

April 29, 2019

CBR #: CBR201904
Vitamin D Testing

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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/>. Populate the fields, and in the "validation code" field, enter your unique validation code:

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) 201904
April 29, 2019

Vitamin D Testing

Introduction

CBR201904 focuses on providers who ordered Vitamin D testing for which a Medicare Part B claim was then submitted and paid. These providers will be referred to as referring physicians for the remainder of this document.

The 2018 Medicare Fee-for-Service Supplemental Improper Payment Data report identified Lab Tests to be in the Top 20 Service Types with the Highest Improper Payments for Part B claims. These improper payments are estimated at 29.8 percent of payments for Lab Tests, representing projected improper payments of \$981,823,792.

The Office of Inspector General (OIG) found that, in 2017, Vitamin D testing was among the top five billed laboratory tests. Payment for these top five tests totaled \$2.2 billion in 2017.

A [report conducted by The National Institute for Health and Care Excellence \(NICE\)](#) recommends that vitamin D tests be completed only for patients with apparent symptoms of vitamin D deficiency, high risk of deficiency, or underlying health conditions, and recommended further research into the comparative cost-effectiveness of preventive approaches to vitamin D deficiency compared to the cost of testing and treatment.

The criteria for receiving a CBR is that a provider:

1. Have paid claims for office visits, and appear as the referring provider for Vitamin D assay claims,
2. Has at least 10 paid claims for 82306 (excluding diagnoses on the Excluded Diagnoses list),
3. Has at least 10 unique beneficiaries with claims submitted for 82306 (excluding diagnoses on the Excluded Diagnoses list), and
4. Has at least \$300 or more in total allowed 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 as outlined by the Medicare Administrative Contractors' (MACs') Local Coverage Determinations (LCDs).

For the purposes of this CBR, Vitamin D tests ordered from referring physicians, for which a Medicare Part B claim was submitted with CPT® code 82306 and paid, and New Patient Office Visit codes (CPT® codes 99201, 99202, 99203, 99204, 99205), and Established Patient Office Visits codes (CPT® codes 99211, 99212, 99213, 99214, 99215) for the same referring providers, were analyzed. The Medicare Part B claims submitted and paid on behalf of the orders for Vitamin D tests from referring providers were analyzed, and those providers' claims for New and Established Patient Office Visits codes were analyzed as well. Claims submitted for these specialty codes were analyzed:

- Internal Medicine (11)
- Family Practice (08)
- Nurse Practitioner (50)
- Physician Assistant (97)

- Rheumatology (66)
- Endocrinology (46)
- Hematology/Oncology (83)
- Geriatric Medicine (38)
- Cardiology (6)

The analysis involved data sets that excluded claims that were submitted with any of the following diagnoses assigned to any of the CPT® codes, which will be referred to as Excluded Diagnoses for the remainder of this document:

- E55.9
- M81.0
- M85.80
- N18.3
- Z79.899

Table 1 identifies the CPT® and ICD-10 codes included in this CBR: Vitamin D tests, and Evaluation and Management services for New and Established Patient Visits, CPT® codes 82306, 99201-99205, and 99211-99215.

Table 1: CPT® and ICD-10 Codes

CPT®/ICD-10 Code	Description
82306	Vitamin D Test; 25 hydroxy
E55.9	Vitamin D deficiency, unspecified
M81.0	Age-related osteoporosis without current pathological fracture
M85.80	Other specified disorders of bone density and structure, unspecified site
N18.3	Chronic kidney disease, stage 3 (moderate)
Z79.899	Other long term (current) drug therapy

For the purpose of this CBR, a patient encounter is defined as a patient visit billed with an Evaluation and Management code of 99201-99205 or 99211-99215.

Table 2. Your Allowed Units, Beneficiary Count between Nov. 1, 2017 and Oct. 31, 2018

National Level Vitamin D Assay Testing CPT® Code 82306 (Excluding Diagnoses) and Office Visits 99201-99205; 99211-99215 (Excluding Diagnoses)

CPT® Code	Allowed Units	Beneficiary Count
82306	32	31
99201-99205; 99211-99215	597	242

Metrics

This report is an analysis of the following metrics:

1. Ratio of Vitamin D testing to Office Visit
2. Percent of beneficiaries receiving Vitamin D testing for other diagnoses
3. Average number of Vitamin D tests per beneficiary

For referring providers, the CBR team identified the services for Vitamin D testing, including Vitamin D testing with the submission of a New or Established Patient Office Visits, and Vitamin D testing submitted with specific diagnosis codes (Excluded Diagnoses, versus all other diagnosis codes). Statistics were calculated for each provider, all providers in the specialty, and all providers in the nation. Each provider's values are compared to his/her specialty 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 peer or national mean.
2. Higher — Provider's value is greater than the peer or national mean.
3. Does Not Exceed — Provider's value is not higher than the peer or national mean.
4. N/A — Provider does not have sufficient data for comparison.

Methods and Results

This report is an analysis of referring providers who submitted CPT® codes 82306, 99201-99205, 99211-99215, on Medicare Part B claims extracted from the Integrated Data Repository, based on the latest version of claims as of February 28, 2019. The analysis includes claims with dates of service from Nov. 1, 2017 through Oct. 31, 2018. For the trend analysis (Figure 1), claims represent dates of service between Nov. 1, 2015 through Oct. 31, 2018. If a provider submits claims under more than one specialty, the specialty with the highest number of office visit claims is assigned to the provider and then all of their claims are analyzed. Based on that, your specialty was determined to be Nurse Practitioner.

