

American Academy of Clinical Endocrinologists and The Endocrine Society– Consultation Codes Survey

Full Report, May 2010 Results

Summary of Results

- Nearly all (93%) survey respondents say they provide care to patients whose principal source of payment is Medicare. Three-fourths (76%) of them say more than one quarter of their total patients are covered by Medicare.
- One-third (33%) of those who provide care to patients whose principal source of payment is Medicare work in a solo practice.
- The other major payers they deal with that have adopted Medicare’s new policy regarding consultation codes include Medicare Advantage (40%) and BCBS (31%).
- More than half (53%) of those who provide care to patients for whom Medicare is their principal source of payment report that their administrative costs have increased as a result of Medicare’s refusal to recognize consultation codes.
- Almost all (96%) say their total revenue stream has decreased as a result of Medicare’s decision to eliminate the use of consultation codes and require physicians to bill using other evaluation and management codes.
- 40% say they have had to modify their practice or services. Of those who made modifications, 69% say they reduced the number of new Medicare patients and 32% say they reduced the amount of time spent with Medicare patients.
- 27% say they will defer purchase of new equipment and/or information technology in order to compensate for consultation-related revenue changes. 24% say they will stop providing written reports to primary care physicians. One-fifth (20%) say they will eliminate staff.

1. During the last 12 months, did you provide care to patients whose principal source of payment was Medicare?

Answer	Response	%
Yes	525	93%
No	38	7%
Total	563	100%

2. Approximately what percentage of your current patients are covered by Medicare? Insert a number between 0 and 100%.

	Response	%
1 – 25%	122	24%
26% - 50%	308	60%
51% - 75%	72	14%
76 – 100%	9	2%
Total	511	100%

3. What is your primary specialty?

Answer	Response	%
Endocrinology	494	97%
General Practice	1	0%
Gastroenterology	1	0%
General Internal Medicine	3	1%
Obstetrics and Gynecology	4	1%
Psychiatry	2	0%
Rheumatology	1	0%
Other (please specify)	3	1%
Total	509	100%

Other (please specify)
Endocrine Surgery
Ped Endo
REPRODUCTIVE ENDOCRINE

4. Which of the following categories best describes your practice?

Answer	Response	%
Physician Office, Solo Practice	165	33%
Physician Office, Single Specialty Group	128	25%
Multi-Specialty Group	130	26%
Hospital practice	33	7%
Academic Health Center	50	10%
Total	506	100%

5. Please identify the other major payers you deal with that have adopted Medicare’s new policy regarding billing for consultation services. Include both private and public payer organizations. Check all that apply.

Answer	Response	%
CIGNA	143	25%
Aetna	165	29%
United Healthcare	167	29%
WellPoint	51	9%
BCBS	181	31%
Medicaid	160	28%
Unemployment Compensation	10	2%
Medicare Advantage	233	40%
Other (please specify)	179	31%

6. In 2009, approximately how many consultations did you perform each month in each of the following?

Hospital or nursing home

	Response	%
0 – 10	280	58%
11 – 25	92	19%
26 – 50	65	14%
51 – 75	12	3%
76 – 100	13	3%
More than 100	20	4%
Total	482	100%

Your office or other outpatient setting

	Response	%
0 – 10	27	6%
11 – 25	69	14%
26 – 50	171	36%
51 – 75	61	13%

76 – 100	79	16%
More than 100	75	16%
Total	482	100%

Other settings

	Response	%
0 – 10	470	98%
11 – 25	6	1%
26 – 50	3	1%
51 – 75	2	0%
76 – 100	0	0%
More than 100	1	0%
Total	482	100%

7. In 2009, approximately what percentage of your consultations were with patients who had been seen by you or another member of your specialty and group within the last three years? Insert a number between 0 and 100%.

