



Comparative Billing Report

June 23, 2014

CBR #: CBR201406
NPI #: 1111111111
Fax #: (888)555-5555

Organization Name
Full Name
123 Street Lane
Suite 4000
Anytown, XX 55555-4444

Dear Medicare Provider:

The Centers for Medicare & Medicaid Services (CMS) strives to protect the Medicare Trust Fund and effectively manage Medicare resources. In an effort to accomplish these goals, CMS has contracted eGlobalTech, a professional services firm in Arlington, VA, to develop Comparative Billing Reports (CBRs). CBRs are designed to educate providers on their billing or referral patterns for selected topics through a comparison to other providers across their state and the nation. As CBRs are for educational purposes, no reply is necessary; the data provided is solely for your information.

Attached is a CBR that reflects your billing or referral patterns compared to peer provider's billing or referring the same services in your state and nationwide. We hope you find this CBR beneficial as an educational tool to assist you in identifying opportunities for improvement. If you have any questions regarding this CBR, or if you want to change the way you receive CBRs in the future, please contact the CBR Support Help Desk via:

- Calling the Toll Free Number, 1-800-771-4430;
- Sending an email to cbrsupport@eglobaltech.com;
- Visiting the website at <http://www.cbrinfo.net>.

REMINDER: If you have changed your mailing address or contact information and have not notified the National Plan and Provider Enumeration System (NPPES) and/or CMS' provider enrollment contractor via the internet or the appropriate Medicare enrollment application, please take time to review and update the system.

You can update your National Provider Identifier (NPI) and contact information on NPPES at <https://nppes.cms.hhs.gov/NPPES>. If you have forgotten your User ID and/or password or need assistance, contact the NPI Enumerator at 1-800-465-3203 or email customerservice@npienumerator.com.

For more information regarding the Medicare enrollment process or to obtain a copy of the Medicare enrollment application for your provider type, refer to <http://www.cms.gov/MedicareproviderSupenroll>.

We thank you for your cooperation and hope you find the attached report informative.

Sincerely,

A handwritten signature in black ink, appearing to read 'J.R. Glass'.

J.R. Glass
CBR Project Director
eGlobalTech
Enclosure

Comparative Billing Report (CBR): NPI 1111111111
Electrodiagnostic Testing (EDX)

Introduction

This CBR applies to providers that perform nerve conduction studies (NCS) and needle electromyography (EMG) on Medicare beneficiaries and submit 835P claim forms for reimbursement. Based on these criteria the following data was examined for comparison:

- Average allowed charges per beneficiary
- Average weighted services by category
- Percentage of visits with NCS codes only

Healthcare Common Procedure Coding System (HCPCS) categories, codes, and descriptions included in this CBR and your utilization of these codes for dates of service January 1, 2013 - December 31, 2013 are shown in the table below:

Table 1: Summary of Your Utilization for Electrodiagnostic Tests
January 1, 2013 - December 31, 2013

Category	HCPCS Code	Abbreviated HCPCS Description	Beneficiary Count	Allowed Services	Allowed Charges
NCS	95905	needle measurement & recording	0	0	\$0.00
	95907	1-2 studies	1	1	\$95.22
	95908	3-4 studies	1	1	\$116.34
	95909	5-6 studies	1	1	\$138.44
	95910	7-8 studies	21	16	\$2,832.41
	95911	9-10 studies	69	64	\$13,693.18
	95912	11-12 studies	1	1	\$276.70
	95913	13 or more studies	111	106	\$27,108.85
EMG	95860	1 extremity	0	0	\$0.00
	95861	2 extremities	20	15	\$2,706.65
	95863	3 extremities	0	0	\$0.00
	95864	4 extremities	0	0	\$0.00
	95865	larynx	0	0	\$0.00
	95866	hemidiaphragm	0	0	\$0.00
	95867	cranial nerve, unilateral	0	0	\$0.00
	95868	cranial nerve, bilateral	0	0	\$0.00
	95869	thoracic paraspinal	0	0	\$0.00
	95870	1 extremity, nonparaspinal	0	0	\$0.00
NCS & EMG	95885	NCS & EMG, limited	2	4	\$257.72
	95886	NCS & EMG, complete	73	136	\$11,898.20
	95887	NCS & EMG, non-extremity	0	0	\$0.00
	TOTAL		206	345	\$59,098.71

