### Cost Per RVU

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>MGMA General Multi-Specialty Data*</th>
<th>MGMA Ortho Data**</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Operating Cost (includes support staff costs)</td>
<td>$36.57</td>
<td>$26.23</td>
</tr>
<tr>
<td>Provider Cost (includes NPP Costs)</td>
<td>$27.41</td>
<td>$27.75</td>
</tr>
<tr>
<td><strong>Total Cost</strong></td>
<td><strong>$63.98</strong></td>
<td><strong>$53.98</strong></td>
</tr>
</tbody>
</table>

### Additional time and paperwork involved to treat MT Workers' Compensation patients:

- **Estimate if compared to any other patient = 20% additional for routine workers comp patient, 30% additional if testing or surgery needed**
  - Multiple calls from case workers (for example verifying appts, checking to see if pts showed for appts)
  - Faxing of records
  - Pre-authorization paperwork required for all services (testing-MRI/CTs, surgeries, therapy, medications, referrals to other doctors)
    (hired a pre-authorization employee for 1-2 hours per day for just Workers Compensation pre-authorizations)
  - Follow-up once pre-authorization approved (calling patients to schedule needed testing/procedures, etc.)
  - Work status reports for every visit
  - Updating work status
  - Faxing work status reports with dictation
  - Case workers attending appointments (add at least 10 minutes per patient)
  - If patient does not want case worker present at appointment then requests to speak with physician afterwards increasing the appt time by at least 10-20 minutes
  - Request of duplicate information from State Fund, Montana Health Systems, Jas, etc.
  - Faxing needed paperwork then getting 3rd parties calling and requesting same information
  - Delay in receiving payments (average 90 days), MT prompt pay law is 30 days, Medicare payments received within 2 weeks
  - Billing staff must continually call and get status on outstanding claims

### Additional treatment burdens to treat MT Workers' Compensation patients:

- Significantly higher statistical failed outcome rates
- At least twice as many phones calls from patients to providers
- Twice as many prescription and narcotic phone calls (after hours as well)
- Higher litigation and liability issues

***Current Montana Adjusted Transitional Facility Total RVU
****Participating Medicare

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**RVU = Relative Value Unit**

Most procedures and services are assigned a CPT code which in turn has relative value units (RVUs) assigned to situate it relative to other procedures or services. RVUs capture three components of patient care: physician work, practice expense and malpractice expense.