	Response	%
0 – 25%	355	75%
26% - 50%	59	12%
51% - 75%	27	6%
76 – 100%	35	7%
Total	476	100%

8. In 2009, what percentage of your practice’s revenue came from the following service categories? The total should equal 100%

Answer	Average Value*
E&M services other than consultations	46%
Inpatient consultations	11%
Outpatient consultations	35%
10 to 90 day global procedure codes	2%

All other services	6%
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E&M services other than consultations

	Response	%
0 – 25%	111	25%
26% - 50%	130	29%
51% - 75%	154	35%
76 – 100%	52	12%
Total	447	100%

Inpatient consultations

	Response	%
0 – 25%	404	25%
26% - 50%	35	29%
51% - 75%	6	35%
76 – 100%	1	12%
Total	446	100%

Outpatient consultations

	Response	%
0 – 25%	200	45%
26% - 50%	172	39%
51% - 75%	33	7%
76 – 100%	42	9%
Total	447	100%

10 to 90 day global procedure codes

	Response	%
0 – 25%	439	98%
26% - 50%	6	1%
51% - 75%	1	0%
76 – 100%	1	0%

Total	447	100%
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All other services

	Response	%
0 – 25%	415	93%
26% - 50%	26	6%
51% - 75%	5	1%
76 – 100%	1	0%
Total	447	100%

9. How has Medicare’s refusal to recognize consultation codes affected your administrative costs?

Answer	Response	%
Minimal to no effect	199	45%
Increased costs	234	53%
Decreased costs	11	3%
Total	444	100%

10. How has Medicare’s decision to eliminate the use of consultation codes and require physicians to bill for these services using other evaluation and management codes impacted your practice’s total revenue stream?

Answer	Response	%
No impact	7	2%
Decreased 1% to 5%	30	8%
Decreased >5% to 10%	86	22%
Decreased >10% to 15%	104	27%
Decreased >15% to 20%	102	26%
Decreased more than 20%	51	13%
Increased 1% to 5%	1	0%
Increased >5% to 10%	2	1%
Increased >10% to 15%	1	0%
Increased >15% to 20%	1	0%

Increased more than 20%	2	1%
Total	387	100%

11. Are there particular types of consultations, conditions or patients that Medicare’s new policy does not appropriately recognize and reimburse? If so, please identify and explain.

Statistic	Value
Total Responses	433

12. Have you modified the number of Medicare patients and/or services you provide them?

Answer	Response	%
Yes	173	40%
No	260	60%
Total	433	100%

13. Please identify how you have modified your practice and/or services. Check all that apply.

Answer	Response	% of those who said they made modifications
Increased number of Medicare patients	1	1%
Reduced number of new Medicare patients	119	69%
Reduced number of established Medicare patients	27	16%
No longer accepting new Medicare patients	47	27%
No longer accepting established Medicare patients	4	2%
Seeing more patients with complex cases/conditions	11	6%
Stopped accepting or reduced Medicare consultation patients referred by their primary care or attending physician	61	35%
Stopped providing reports back to primary care physicians for consultations provided to their Medicare patients	50	29%
Stopped doing or reduced consultations on hospital inpatients	82	47%
Stopped doing or reduced consultations on hospital	37	21%

outpatients		
Stopped doing or reduced consultations on SNF patients	21	12%
Stopped doing or reduced consultations in the office	39	23%
Reduced the amount of time spent with Medicare patients	55	32%
Scheduled two visits to complete an initial assessment of Medicare patients	29	17%
Other (please specify)	9	5%

Other (please specify)
I am considering not accepting hospitalized medicare patients
I may be forced to reduce time spent with Medicare patients.
I tell the patients what MCare has done.
I'm seeing existing Medicare patients and am transitioning their care back to their primary care providers
no changes
Reduced feedback to patients primary care and other physicians.
Stopped accepting Medicaid Consults
stopped sending a lengthy letter detailing the consultation visit to the referring physician. They get a template letter stating the patient has been seen, and a photocopy of the office encounter.

14. Are you prohibited from eliminating consultations from your practice either through a contract or employment ?

Answer	Response	%
Yes	124	29%
No	308	71%
Total	432	100%

15. Do you plan to compensate for consultation-related revenue changes in any of the following ways? Check all that apply.

