



Comparative Billing Report

September 19, 2016

CBR #: CBR201614

Topic: Chiropractic Manipulative Treatment of the Spine

NPI #: 1111111111

Fax #: (888)555-5555

ORGANIZATION NAME

FULL NAME

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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,

A handwritten signature in black ink, appearing to read "Virna Elly".

Virna Elly
CBR Program Director
eGlobalTech

Enclosure

7127 Ambassador Road, Suite 150, Baltimore, MD 21244

Comparative Billing Report (CBR): NPI 1111111111 Chiropractic Manipulative Treatment of the Spine

Introduction

This CBR focuses on chiropractors, provider specialty 35, who submitted claims for chiropractic manipulative treatment (CMT) of the spine. The report includes only CMT spinal services billed to Fee-for-Service (FFS) Medicare for dates of service January 1, 2015 through December 31, 2015.

The metrics reviewed in this report are:

- Average allowed services per beneficiary
- Percentage of beneficiaries with over 24 visits in the year
- Percentage of CMT spinal services billed with CPT® code 98942

According to *The Supplementary Medicare Fee-for-Service 2014 Improper Payments Report* produced by the U.S Department of Health and Human Services, the improper payment rate was 54.1 percent. More than 92 percent of these errors were due to insufficient documentation.

The CBR team used Comprehensive Error Rate Testing (CERT) Reports, Additional Data and 2014 CERT Claims Data to determine the error rates for the Current Procedural Terminology (CPT®) codes covered in this CBR when those services were billed by providers in the chiropractic specialty. A total of 901 dates of service billed using CPT® codes 98940, 98941, and 98942 were included in the report. Of the 901 dates of service reviewed, 448 were paid in error, which resulted in an error rate of 49.72 percent. The error rates were highest for chiropractic services treating five spinal regions, the highest code. The overall improper payment rate was 54.1 percent.

A report published in 2009 about a study by the Office of Inspector General (OIG) cited that “40 percent of allowed chiropractic claims in 2001 were for maintenance therapy and that when chiropractors provide more than 12 services per year to a beneficiary, the likelihood that some of services were maintenance therapy increased greatly.” The likelihood of services being medically unnecessary increases even more after 24 treatments.

MLN Connects® Provider eNews (published July 14, 2016 by the Medicare Learning Network®) reported that “During the 2015 reporting period, the Medicare Fee-for-Service (FFS) improper payment rate for chiropractic services was 51.7 percent, representing approximately \$300 million in improper payments and accounting for 0.7 percent of the overall Medicare FFS improper payment rate.” This report reinforced that the most common reason for improper payments was insufficient documentation.

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 in the Medicare Administrative Contractor (MAC) Local Coverage Determinations (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® 2015 Professional Edition* describes CMT as a “form of manual treatment to influence joint and neurophysiological function.” The CMT CPT® codes 98940, 98941, and 98942 include a pre-manipulation patient assessment. The patient must have a significant health problem in the form of a neuro-musculoskeletal condition necessitating treatment, and the manipulative services rendered must have a direct therapeutic relationship to the patient’s condition and provide reasonable expectation of recovery or improvement of function. Six of the MACs have LCDs for chiropractic services. According to Noridian’s LCD L34009, “Coverage of chiropractic service is specifically limited to treatment by means of manual manipulation.” This manipulation of the spine is for symptomatology associated with spinal subluxation. Chiropractors may use “Manual devices (i.e., those that are hand-held with the thrust of the force of the device being controlled manually)...in performing manual manipulation of the spine. However, no additional payment is available for use of the device, nor does Medicare recognize an extra charge for the device itself.” A physical exam (or x-ray) must indicate that the patient has a subluxation of the spine. It must be active treatment. Medicare only pays for services that are medically reasonable and necessary. Maintenance therapy is not considered medically reasonable or necessary and is, therefore, not payable.