Coverage and Documentation Overview

Providers are responsible for knowing Medicare coverage criteria and incorporating correct billing and coding practices. Payment does NOT indicate correct coding and coverage. All Medicare electrodiagnostic testing policies, known as local coverage determinations (LCDs) and national coverage determinations (NCDs), were reviewed to provide the key educational points in this CBR. This review included current and draft policies that are scheduled to be finalized in 2014.

Although a CBR is an educational tool to show practice pattern differences, we encourage providers to review the policy specific to their area and follow the information below:

1. Is my service covered by Medicare?

- Current Perception Threshold and Sensory Nerve Conduction Threshold Tests (sNCT) are not covered and should be reported with HCPCS code G0255, not with codes 95905-95913 (NCD 160.23).
- NCS performed with fixed anatomic templates and portable hand-held devices should not be reported with codes 95905-95913.
- Screening tests for polyneuropathy of diabetes and end stage renal disease are not covered.
- Special note:
 - Both EMG and NCS are usually required for a clinical diagnosis of peripheral nervous system disorders. NCS alone is considered a screening exam. Screenings are not usually covered by Medicare.
 - Exception: NCS for Carpal Tunnel Syndrome.

2. Do I possess the required credentials to perform NCS and EMG services?

- The LCD for all geographic regions requires special training in electrodiagnostic medicine. This training is commonly included in neurology and physical medicine programs, and if included in your state's scope of practice, physical therapy. However, all other specialties require additional credentials prior to performing these services for a Medicare beneficiary. Providers should confirm this information with the local LCD and state board.

3. Am I correctly coding my EMG and NCS services?

- Use 95860-95864 and 95867-95870 when NO NCS are performed that day
- Use 95885, 95886, and 95887 when NCS and EMG are performed on the same day
- Use 95870 or 95885 when four or less muscles are tested
- Use 95860-95864 when five or more muscles are tested

4. Am I correctly calculating the units of service (UOS)?

- Report 95905 once per extremity, maximum of four
- Report 95908-95913 with ONLY one (1) UOS
- Report 95860-95865 with ONLY one (1) UOS
- Report 95885 or 95886 once per extremity, maximum of four
- 95885 and 95886 combined limited to maximum of four

The information provided does not supersede the policies outlined in the Medicare Administrative Contractor (MAC) local coverage determinations (LCDs) and Policy Articles. We encourage providers to use the resource information to reference the specific policy for their jurisdiction. All LCDs reference the American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM) policies.

References

The coverage and documentation guidelines for the related EDX HCPCS codes are listed below:

- **AANEM**, www.aanem.org.
 - *Model Policy for Needle Electromyography and Nerve Conduction Studies, EDX Evaluation*
 - *Practice Parameter For Electrodiagnostic Studies in Carpal Tunnel Syndrome, Summary Statement*
 - *Practice Parameter for Needle Electromyographic Evaluation of Patients with Suspected Cervical Radiculopathy, Summary Statement*
 - *Utility of Electrodiagnostic Testing in Evaluating Patients with Lumbosacral Radiculopathy: An Evidence-Based Review, Practice Guideline*
 - *Practice Parameter for Repetitive Nerve Stimulation and Single Fiber EMG Evaluation of Adults with Suspected Myasthenia Gravis or Lambert-Eaton Myasthenic Syndrome Summary Statement*
 - *Usefulness of Electrodiagnostic Techniques in the Evaluation of Suspected Tarsal Tunnel Syndrome: An Evidence-Based Review*
 - *Practice Parameter for Electrodiagnostic Studies in Ulnar Neuropathy at the Elbow: Summary Statement*
 - *Recommended Policy for Electrodiagnostic Medicine, Position Statement*
- **Centers for Medicare & Medicaid Services (CMS)**, <http://www.cms.gov>.
 - *Local Coverage Determination (LCD)-L31346-Billing and Coding Guidelines*
 - LCDs
 - * L31346 - Billing and Coding Guidelines - NCS and EMG
 - * L33386, L29547, L31346, L32723, L33068, L633249, L33476, L34480, L34606
 - *Decision Memo for Electrodiagnostic Sensory Nerve Conduction Threshold, (CAG-00106R)*
 - *Medicare National Coverage Determinations Manual*
 - * *Sensory Nerve Conduction Threshold Tests*, Chapter 1, Section 160.23
 - *Medicare Program Integrity Manual*
 - * *Verifying Potential Errors and Taking Corrective Actions*, Chapter 3
- **Office of Inspector General (OIG)**, <http://oig.hhs.gov>.
 - *Questionable Billing For Medicare Electrodiagnostic Tests*, April 2014, OEI-04-12-00420

