

**[P01.022] Prospective Trial of a Template Driven Educational Intervention with Direct Feedback in Billing and Coding**

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**OBJECTIVE:** To measure the effectiveness of an educational intervention in billing and coding. **BACKGROUND:** One aspect of Systems-Based Practice (SBP) is knowledge of the health care system. Physician knowledge of medical documentation requirements is part of SBP. Our neurology department desired to improve the medical documentation skills of faculty and residents with a new educational intervention and measure the effectiveness of the intervention. **DESIGN/METHODS:** A historical control of neurology residents and faculty from the year 2004 was compared to the intervention group from the year 2006. The historical control received lectures on billing and coding quarterly from an expert, used a general history and examination (H & P) template with handwritten documentation of the neurological exam, and received feedback on billing and coding issues at either resident or faculty meetings. The intervention group used a neurology single system examination template with the general H & P template, and received timely direct feedback from coders on errors in documentation. The total number of inpatient H & Ps, Consults, Medical Care Days, Total Relative Value Unites (RVUs) and Total Billing were determined for both groups. **RESULTS:** The total number of inpatient services (H & Ps, Consults, and Medical Care Days) were similar for both groups with 10,442 documented in 2004 and 10,329 documented in 2006. The total RVUs increased from 13,001 in 2004 to 16,756 in 2006. The Total Billing increased from USD \$2,257,333 in 2004 to USD \$3,375,278 in 2006, a mean increase of USD \$108.23 per service provided. **CONCLUSIONS/RELEVANCE:** An educational intervention with template documentation and direct physician feedback on billing errors resulted in increased total billing and total RVUs over an educational intervention consisting of didactic lectures and discussions of billing and coding issues at resident and faculty meetings. A similar educational intervention could be adopted by other neurology programs to improve neurologist medical documentation.