

RELI Group  
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January 11, 2019

CBR #: CBR201901  
Intensity-Modulated Radiation  
Therapy

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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 the RELI Group to develop this Comparative Billing Report (CBR) and to support providers with its use.

**What is a CBR?** A CBR is an educational tool that reflects your billing and/or prescribing patterns as compared to your peers' patterns for the same services in your state or specialty, and nationwide. The CBR is intended to enhance accurate billing and/or prescribing practices and support providers' internal compliance activities.

**Why did I get a CBR?** We are providing this report because your Medicare billing and/or prescribing patterns differ from your peers' patterns within your state/specialty and/or across the nation. Receiving this CBR is not an indication or precursor to an audit, and it requires no response on your part. Selected providers, however, may be referred for additional review and education.

Please carefully review this report. You may wish to check your records against data in CMS' files and review Medicare guidelines to ensure compliance. Contact your Medicare Administrative Contractor (MAC) with specific billing or coding questions. As appropriate, please share this CBR with others who may benefit from and/or assist with interpreting the data provided in the report.

**To access an electronic copy of your CBR:** [Visit the secure CBR portal](https://cbrfile.cbrpepper.org) at <https://cbrfile.cbrpepper.org>.

Please visit the [CBR Website](https://cbr.cbrpepper.org) at <https://cbr.cbrpepper.org>, for a recorded webinar and additional resources.

**To request assistance or submit questions:** [Contact the CBR Help Desk](https://cbr.cbrpepper.org/Help-Contact-Us) at <https://cbr.cbrpepper.org/Help-Contact-Us> or call 1-800-771-4430 (M–F, 9 a.m.–5 p.m. ET).

Sincerely,

The CBR Team

REMINDER: Please ensure your email address and fax number are updated in the following systems:

- [National Plan and Provider Enumeration System](https://nppes.cms.hhs.gov/#/) (NPPES): <https://nppes.cms.hhs.gov/#/>
- [Provider Enrollment, Chain, and Ownership System](https://pecos.cms.hhs.gov/pecos/login.do#headingLv1) (PECOS):  
<https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>



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## ***Comparative Billing Report (CBR) 201901***

**January 11, 2019**

### **Intensity-Modulated Radiation Therapy**

#### **Introduction**

*CBR201901* focuses on rendering providers who submitted claims to Medicare Part B for Intensity-Modulated Radiation Therapy (IMRT). According to the 2018 Medicare Fee-for-Service Supplemental Improper Payment Data report, the improper payment rate for oncology radiation therapy was 10.3 percent, with over \$112 million in projected improper payments. IMRT is included in this category. IMRT can deliver a higher dose of radiation within the tumor while delivering a lower dose of radiation to surrounding healthy tissue.

The criteria for receiving a CBR is that a provider:

1. Has at least 10 beneficiaries with IMRT planning services (code) 77301, and
2. Is significantly higher compared to either the state or national average in any one of the five metrics (95th percentile), and
3. Has at least \$18,000 in total allowed IMRT charges.

#### **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 by the Medicare Administrative Contractors' (MACs') Local Coverage Determinations (LCDs).

For the purposes of this CBR, IMRT services are identified in the claims data by CPT® code 77301. This code is typically reported only once per course of IMRT. The following information should be included in the documentation for IMRT:

- Diagnosis
- Verification of the treatment plan
- Means of reproducible patient position (blocks/aids/bumps, etc.)
- Consideration of target organ and motion
- Ultrasounds, CT guidance, and/or implantation of marker seeds
  - All elements associated with implementation
  - Images of treatment portals
  - Physical dose measures (calculations of the IMRT dose distribution)
  - Daily, ongoing correlation between image-based IMRT plan and dose delivery

Table 1 identifies CPT® codes that may not be reported with CPT® code 77301 (IMRT planning) on the same date of service.

