Time to declare E&M codes dead

Every July brings a new crop of residents. And every year, they adapt to the demands of critically ill patients and to the plethora of arcane electronic health record systems—but they are utterly confounded by our coding and billing system.

Overheard recently:

"What's the difference between a brief HPI and an extended HPI?"

"You mean I have to count these elements on *every* patient? You've got to be kidding!"

I can think of no more egregious waste in our current health care system than the legions of coders, consultants, and procedures in place to assure that we bill correctly and remain "compliant." And don't get me started on the arbitrary and political nature of assigning Relative Value Units, determining the geographic practice cost index, and figuring out the sustainable growth rate.

You couldn't dream up a more dysfunctional and counterproductive system if you tried.

Rather than paying for outcomes or setting a clearly defined price for a particular service, we perpetuate a system that reduces physicians to piece workers and bookkeepers. Even after claims are submitted, our judgment and integrity are repeatedly questioned: Was that *really* a level 4? Did that patient *really* need that service? Was complex decision making *really* required?

Proposals to augment our fees with a capitated medical home payment or pay for performance may be a step in the right direction (if implemented well). Better yet, pay me $100 per visit or $79 a month for the typical patient, and eliminate E&M coding. When physicians report spending 3 hours each week—the equivalent of more than 3 weeks a year—on administrative work for health plans (substantially more time than is devoted to quality improvement), it is time to simplify.[1] Sure, some physicians will game the system, but they'll be the same small minority who already do.

The solution is straightforward: Eliminate the legions of coding and compliance consultants. Create transparency. Provide enhanced pay for medical homes or key outcomes. And, above all, declare evaluation and management codes dead.

What percentage of your claims are kicked back by insurance companies, and what's the main reason?

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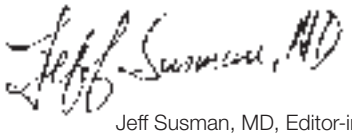

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