



Comparative Billing Report

May 9, 2016

CBR #: CBR201607
Topic: Psychotherapy and Evaluation
and Management Services
NPI #: 1111111111
Fax #: (888)555-5555

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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 headquartered 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,

Virna Elly
CBR Program Director
eGlobalTech
Enclosure

Comparative Billing Report (CBR): NPI 1111111111
Psychotherapy and Evaluation and Management (E/M) Services

Introduction

This CBR focuses on psychiatrists, provider specialty 26, who submitted claims for psychotherapy services, with or without an E/M service. Specifically, this CBR examines Current Procedural Terminology (CPT[®]) codes 90832, 90834 and 90837; codes 90833, 90836 and 90838; and any concurrently rendered E/M services billed with CPT[®] codes 99211 through 99215. Only those services rendered in the office (place of service: 11) were included in the analyses. The metrics reviewed in this report include the percentage of psychotherapy visits billed concurrently with E/M services, the average minutes of psychotherapy per visit, and the average psychotherapy services per beneficiary.

According to the *Medicare Fee-for-Service 2014 Improper Payments Report* produced by the Comprehensive Error Rate Testing (CERT) contractor, the improper payment rate for psychiatry and psychotherapy services was 28.7 percent, accounting for 0.6 percent of the overall Medicare FFS improper payment rate. The majority of improper payments for psychiatry and psychotherapy services were due to insufficient documentation of the time spent providing the psychotherapy service.

The CBR team used the *CERT Reports, Additional Data*, 2014 CERT Claims Data to determine error rates for the CPT[®] codes covered in this CBR when those services were billed by providers with a specialty of psychiatry. A total of 117 dates of service billed using CPT[®] codes 90833, 90834, 90836 and 90838 were included in the report. Of the 117 dates of service reviewed, 75 dates of service were found to be paid in error, which resulted in an error rate of 64 percent. Nearly all the errors were the result of insufficient documentation.

The *Medicare Quarterly Provider Compliance Newsletter, Guidance to Address Billing Errors*, Volume 4, Issue 3 dated April 2014 included an article identifying the main CERT errors attributed to psychiatry and psychotherapy services. According to the article, most improper payments were due to insufficient documentation including:

- No documentation of the amount of time spent with patient (length of session);
- No documentation of modalities of treatment (e.g., cognitive restructuring, behavior modification) to effect improvement;
- No documentation of progress to date; and
- No updated treatment plan.

Table 1 provides an abbreviated description of the CPT[®] codes and the time as assigned by CPT[®].

Table 1: CPT[®] Code and Abbreviated Description

CPT [®]	Abbreviated Description
90832	Psychotherapy, 30 minutes with patient and/or family
90833	Psychotherapy, 30 minutes with patient and/or family when performed with an E/M
90834	Psychotherapy, 45 minutes with patient and/or family
90836	Psychotherapy, 45 minutes with patient and/or family when performed with an E/M
90837	Psychotherapy, 60 minutes with patient and/or family
90838	Psychotherapy, 60 minutes with patient and/or family when performed with an E/M

CPT[®] codes and descriptors are copyright 2014/2015 American Medical Association. Rights reserved. Applicable FARS/DFARS apply.

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, as outlined by the Medicare Administrative Contractors (MACs), in Local Coverage Determinations (LCDs), or in Local Coverage Articles (LCAs).** Please refer any specific questions you may have to the MAC for your region.

Basic Coverage Criteria

The *CPT® 2015 Professional Edition* describes psychotherapy as “the treatment of mental illness and behavioral disturbances in which the physician or other qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.” Psychotherapy service CPT® codes 90832 through 90838 include ongoing assessment and adjustment of psychotherapeutic interventions and may include involvement of family member(s) and/or others in the treatment process. The patient must be present for some or all of the service.

When psychotherapy services are provided without an E/M service, the correct CPT® code depends on the time spent with the beneficiary. Providers should select the CPT® code that most closely matches the actual time spent performing psychotherapy. CPT® code 90832 corresponds to 16 to 37 minutes of psychotherapy, CPT® code 90834 corresponds to 38 to 52 minutes of psychotherapy and CPT® code 90837 corresponds to 53 minutes of psychotherapy or longer. For these services, start and stop times must be recorded. Psychotherapy services of less than 16 minutes should not be billed.

