW OFFICE/OUTPATIENT VISIT LEVEL 2	\$210.00	\$70.89	\$47.06	\$21.96	\$61.51	\$65.26	\$64.27	\$55.16	\$61.80
99203	NEW OFFICE/OUTPATIENT VISIT LEVEL 3	\$305.00	\$106.96	\$71.47	\$33.70	\$93.37	\$98.97	\$83.71	\$81.36	\$90.90
99204	NEW OFFICE/OUTPATIENT VISIT LEVEL 4	\$470.00	\$181.13	\$121.31	\$56.01	\$157.97	\$167.56	\$119.61	\$133.93	\$149.52
99205	NEW OFFICE/OUTPATIENT VISIT LEVEL 5	\$580.00	\$234.20	\$155.89	\$72.86	\$203.11	\$215.95	\$161.42	\$173.91	\$194.11
99211	OFFICE/OUTPATIENT VISIT EST.-LEVEL 1	\$60.00	\$13.32	\$8.87	\$4.32	\$11.51	\$12.32	\$28.38	\$13.12	\$14.88
99212	OFFICE/OUTPATIENT VISIT EST.-LEVEL 2	\$125.00	\$36.12	\$24.13	\$11.36	\$31.42	\$33.45	\$40.40	\$29.48	\$33.10
99213	OFFICE/OUTPATIENT VISIT EST.-LEVEL 3	\$205.00	\$71.50	\$47.78	\$21.54	\$61.95	\$65.78	\$51.54	\$53.35	\$59.71
99214	OFFICE/OUTPATIENT VISIT EST.-LEVEL 4	\$305.00	\$110.14	\$73.42	\$33.69	\$95.58	\$101.36	\$74.79	\$81.50	\$91.06
99215	OFFICE/OUTPATIENT VISIT EST.-LEVEL 5	\$405.00	\$155.52	\$103.26	\$48.41	\$134.96	\$143.18	\$119.61	\$117.49	\$131.31
99221	INITIAL HOSPITAL CARE-LEVEL 1	\$290.00	\$139.95	\$94.04	\$34.90	\$121.24	\$128.84	\$124.82	\$107.30	\$121.78
99222	INITIAL HOSPITAL CARE-LEVEL 2	\$390.00	\$190.28	\$127.56	\$48.07	\$165.50	\$175.78	\$168.14	\$145.89	\$165.45
99223	INITIAL HOSPITAL CARE-LEVEL 3	\$575.00	\$280.89	\$187.75	\$70.62	\$243.82	\$258.81	\$206.33	\$208.04	\$235.52
99231	SUBSEQUENT HOSPITAL CARE-LEVEL 1	\$115.00	\$56.00	\$36.73	\$14.57	\$48.23	\$51.37	\$65.77	\$45.45	\$51.62
99232	SUBSEQUENT HOSPITAL CARE-LEVEL 2	\$205.00	\$101.73	\$67.38	\$26.01	\$87.62	\$93.01	\$89.73	\$77.58	\$87.89
99233	SUBSEQUENT HOSPITAL CARE-LEVEL 3	\$295.00	\$146.06	\$96.58	\$37.28	\$125.67	\$133.47	\$132.33	\$111.90	\$126.82
99238	HOSPITAL DISCHARGE DAY MANAGEMENT (30 Min. Or Less)	\$205.00	\$100.21	\$67.28	\$26.74	\$87.17	\$92.59	\$77.70	\$75.28	\$84.99
99239	HOSPITAL DISCHARGE DAY MANAGEMENT (>30 Min.)	\$300.00	\$146.67	\$99.38	\$38.33	\$127.88	\$135.79	\$97.15	\$107.53	\$121.37
99241	OFFICE/OUTPATIENT CONSULT-LEVEL 1 (Outpt. Location)	\$140.00	\$36.65	\$24.77	\$16.26	\$32.30	\$42.57	\$89.73	\$40.38	\$45.20
99242	OFFICE/OUTPATIENT CONSULT-LEVEL 2 (Outpt. Location)	\$260.00	\$70.89	\$47.06	\$34.30	\$61.51	\$89.32	\$114.39	\$69.58	\$76.63
99243	OFFICE/OUTPATIENT CONSULT-LEVEL 3 (Outpt. Location)	\$355.00	\$106.96	\$71.47	\$47.82	\$93.37	\$124.69	\$145.77	\$98.35	\$108.45
99244	OFFICE/OUTPATIENT CONSULT-LEVEL 4 (Outpt. Location)	\$520.00	\$181.13	\$121.31	\$74.87	\$157.97	\$198.68	\$190.59	\$154.09	\$169.94
99245	OFFICE/OUTPATIENT CONSULT-LEVEL 5 (Outpt. Location)	\$640.00	\$234.20	\$155.89	\$94.09	\$203.11	\$246.42	\$240.71	\$195.74	\$216.07
99241	OFFICE/OUTPATIENT CONSULT-LEVEL 1 (ED Location)	\$140.00	\$46.32	\$19.73	\$7.96	\$26.11	\$27.73	\$58.26	\$31.02	\$35.63
99242	OFFICE/OUTPATIENT CONSULT-LEVEL 2 (ED Location)	\$260.00	\$89.95	\$38.64	\$14.96	\$50.89	\$53.85	\$78.50	\$54.47	\$62.37
99243	OFFICE/OUTPATIENT CONSULT-LEVEL 3 (ED Location)	\$355.00	\$136.29	\$58.07	\$24.17	\$77.00	\$81.60	\$118.10	\$82.54	\$94.21
99244	OFFICE/OUTPATIENT CONSULT-LEVEL 4 (ED Location)	\$520.00	\$256.37	\$110.20	\$44.57	\$144.70	\$153.50	\$176.36	\$147.62	\$168.23
99245	OFFICE/OUTPATIENT CONSULT-LEVEL 5 (ED Location)	\$640.00	\$376.48	\$161.93	\$66.52	\$212.40	\$225.41	\$263.08	\$217.64	\$247.86
99251	INPATIENT CONSULT-LEVEL 1	\$140.00	\$101.73	\$67.38	\$18.77	\$87.62	\$63.12	\$106.17	\$74.13	\$85.20
99252	INPATIENT CONSULT-LEVEL 2	\$215.00	\$101.73	\$67.38	\$29.94	\$87.62	\$96.34	\$136.05	\$86.51	\$97.82
99253	INPATIENT CONSULT-LEVEL 3	\$330.00	\$139.95	\$94.04	\$44.68	\$121.24	\$148.22	\$167.43	\$119.26	\$134.18
99254	INPATIENT CONSULT-LEVEL 4	\$470.00	\$190.28	\$127.56	\$64.47	\$165.50	\$214.52	\$209.24	\$161.93	\$181.42
99255	INPATIENT CONSULT-LEVEL 5	\$570.00	\$280.89	\$187.75	\$79.55	\$243.82	\$258.79	\$263.08	\$218.98	\$246.87
99291	CRITICAL CARE- INITIAL 30-74 MIN	\$780.00	\$319.18	\$208.89	\$83.84	\$272.58	\$289.59	\$298.97	\$245.51	\$277.84
99292	CRITICAL CARE- EACH ADDITIONAL 30 MIN	\$350.00	\$159.70	\$104.64	N/A	\$136.73	\$145.25	\$149.48	\$139.16	\$139.16
99354	PROLONGED SERVICE-OFFICE/OUTPATIENT (1st Hour)	\$285.00	\$131.05	\$86.32	\$42.52	N/A	\$119.71	\$171.94	\$110.31	\$127.26
99356	PROLONGED SERVICE-INPATIENT (1st Hour)	\$260.00	\$127.22	\$85.24	\$33.56	N/A	\$116.89	\$224.27	\$117.44	\$138.41
99358	PROLONGED SERVICE (Before And/Or After Direct Patient Care-1st Hour)	\$320.00	\$158.68	\$102.92	N/A	N/A	\$117.35	\$112.09	\$122.76	\$122.76