**Table 1: CPT® Codes**

<b>CPT® Code</b>	<b>Description</b>
77014	Computerized axial tomography guidance for placement of radiation therapy fields

CPT® Code	Description
76376	Coronal, sagittal, multiplanar, oblique, three-dimensional, and/or holographic reconstruction of computerized axial tomography, magnetic resonance imaging, or other tomography modality
77295	Therapeutic radiology simulation-aided field setting; Three-dimensional simulation
77331	Special radiation dosimetry
77280	Therapeutic radiology simulation-aided field setting, simple
77285	Therapeutic radiology simulation-aided field setting, intermediate
77290	Therapeutic radiology simulation – aided field setting, complex
77306	Teletherapy, isodose plan (whether had or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest)
77307	Teletherapy, isodose plan (whether had or computer calculated); complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)).

Multiple treatment sessions on the same day are payable, as long as there has been a distinct break in therapy services, and the individual sessions are of the character usually furnished on different days. CPT® modifier 59 must be submitted with the appropriate codes to indicate a distinct and separate session.

- Report CPT® code 77301 once per course of therapy, even if there is a planned “cone-down” treatment feature or change in field size. If this occurs, coding for conventional treatment should be used.
- A second unit may be submitted only if there are changes in patient anatomy during treatment that requires a repeat CT scan.

## Metrics

This report is an analysis of the following metrics:

1. Average number of IMRT planning services (CPT® code 77301) billed, per beneficiary.
2. Average allowed charges for the first instance of IMRT planning code 77301, per beneficiary.
3. Average number of CT scans for therapy guide (CPT® code 77014) billed 0 – 14 days prior to or up to 60 days after the first instance of CPT® code 77301, per beneficiary.
4. Average number of intensity-modulated treatment delivery (HCPCS® codes G6015 or G6016 [intensity-modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session] billed 0 – 14 days prior to or up to 60 days after the first instance of CPT® code 77301, per beneficiary.
5. Average number of evaluation and management CPT® codes (see Table 2) billed 0 – 14 days prior to or up to 60 days after the first instance of CPT® code 77301, per beneficiary.

**Table 2: Evaluation and Management (E&M) CPT® Codes**

CPT® Code	Description
99201-99015	Office or Other Outpatient Services
99217-99226	Hospital Observation Services
99221-99239	Hospital Inpatient Services
99281-99288	Emergency Department Services
99291-99292	Critical Care Services
99354-99416	Prolonged Services
99366-99368	Case Management Services
99441-99449	Non-face-to-face-Services

CPT® Code	Description
99450-99456	Special Evaluation and Management Services
99483	Cognitive Assessment and Care Plan Services
99484	General Behavioral Health Integration Care Management
99487-99490	Care Management Evaluation and Management Services
99492-99494	Psychiatric Collaborative Care Management Services
99495-99496	Transitional Care Evaluation and Management Services
99497-99498	Advancing Care Planning Evaluation and Management Services
99499	Other Evaluation and Management Services

CPT® codes and descriptors are copyright 2017 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.

The CBR team identified the services that were frequently billed within 14 days prior to or within 60 days after the first instance of the IMRT planning code 77301 was billed. Code 77014 was billed in 61.7 percent of claims, while code G6015 or G6016 was billed in 35.4 percent of claims. Evaluation and management codes are evaluated to present overall utilization patterns for providers. Metrics 3 – 5 report on these services. Statistics were calculated for each provider, all providers in the state, and all providers in the nation. Each provider's values are compared to his/her state peer group values and to the national values. There are four possible outcomes for the comparisons between the provider and his/her peer groups:

1. Significantly Higher — Provider's value is above the 95th percentile from the state peer or national mean.
2. Higher — Provider's value is greater than the state peer or national mean.
3. Does Not Exceed — Provider's value is not higher than the state peer or national mean.
4. N/A — Provider does not have sufficient data for comparison.