Methodology

This report is an analysis of Medicare Part B claims with allowed services for the HCPCS codes listed in Table 1 with dates of service from January 1, 2013 to December 31, 2013. This analysis was based on the latest version of claims available from the Integrated Data Repository as of June 4, 2014. For each analysis below you will be compared to the specialty that is listed on the claim. If you bill under multiple specialties, you will be compared to the specialty which you have the highest allowed charges. If you bill in a specialty that has less than 10 providers billing for these codes, you will be assigned to the default specialty of 'OT'.

Average Allowed Charges per Beneficiary

The average allowed charges per beneficiary for you, your specialty, and the nation are calculated as follows:

$$\frac{\text{Total Allowed Charges}}{\text{Total Number of Beneficiaries}}$$

Your average allowed charges per beneficiary was then compared to your specialty and the nation using a t-test at the alpha value of 0.05.

Average Weighted Services by Category

Further analysis focuses on the average weighted services per beneficiary for the three categories: NCS, EMG, and NCS & EMG. Table 1 shows that HCPCS codes 95907 - 95913 in the NCS category represent multiple studies for each unit of service submitted on the claim. To adjust for the number of studies, the number of submitted services is weighted for each of those HCPCS codes. For example, if 95909 (5-6 studies) was submitted with one service the weighted services would be calculated as $1 \times 5 = 5$ since the minimum number of studies for this HCPCS code is 5. If this HCPCS code was submitted with two services, then the weighted services would be $2 \times 5 = 10$. The average weighted services per beneficiary is calculated as follows:

$$\frac{\text{Total Weighted Services by Category}}{\text{Total Number of Beneficiaries in the Category}}$$

Your average weighted services per beneficiary for each category was then compared to your specialty and the nation using a t-test at the alpha value of 0.05.

Percentage of Visits with NCS HCPCS Codes Only (Excludes Carpal Tunnel)

A visit is defined as all submitted services for a beneficiary on a single date of service. This analysis examines the percentage of visits with NCS HCPCS codes only submitted without a Carpal Tunnel diagnosis. This percentage for you, your specialty, and the nation is calculated as follows:

$$\left(\frac{\text{Total Number of Visits with NCS Codes Only}}{\text{Total Number Visits}} \right) \times 100$$

Your percentage of visits with NCS HCPCS codes only are then compared to your specialty and the nation using a chi-squared test at the alpha value of 0.05.

Comparison Outcomes

There are four possible outcomes for the comparisons between the provider and the peer groups.

- **Significantly Higher** - Provider's value is higher than the peer value and the statistical test confirms a significance
- **Higher** - Provider's value is higher than the peer value but the statistical test does not confirm a significance
- **Does Not Exceed** - Provider's value is not higher than the peer value
- **N/A** - Provider did not have any allowed charges in this category

It is to the advantage of the provider to incorporate these significance tests. Even though a provider's value may be greater than the value of his peer, the statistical test gives the provider the benefit of the doubt since significance is based on the total number of claim lines and/or beneficiaries and the variability of those values.