# Insurance mix Rochester, NY -Tox- 2016/17

	FY		FY-2017
<b>Inpatient</b>	<b>2016</b>	<b>Inpatient</b>	<b>July-16</b>
Aetna	1.28%	Aetna	1.38%
Blue Choice	29.10%	Blue Choice	35.47%
Blue Shield	16.85%	Blue Shield	13.66%
Commercial Ins.	6.31%	Commercial Ins.	11.24%
Medicaid	16.93%	Medicaid	19.80%
Medicare	14.07%	Medicare	13.74%
MVP	8.81%	MVP	2.80%
Self/Patient	4.36%	Self/Patient	0.22%
WC/MVA	1.40%	WC/MVA	1.69%
Other	0.92%	Other	0.00%
<b>Total</b>	<b>100%</b>	<b>Total</b>	<b>100%</b>
<b>Outpatient</b>		<b>Outpatient</b>	
Aetna	1.56%	Aetna	0.65%
Blue Choice	34.33%	Blue Choice	29.25%
Blue Shield	16.41%	Blue Shield	15.66%
Commercial Ins.	3.01%	Commercial Ins.	11.70%
Medicaid	14.98%	Medicaid	16.45%
Medicare	11.17%	Medicare	6.10%
MVP	10.97%	MVP	14.30%
Self/Patient	5.34%	Self/Patient	3.07%
WC/MVA	1.74%	WC/MVA	2.82%
Other	0.48%	Other	0.00%
<b>Total</b>	<b>100%</b>	<b>Total</b>	<b>100%</b>





Recent –expanded group-  
Monthly average:

**Charges: \$110,621.00**  
(\$97,384.00 - \$118,838.00)

**Payment: \$28,624.00**  
(\$25,172.00 - \$36,531.00)

**Collection Ratio: 86.55%**  
(69.3% - 117.15%\*)



Performance Metric Report - Toxicology - SEPTEMBER 2020						
Measures	Sep-20	Aug-20	Jul-20	Jun-20	May-20	5 Month Avg
Snapshot						
Charges	\$118,838	\$116,633	\$103,156	\$117,096	\$97,384	\$110,621
Payments	(\$36,531)	(\$25,172)	(\$26,155)	(\$29,897)	(\$25,365)	(\$28,624)
Credit Adjustments	(\$88,514)	(\$68,351)	(\$67,293)	(\$75,503)	(\$74,738)	(\$74,880)
Billing Statistics / Charging						
Charge Lag - IP	6.24	3.28	9.02	12.8	2.45	7.09
Charge Lag - OP/ED	4.89	48.94	9.26	14.26	12.73	23.34
Average Charge per CPT Unit	\$432.14	\$373.82	\$433.43	\$418.20	\$423.41	\$414.31
CPT Unit Count	275	312	238	280	230	267
Pre AR Days	1.03	0.94	0.62	0.49	1.85	0.98
Collections						
Average Payments per CPT Unit	(\$132.84)	(\$80.68)	(\$109.89)	(\$106.77)	(\$110.28)	(\$107.21)
Net Collection Ratio	73.33%	69.37%	95.84%	96.07%	117.15%	86.55%
Undistributed Days						
Claim Error Days	0.33	0.42	0.15	0.16	0.89	0.38
Accounts Receivable						
Total Ending AR	\$129,195	\$139,442	\$118,215	\$117,630	\$103,469	\$121,590
Aged 0-30 %	47.71%	44.33%	41.94%	46.72%	47.69%	45.62%
Aged 31-89 %	16.63%	19.24%	21.99%	12.20%	10.51%	16.37%
Aged 90+ %	35.66%	36.43%	36.07%	41.08%	41.80%	38.01%
Total AR Days	34.72	38.55	35.11	37.57	34.69	36.15
Self Pay Days	18.48	18.56	18.92	20.98	20.21	19.36
Adjustments						
Controllable Adjustments	\$0	(\$1,077)	(\$1,663)	(\$1,755)	(\$710)	(\$1,041)
Controllable Adjustments as % of Total AR	0.00%	0.77%	1.41%	1.49%	0.69%	0.86%
Uncontrollable Adjustments	(\$88,028)	(\$66,704)	(\$66,993)	(\$70,007)	(\$73,423)	(\$73,031)
Uncontrollable Adjustments as % of Total AR	68.14%	47.84%	56.67%	59.51%	70.96%	60.06%
Reportable Rejections						
Total Rejection % of Total AR	16.47%	14.70%	19.36%	20.72%	10.74%	16.48%
Additional Documentation Needed	\$436	\$650	\$5,035	\$1,085	\$0	\$1,441
Authorization	\$1,350	\$5,680	\$1,240	\$0	\$0	\$1,654
Billing Error	\$725	\$55	\$715	\$280	\$1,469	\$649
Bundled	\$140	\$0	\$0	\$460	\$140	\$148
Coding	\$2,902	\$7,845	\$2,730	\$6,930	\$3,205	\$4,722
Contract Related	\$1,080	\$1,110	\$325	\$370	\$140	\$605
Duplicate	\$435	\$3,603	\$3,558	\$679	\$0	\$1,655
Eligibility/Registration	\$6,010	\$1,420	\$2,025	\$8,098	\$1,579	\$3,826
Enrollment	\$0	\$0	\$0	\$0	\$0	\$0
Miscellaneous	\$55	\$0	\$980	\$0	\$0	\$207
Missing Claim Information	\$0	\$0	\$0	\$0	\$0	\$0
Non-Covered	\$6,966	(\$225)	\$1,515	\$2,608	\$947	\$2,362
Past Timely Filing	\$1,137	\$365	\$4,767	\$3,865	\$3,636	\$2,754
Patient Responsible	\$42	\$0	\$0	\$0	\$0	\$8
Utilization Management	\$0	\$0	\$0	\$0	\$0	\$0
Write Offs						
Total Write Offs as % of Total AR	0.00%	0.66%	1.43%	0.64%	3.97%	1.23%

