Comparative Billing Report

Comparative Billing Report Program
7133 Rutherford Rd., Suite 106
Baltimore, MD 21244

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Psychologists
NPI#: 1111111111
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Questions: Contact CBR Support
www.cbrinfo.net
(800) 771-4430
M-F 9:00 a.m. – 5:00 p.m. ET
cbrsupport@eglobaltech.com
Write to the return address above

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, to develop Comparative Billing Reports (CBRs).

What is a CBR?

A CBR is an educational tool that compares providers' billing or referral patterns to those of their peers in their state or specialty and nationwide. No reply is necessary as this report is for educational purposes.

Why did I get a CBR?

You received this CBR because your billing patterns differ from your peers' patterns within your state and/or across the nation. Receiving this CBR is not an indication or precursor to an audit for all recipients. Selected providers, however, may be referred for additional review and education. We hope the report assists you in identifying opportunities for improvement and helps you validate your current billing patterns.

Optional - Next Steps

- Contact your Medicare Administrative Contractor (MAC) for specific billing or coding questions
- Visit www.cbrinfo.net for additional resources
- Attend our free webinar October 17, 2018 from 3:00 p.m. – 4:00 p.m. ET. Space is limited so register early at www.cbrinfo.net/cbr201808-webinar
- If you are unable to attend the live webinar, a recording will be available within 5 business days following the event at www.cbrinfo.net/cbr201808-webinar

REMINDER: If you have changed your mailing address or contact information, please take time to review and update the appropriate Medicare provider enrollment system.

Enclosure

Comparative Billing Report (CBR): NPI 1111111111
Psychologists

Introduction

CBR201808 focuses on psychologists who submitted claims for Medicare Part B services. According to the *2017 Medicare Fee-for-Service Supplemental Improper Payment Data* report, the improper payment rate was 16.6 percent for clinical psychologists, with nearly $71 million in projected improper payments. The majority of the allowed charges were for psychotherapy services.

In August 2017, the OIG stated in its announcement**, Medicare Part B Payments for Psychotherapy Services**, that they would review payments for psychotherapy services to "determine whether they were allowable in accord with Medicare documentation requirements." Per the announcement, Medicare allowed almost $1.2 billion for psychotherapy services in calendar year 2016 and "allowed $185 million in inappropriate outpatient mental health services, including psychotherapy." Their review found improper payments for almost half of the psychotherapy services, which means that Medicare paid for services that were medically unnecessary, inadequately documented, or not covered.

To help providers to better understand the major findings identified by the Comprehensive Error Rate Testing (CERT) review contractors, the Centers for Medicare & Medicaid Services (CMS) issued the *Medicare Learning Network* publication, **Medicare Quarterly Provider Compliance Newsletter** (ICN 909006). Per the report, insufficient documentation of the amount of time spent with the patient for psychotherapy services was the main cause of payment errors. Other errors were attributed to insufficient documentation of the modalities involved, failure to document the patient's progress, and failure to update the treatment plan.

Metrics

This report is an analysis of the following metrics:

- Average minutes per visit, psychotherapy only
- Average number of visits per beneficiary per year
- Average allowed charges per beneficiary

Our analysis of claims submitted with psychotherapy Current Procedural Terminology (CPT®) codes 90832-90840 for dates of service in calendar year 2017 found that the charges per beneficiary provided by psychologists and clinical psychologists are more than twice as high as the charges per beneficiary provided by psychiatrists.

Psychotherapy is a time-based code with typical times listed as 30, 45, and 60 minutes, respectively, for CPT® codes 90832, 90834, 90837. CPT® codes 90839 and 90840 are billed for crisis psychotherapy. Psychotherapy is a face-to-face service and the patient must be present for all or the majority of the service. The description of these codes changed as of January 1, 2017. The words "and/or family" were removed from the descriptors and time was added to the family psychotherapy codes descriptors for a much clearer distinction between individual and family therapy.

Table 1 provides abbreviated descriptions of the CPT® codes included in the CBR.

Table 1: CPT® Codes and Abbreviated Descriptions*

CPT® Code	Abbreviated Description
90785	Interactive complexity
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes
90834	Psychotherapy, 45 minutes
90837	Psychotherapy, 60 minutes
90839	Psychotherapy for crisis, first 60 minutes
90840	Psychotherapy for crisis, each additional 30 minutes
90846	Family psychotherapy, 50 minutes
90847	Family psychotherapy including patient, 50 minutes
90853	Group psychotherapy
96101	Psychological testing with interpretation and report by psychologist or physician per hour
96102	Psychological testing with interpretation and report by technician per hour
96103	Psychological testing with interpretation and report by computer
96105	Assessment of expressive and receptive speech with interpretation and report per hour
96111	Developmental testing
96116	Neurobehavioral status examination, interpretation, and report by psychologist or physician per hour
96118	Neuropsychological testing, interpretation, and report by psychologist or physician per hour
96119	Neuropsychological testing by technician with interpretation and report by a qualified healthcare professional per hour
96120	Neuropsychological testing by a computer with interpretation and report by a qualified healthcare professional
96150	Health and behavior assessment each 15 minutes
96151	Health and behavior re-assessment each 15 minutes
96152	Health and behavior intervention, individual each 15 minutes
96153	Health and behavior intervention, group each 15 minutes
96154	Health and behavior intervention, family and patient each 15 minutes

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') 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

According to the *CPT® 2017 Professional Edition,* psychotherapy is defined 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."