CMT services are billed based on the number of regions of the spine that are manipulated. The five spinal regions are:

- Cervical, includes atlanto-occipital junctions
- Thoracic, includes costovertebral and costotransverse junctions
- Lumbar
- Sacral (the sacrum), includes the sacrococcygeal junctions
- Pelvic (the sacroiliac joint), includes other pelvic articulations

Additional evaluation and management (E/M) services may be reported separately, using modifier 25, if the beneficiary’s condition requires a significant and separately identifiable E/M service “above and beyond” the usual pre-service and post service work associated with the CMT. It is possible that the E/M service is caused or prompted by the same condition or symptoms that support the CMT and that the diagnosis codes may be the same.

Documentation of the CMT treatment must include several items. There must be a history; a physical examination, to include PART (P-pain and tenderness, A-asymmetry/misalignment, R-range of motion abnormality, T-tissue and tone changes); a diagnosis; specific goals with objective measures; and documentation of the CMT. The documentation for the initial treatment must include an initial treatment plan with specific goals and objective measures. PART should be addressed and documented with each visit. At least two of the four components of PART must be addressed, and one of those two must be A or R. Pain and tenderness may be identified by observation, physical exam using the Visual Analog Scale, and/or pain or pain questionnaires. Asymmetry should be identified on a segmental or sectional level by observation, palpation or imaging. Range of motion abnormality should be identified as an increase or decrease in segmental mobility. It can be identified by observation, palpation imaging or range of motion measurement devices. Tissue and tone changes may be identified by observation, palpation, instrumentation or tests for length and strength. On subsequent visits, assessment of change in the beneficiary and evaluation of treatment effectiveness must also be addressed.

It is not uncommon for many chiropractic doctors to perform a full spine or multi-level manipulation, even when the diagnosis is a single region. For the use of CPT® code 98942, every patient must have diagnoses for all five regions. There must be a documented complaint in each region treated. Lack of a complaint in a manipulated region means that manipulation of that region was not medically necessary and that a higher level of billing is not justified. CMT services have been identified as CERT errors, and CPT® code 98942 has been identified as a potential vulnerability through data analysis. Several of the MACs are performing pre-payment reviews of CPT® code 98942.

Methods

This report is an analysis of Part B FFS claims with allowed services for the CPT® codes 98940, 98941, and 98942 with dates of service from January 1, 2015 to December 31, 2015. This analysis was based on the latest version of claims available from the Integrated Data Repository (IDR), as of August 2, 2016, for those claims where the rendering NPI specialty was denoted as chiropractic (35). Your percentages and averages listed in Tables 2 - 5 are calculated from the data supplied from your utilization shown in Table 1, using the formulas below. Your values are compared to your state (MS) and the nation, using either the chi-squared or t-test at the alpha value of 0.05.

Average Allowed Services per Beneficiary

The average allowed services per beneficiary is calculated for the one-year period, as follows:

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

Percentage of Beneficiaries with Over 24 Visits in the Year

The percentage of beneficiaries with over 24 visits with dates of service in Calendar Year 2015 is calculated, as follows:

$$\left(\frac{\text{Number of Beneficiaries with Over 24 Visits}}{\text{Total Number of Beneficiaries}} \right) \times 100$$

Percentage of CMT Spinal Services Billed with CPT® Code 98942

The percentage of CMT services billed with CPT® code 98942 is calculated, as follows:

$$\left(\frac{\text{Total Number of Allowed Services for CPT® Code 98942}}{\text{Total Number of Allowed Services for all CMT Spinal Services}} \right) \times 100$$

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 significance
- **Higher** - Provider's value is higher than the peer value, but either the statistical test does not confirm 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 sufficient data for comparison

It is important to note that significance is based on the total number of services, visits, or beneficiaries and the variability of those values.

Results

Table 1 provides a summary of your utilization of the CMT CPT® codes included in this CBR. The total allowed charges, allowed services, and distinct beneficiary count are included for each CPT® code. In addition, an overall “Total” row is included.