Count  
Charges  
RVUs

CPT	Procedure Description	Procedure Count	Total Charges	Work RVUs
99242	OFFICE CONSULT-LEV 2			
99243	OFFICE CONSULT-LEV 3			
99244	OFFICE CONSULT-LEV 4	5	\$2,825.00	15.10
99245	OFFICE CONSULT-LEV 5	6	\$4,140.00	22.62
99253	INITIAL INPT CONSULT-LEV 3			
99254	INITIAL INPT CONSULT-LEV 4	6	\$3,060.00	19.74
99255	INITIAL INPT CONSULT-LEV 5	16	\$9,840.00	64.00
99283	ED VISIT LEVEL 3			
99284	ED VISIT LEVEL 4			
99285	ED VISIT LEVEL 5	1	\$535.00	3.80
99222	INITIAL HOSP.CARE -LEV 2	1	\$420.00	2.61
99223	INITIAL HOSP CARE-LEV 3			
99231	SUBSEQUENT HOSPITAL CARE			
99232	SUBS HOSP CARE-LEV 2	4	\$900.00	5.56
99233	SUBS HOSP CARE-LEV 3	49	\$15,680.00	98.00
99291	CRITICAL CARE,FIRST 30-74 MINS	6	\$5,040.00	27.00
99292	CRITICAL CARE, EACH ADDL 30 MINS	8	\$3,000.00	18.00
99356	PROLONGED SERVICE, INPATIENT	4	\$1,120.00	6.84
99203	NEW PT VISIT-LEV 3	1	\$330.00	1.42
99204	NEW PT VISIT-LEV 4	1	\$505.00	2.43
99205	NEW PT VISIT-LEV 5			
99212	OFFICE VISIT-LEV 2			
99213	OFFICE VISIT-LEV 3			
99214	OFFICE VISIT-LEV 4	5	\$1,650.00	7.50
99215	OFFICE/OUTPATIENT VISIT, EST - 99215	11	\$4,895.00	23.21
99354	PROLONGED SERVICE, OFFICE			
999999	NO CHARGE VISIT			
G0425	INPATIENT/ED TELECONSULT 30	1	\$310.00	1.92
G0426	INPATIENT/ED TELECONSULT 50	1	\$420.00	2.61
G0427	INPATIENT/ED TELECONSULT 70			
96374	THER/PROPH/DIAG INJ, IV PUSH,SINGLE	3	\$525.00	0.54
96375	TX/PRO/DX INJ NEW DRUG ADDON	1	\$70.00	0.10
96376	TX/PRO/DX INJ SAME DRUG ADDON			
99406	SMOKING/TOBACCO USE CESSATION COUNSEL;INTERMEDIATE,GRTR THAN 3 MIN UP TO 10 MIN	3	\$135.00	0.72
99407	SMOKING/TOBACCO USE CESSATION COUNSELING VISIT;INTENSIVE,GREATER THAN 10 MIN	2	\$170.00	1.00
99442	PHONE E/M BY PHYS 11-20 MIN			
99446	INTERPROF PHONE/ONLINE 5-10	4	\$180.00	1.68
99447	INTERPROF PHONE/ONLINE 11-20	35	\$2,800.00	23.45
99448	INTERPROF PHONE/ONLINE 21-30	4	\$480.00	4.20
99449	INTERPROF PHONE/ONLINE 31 MIN OR MORE	2	\$1,010.00	3.26
G0396	ALCOHOL/SUBS INTERV 15-30 MIN			
H0033	ORAL MEDICATION ADMIN,DIRECT OBSERVATION	3	\$744.00	0.00



# First fiscal year bedside tox service

J. Med. Toxicol. (2015) 11:48–58

DOI 10.1007/s13181-014-0423-2

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ORIGINAL ARTICLE

## **Billing and Reimbursement for a Bedside Toxicology Service at a Tertiary Care Academic Center During Its First Fiscal Year**

**Timothy J. Wiegand • Peter W. Crane • Michael Kamali •  
Marilynn Reif • Rose Wratni • Ronald Montante •  
Tracey Loveland**



# Value by cost savings &, improved outcomes

J. Med. Toxicol. (2015) 11:65–72  
DOI 10.1007/s13181-014-0418-z

TOXICOLOGY INVESTIGATION

## Effect of a Medical Toxicology Admitting Service on Length of Stay, Cost, and Mortality Among Inpatients Discharged with Poisoning-Related Diagnoses

Steven C. Curry · Daniel E. Brooks · Aaron B. Skolnik ·  
Richard D. Gerkin · Stuart Glenn

- *“Significant reductions in hospital days, costs and mortality are possible when medical toxicologists directly care for hospitalized patients.”*
- Clark RF, Williams SR, Nordt SP, Pearigen PD et al (1998) **Resource use analysis of a medical toxicology consultation service.** Ann Emerg Med 31:705–709.





# Clearance vs protocol-based consults

- ◆ 2-year-old found with spilled bottle of citalopram. One of the tablets was being “chewed” and mother pulled it out of his mouth. Old prescription and the family is not sure how many were left. **Poison control had recommended admission and monitor for 24 hours for seizure and QT prolongation.**
- ◆ Medical Toxicology consult cleared the child the following AM (12 hours after exposure) with bedside evaluation. *No symptoms on exam.*

*Protocol based vs non-protocol-based care.*



# Valuable Consults

Medication for Addiction Treatment (MAT) and link to treatment –ED & hospital patients to clinic.

CT surgery consults for endocarditis –initiate buprenorphine, provide support pre/post operatively (if valve replacement) follow during stay, link to treatment.

