

Enhancing Comprehension of Relative Value Units among Resident Physicians

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Objective

- Residency programs often lack basic billing and coding education
- Assess the comprehension and accuracy of resident physicians to calculate work relative value units (wRVU)

Design

- Design: Cohort study
- Setting: Midwestern free standing inpatient rehabilitation hospital
- Participants: Four resident physicians
- Intervention:
 - Participants tallied patient encounters over four days and estimated wRVU totals for each day
 - Coding education occurred, then another four days of encounters with daily estimation of wRVU generation
- Outcome measure: Average difference of actual vs estimated wRVU totals

See patient/Perform a procedure



Write note



Note sent to coder



Note converted to CPT code



CPT code converted to RVUs



RVU converts to insurance reimbursement

Results

	Pre	Post
Total Encounters	180	105
Actual wRVUs	270.45	170.01
Estimated wRVUs	544.70	170.04
Avg. Difference	76	9.6
Range	174.2	5.88
Std. Deviation	82.34	2.59

- Average wRVU generated for initial hospital visits increased from 3 to 3.86

Conclusion

- Brief coding education increased accuracy eight-fold
- wRVU knowledge empowers residents entering the workforce to analyze contracts, accurately capture work, and avoid fraudulent billing