## **Methods and Results**

This report is an analysis of rendering providers that billed CPT® code 77301 on Medicare Part B claims extracted from the Integrated Data Repository, based on the latest version of claims as of Dec. 18, 2018, for cancer-related diagnoses, as identified by an ICD-10-CM diagnosis code of prostate cancer (C61), breast cancer (C50.0 – C50.9), lung cancer (C34.0 – C34.9), or brain cancer (C71.0 – C71.9). The analysis includes claims with dates of service from Sept. 1, 2017, to Aug. 31, 2018. For the trend analysis (Figure 1), claims represent dates of service between Sept. 1, 2015, and Aug. 31, 2018.

There are 4,158 rendering providers nationwide with allowed charges for CPT® code 77301.

### **Metric 1: Average Number of IMRT Planning Services (Code 77301) Billed per Beneficiary**

Metric 1 is calculated as follows:

- The total number of IMRT planning services you billed during the time period (numerator) is divided by the number of beneficiaries that had at least one IMRT planning code (77301) billed during the time period (denominator).

**Table 3: Your Average Number of IMRT Planning Services (Code 77301) Billed per Beneficiary**

Denominator	Numerator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
28	28	1.00	1.06	Does not exceed	1.06	Does not exceed

## Metric 2: Average Allowed Charges per Beneficiary for the First Instance of 77301

Metric 2 is calculated as follows:

- The sum of allowed charges for the first instance of 77301 (numerator) is divided by the total number of beneficiaries billed during the time period (denominator).

**Table 4: Your Average Allowed Charges per Beneficiary for the First Instance of 77301\***

Denominator	Numerator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
28	\$59,687.40	\$2,131.69	\$822.53	Significantly Higher	\$921.01	Higher

\*First instance of IMRT planning code 77301 billed during the time period. NA: State average is not available when there are fewer than three providers in the state

## Metric 3: Average Number of CT Scans (Code 77014) Billed 0 – 14 Days Prior to or up to 60 Days After for the First Instance of 77301, per Beneficiary

Metric 3 is calculated as follows:

- The total number of CT scans you billed (numerator) is divided by the total number of your beneficiaries that had at least one CT scan billed during the time period (denominator).

**Table 5: Your Average Number of CT Scans (Code 77014) Billed 0 – 14 Days Prior to or up to 60 Days After for the First Instance of 77301, per Beneficiary\***

Denominator	Numerator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
27	478	17.70	16.58	Higher	17.25	Higher

\*First instance of IMRT planning code 77301 billed during the time period. NA: State average is not available when there are fewer than three providers in the state

## Metric 4: Average Number of Intensity-Modulated Treatment Delivery (HCPCS® Code G6015 or G6016) Billed 0 – 14 Days Prior to or up to 60 Days After for the First Instance of 77301, per Beneficiary

Metric 4 is calculated as follows:

- The total number of intensity-modulated treatment delivery services you billed (numerator) is divided by the total number of your beneficiaries that had at least one intensity-modulated treatment delivery service billed during the time period (denominator).

**Table 6: Your Average Number of Intensity-Modulated Treatment Delivery (HCPCS® Code G6015 or G6016) Billed 0 – 14 Days Prior to or up to 60 Days After for the First Instance of 77301, per Beneficiary\***

Denominator	Numerator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
27	489	18.11	24.76	Does not exceed	21.67	Does not exceed

\*First instance of IMRT planning code 77301 billed during the time period. NA: State average is not available when there are fewer than three providers in the state

**Metric 5: Average Number of Evaluation and Management CPT® Codes (see Table 2) Billed 0 – 14 Days Prior to or up to 60 Days After for the First Instance of 77301, per Beneficiary**

Metric 4 is calculated as follows:

- The total number of visits you billed (numerator) is divided by the total number of your beneficiaries that had at least one visit billed during the time period (denominator).