Cellulitis/abscess in a patient with IVDU

Pain & perioperative management consults for patients on MAT with buprenorphine or methadone\*

Pharmacotherapies for other SUD including tobacco/nicotine

Initiation of naltrexone/IM-naltrexone (hospital/clinic)



# Billing snapshot (4 providers) 9/2020

- ◆ Tox/addiction practice 9/2020 one-month charges by CPT code for hospital consult service
- ◆ 4 providers (2 alternating weekly one ½ day clinic and one 5 days/month).
- ◆ 1315 total encounters
- ◆ Emergency Room
- ◆ Inpatient –hospital
- ◆ Office/Clinic
- ◆ ED/prior to admit - Outpatient
- ◆ Telehealth

CPT Code	Encounter	Charge	Units	Rate	Total	POS_TYPE_NAME
PR CRITICAL CARE, ADDL 30 MIN [99292]					35	35
PR CRITICAL CARE, E/M 30-74 MINUTES [99291]			1	68	69	Emergency Room - Hospital
PR EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY [99284]			17	26	43	Inpatient Hospital
PR EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY [99283]			3	3	6	Office
PR EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ [99285]			18	7	25	On Campus - Outpatient..
PR INITIAL HOSPITAL CARE/DAY 30 MINUTES [99221]			3		3	Telehealth
PR INITIAL HOSPITAL CARE/DAY 50 MINUTES [99222]		9	13	11	33	
PR INITIAL HOSPITAL CARE/DAY 70 MINUTES [99223]		17	69	78	164	
PR INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN [99255]		2	4		6	
PR INITIAL OBSERVATION CARE/DAY 30 MINUTES [99218]			3		3	
PR INITL INPATIENT CONSULT NEW/ESTAB PT 55 MIN [99253]			2		2	
PR INITL INPATIENT CONSULT NEW/ESTAB PT 80 MIN [99254]			2	5	7	
PR INJECTION,THERAP/PROPH/DIAGNOST, IV PUSH, EA ADD, SAME DRUG [96376]					3	
PR INJECTION,THERAP/PROPH/DIAGNOST, IV PUSH, INITIAL DRUG [96374]					5	
PR INPT/ED TELECONSULT30 [G0425]		6		2	8	
PR INPT/ED TELECONSULT50 [G0426]				3	3	
PR INPT/ED TELECONSULT70 [G0427]				3	3	
PR INTERPROF PHONE/INTERNET ASSESS/MANAGE 11-20 [99447]				2	2	
PR INTERPROF PHONE/INTERNET ASSESS/MANAGE 21-30 [99448]		3		6	9	
PR INTERPROF PHONE/INTERNET ASSESS/MANAGE31/> [99449]				4	4	
PR NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 5/> MIN [99451]				42	42	
PR NTRPROF PHONE/NTRNET/EHR REFERRAL SVC 30 MIN [99452]				3	3	
PR OBSERVATION CARE DISCHARGE MANAGEMENT [99217]			3		3	
PR OFFICE CONSULTATION,LEVEL V [99245]				1	1	
PR OFFICE/OUTPT VISIT,EST,LEVL III [99213]	24		2	25	51	
PR OFFICE/OUTPT VISIT,EST,LEVL IV [99214]	12	22	18	83	135	
PR OFFICE/OUTPT VISIT,EST,LEVL V [99215]				27	27	
PR OFFICE/OUTPT VISIT,NEW,LEVL IV [99204]				5	5	
PR OFFICE/OUTPT VISIT,NEW,LEVL V [99205]			16	6	22	
PR PHYS/QHP TELEPHONE EVALUATION 11-20 MIN [99442]				11	11	
PR PROLONGED SERVICE I/P REQ UNIT/FLOOR TIME 1ST HR [99356]				6	6	
PR SBSQ HOSPITAL CARE/DAY 15 MINUTES [99231]		7		2	9	
PR SBSQ HOSPITAL CARE/DAY 25 MINUTES [99232]		22	3	6	31	
PR SBSQ HOSPITAL CARE/DAY 35 MINUTES [99233]		92	125	193	410	
PR TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES [99406]	24	22	2	78	126	
<b>Grand Total</b>	<b>60</b>	<b>202</b>	<b>304</b>	<b>749</b>	<b>1315</b>	



# Our recommendations?

- ◆ If trying to learn about billing and reimbursement, or improve your billing & reimbursement, take a class or do some Q/A with your Department or system on billing effectiveness.



# Part II: Basics -Definitions



E and M –Evaluation and Management

Outpatient visit level 5 subsequent visit (time or complexity dictate the level 1-5)



CPT –Current Procedural Terminology

99215 (time or complexity dictate the level 1-5)



# Office/Outpatient 'consultation' codes

99241 – 99245 (seen in ED and discharged or seen in ED before admitted –even if admitted).

- ◆ 99245 is >85 min, 99244 is >75 min, 99243 is >65 min
- ◆ Example –19-year-old M with accidental overdose of heroin. Treated with naloxone and monitored for four hours. Consultation by toxicology for clearance and OD prevention training and referral to treatment. Seen for 65 minutes total = 99243.
- ◆ Example is 65-year-old M with apap OD. Presents 4 hours from ingestion. 5-hour apap level 180 mg/L. Admitted to hospital –toxicology consult before admission. 85 min total consult = 99245.



# Clinic: New patient (99201-5), existing (99211-5)

## Office or Other Outpatient Services (99201-99215)

The following codes are used to report evaluation and management services provided in the physician's office or in an outpatient or other ambulatory facility. A patient is considered an outpatient until inpatient admission to a health care facility occurs.

## New Patient (99201-99205)

**99203 Office or other outpatient visit** for the evaluation and management of a new patient, which requires these three key components:

**a detailed history;**  
**a detailed examination; and**  
**medical decision making of low complexity.**

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.



# New patients (office or clinic) 99201-99205

Time (> 50% of time = counseling)

- ◆ 99201 = 10-19 minutes
- ◆ 99202 = 20-29
- ◆ 99203 = 30-44
- ◆ 99204 = 45-59
- ◆ 99205 is > 60 minutes

Complexity by level –example- 99203

99203 is office or other outpatient visit for the evaluation and management of a new patient.

Requires 3 key components.

- ◆ Detailed history
- ◆ Detailed examination; and
- ◆ Medical decision making of low complexity





# 99201-99205 continued...

## ◆ 99204 requires

- ◆ comprehensive history, exam and medical decision making –all moderate complexity.
- ◆ Usually spend 45 min face-to-face with patient and/or family.

