



Comparative Billing Report

October 26, 2015

CBR #: CBR201510
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. To support these goals, CMS has contracted with eGlobalTech, a professional services firm in Arlington, VA, to develop Comparative Billing Reports (CBRs). CBRs provide comparative data on how an individual health care provider's billing and payment patterns for selected topics compare to his/her peers. The CBRs give providers an opportunity to compare themselves to their peers, check their records against data in CMS' files, and review Medicare guidelines to ensure compliance. CBRs are for educational and comparison purposes and do not indicate the identification of overpayments. Please note, no reply is necessary.

Attached is a CBR that reflects your billing or referral patterns compared to peer providers' patterns for the same services in your state and nationwide. We recognize that practice patterns can vary by region, subspecialty, and patient acuity levels, which are elements that are not evident in the claims data reviewed for the CBR. 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.

- Toll Free Number: 1-800-771-4430
- Email: cbrsupport@eglobaltech.com
- Website: <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) contact information in 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.

We hope you find the attached report informative.

Sincerely,

Susan M. Goodrich
CBR Project Director
eGlobalTech
Enclosure

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SAMPLE

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Comparative Billing Report (CBR): NPI 1111111111 Optometry Services

Introduction

CBR201510 focuses on optometrists who submitted claims for any of the following services: general ophthalmological services, evaluation and management (E/M) services, and/or ophthalmic imaging. National data analyses comparing claims for services rendered in 2010 to those rendered July 1, 2014 through June 30, 2015 indicated a 22 percent increase in payments totaling \$1.1 billion. The number of beneficiaries seeking treatment from optometrists increased 10.7 percent while fee schedule allowed amounts increased 16 percent during the same period of time.

The Office of Inspector General (OIG) reported on E/M services in its May 2012 report titled, "Coding Trends of Medicare Evaluation and Management Services." The report details how physicians increased their billing of the two highest level E/M services, Current Procedural Terminology (CPT®) codes 99214 and 99215, by 17 percent between 2001 and 2010.

The CBR team performed data analysis on frequently ordered diagnostic tests for glaucoma and found differences in utilization for Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) when performed within 90 days of visual field examinations. Some Medicare Administrative Contractors' (MACs) Local Coverage Determinations (LCDs) support judiciously alternating the use of SCODI with visual field testing for patients with moderate glaucomatous damage. CGS Administrators states in LCD L31897 and LCD L34061: "The contractor expects use of both tests on the same day or during short intervals will be the exception rather than the rule."

However, due to low provider utilization of glaucoma stage indicator International Classification of Diseases - 9th revision - Clinical Modification (ICD-9-CM) codes 365.70 through 365.74, it was not possible for the team to determine how many of the services were medically indicated based on disease severity. Sixty percent of claim lines submitted with a glaucoma ICD-9-CM code requiring the addition of a supplementary code to identify the glaucoma stage did not contain the required code.

Effective October 1, 2015, claims must be submitted with ICD-10-CM codes which, in many cases, include the specific eye affected as well as the severity of the illness. For example, H40.2222 describes chronic angle-closure glaucoma, left eye, moderate stage.

The metrics reviewed in this report are:

- The percentage of services for comprehensive vs. intermediate level general ophthalmological services, CPT® codes 92002 through 92014
- The average number of minutes for new and established patient E/M codes, CPT® codes 99201 through 99215
- The percentage of patients with a diagnosis of glaucoma requiring a supplementary ICD-9-CM code who received both a visual field examination and scanning computerized ophthalmic diagnostic imaging study within ninety days.

Coverage and Documentation Overview

This portion of the CBR offers a broad look at the coverage and documentation requirements to ensure compliance with Medicare guidelines. **The information provided does not supersede**

or alter the coverage and documentation policies outlined in the MAC LCDs and Local Coverage Articles (LCAs). Please refer any specific questions you may have to the MAC for your region.

Basic Coverage Criteria

The CPT® manual describes comprehensive ophthalmological services as a “general evaluation of the complete visual system” and the services include “history, general medical observation, external and ophthalmoscopic examinations, gross visual fields, and basic sensorimotor examination.” A comprehensive exam often includes, as indicated, biomicroscopy, examination with cycloplegia or mydriasis and tonometry. A comprehensive eye examination *always* includes initiation or continuation of diagnostic and treatment programs.