Results

Table 2 provides a statistical analysis of the average allowed charges per beneficiary and compares those results with others in your specialty code (13) and the nation.

**Table 2: Statistical Comparison of Average Allowed Charges per Beneficiary For You, Your Specialty, and the Nation
January 1, 2013 - December 31, 2013**

	Your Average Allowed Charges per Beneficiary	Your Specialty's Average Allowed Charges per Beneficiary	Comparison with Your Specialty's Average	National Average Allowed Charges per Beneficiary	Comparison with the National Average
EDX	\$295.05	\$292.88	Higher	\$301.25	Does Not Exceed

Table 3 provides a statistical comparison of average weighted services per beneficiary for each category to that of your specialty and the nation. Each category was analyzed and displayed separately in the table.

**Table 3: Statistical Comparison of Average Weighted Services per Beneficiary by Category Rendered by You, Your Specialty, and the Nation
January 1, 2013 - December 31, 2013**

Category	Your Weighted Average Services per Beneficiary	Your Specialty's Weighted Average Services per Beneficiary	Comparison with Your Specialty's Average	National Weighted Average Services per Beneficiary	Comparison with the National Average
NCS	11.52	8.45	Significantly Higher	8.72	Significantly Higher
EMG	1.30	1.46	Does Not Exceed	1.41	Does Not Exceed
NCS & EMG	2.30	1.80	Higher	1.78	Higher

Table 4 provides a statistical comparison of the percentage of visits with NCS HCPCS codes only submitted where no submission has a diagnosis of Carpal Tunnel with the percentages in your specialty and the nation. The diagnosis codes submitted with the claim were used to identify a diagnosis of Carpal Tunnel.

**Table 4: Statistical Comparison of Percentage of NCS Only Visits Rendered by You, Your Specialty, and the Nation
January 1, 2013 - December 31, 2013**

Group	Your Percentage of Visits	Your Specialty's Percentage of Visits	Comparison with Your Specialty's Percentage	National Percentage of Visits	Comparison with the National Percentage
NCS Only Visits	46%	10%	Significantly Higher	16%	Significantly Higher

Resources

The following resources are pertinent to this CBR and will assist suppliers with developing policies to address any areas of concern:

- **Department of Justice**, <http://www.justice.gov>.
 - *Diagnostic Imaging Group to Pay \$15.5 Million for Allegedly Submitting False Claims to Federal and State Health Care Programs*, February 25, 2014
 - *The Department of Health and Human Services and The Department of Justice Health Care Fraud and Abuse Control Program Annual Report for Fiscal Year 2013*, February 2013
 - *Medicare Fraud Strike Force Charges 111 Individuals for More Than \$225 Million in False Billing and Expands Operations to Two Additional Cities*, February 17, 2011
- **United States Department of Health and Human Services**, <http://www.hhs.gov>.
 - *Departments of Justice and Health and Human Services Announce Record-breaking Recoveries Resulting From Joint Efforts to Combat Health Care Fraud*, February 2014
 - *The Supplementary Appendices for the Medicare Fee-for-Service, 2013 Improper Payment Rate Report*
- **Medicare Learning Network®**,
www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/.
 - *Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians*, March 2012 - ICN 905645
 - *Medicare Fraud & Abuse: Prevention, Detection, and Reporting*, November 2012 - ICN 006827

The Next Steps

We encourage you to check with your MAC to ensure you meet the Medicare electrodiagnostic testing standards for your services. Please use the above references and resources as a guide.

Join us for the CBR201406 webinar on July 9, 2014 from 3:00 - 4:00 PM ET. Space is limited, so please register early.

Register online at <http://www.anymeeting.com/PIID=EA56DB87814938>.

If you are unable to attend, you may access a recording of the webinar two days following the event at the website above.

For detailed links to information listed in the references and resources section, visit:
<http://www.cbrinfo.net/cbr201406.html>.

If you have any questions or suggestions relating to this CBR, please contact the CBR Support Help Desk via email at CBRSupport@eglobaltech.com or via telephone at (800) 771-4430.