Are DBP new patient evaluations for ASD economically feasible? A DBPNet study

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Purpose: The wait for DBP evaluation is increasing including for ASD evaluation, while the time spent on these visits are very time consuming. Our purpose is to compare the time spent by DBPs on their first visit for an evaluation of a child with a concern for a possible ASD to the codes used to reimburse them for their work.

Methods: 56 DBPs at 12 academic medical centers in the DBPNet research network recorded de-identified data on up to 15 consecutive new patient encounters in 2012-2013. They coded the amount of time they spent in preparation for the visit, face-to-face and following the visit including documentation and care coordination as well as the types of codes used for reimbursement.

Results: Of 784 new DBP visits, 324(41%) had an ASD concern. This children waited 23.3 (20.1) weeks for their visit. In 157 of these visits the DBP faculty member saw the patient as the primary clinician; in 119 the DBP supervised a resident, fellow or nurse practitioner in care of the child. When the DBP was primary clinician, 15.7 (9.5) minutes were spent in pre-visit preparation, 91 (36.5) min face to face with the family and 46.5 (29.1) min in post visit reporting and coordination totaling more than 2.5 hours. In 44% of DBP primary clinician visits consult codes (which are no longer available through CMS) were used, 43% utilized new patient codes and 3% used comprehensive visit codes not recognized by CMS. Only 7% utilized prolonged service codes. In 43% of visits, the DBP faculty performed formal developmental testing. 31% of those testing coded this as 96111, 57% coded this in 1-2 units of 96116, the remaining did not bill a testing code.

Conclusion: New DBP evaluation visits at academic medical centers typically consume more than 2.5 hours of skilled faculty time, but this is not well reflected in the billing codes used to document this work.

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