Nationwide, there are 217,307 referring providers with allowed charges for CPT® codes 82306, billing a combined allowed amount of \$239 million for 4.7 million beneficiaries during the timeframe.

Metric 1: Ratio of Vitamin D Testing to Office Visits

Claim lines with a CPT® code of 82306 service, submitted with a diagnosis code other than the Excluded Diagnoses, were identified as Flagged Claim lines for 82306. Claim lines submitted with CPT® codes 99201-99205, 99211-992015 with a diagnosis code other than the Excluded Diagnoses, were identified as Flagged Office Visits.

Metric 1 is calculated as follows:

- The number of flagged claim lines for 82306 (numerator) is divided by the total number of flagged New and/or Established Patient Office Visits (denominator).

Table 3: Your Ratio of Vitamin D Testing to Office Visits

Your Ratio	Your Specialty Ratio	Comparison with Your Specialty	National Ratio	National Comparison
0.0536	0.1922	Does Not Exceed	0.0725	Does Not Exceed

Metric 2: Percentage of Beneficiaries with Vitamin D Tests for Other Diagnoses

Metric 2 is calculated as follows:

- The number of beneficiaries with CPT® code 82306, submitted with diagnosis other than the Excluded Diagnoses (numerator), is divided by the number of total beneficiaries with CPT® code 82306, submitted with all diagnosis codes (denominator). The result is multiplied by 100.

Table 4: Your Percentage Patient Encounters with Vitamin D Tests

Your Percent	Your Specialty Percent	Comparison with Your Specialty	National Percent	Comparison with National Percent
32.3%	31.1%	Higher	27.6%	Higher

Metric 3: Average Number of Vitamin D Tests per Beneficiaries

Metric 3 is calculated as follows:

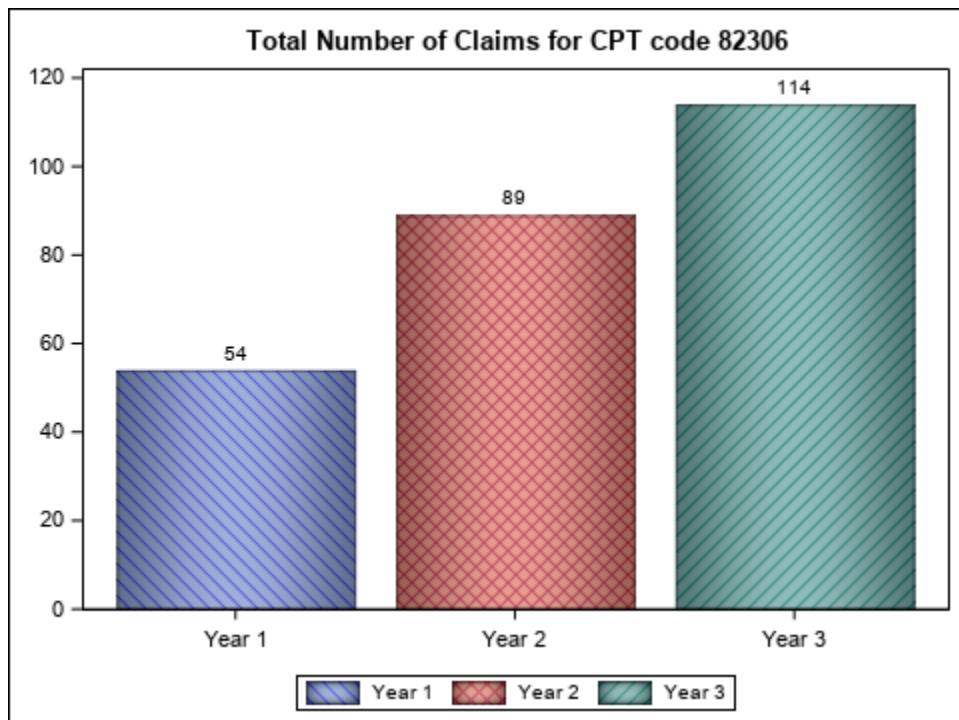
- The number of claims with CPT® code 82306 (numerator) is divided by the number of beneficiaries with submissions for CPT® code 82306 (denominator).

Table 5: Your Average Number of Vitamin D Tests per Beneficiaries

Your Average	Your Specialty Average	Comparison with Your Specialty	National Average	Comparison with National Average
1.188	1.117	Higher	1.165	Higher

Figure 1 illustrates the total number of claims with CPT® code 82306:

- Year 1: Nov. 1, 2015 – Oct. 31, 2016
- Year 2: Nov. 1, 2016 – Oct. 31, 2017
- Year 3: Nov. 1, 2017 – Oct. 31, 2018

Figure 1: Trend Over Time of Total Number of Claims for CPT® Code 82306

References and Resources

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

[Vitamin D Testing in the General Population: A Review of the Clinical and Cost-Effectiveness and Guidelines](#)

[Medicare Payments for Clinical Diagnostic Laboratory Tests in 2017: Year 4 of Baseline Data](#)