The *1997 Documentation Guidelines for Evaluation and Management Services* dictates that “a single organ system examination involves a more extensive examination of a specific organ system.” During a comprehensive examination, as described by CPT® codes 99204, 99205 and 99215, the physician must perform all elements identified by a bullet and document every element in each box with a shaded border and at least one element in each box with an unshaded border. Elements in the box surrounded by a shaded border include:

- Test visual acuity (does not include determination of refractive error)
- Gross visual field testing by confrontation
- Test ocular motility including primary gaze alignment
- Inspection of bulbar and palpebral conjunctivae
- Examination of ocular adnexae (lids, lacrimal glands and drainage, orbits and preauricular lymph nodes)
- Examination of pupils and irises including shape, direct and consensual reaction, size and morphology
- Slit lamp examination of the corneas including epithelium, stroma, endothelium and tear film
- Slit lamp examination of the anterior chambers including depth, cells, and flare
- Slit lamp examination of the lenses including clarity, anterior and posterior capsule, cortex, and nucleus
- Measurement of intraocular pressures (except in children and patients with trauma or infection)

Ophthalmic examination through dilated pupils (unless contraindicated) of the following:

- Optic discs including size, C/D ratio, appearance and nerve fiber layer
- Posterior segments including retina and vessels (eg, exudates and hemorrhages)

The elements found in the unshaded box containing system/body area of neurological/psychiatric contain a brief assessment of mental status including:

- Orientation to time, place and person
- Mood and affect (e.g., depression, anxiety, agitation)

Detailed examinations of the eye, as described in CPT® codes 99203 and 99214, require the performance and documentation of at least nine elements identified by a bullet. Expanded problem

focused examinations, as described in CPT® codes 99202 and 99213, require the performance and documentation of at least six elements identified by a bullet. When the physician performs and documents one to five elements identified by a bullet, the level of examination is problem focused as described in CPT® codes 99201 and 99212.

According to CPT®, the components of history, examination, and medical decision making are considered the key components in selecting the level of E/M service unless the visit consists primarily of counseling and coordination of care. For new patient E/Ms, all three of the key components must meet the level of service billed. For established patient E/Ms, two of the three key components must meet the level of service billed.

Chapter 12 of the *Medicare Claims Processing Manual* (section 30.6.1 - Selection of Level of Evaluation and Management Service) states, “Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It would not be medically necessary or appropriate to bill a higher level of evaluation and management service when a lower level of service is warranted. The volume of documentation should not be the primary influence upon which a specific level of service is billed.”

According to LCD L28982 from First Coast Service Options, SCODI is a non-invasive, non-contact imaging technique used for the evaluation of anterior segment and posterior segment disease. The policy goes on to explain that “patients with ‘moderate damage’ may be followed with scanning computerized ophthalmic diagnostic imaging and/or visual fields. One or two tests of either per year may be appropriate. If both scanning computerized ophthalmic diagnostic imaging and visual field tests are used, only one of each test would be considered medically necessary, as these tests provide duplicative information.”

Methods

This report is an analysis of Medicare Part B claims with allowed services for the CPT® codes listed in Table 1, with dates of service from July 1, 2014 to June 30, 2015, and includes only claims where the rendering National Provider Identifier (NPI) specialty is denoted as optometry (41). This analysis was based on the latest version of claims available from the Integrated Data Repository (IDR) as of October 1, 2015. Your values are compared to those of your state (WI) and national values using either the chi-squared or t-test at the alpha value of 0.05.

Percentage of Comprehensive General Ophthalmological Services by Patient Type (CPT® Codes 92002-92014)

The percentage of comprehensive general ophthalmological services is calculated separately for new and established patients as follows:

$$\left(\frac{\text{Number of Comprehensive General Ophthalmological Services by Patient Type}}{\text{Total Number of General Ophthalmological Services by Patient Type}} \right) \times 100$$

Your percentage was then compared to your state and the nation using a chi-squared test at the alpha value of 0.05.