## ◆ 99205 requires

- ◆ Comprehensive history, examination and medical decision making of high complexity.
- ◆ Counseling and coordination of care consistent with nature of problems.
- ◆ Typically spend 60 minutes face-to-face with patient and/or family.





# Established Patients 99211-99215

## ◆ 99213 requires

- ◆ Expanded problem focuses history; an expanded problem focused exam and medical decision making of low complexity.
- ◆ Time is usually 15 minutes face-to-face with patient and/or family

## ◆ 99214 requires

- ◆ A detailed history.
- ◆ A detailed examination
- ◆ Medical decision making of moderate complexity
- ◆ Time 25 minutes.

## ◆ 99215 requires

- ◆ Comprehensive history
- ◆ A comprehensive exam
- ◆ Medical decision-making high complexity
- ◆ 40 minutes with patient and/or family





# Primary CPT + add-on (procedure)

## Medical Toxicology Consultation and Billing

for the Treatment of Opioid Dependence and Withdrawal in Hospitalized Individuals –Use of Buprenorphine and Counseling On Top of Standard Consultation Codes

Timothy J. Wiegand MD, FACMT

**Total charges:** HD 1: \$650, HD 2: \$305.00 + 248.00, HD 3: \$ 305.00 + \$85.00

**Total reimbursed:** HD1: \$158.31, HD 2: \$157.96 + \$225.00 and HD 3: \$157.96 + \$30.73.

Total charges: \$1593.00

Total reimbursed: \$729.96

Reimbursement rate: 46%\*

(\*compared to overall reimbursement in Toxicology practice of 30% of total charges)

- ◆ 99254 (level 4 initial inpatient), 99233 (subsequent level 3)
- ◆ 99406-99407 (smoking cessation for 3-10 or > 10 min)
- ◆ 99408-99409 (DAST counseling 15-30 min or > 30 min)
- ◆ H0033 (buprenorphine induction/oral med admin)

Wiegand TJ , Medical Toxicology Consultation and Billing for the Treatment of Opioid Dependence and Withdrawal in Hospitalized Individuals ACMT Newsletter 2014 volume 5. Pages 7-8.





# Phone and Internet Reimbursement

## **Phone and Internet Consultation Charges – Is Reimbursement Possible?**

**\$40.50 reimbursed for 10 minute phone consultation**

*Tim Wiegand, MD, FACMT*

*Director UR Medicine -Strong Toxicology Consultation Service*

**99446** Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review

**99447** Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review

Wiegand TJ. Phone and Internet Consultation Charges Is Reimbursement Possible? ACMT Newsletter 2014 Volume 4 pages 6.







# Telephone Consultation

◆ When no bedside care done in proximity\* of call

99446	INTERPROF PHONE/ONLINE 5-10
99447	INTERPROF PHONE/ONLINE 11-20
99448	INTERPROF PHONE/ONLINE 21-30
99449	INTERPROF PHONE/ONLINE 31 MIN OR MORE





# Billing from ED –no f/u

- ◆ “Are you successful in billing phone only codes?”  
(pre-covid)
- ◆ “We bill these mainly for patients in the ED, so if he sees them in the hospital or in his clinic within 14 days, these codes are not billable.”





# If seen at the bedside after a phone

- ◆ Add the complexity and decision making to that next E/M visit – combine documentation - which would increase his MDM, and possibly increase his billing level (assuming it is documented).
- ◆ Can bundle it in with the time spent at the bedside “Patient seen at 11:00 x 26 minutes with > 12 min additional from phone call discussing with ICU provider at 0930 total 38 min”





# Additional Value

- ◆ In addition to actual reimbursement for some I've found other reasons to continue phone consults --visibility, resource for the dept/university that I can then leverage into other assistance. I also track all of these encounters as well to hopefully use for 'value' translation in an ACO model when/if the transition occurs.
- ◆ RVUs may be associated with activities that aren't reimbursed (different type of currency).





# Drug/alcohol counseling (DAST)

- ◆ When billing private insurers, the CPT codes are 99408 for an intervention lasting 15 to 30 minutes.
  - ◆ 30 minutes should be coded 99409.
- ◆ Code G0396 should be used for 15 to 30 minutes of intervention of a Medicare beneficiary.
  - ◆ G0397 is for sessions lasting longer than 30 minutes.
- ◆ H0049 is the code for alcohol and drug screening of Medicaid beneficiaries.
  - ◆ H0050 can be used for every 15 minutes of intervention.
- ◆ The services can be provided by a nurse practitioner or physician assistant as well as a physician.
- ◆ CPT codes can vary by insurer –ask your billers and coders to look into this for you.





# Smoking cessation\* (*now more than cigs*)

- ◆ Smoking and tobacco use counseling to the patient is reported using CPT code 99406 (*smoking and tobacco cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes*)
  - ◆ 99407 (*smoking and tobacco cessation counseling visit; intensive, greater than 10 minutes*).
- ◆ Counseling lasting less than 3 minutes is considered part of an evaluation and management (E/M) service and is not paid separately.
  - ◆ Services must be provided by a physician or other qualified health professional and must be provided face-to-face.
- ◆ 305.1 Tobacco use disorder (Tobacco dependence)
- ◆ V64.42 Counseling on substance use and abuse



# Prolonged Services

Another way to turn phone management time into billable services is to bundle it with another encounter or add it to an existing series of codes. In the following example a patient was seen for a subsequent visit in the hospital for 35 minutes (99233) and additional time with prolonged indirect services involving phone discussion with family and other individuals (law enforcement that were assisting with forensic aspect of patient's case). The patient was critically ill from ingesting bitter almonds resulting in cyanide toxicity. She had done this at school and law enforcement was involved with aspects of the case. The care at the bedside entailed 35 minutes (99233). 30 minutes was spent then on the phone to family, the school as well as contact to/from law enforcement (99358).

The 99233 was charged at 295.00 and reimbursed at 113.50 and the 99358 was charged at 315.00 and reimbursed at 120.95. Total reimbursed for 65 minutes -35 at bedside and 30 on phone- was 234.45.