Psychotherapy services performed with an E/M service are billed using one of three add-on codes. CPT® code 90833 corresponds to 16 to 37 minutes of psychotherapy when performed with an E/M service, CPT® code 90836 corresponds to 38 to 52 minutes of psychotherapy when performed with an E/M service, and CPT® code 90838 corresponds to 53 minutes of psychotherapy or longer when performed with an E/M service. In order to be covered by Medicare, the E/M service and the psychotherapy service must be significant and separately identifiable. A separate diagnosis is not required for the reporting of the provision of an E/M service and psychotherapy on the same date.

When an E/M service is performed in conjunction with psychotherapy, the level of E/M service must be chosen based on the elements of history, examination and medical decision making. The numbers of elements requiring documentation are driven by the complexity of the patient’s condition at the time of the visit; the level of E/M service cannot be chosen based on the amount of time spent in counseling and coordination of care. Time spent for the E/M service is separate from the time spent providing psychotherapy, and time spent providing psychotherapy cannot be used to meet the criteria for the E/M service. Providers must also clearly document the time spent providing the psychotherapy service rather than entering only one time period that also includes the E/M service. The majority of CERT errors found during the 2014 review period were due to insufficient documentation of the amount of time spent only on psychotherapy services.

Other CERT errors were the result of insufficient documentation of the modalities of treatment furnished. LCD L35941 from Cahaba Government Benefit Administrators®, LLC requires documentation in the medical record to include “a detailed summary of the session, including descriptive

documentation of therapeutic interventions such as examples of attempted behavior modification, supportive interaction, and discussion of reality.” The record should also include “the degree of patient participation and interaction with the therapist, the reaction of the patient to the therapy session, documentation toward goal oriented outcomes and the changes or lack of changes in patient symptoms and/or behavior as a result of the therapy session.”

LCD L35941 from Cahaba Government Benefit Administrators[®], LLC further explains, “The definition of psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of administered treatment, results of clinical tests, and any summary of diagnosis, functional status, treatment plan, symptoms prognosis, ongoing progress and progress to date. This class of information does not qualify as psychotherapy note material. Physically integrating information excluded from the definition of psychotherapy notes and protected information into one document or record does not transform the non-protected information into protected psychotherapy notes.” These instructions are in accordance with *Electronic Code of Federal Regulations*, Title 45: Public Welfare, §164.501 Definitions.

CGS Administrators, LLC LCD L34353 states that the medical record must indicate the time spent in the psychotherapy encounter and the therapeutic maneuvers, such as behavior modification, supportive or interpretive interactions that were applied to produce a therapeutic change. A periodic summary of goals, progress toward goals, and an updated treatment plan must be included in the medical record. Justification for prolonged periods of psychotherapy must be well-supported in the medical record, describing the necessity for ongoing treatment. Psychotherapy services are not considered medically reasonable and necessary when they primarily include the teaching of grooming skills, monitoring activities of daily living, recreational therapy, or social interaction.

Methods

This report is an analysis of Original Fee-for-Service Medicare Part B claims with allowed services for the CPT[®] codes listed in Table 1, with dates of service from January 1, 2015 to December 31, 2015, and includes only claims where the rendering National Provider Identifier (NPI) specialty is denoted as a psychiatrist (26). Furthermore, we restricted our analyses to only those services rendered in the office (place of service: 11). This analysis was based on the latest version of claims available from the Integrated Data Repository (IDR), as of April 4, 2016. Your averages denoted in Tables 3, 4, and 5 are calculated from the data supplied in Table 1, and your utilization of the CPT[®] codes in Table 2, using the formulas below. Your values are compared to those of your state (AZ) and national values, using either the chi-squared or t-test at the alpha value of 0.05.

