Outpatient Billing Changes Under Provider-Based Status (continued from page two)

b. If the physician does not have face-to-face contact with the patient or fails to perform and document part of the visit work, the mid-level provider must bill under his/her own provider number (at a reduced rate, usually 85% of the physician rate for the same service).

5. Other pertinent facts regarding mid-level providers include:
Consultations billed under a physician’s name must be performed entirely by the billing physician and may not include work done by a mid-level provider. Mid-level providers may perform consultations but must bill under their own billing number.

When a mid-level provider bills in his/her name, the supervising physician will get no RVU credit for that work. The income generated by the mid-level provider will reduce the division cost for the mid-level provider(s).

For non-governmental payors, “incident to” remains an acceptable billing method provided the supervising physician is present in the clinic.

6. Overall outpatient revenue for the physicians will be reduced because of a loss of part of the total RVU (work RVU + overhead). Physicians will now only receive income for the work portion of a billed visit. The overhead component is now going to the hospital but at a higher rate than previously received by physicians. As a consequence, overall income to the institution will increase. Thus, clinic expenses will be decreased by an amount greater than the revenue loss on the physician side accounting for the favorable outcome from these changes.

Contributed by George W. Vetrovec, MD
Associate Chair for Clinical Affairs,
Department of Internal Medicine

New Associate Director of the DOIM Residency Program Appointed

Dr. Alistair Erskine has accepted the position of Associate Program Director of the Department of Internal Medicine Residency Training Program.

A graduate of the University of Virginia, Dr. Erskine completed his medical training at VCU. He was elected president of his class during his second year and was the student president of the medical school classes the following year. He also developed a course entitled “Health Policy and Politics” which matched medical students with legislators during the general assembly session to help educate both legislators and medical students about their respective jobs. Dr. Erskine began his clinical training in Medicine/Pediatrics at Brown University in Providence, RI, but came back to Richmond for his last year of residency.

Dr. Erskine is the founder and president of the Fast Track Cards company which produces booklets for medical students and residents to help keep track of patients while hospitalized. He recently became involved in the implementation of the Cerner clinical information system and attends Cerner advisory group meetings. Dr. Erskine works clinically as a pediatric hospitalist at Bon Secours (St. Mary’s Hospital) and as an academic hospitalist at VCU Medical Center.

“Being offered the Associate Program Director positions in the Internal Medicine residency training program completed one of my primary life goals,” said Dr. Erskine. “While I am husband to my wife and father to my kids, I have also tried to combine Education, Internal Medicine, Pediatrics and Informatics in my daily (and nightly) practice.”

Dr. Stephanie Call, Director of the Internal Medicine Residency Program, commented, “Dr. Erskine is another strong addition to our leadership team in the training program. He brings with him an enthusiasm, a dedication to resident education, and a fresh perspective that will benefit us all.”

“We are fortunate to have lured a faculty member to our Education team with such strong credentials in Information Technology. Dr. Erskine will surely emerge as a leader in this field of training residents,” said Dr. Richard Wenzel, Department Chairman.
Faculty Profile: Dr. Lynne Penberthy

A graduate of the University of Michigan and Johns Hopkins Medical Center, Lynne Penberthy, MD, joined the faculty of the Department of Internal Medicine and works primarily at the Massey Cancer Center. She is charged with organizing a myriad of databases into an information resource that would be useful for setting policy, improving patient care, and making clinical and administrative operations more efficient.

Dr. Penberthy is clearly a leader in clinical informatics, and her special skills lie in the analyses of large databases. To date, Dr. Penberthy has an excellent scholarship and research record with an emphasis on epidemiologic/public health studies in cancer and cancer surveillance. Dr. Penberthy has created a powerful informatics infrastructure that makes it possible to combine and analyze data from each disparate source as MCVH Cancer Registry, Decision Support, Pathology, the Massey Research Database and others. These combined sources are currently being utilized in a novel collaborative project with the Virginia Cancer Registry and the Centers for Disease Control and Prevention to develop a model and to pilot test a system for automated electronic capture of cancer surveillance data.