Member: XXXXXXXXXX  
 Group Name: ROCHESTER INSTITUTE OF TECHNOLOGY  
 Aetna Life Insurance Company

DIAG: 989.0, 276.2, 458.9  
 Group Number: 0812809-19-102 HB D

SERVICE DATES	PL	SERVICE CODE	NUM SVCs	SUBMITTED CHARGES	NEGOTIATED AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/23/13	21	99233	1.0	295.00			153.13	1		28.37	28.37	113.50
05/23/13	21	99358	1.0	315.00			163.81	1		30.24	30.24	120.95
<b>TOTALS</b>				<b>610.00</b>			<b>316.94</b>			<b>58.61</b>	<b>58.61</b>	<b>234.45</b>



# Appropriate attestation?

## Question:

- ◆ What needs to be in an appropriately 'attested' note (co sign) for a resident or fellow?

## Answer:

What you have done, whether face-to-face or via phone, if you evaluated/examined, reviewed labs, etc. Time and date (and beginning/end if prolonged service or procedure added on to another E and M code. See example... →







# Appropriate attestation (99233 and prolonged svc)

Patient seen and assessed and discussed with R-3 Toxicology resident and I have reviewed the above note and agree with the history, exam, assessment and plan. All data and labs reviewed and I have independently evaluated the patient.

Patient remains critically ill with cyanide toxicity. CVVHD ongoing for thiocyanate toxicity and levels pending. RIT security/sheriff's office emails asking about source acetonitrile, other questions related to case. Brother/cousin called and we discussed case/I answered their questions for 30 minutes. Repeat 5/21/13 CN levels pending. Additional labs saved (urine/serum/blood).

5/23/2013 at 0915 for 40 minutes, 30 minutes phone call evening with brother (19:30 for 30 min).

◆ Modify if different involvement/as needed for service



# Q/A –Prolonged Services A (this CPT can be red flag)

## Questions:

What are reasons that prolonged services might be denied?

## Answer:

1. Direct face-to-face or floor/unit time was not supported;
2. Lacks content of prolonged service needed beyond the usual service;
3. Prolonged service with over 50% of the total time of the face-to-face encounter is not being reported with the appropriate companion code
4. Inappropriate code used for family meetings and patient not present;

# Reasons for prolonged service denial B...

- ◆ Diagnostic testing, (e.g., ophthalmological testing, neuropsychiatric testing, EKGs) is done at time of visit
  - ◆ but time of the testing is not differentiated from the visit and appears testing time is included in the reported prolonged time;
- ◆ The rendering provider submitted on the claim was not the provider who actually rendered the service(s) per the submitted documentation;
- ◆ No documentation was submitted for the requested date of service;
- ◆ Documentation lacked the identification of the beneficiary;
- ◆ Illegible documentation was submitted;
- ◆ Duplicate services/claims were billed;
- ◆ No E&M companion code was allowed on the same date of service;
- ◆ The documentation missing date.
  - ◆ Dictation date not sufficient to support a date of service as to when a beneficiary was seen.



# ICD-9 vs ICD-10 ???

- ◆ ICD-10 went live on 10/1/2015.
  - ◆ 140,000 specific codes (69,101 diagnosis & 71,957 procedure up from 14,315 dx and 3,838 procedure)
- ◆ T codes –define intent of ingestion

**Table 2**

Drug /Poisoning	Class	Intentional				Iatrogenic	Adverse Effect	Indeterminate
		Accidental	Harm	Assault				
Acetaminophen (Tylenol)	NSAID/Analgesic	T39.1x1	T39.1X2	T39.1X3	T39.1X4	T39.1X5	T39.1X6	
Acetone	Oils	T52.4X1	T52.4X2	T52.4X3	T52.4X4	T52.4X5	T52.4X6	
Alcohol	Beverage	T51.0X1	T51.0X2	T51.0X3	T52.0X4	T52.0X5	T52.0X6	
Alcohol	Isopropyl	T51.2X1	T51.2X2	T51.0X3	T52.2X4	T52.2X5	T52.2X6	
Alprazolam (Xanax®)	Benzodiazepine	T42.4X1	T42.4X2	T42.4X3	T42.4X4	T42.4X5	T52.4X6	
Amitriptyline	Tricyclic Antidepressant	T43.011	T43.012	T43.013	T43.014	T43.015	T43.016	
Antifreeze	Ethylene Glycol	T51.8X1	T51.8X2	T51.8X3	T51.8X4	T51.8X5	T51.8X6	
Antispasmodics	Anticholinergic agents	T44.3X1	T44.3X2	T44.3X3	T44.3X4	T44.3X5	T44.3X6	
Aripiprazole	Antipsychotic specific NEC	T43.591	T43.592	T43.593	T43.594	T43.595	T43.596	



# Specialty Code – Med Tox C8-PHY

- ◆ On October 1<sup>st</sup>, 2017, a unique specialty code (C8-PHY) went into effect for Medical Toxicology.
- ◆ This code, established and recognized by the Centers for Medicare and Medicaid Services (CMS), identifies Medical Toxicology as a distinct medical specialty.
  - ◆ Simplify claims processing and for programmatic and analytic purposes.
  - ◆ Potential reduction in the amount of claims denials for toxicology services and an increased ability to negotiate rates for toxicology services with 3<sup>rd</sup> party payers.
  - ◆ Use will also help differentiate the impact of toxicology services from those provided by other medical specialties as we track quality and efficiency outcomes due to medical toxicology involvement.

# Telemedicine billing

- ◆ Telemedicine (‘telehealth’) encounters have been used informally for years in various settings including toxicology –essentially non-reimbursed.
  - ◆ Phone encounters, informal audio/video (often not HIPPA compliant).
    - ◆ Facetime
    - ◆ Skype®
  - ◆ CPT codes for telephone consultation (99441-5 and 99446-9)
  - ◆ Experimental technologies e.g., Google Glasses® for care delivery



# Some previous publications

## Use of technology:

Vohra R, Mittendorf G. UCSF Fresno Medical Center, Fresno, CA, USA. **Is It PrimeTime for FaceTime? VideoTelephone App Use in Toxicology Consultations.** Presented at the American College of Medical Toxicology (ACMT) Annual Scientific Meeting (ASM) Phoenix, Az, 2014.

## Toxicology Consultation Practice and delivery:

Moore P, Suda K, Caicedo C, and the Pinnacle Health System Telemedicine Committee. **Establishing a telemedicine toxicology (tele Tox) service using an established interactive audio-visual consult network.** Presented at the North American Congress of Clinical Toxicology (NACCT) Annual Meeting in abstract and poster form 2014.



# Background

- ◆ Centers for Medicare and Medicaid Services (CMS) sets guidelines and structure for telemedicine care delivery.
- ◆ Specific billing and reimbursement coverage currently varies by state and by insurer.
- ◆ Formal telemedicine consultations are performed using interactive audio and video telecommunication which facilitates real-time interaction between the toxicologist and the patient.