Average Allowed Minutes per E/M Visit by Patient Type (CPT® Codes 99201-99215)

Each CPT® code is assigned a value that corresponds to the the typical minutes described in the CPT® code description as seen in Table 1. This value is multiplied by the total allowed services for the code to arrive at the total weighted services per code. If multiple E/M services are allowed for a particular beneficiary and date of service, then these services are added together to get a total weighted value by visit. The average minutes allowed per visit are calculated separately for new and established patients as follows:

$$\frac{\text{Total E/M Weighted Services by Patient Type}}{\text{Total Number of E/M Visits by Patient Type}}$$

Your average was then compared to your state and the nation using a t-test at the alpha value of 0.05.

Percentage of Glaucoma Patients with Both a Visual Field Examination and SCODI Study Within Ninety Days

This analysis refers to patients with a diagnosis of glaucoma that requires a supplementary ICD-9-CM code indicating severity. Also, this analysis is restricted to patients who either received a visual field examination or a SCODI study. The percentage of these glaucoma patients who received both a visual field examination and SCODI study within ninety days is calculated as follows:

$$\frac{\text{Total Patients with Visual Field Exam and SCODI Study Within Ninety Days}}{\text{Total Number of Patients Receiving Either Visual Field Exam or SCODI}} \times 100$$

Your average was then compared to your state and the nation using a chi-square 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 does not have sufficient data for comparison

A provider's value may be greater than the value of their peer group. The statistical test gives the provider the benefit of the doubt since significance is based on the total number of claim lines, visits, or beneficiaries and the variability of those values.

Results

Table 1 provides a summary of your utilization of the CPT® codes, with descriptions, included in this CBR. The total allowed charges, allowed services, and distinct beneficiary count are included for each CPT® code.

**Table 1: Summary of Your Utilization
July 1, 2014 - June 30, 2015**

CPT®	Description	Allowed Charges	Allowed Services	Beneficiary Count
92002	General ophthalmology intermediate, new	\$0.00	0	0
92004	General ophthalmology comprehensive, new	\$1,256.00	13	13
92012	General ophthalmology intermediate, established	\$0.00	0	0
92014	General ophthalmology comprehensive, established	\$3,932.50	45	45
92081	Visual field, limited exam	\$0.00	0	0
92082	Visual field, intermediate exam	\$0.00	0	0
92083	Visual field, extended exam	\$1,173.23	19	16
92133	Scanning diagnostic imaging, optic nerve	\$459.61	11	11
92134	Scanning diagnostic imaging, retina	\$1,098.36	25	21
99201	E/M focused, new (10 mins)	\$0.00	0	0
99202	E/M expanded, new (20 mins)	\$65.00	1	1
99203	E/M detailed, new (30 mins)	\$658.00	7	7
99204	E/M comprehensive, MDM* moderate, new (45 mins)	\$822.00	7	7
99205	E/M comprehensive, MDM* high, new (60 mins)	\$0.00	0	0
99211	E/M minimal, established (5 mins)	\$0.00	0	0
99212	E/M focused, established (10 mins)	\$168.08	4	4
99213	E/M expanded, established (15 mins)	\$3,499.64	50	38
99214	E/M detailed, established (25 mins)	\$3,621.00	39	39
99215	E/M comprehensive, established (40 mins)	\$0.00	0	0
TOTAL		\$16,753.42	221	143

*Medical Decision Making

Please note, the totals may not be equal to the sum of the rows. The number of beneficiaries is an unduplicated count for each row and the total. It is likely the same beneficiary has billings for more than one CPT® code and therefore is counted only once in the total.

Table 2 provides a comparison of your percentage of comprehensive general ophthalmological services to that of your state and the nation.

**Table 2: Percentage of Comprehensive General Ophthalmological Services by Patient Type
July 1, 2014 - June 30, 2015**

Patient Type	Your Percentage of Comprehensive Services	Your State's Percentage of Comprehensive Services	Comparison with Your State's Percentage	National Percentage of Comprehensive Services	Comparison with the National Percentage
New	N/A	95%	N/A	91%	N/A
Established	100%	93%	N/A	74%	Significantly Higher

A chi-square test was used in this analysis, alpha=0.05.

