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## How to deal with minimal variable care?

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## Goals as a physician

- Being able to tailor the treatment to the patient (and not to the budget)
- Getting a fair payment for a fair treatment

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## Howto's

1. Make sure the ICD-10-BE coding => APR-DRG-Sol\* is correct
2. Invoice what's necessary
3. Stretch your financial view

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\*All Patient Refined Diagnostic Related Group & Severity of Illness

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## Orthopedic APR-DRG's, Sol's & subgroups

APR-DRG	APR-DRG description	Sol	Hospitalisation	Group	Group Description	Exclusions
026	Other nervous system & related procedures	1	H-D	grp1	Release of carpal tunnel without anesthesia	• Other indications than carpal tunnel syndrome
		2		grp2	Release of carpal tunnel with anesthesia	
301	Hip Joint replacement	1	H	grp1	Hip Replacement	• Redo operation (Revision) • Fractures • Prosthesis infection • Tumor • Congenital malformation of bone
		2				
302	Knee joint replacement	1	H	grp1	Knee Replacement	
		2				

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## Invoice vs. ICD-10-BE coding

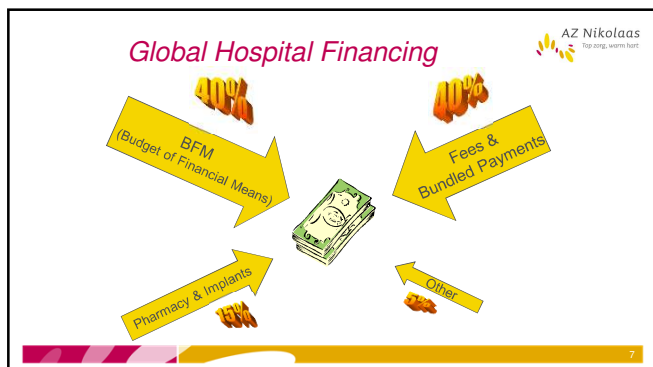
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## Invoice vs. ICD-10-BE coding

Invoice	ICD-10-BE coding
13.700 Code-pairs for Procedures & Materials	69.000 Diagnosis codes 72.000 Procedure codes
Clear & strict rules for each code	Global rules for all codes, which must be interpreted in the clinical context
Continuous update & implementation	Yearly update available (but implementation varies) + FAQs for interpretation issues
Author = treating physician who decides autonomously	Author = coder who has to use the patient record as the only reference
Audited by RIZIV/INAMI	Audited by Federal Public Service
Almost direct translation to fee	First grouped into 320 APR-DRGs with 4 Sol's each (new version available each year; implementation varies)
Primarily used for Physician fees	Primarily used for Hospital Financing

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### ICD-10-BE Coding Handbook

In order to register pathology it must be:

- **explicitly** mentioned:
  - The coder may not register (secondary) diagnoses which aren't explicitly mentioned in the patient record without permission of the treating physician. E.g. "extremely low hematocrit" may not be coded as anemia, not even if it is being treated with blood transfusions.
- in the **patient record**:
  - Even if most diagnoses are mentioned in the discharge letter, it is often necessary to go through the whole patient record to be able to code accurately and completely.
- **answering to the criteria of principal (PD) or secondary diagnosis (SD)**:
  - **PD**: condition established after study to be chiefly responsible for admission of the patient to the hospital for care
  - **SD**: condition that affects the episode of hospital care in terms of clinical evaluation, therapeutic treatment, further evaluation, extended length of hospital stay or increased nursing care/monitoring

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### GPS\* Calculation

Median of historical data  
(Corrected with x% where median < average)  
=> Keep on invoicing as before!

Best practice  
=> room for new/special care?

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### GPS Distribution

Fixed percentage for each group of physicians based on Belgian averages

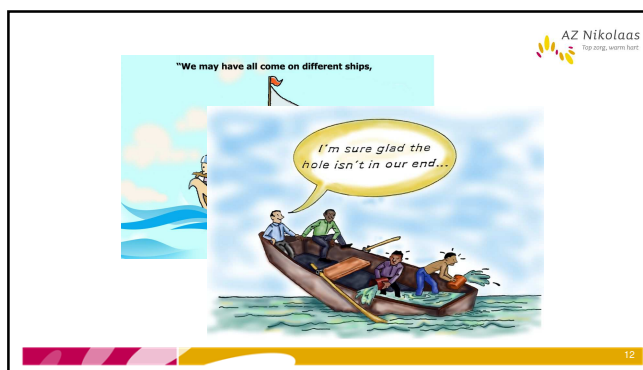
- Fair
  - ⇔ billing in your hospital is similar AND practice remains unchanged
- Unfair
  - ⇔ billing is different OR practice changes => need for solidarity


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### GPS Distribution 2012-2014 simulation

Beneficiary	CTS		THR/TKR	
Surgeon	€ 157,05	63,89%	€ 850,40	46,09%
Anesthesist	€ 55,67	22,65%	€ 521,55	28,27%
Physiotherapist	€ 0,28	0,11%	€ 162,79	8,82%
Clinical Biologist	€ 29,57	12,03%	€ 58,10	3,15%
Supervising Physician	€ 0,43	0,18%	€ 89,93	4,87%
Radiologist	€ 0,69	0,28%	€ 71,91	3,90%
Kinestherapist	€ 0,07	0,03%	€ 50,77	2,75%
Pathologist	€ 1,67	0,68%	€ 4,43	0,24%
ER Physician	€ 0,13	0,05%	€ 8,17	0,44%
ICU Physician	-	0,00%	€ 7,78	0,42%
...	...	...	...	...
<b>Total amount</b>	<b>€ 245,82</b>	<b>100%</b>	<b>€ 1.844,95</b>	<b>100%</b>


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*Take home messages*


1. Documentation is your only salvation
2. Keep on invoicing as before
3. Caring is sharing



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Thank you for your attention!  
Bedankt voor uw aandacht!  
Merci pour votre attention!



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