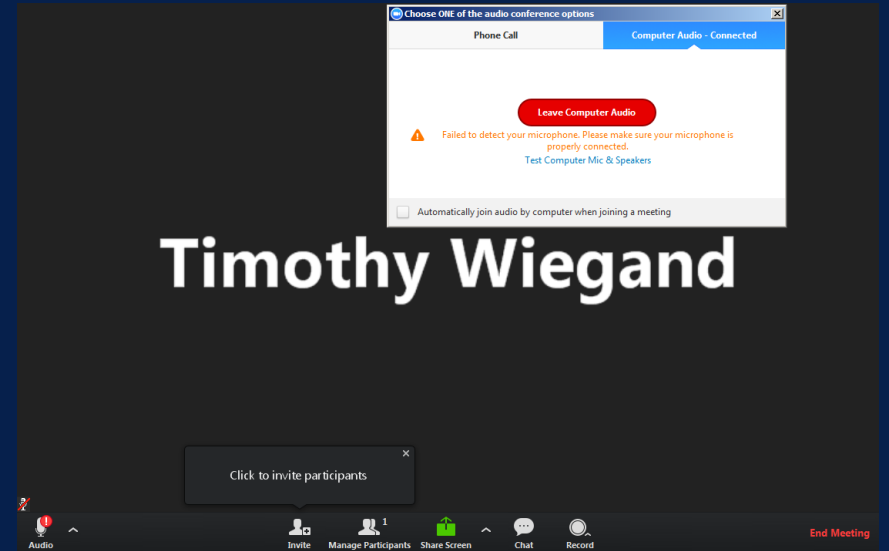
# New York Telehealth Coverage Law

- ◆ On January 1<sup>st</sup>, 2016 the New York Telehealth Coverage Law prohibited commercial insurers from excluding telehealth services from coverage when the service would have otherwise been covered if delivered in person.
- ◆ Expanded upon 2014 legislation which covered telemedicine encounters involving a Health Care Shortage Area.



# Equipment and platform

- ◆ Zoom® Meeting platform
- ◆ Doxy.me
- ◆ iPad at 'spoke' site
- ◆ iPhone, iPad or computer from 'hub' consultant
- ◆ Height adjustable, secured locking, mobile cart at "spoke" site (affiliate hospital)



# Telemedicine privileges\*

## TELEMEDICINE:

**Description:** Evolving technology and the need for telemedicine services in the region has necessitated moving to a telemedicine environment. Providers will choose Telemedicine privileges based on their specialty.

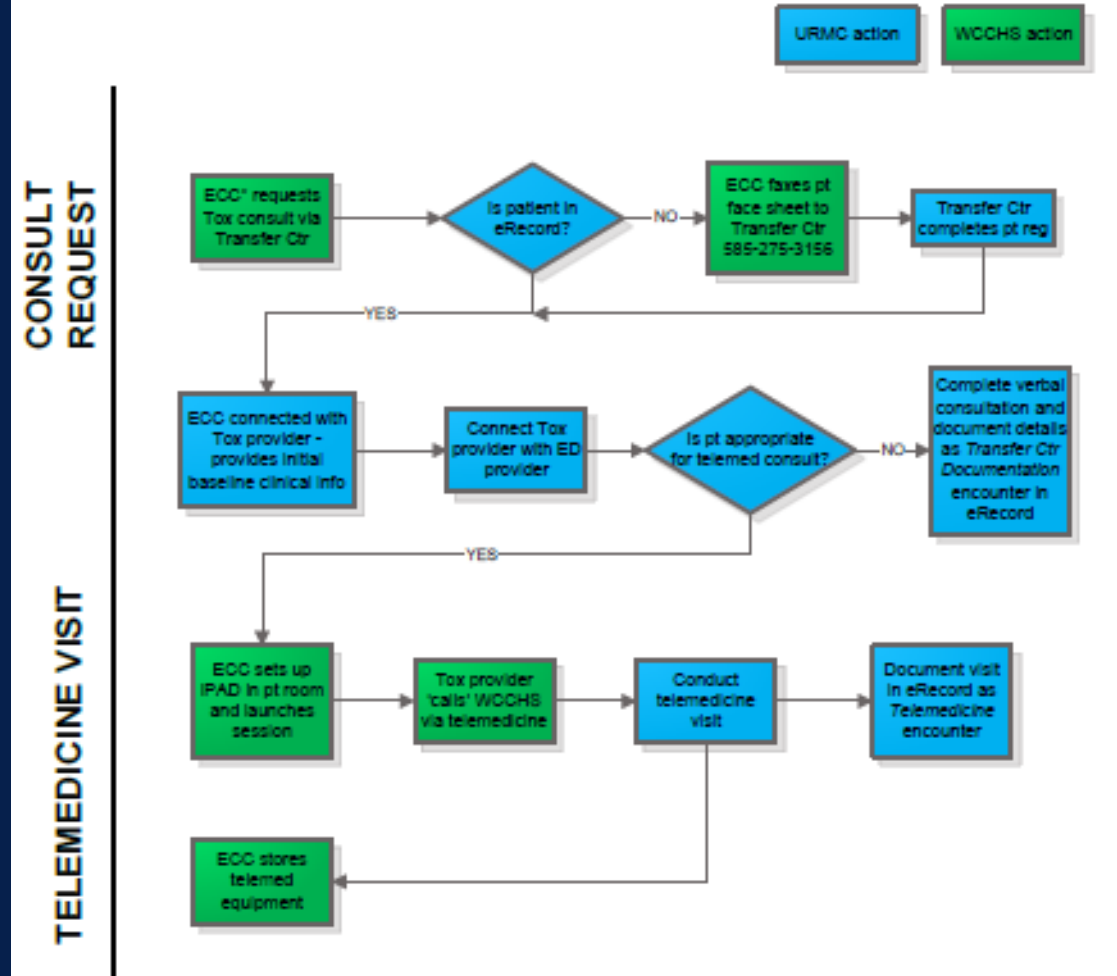
Request <input type="checkbox"/>	<-- Request all privileges listed below as appropriate for your specialty and training. Uncheck any privileges that you do not want to request	Division Chief Approval <input type="checkbox"/>	Department Chair Approval <input type="checkbox"/>
<b>Telemedicine - Toxicology</b>			
<input type="checkbox"/>	Telemedicine - Toxicology: The evaluation and management of patients in the Emergency Department, Observation Unit, Inpatient (adult and pediatric units) ICU and other hospital settings as well as ambulatory or outpatient settings. This includes the assessment of patient's electronic medical record as necessary to permit clinical evaluation and make recommendations, order or recommend testing, treatment, procedures, medications, antidotes, supportive cares and/or additional consultation, interact with physicians, nurses, clinical support services, patients and their families as may be necessary to facilitate an understanding of the patient's conditions and needs, generate progress notes relative to patient-related assessment and management via the telemedicine-based consultation. This includes all of the customary nonprocedural activities appropriate in the diagnosis and management of the organ systems and diseases encompassed by Toxicology including administration of medications appropriate to treat opioid dependence (buprenorphine) as defined by provider X-waiver certification.	<input type="checkbox"/>	<input type="checkbox"/>



Privileges required for toxicologist at “hub” and “spoke” sites.