Table 3 provides a comparison of your average allowed minutes per visit for new and established patients. Your averages are compared to that of your state and the nation.

**Table 3: Average Allowed Minutes per E/M Visit by Patient Type
July 1, 2014 - June 30, 2015**

Patient Type	Your Average Minutes per Visit	Your State's Average Minutes per Visit	Comparison with Your State's Average	National Average Minutes per Visit	Comparison with the National Average
New	36.33	30.24	Significantly Higher	36.40	Does Not Exceed
Established	18.98	17.10	Significantly Higher	17.40	Significantly Higher

A t-test was used in this analysis, alpha=0.05.

Table 4 provides a comparison of your percentage of beneficiaries who received both a visual field examination and a SCODI study within ninety days to that of your state and the nation.

**Table 4: Percentage of Glaucoma Patients with Both a Visual Field Examination and SCODI Study Within Ninety Days
July 1, 2014 - June 30, 2015**

	Your Percentage of Beneficiaries with Both	Your State's Percentage of Beneficiaries with Both	Comparison with Your State's Average	National Percentage of Beneficiaries with Both	Comparison with the National Average
Percent with Both	37%	27%	Significantly Higher	37%	Does Not Exceed

A chi-square test was used in this analysis, alpha=0.05.

References & Resources

The references and resources for Optometry Services are listed below. Please follow the guidelines pertinent to your MAC. Links to all references and resources can be accessed at <http://www.cbrinfo.net/cbr201510-recommended-links.html>.

LCDs - SCODI Prior to 10/1/2015:

- CGS Administrators: L31897
- First Coast Service Options: L28982, L29015, L29276, L29473
- National Government Services: L34187
- Novitas Solutions: L27529, L33590
- Palmetto GBA: L31562
- Wisconsin Physicians Service: L34143

LCDs - SCODI After 10/1/2015:

- CGS Administrators: L34061
- National Government Services: L34380

LCDs & LCAs - Visual Field Testing/Examination Prior to 10/1/2015:

- CGS Administrators: L31909, A50854
- First Coast Service Options: L29038, L29006, L29038, L29487
- National Government Services: L26367, A45897

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- Wisconsin Physicians Service: L31348

LCDs & LCAs - Visual Field Testing/Examination After 10/1/2015:

- CGS Administrators: L34394, A52417
- First Coast Service Options: L33766
- National Government Services: L33574, A52829
- Wisconsin Physicians Services: L34615

Office of Inspector General (OIG):

- Work Plan Fiscal Year 2013, Work Plan Fiscal Year 2014, Work Plan Fiscal Year 2015
- Coding Trends of Medicare Evaluation and Management Services, OEI-04-10-00180, May 2012
- Medicare Paid \$22 Million in 2012 for Potentially Inappropriate Ophthalmology Claims, OEI-04-12-00281 December 2014

Medicare Learning Network® Ophthalmology Resource Information:

- Medicare Vision Services Fact Sheet, ICN 907165 July 2014
- Evaluation and Management Services Guide, ICN 006764 November 2014
- How to Use the Medicare NCCI Tools, ICN 901346 January 2013
- 1997 Documentation Guidelines For Evaluation and Management Services

Medicare Claims Processing Manual

- Chapter 12, Physicians/Nonphysician Practitioners

Medicare Benefit Policy Manual:

- Chapter 16, General Exclusions From Coverage

American Medical Association:

- CPT® 2014 Professional Edition
- CPT® 2015 Professional Edition

The Next Steps

We encourage you to check with your MAC to ensure you are meeting the Medicare standards for your jurisdiction. Please use the above references and resources as a guide.

You are invited to join us for the CBR201510 webinar on November 18, 2015 from 3:00 - 4:30 PM ET. Space is limited, so please register early. Register online at <http://www.cbrinfo.net/cbr201510-webinar.html>.

If you are unable to attend, you may access a recording of the CBR201510 webinar five days following the event at the website, <http://www.cbrinfo.net/cbr201510-webinar.html>.

For detailed links to information listed in the references and resources section, visit <http://www.cbrinfo.net/cbr201510-recommended-links.html>.

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