Per the *MLN Matters®* article titled **Medicare Payments for Part B Mental Health Services,** the medical record should document the care of the patient chronologically. Documentation should include the reason for encounter, physical examination findings, prior diagnostic test results, assessment, clinical impression and diagnosis, a plan for care, the date, and legible identity of the observer. Documentation should also note the progress and response to any treatment changes. The codes reported on the claim must be supported by documentation in the medical record.

According to the *Medicare Benefit Policy Manual* (Chapter 15, Section 160), "To qualify as a clinical psychologist (CP), a practitioner must meet the following requirements:

- Hold a doctoral degree in psychology
- Be licensed or certified, on the basis of the doctoral degree in psychology, by the State in which he or she practices, at the independent practice level of psychology to furnish diagnostic, assessment, preventive, and therapeutic services directly to individuals."

Methods & Results

This report is an analysis of providers submitted as the "Rendering NPI" on Medicare Part B claims extracted from the Integrated Data Repository based on the latest version of claims as of July 9, 2018. The analysis includes claims with dates of service from April 1, 2017 to March 31, 2018 where the rendering provider's specialty is denoted as Psychologist (62) or Clinical Psychologist (68).

There are approximately 30,000 psychologists nationwide with allowed charges for the CPT® codes included in this study. Criteria for receiving the CBR are:

- Provider is significantly higher in at least two of the peer comparisons
- Provider is near or above the 25th percentile in allowed charges ($5,000)
- Provider had at least 10 beneficiaries

Table 2 provides a summary of your utilization for the CPT® codes included in this CBR. Utilization for the individual psychotherapy CPT® codes are depicted in the table; all other codes from Table 1 are summarized.

Table 2: Mock Data Summary of Your Utilization
Dates of Service: April 1, 2017 – March 31, 2018

CPT® Code	Allowed Charges	Allowed Services	Visits*	Beneficiary Count
90832	$0	0	0	0
90834	$0	0	0	0
90837	$32,425	243	243	22
90839	$0	0	0	0
90840	$0	0	0	0
All Other	$1,105	8	8	8
Total	**$33,530**	**251**	**251**	**25**

* A visit is defined as a unique date of service between a beneficiary and a provider.

Please note that the totals may not be equal to the sum of the rows due to rounding. Also, the visit and beneficiary counts are unduplicated counts for each row and the total. For example, a beneficiary receiving multiple services with different CPT® codes within this time period would be counted in the beneficiary count in each applicable row; however, this beneficiary would be counted only once in the total row.

Statistics were calculated for each provider and the two peer groups: all psychologists in the nation billing the CPT® codes included in this study, and all psychologists in your state (e.g., CA) billing these codes. Each provider's values are compared to his/her peer group values. 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 the statistical test does not confirm significance

- Does Not Exceed – Provider's value is not higher than the peer value
- N/A - Provider does not have sufficient data for comparison

Table 3 presents the average minutes per individual psychotherapy visit. This metric is based on the typical times listed for CPT® codes 90832, 90834, 90837, 90839, and 90840.

Table 3: Mock Average Minutes per Psychotherapy Visit
Dates of Service: April 1, 2017 – March 31, 2018

Number of Minutes	Number of Psychotherapy Visits	Your Average	Your State's Average	Comparison with Your State	National Average	Comparison with National Average
14,580	243	60.00	49.20	Significantly Higher	47.76	Significantly Higher

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

Table 4 shows the average number of service dates, or visits per beneficiary for the one-year period, using the CPT® codes listed in Table 1.

Table 4: Mock Average Number of Visits per Beneficiary
Dates of Service: April 1, 2017 – March 31, 2018

Number of Visits	Number of Beneficiaries	Your Average	Your State's Average	Comparison with Your State	National Average	Comparison with National Average
251	25	10.04	9.83	Higher	7.03	Significantly Higher

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

Table 5 shows the average allowed charges per beneficiary for the one-year period, using the CPT® codes listed in Table 1.

Table 5: Mock Average Allowed Charges per Beneficiary
Dates of Service: April 1, 2017 – March 31, 2018

Charges	Number of Beneficiaries	Your Average	Your State's Average	Comparison with Your State	National Average	Comparison with National Average
$33,529.89	25	$1,341.20	$1,103.07	Higher	$776.60	Significantly Higher

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

References & Resources

The coverage and documentation guidelines for psychologists are listed below. Please follow the guidelines pertinent to your region. A complete list of web links is located at http://www.cbrinfo.net/cbr201808-recommended-links.

Centers for Medicare & Medicaid Services:

- *2017 Medicare Fee-for-Service Supplemental Improper Payment Data*

Office of Inspector General:

- *Medicare Part B Payments for Psychotherapy Services*

Medicare Manual:

- *Medicare Benefit Policy Manual,* Chapter 15

Medicare Learning Network:

- *Medicare Quarterly Provider Compliance Newsletter*
- *Medicare Payments for Part B Mental Health Services*

American Medical Association:

- *CPT® 2017 Professional Edition*
- *CPT® 2018 Professional Edition*