# Workflow for affiliate hospital (spoke) to consult toxicology

## TOXICOLOGY CONSULT Telemedicine Workflow for Wyoming County Hospital



\*ECC: Emergency Care Coordinator at WCHS

- ◆ WCHS is an affiliate hospital about 60 miles away
- ◆ Robust psychiatric service
- ◆ Emergency Medicine providers are routinely called to “clear” or admit a variety of patients with accidental or intentional poisonings prior to psychiatry evaluation or admission



# First telemedicine billing results

- ◆ 16 toxicology encounters utilizing three different CPT codes for initial inpatient telehealth consultation were performed.
- ◆ Specific CPT codes:
  - ◆ G0425 (Focused) 30 minutes (#13)
  - ◆ G0426 (Detailed) 50 minutes (#2)
  - ◆ G0427 (Comprehensive) 70 minutes (#1).
- ◆ Reimbursement ranged from \$42.73 - \$217.72
- ◆ Mean reimbursement of \$105.22
- ◆ Total of \$1896.00 reimbursed (94% collection rate 15/16)
- ◆ 9.3 hours of telemedicine
- ◆ Reimbursement \$ 203.90/hour of telemedicine





# Summary of CPT codes, billing and RVUs (telemed)

CPT	Type	#'s	Charges	Mean \$	Total \$	RVU value/CPT
G0425	IN/ED 30	7	\$310.00	79	551	1.92
G0426	IN/ED 50	1	\$420.00	218	218	2.61
G0427	IN/ED 70	1	\$620.00	171	171	3.86



# Total billing\* 15/16 paid 94% collections

Case	Age	Gender	CPT code	Payment \$	CARRIER	Patient location
1	40	F	G0425	78.13	MMC	ICU
2	17	M	G0426 [GT]	217.5	BS	Pediatric ED
3	42	F	G0427 [GT]	171.2	BCO	ED critical care bay
4	28	M	G0426 [GT]	133	VRF -NA	ED critical care bay
5	58	M	G0425 [GT]	42.73	BCO	ED critical care bay
6	24	F	G0425 [GT] 99245	94.09	MCD	Adult ED
7	2	M	G0425 [GT]	42.73	BCO	Pediatric ED
8	82	F	G0425 [GT]	97.66	MCR	ED critical care bay
9	16	M	G0425 [GT]	160.9	BC	Pediatric ED
10	68	F	G0425 [GT]	97.66	MBC	Adult ED
11	34	M	G0425 [GT]	97.66	MCR	ED critical care bay
12	24	F	G0425 [GT]	310	COR	Adult ED
13	24	M	G0425 [GT]	94.66	EP	ED critical care bay
14	73	F	G0425 [GT]	97.66	MBC	Adult ED
15	48	M	G0425 [GT]	0	AETNA	ED critical care bay
16	18	F	G0425 [GT]	160.9	BS	Pediatric ED



# Results –types of encounters

- ◆ Diagnosis and disease management in drug ingestion
- ◆ Triage assistance
  - ◆ Assist with triage such as medicine floor vs ICU
- ◆ Clearance Consults
  - ◆ *2-year-old with sertraline ingestion from tab on table*
- ◆ Antidote administration guidance
  - ◆ physostigmine (1)
  - ◆ naloxone (2)
  - ◆ flumazenil (2)
- ◆ Opioid withdrawal –buprenorphine induction





# For more on telemedicine and tox

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ORIGINAL ARTICLE



## Telemedicine Delivery and Successful Reimbursement in Toxicology

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- ◆ [https://sitefinitystorage.blob.core.windows.net/sitefinity-production-blobs/docs/default-source/public-policy-statements/2021-pps-on-the-role-and-recognition-of-addiction-specialist-physicians---final.pdf?sfvrsn=10681b50\\_3](https://sitefinitystorage.blob.core.windows.net/sitefinity-production-blobs/docs/default-source/public-policy-statements/2021-pps-on-the-role-and-recognition-of-addiction-specialist-physicians---final.pdf?sfvrsn=10681b50_3)



**ASAM** American Society *of*  
Addiction Medicine

**Public Policy Statement on the Recognition and Role of Addiction Specialist Physicians in  
Health Care in the United States**



# Final Takeaways/Summary (Suggested)

- ◆ Know how to define value in multiple ways – charges/reimbursement (\$), productivity (RVU-based), outcomes based, resource utilization...
- ◆ Start with a separate tax ID!
- ◆ Learn how to appropriately document, assign diagnosis and bill (communicate with your billers/coders)
- ◆ Use phone and telemedicine encounters to extend your visibility and billing.
- ◆ Audit yourself/practice

# References (Required)

1. Crane PW, Wiegand TJ, Kamali M, Reif M, Wratni R, Montante R, Loveland T. (2018). Telemedicine Delivery and Successful Reimbursement in Toxicology. *J Med Toxicol.* 14(3): 242-247. 29845507. DOI: 10.1007/s13181-018-0665-5.
2. Curry SC, Brooks DE, Skolnik AB, Gerkin RD, Glenn S. (2015). Effect of a medical toxicology admitting service on length of stay, cost, and mortality among inpatients discharged with poisoning –related diagnoses. *J Med Toxicol.* 11(1): 65-72. 25127915. DOI: 10.1007/s13181-014-0418-z.
3. Wiegand TJ, Crane PW, Kamali M, Reif M, Wratni R, Montante R, Loveland T. (2015). Billing and reimbursement for a bedside toxicology service at a tertiary care academic center during its first fiscal year. *J Med Toxicol* 11(1): 48-58. 25252800. DOI: 10.1007/s13181-014-0423-2.