Dr. Penberthy has a strong history of obtaining research funding, including extramural, merit-reviewed research funding. She is nationally known for her contribution to the epidemiology of cancer research. She has also worked as a mentor to a variety of students, fellows and faculty members in different curricula and schools of VCU.

Currently Dr. Penberthy is an Associate Professor of the Division of Quality Health Care.

Outpatient Billing Changes

Effective January 1, 2005, all outpatient clinics became hospital-based (provider-based). As outlined below, this change will provide financial advantages to VCUHS. Permanent facts for physicians under the new “provider-based” status include:

1. Patients with government payors will now receive two bills for each visit: one for the physician work and one for the facility charge. A letter is being sent to the patients to notify them of this change. Non-governmental patients will not be affected.

2. Billing slips must be completed and submitted before leaving the clinic each session. This is extremely important to optimize billing efficiency. The Work RVU for each visit will remain the same for use in the Incentive Plan.

3. Although the overhead costs of the clinic will now be covered by the hospital, the physician practice will continue to manage the clinics and oversee the staff via a contract with the hospital.

4. Mid-level providers can no longer bill “incident to” charges for governmental payors. For Medicare or Medicaid patients, practice plan employees (NP/PA/CNS) work can only be billed by one of two methods:
   a. If the supervising physician has face-to-face contact with the patient and performs and documents part of the history, physical or medical decision-making, a physician charge may be submitted based on the level of work performed and documented by the two providers (a “Shared Visit”). (Usual criteria for billing levels apply.)

   (continued on page four)

Upcoming Grand Rounds

Feb. 3 “Feverish Neutropenia”
Kurt Sehnsitzt, MD
Associate Professor
Division of Infectious Diseases, Weill Medical College of Cornell University, New York

Feb. 17 “The Human Heart is a Self-Renewing Organ”
Piero Amore, MD
Director, Cardiovascular Research Institute
Cooman, Department of Internal Medicine, New York Medical College

Feb. 10 “Management of Dyslipidemia: A Changing Perspective on Best Medical Practice”
Robert S. Gilton, MD
Lockhart B. McGuire Professor of Medicine
Senior Associate Chair for Clinical Affairs, University of Virginia Medical Center

Feb. 24 “Osteopenia”
James Simon, MD
Clinical Professor of Obstetrics and Gynecology
Medical Director, The Women’s Health Research Center, George Washington University Medical Center

March 3 “HIV in Women”
Paula C. Schuman, MD, MPH
Director, VCU HIV/AIDS Center
Associate Professor, Divisions of Infectious Diseases & Quality Health Care, Department of Internal Medicine, VCU Medical Center

Grand rounds are held at 12:00 noon in the Medical Sciences Building Auditorium. The calendar is subject to change.

Between Rounds Exhibit Opens in the Gateway Building

On Monday, January 11th, an exhibit showcasing the artistic accomplishments of the faculty and staff of VCU’s Department of Internal Medicine opened on the first floor of the Gateway Building. A few pages from the last few years of the Department’s annual publication Between Rounds as well as some original artwork are on display. A selection of poems, essays, musical scores and photographs are on view. Between Rounds is an annual publication begun in 1996 by Dr. Richard Wenzel soon after he arrived as Chairman of the Department.

The exhibit runs through February 10th.

On a related note, the Department of Internal Medicine announces the publication of the new volume of Between Rounds, a collection of poetry, prose, visual arts and other artistic endeavors submitted by faculty, staff and friends of the Department. The publication is a holiday tradition and is released every year before the winter break. If you are interested in obtaining a copy, contact Kata Clod-Svensson at 828-5738 (kata@hsc.vcu.edu).
Outpatient Billing Changes Under Provider-Based Status (continued from page two)

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