Percentage of Psychotherapy Visits Billed Concurrently with E/M Services

The percentage of psychotherapy visits billed with a psychotherapy code, indicating a concurrent E/M service is calculated, as follows:

$$\left(\frac{\text{Number of Psychotherapy Visits With E/M (CPT[®] Code 90833, 90836, 90838)}}{\text{Total Number of Psychotherapy Visits}} \right) \times 100$$

Average Minutes of Psychotherapy per Visit

Each CPT[®] code is assigned a value that corresponds to the time described in the CPT[®] code for psychotherapy services, as seen in Table 1. This value is multiplied by the total allowed services for the psychotherapy CPT[®] code to arrive at the total weighted services per code. If

multiple psychotherapy 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 of psychotherapy per visit is calculated as follows:

$$\frac{\text{Total Weighted Minutes for Psychotherapy CPT}^{\text{®}} \text{ Codes}}{\text{Total Number of Psychotherapy Visits}}$$

Average Allowed Psychotherapy Services per Beneficiary

The average allowed psychotherapy services per beneficiary is calculated for the period, as follows:

$$\frac{\text{Total Allowed Psychotherapy Services}}{\text{Total Number of Beneficiaries with Psychotherapy Visits}}$$

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 either the statistical test does not confirm a significance or there is insufficient data for comparison
- **Does Not Exceed** - Provider's value is not higher than the peer value
- **N/A** - Provider does not have 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 visits or beneficiaries and the variability of those values.

Results

Table 2 provides a summary of your utilization of the psychotherapy CPT[®] codes included in this CBR. The total allowed charges, allowed services, and distinct beneficiary count are included for each CPT[®] code.

**Table 2: Summary of Your Utilization for Psychotherapy CPT[®] Codes
January 1, 2015 - December 31, 2015**

CPT [®]	Allowed Charges	Allowed Services	Beneficiary Count
90832	\$0.00	0	0
90833	\$7,101.30	154	89
90834	\$0.00	0	0
90836	\$9,472.00	128	99
90837	\$0.00	0	0
90838	\$87,030.83	821	193
Total	\$103,604.13	1,103	296

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 that the same beneficiary has billings for more than one CPT[®] code and, therefore, is counted only once in the total.

Table 3 provides a comparison of your percentage of psychotherapy visits billed concurrently with E/M services to that of your peers.

**Table 3: Percentage of Psychotherapy Visits Billed Concurrently with E/M Services
January 1, 2015 - December 31, 2015**

	Your Percentage of Visits with an E/M	Your State's Percentage of Visits with an E/M	Comparison with Your State's Percentage	National Percentage of Visits with an E/M	Comparison with the National Percentage
Percentage with E/M	100%	89%	Significantly Higher	73%	Significantly Higher

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

Table 4 provides a comparison of your average minutes of psychotherapy per visit. Your averages are compared to that of your state and the nation.

**Table 4: Average Minutes of Psychotherapy per Visit
January 1, 2015 - December 31, 2015**

	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
Minutes	54.07	38.56	Significantly Higher	40.08	Significantly Higher

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

Table 5 provides a comparison of your average allowed psychotherapy services per beneficiary to that of your state and the nation. This is the average total allowed services per beneficiary for the one-year time period under analysis.

**Table 5: Average Allowed Psychotherapy Services per Beneficiary
January 1, 2015 - December 31, 2015**

	Your Average Allowed Services per Beneficiary	Your State's Average Allowed Services per Beneficiary	Comparison with Your State's Average	National Average Allowed Services per Beneficiary	Comparison with the National Average
Services	3.73	3.92	Does Not Exceed	4.89	Does Not Exceed