**Table 7: Your Average Number of Evaluation and Management CPT® Codes (see Table 2) Billed 0 – 14 Days Prior to or up to 60 Days After for the First Instance of 77301, per Beneficiary\***

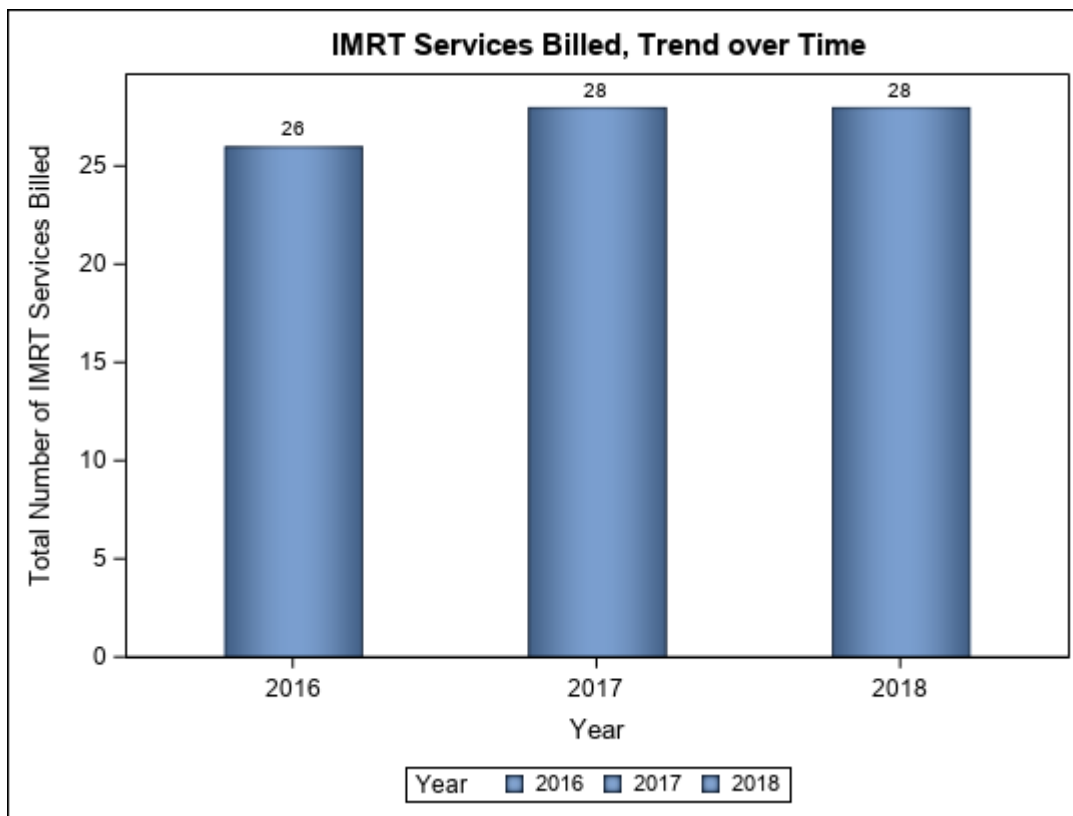
Denominator	Numerator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
14	17	1.21	1.09	Higher	1.07	Higher

\*First instance of IMRT planning code 77301 billed during the time period. NA: State average is not available when there are fewer than three providers in the state

Figure 1 illustrates your trend in the total number of IMRT planning services (77301) billed over the most recent three years:

- Year 1: Sept. 1, 2015 – Aug. 31, 2016
- Year 2: Sept. 1, 2016 – Aug. 31, 2017
- Year 3: Sept. 1, 2017 – Aug. 31, 2018

**Figure 1: Your Total Number of IMRT Services Billed, Trend over Time**



### **References and Resources**

Office of Inspector General Publication:

[2018 Medicare Fee-for-Service Supplemental Improper Payment Data](#)

CMS Publication 100-04, Chapter 13: Radiology Services and Other Diagnostic Procedures:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c13.pdf>

LCDs related to IMRT:

[First Coast Services](#)

[Novitas](#)

[Noridian](#)

[Noridian](#)