Answer	Response	%
Eliminate staff	116	20%
Close satellite offices	19	3%
Discontinue rural outreach	39	7%
Avoid patients with complex conditions	110	19%

Reduce level of chart documentation	72	12%
Stop providing written report to primary care physician	140	24%
Defer purchase of new equipment and/or information technology	154	27%
Reduce patient care hours	71	12%
Retire from the practice of medicine	42	7%
Other (please specify)	92	16%

Other (please specify)
& retire soon
add ancillary services such as stress testing, us-echo, carotid, more efficiently collect for missed appt fees, reprinting lost prescriptions, etc.
All of these have already been implemented
avoid helping patients in non-endocrine needs, refuse primary care
bill patients for 20% not covered by Medicare
change MC patient mix
Charge more to others
close solo practice and relocate
considering eliminating seeing Medicare patients
consider primary care, moving to Canada, other
consider retirement
Considering converting to a "concierge" practice
considering joining a different practice
considering not seeing Medicare pts
decrease hospital services
Decrease new patients where consultative charges not allowed when contractual obligations end.
Decrease patients with Medicare I see
Decrease seeing poorly compliant individuals.
decrease the number of medicare pts who can see me
decreased staff hours based on patient volumes
defer hiring additional staff, defer opening/expanding satellite offices, require separate appointments for multiple problems
dissatisfaction with career
earlier retirement
eventually will change practice and limit medicare patients
expect additional reduction in income on top of already reduced income
explore retainer fee or opting out of Medicare

focus more on ancillary revenue (e.g., drug talks)
Generally too early to evaluated the changes.
get an ulcer
get out of medicare
gradually eliminate medicare from my practice
Have not yet changed, but may do so depending on impact. Still a bit early to tell.
have not yet decided.
have salary cut because not bringing in revenues
Highly considering dropping hospital privileges
I am not sure how the hospital will adjust for change, certainly the motivation to do a better, thorough works decreases based on decreased reimbursement, and although I am not planning to retire right now, I am starting to wonder if I should consider other more fulfilling options in the long term
I consider dropping this insurance
I have opted out of Medicare
I only wish I could retire
I plan not to expand hospital services
I'll get paid less!
if new Medicare patient fees do not exceed overhead/provide adequate revenue, I will discontinue seeing new Medicare patients
Impending declaration of bankruptcy
Increase access to commercial insurance new consults and new patients
increase billing to patients for "noncovered" service, previously provided for free
increase hours
Leave this country if it continues towards the path to socialism and forcing doctors to be government serfs.
less inpatient work
limit medicare patients
limit medicare pts
Limit Medicare pts seen in my practice
limit number of new patients where consult codes are not allowed.
longer wait times to see me
look for a different career
make communication brief. suffer income losses
May have to resign from medicare at some point
may stop seeing medicare patients
more work for less pay, may consider early retirement
move to cheaper office

No longer see new Medicare patients.
no new medicare patients
Not sure what we will do but certainly will not be able to increase volume in our referral practice to make up for the lost income. Already have the most complex patients in the region, can not take on more extraordinarily time consuming patients.
not sure yet
Opt out of Medicare
patients may have to wait longer to see me for initial visit
plan to reduce number of medicare patients seen per month
planning on cash practice in future
provide much less uncompensated service to patients
Pursue revenue outside of the office (i.e. legal/speaking)
reduce accepting new Medicare consults
reduce medicare pts.
reduce new Medicare patients
reduce thoroughness of written reports to pcp I may also retire from private practice
RESINED FROM HOSPITAL
Schedule pt visit instead of phone managing by conversations with the patient or their primary, and stopped hospital consults since can't afford to give up office hours
See less new consults weekly
see more patients
see more pts
seriously looking into buying a dry cleaning business and quitting this field as the government and insurance industry and drug companies are robbing the enjoyment from me.
shorten patient appt times
shorten visits
since this is a fair decision, I will survive
spend less time with each patient to allow greater volume
Spread treatment over multiple visits
stop seeing new Medicare patients
That is up to the owners or the practice.
try to limit medicare consults
try to reduce overheads
Will provide less care by phone - require patients to come in for minor problems or blood sugar review
Will strongly consider non-par status with Medicare within a year