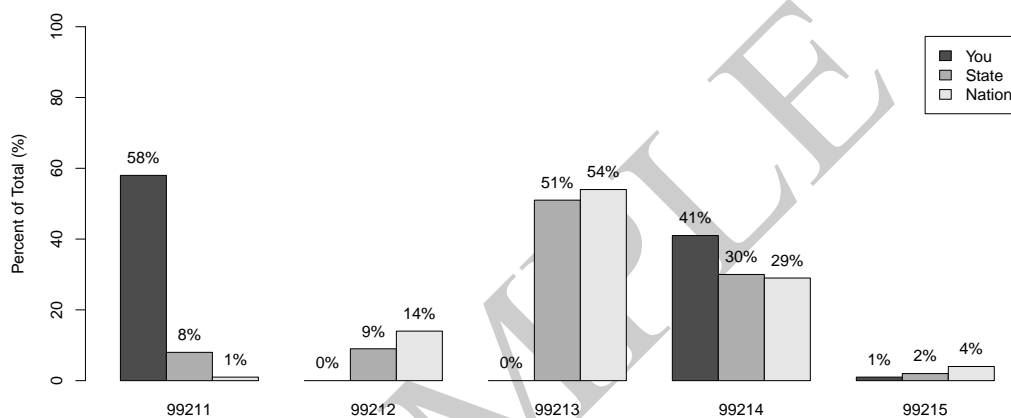
A t-test was used in this analysis, alpha=0.05.

The psychotherapy codes were matched to the established patient office E/M services (CPT® codes 99211-99215) by the same provider, beneficiary and date. The proportion of services for each E/M CPT® code is provided in Table 6 for you, your state, and the nation.

**Table 6: Distribution of Established Patient E/M CPT® Codes
January 1, 2015 - December 31, 2015**

CPT®	Description	Your Proportion	State Proportion	National Proportion
99211	Minimal Problem	58%	8%	1%
99212	Problem Focused/Exam	0%	9%	14%
99213	Expanded Problem Focused/Exam	0%	51%	54%
99214	Detailed Patient History/Exam	41%	30%	29%
99215	Comprehensive Patient History/Exam	1%	2%	4%

**Figure 1: Distribution of Established Patient E/M CPT® Codes
January 1, 2015 - December 31, 2015**



References & Resources

The coverage and documentation guidelines for psychotherapy and E/M services can be found below. Please follow the guidelines pertinent to your region. A complete list of web links is located at <http://www.cbrinfo.net/cbr201607-recommended-links.html>.

Table 7: Psychotherapy LCDs & LCAs

MAC	LCDs & LCAs Prior to 09/30/15	LCDs & LCAs After 10/01/15
Cahaba Government Benefit Administrators, LLC	L35626	L35941
CGS Administrators, LLC	L31887	L34353
First Coast Service Options, Inc.	L33130	L33252
National Government Services, Inc.	L26895	L33632
Novitas Solutions, Inc.	L32766	L35101
Wisconsin Physicians Service Insurance Corporation	L30489	L34616

Center for Medicare & Medicaid Services

- *The Supplementary Appendices for the Medicare Fee-for-Service 2014 Improper Payments Report*
- *Comprehensive Error Rate Testing (CERT) Reports, Additional Data, 2014 CERT Claims Data*

Medicare Manuals

- *Medicare Claims Processing Manual, Chapter 12: Physician/Nonphysician Practitioners*
 - *Section 30.6.1 - Selection of Level of Evaluation and Management Services*

Medicare Learning Network (MLN®)

- *Medicare Quarterly Provider Compliance Newsletter, Guidance to Address Billing Errors, Volume 4, Issue 3, ICN909006/April 2014*
- *Medicare Learning Network, MLN Matters®*, Special Edition Number SE1407 - Psychiatry and Psychotherapy Services

U.S. Government Publishing Office

- Electronic Code of Federal Regulations, Title 45: Public Welfare, §164.501 Definitions

American Medical Association (AMA)

- *Current Procedural Terminology (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 CBR201607 webinar on June 8, 2016 from 3:00 - 4:30 PM ET. Space is limited, so please register early. Register online at <http://www.cbrinfo.net/cbr201607-webinar.html>.

If you are unable to attend, you may access a recording of the CBR201607 webinar five business days following the event at <http://www.cbrinfo.net/cbr201607-webinar.html>.

For detailed links to information listed in the references and resources section, visit <http://www.cbrinfo.net/cbr201607-recommended-links.html>.

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

For written correspondence, postal mail can be sent to the following address:

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