Peer Review File
Article Information: https://dx.doi.org/10.21037/jss-22-91

Reviewer comments

In the manuscript "Differences in evaluation and management coding of outpatient clinic visits for patients undergoing elective spine surgery with use of a standardized template", authors assess differences in re-imbursement between templated and nontemplated outpatient documentation for patients who eventually underwent single level lumbar microdiscectomy and anterior cervical discectomy and fusion (ACDF) both before and after the E&M billing changes were implemented in 2021.

Couple questions are required to be answered before it will be accepted.

Comment 1:

(1) The standardized templates were the crucial topic in the study. Please make a brief introduction.

Reply 1: Thank you for bringing this to our attention. I have added a paragraph in the methods section that describes the standardized template in detail.

Changes in the text: Page 6, lines 1-6 now reads "The standard template utilized in the study included information regarding the patient's symptoms (onset, location, duration, characterization, aggravating factors, relieving factors) as, screening for myelopathy (dexterity, gait), bowel and bladder concerns, previous back surgery, as well as prior treatments for their current chief complaint. There was also a set physical exam template to include muscle strength, sensation exam, reflexes and other upper motor neuron signs."

Comment 2:

(2) Why to focus on the documentation of patients who eventually underwent single level lumbar microdiscectomy and anterior cervical discectomy and fusion (ACDF) in the study? Please state in the introduction.

Reply 2: Thank you for the comment. I have addressed this question in the introduction.

Changes in the text: Page 4, lines 19-21 now reads "In our study, we chose to analyze two common procedures performed at our institution, one in the cervical and one in the lumbar spine for generalizability"

Comment 3:

(3) What are the coders? Please state in the introduction or methods.

Reply 3: Thank you for the comment. I have added the codes in the methods section

Changes in the text: Page 6, lines 7-8 now reads "Outpatient clinic visit E&M codes were collected, with the most common being 99203, 99204, 9913, and 9914."

Comment 4:

(4) Since the standardization of template could reduce variability in billing codes, why to use nontemplated outpatient documentation? Please state in the discussion.

Reply 4: There are many reasons why people would not use a template. Some of that has

been added to the discussion.

Changes in the text: Page 10, lines 4-6 now reads ". Spine surgeons may choose not to utilize templates for several reasons including ease of dictation, amount of time spent filling out a template, and personal preference."

Comment 5:

(5) What are your good suggestions for the utilization of standardized template? Please state in the discussion.

Reply 5: This is a great point. The authors would suggest utilization of a standardized template whenever feasible

Changes in the text: Page 10, lines 20 now reads "…and should be utilized whenever feasible."