Table 1: Summary of Your Utilization
January 1, 2015 - December 31, 2015

CPT®	Description	Allowed Charges	Allowed Services	Beneficiary Count
98940	CMT spinal, 1-2 regions	\$0.00	0	0
98941	CMT spinal, 3-4 regions	\$11,904.22	310	34
98942	CMT spinal, 5 regions	\$40,200.24	804	79
Total		\$52,104.46	1,114	110

Please note that the totals may not be equal to the sums of the rows. The number of beneficiaries is an unduplicated count for each row and the total. Since it is likely that a beneficiary would have billings for more than one CPT® code, he/she would be counted in the beneficiary count in each applicable row; however, this beneficiary would be counted only once in the total.

Table 2 provides a comparison of your average allowed services per beneficiary to that of your state and the nation.

Table 2: Average Allowed Services per Beneficiary
January 1, 2015 - December 31, 2015

	Your Average Services per Beneficiary	Your State's Average Services per Beneficiary	Comparison with Your State's Percentage	National Average Services per Beneficiary	Comparison with the National Percentage
Total Services	10.13	10.06	Higher	8.98	Significantly Higher

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

Table 3 provides a comparison of your percentage of beneficiaries with over 24 visits in the year. Your averages are compared to that of your state and the nation.

Table 3: Percentage of Beneficiaries with Over 24 Visits in the Year
January 1, 2015 - December 31, 2015

	Your Percentage of Beneficiaries	Your State's Percentage of Beneficiaries	Comparison with Your State's Average	National Percentage of Beneficiaries	Comparison with the National Average
Over 24 Visits	9%	9%	Does Not Exceed	7%	Higher

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

Table 4 provides a comparison of your percentage of CMT spinal services billed with CPT® code 98942 to that of your state and the nation.

Table 4: Percentage of CMT Spinal Services Billed with CPT® Code 98942
January 1, 2015 - December 31, 2015

CPT®	Your Percentage of CMT Services	Your State's Percentage of CMT Services	Comparison with Your State's Average	National Percentage of CMT Services	Comparison with the National Average
98942	72%	3%	Significantly Higher	6%	Significantly Higher

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

References & Resources

The coverage and documentation guidelines for this CBR are listed below. Please follow the guidelines pertinent to your region. A complete list of web links is located at <http://www.cbrinfo.net/cbr201614-recommended-links.html>.

LCDs - Active on 10/01/15:

- Cahaba Government Benefit Administrators®, LLC: L34261
- CGS Administrators®, LLC: L33982
- National Government Services, Inc.: L33613
- Noridian Healthcare Solutions, LLC: L34009, L34242
- Novitas Solutions, Inc.: L35424
- Wisconsin Physicians Service Insurance Corporation: L34585

LCDs - Retired on 9/30/15:

- Cahaba Government Benefit Administrators®, LLC: L32342
- CGS Administrators®, LLC: L31862
- National Government Services, Inc.: L27350
- Noridian Healthcare Solutions, LLC: L24288, L33518
- Novitas Solutions, Inc.: L34816
- Wisconsin Physicians Service Insurance Corporation: L30328

LCAs - Active on 10/01/15:

- National Government Services, Inc.: A52853

Office of Inspector General: Chiropractic Services in the Medicare Program: Payment Vulnerability Analysis, OEI 09-02-00530, June 2005

Centers for Medicare & Medicaid Services (CMS):

- Fiscal Year (FY) 2014 Comprehensive Error Rate Testing (CERT) Report: 2014 Claims Data
- *The Supplementary Appendices for the Medicare Fee-for-Service 2014 Improper Payments Report*

Medicare Learning Network®: *MLN Connects®* Provider eNews, *Chiropractic Services: High Improper Payment Rate within Medicare FFS Part B*, July 2016

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 CBR201614 webinar on October 19, 2016 from 3:00 - 4:30 PM ET. Space is limited, so please register early. Register online at <http://www.cbrinfo.net/cbr201614-webinar.html>.

If you are unable to attend, you may access a recording of the CBR201614 webinar within five business days following the event at <http://www.cbrinfo.net/cbr201614-webinar.html>.

For detailed links to information listed in the references and resources section, visit <http://www.cbrinfo.net/cbr201614-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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