

RELI Group
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May 31, 2019

CBR #: CBR201906
Emergency Department Services

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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) 201906

May 31, 2019

Emergency Department Services

Introduction

CBR201906 focuses on rendering providers who submitted claims to Medicare Part B for emergency department visits. According to the “2018 Medicare Fee-for-Service Supplemental Improper Payment Data” report, the overall projected improper payments for “emergency room visits” totaled \$238,537,192, with an error rate of 11.3 percent.

The criteria for receiving a CBR is that a provider:

1. Are significantly higher compared to either state or national percentages in any of the three metrics (greater than the 90th percentile), and
2. Have at least 11 beneficiaries with claims submitted for 99281, 99282, 99283, 99284 or 99285, and
3. Have at least \$2,000 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, emergency department services were reviewed. The CPT® codes for these services are 99281, 99282, 99283, 99284, and 99285. The codes are part of the Evaluation and Management CPT® code set, and the following information should be included in the documentation of emergency department Evaluation and Management codes:

- History
- Exam
- Medical Decision Making.

Table 1 identifies CPT® codes that may be reported for Evaluation and Management services for emergency department services, CPT® codes 99281–99285.

Table 1: CPT® Code Descriptions

CPT Code®	Description
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward Medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are self limited or minor.
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or

CPT Code®	Description
	agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.

All patient documentation must support the assigned code for the level of patient encounter, using either the 1995 or 1997 guidelines to assign the code level.

Table 2 identifies your utilization of CPT® codes 99281, 99282, 99283, 99284 and 99285.

**Table 2. Your Utilization of the CPT® codes 99281, 99282, 99283, 99284 and 99285
Dec. 1, 2017–Nov. 30, 2018**

CPT® Code	Allowed Charges	Allowed Services	Visit Count	Beneficiary Count*
99281	\$0.00	0	0	0
99282	\$0.00	0	0	0
99283	\$0.00	0	0	0
99284	\$0.00	0	0	0
99285	\$4,106.47	21	21	21
Total	\$4,106.47	21	21	21

*A beneficiary is counted once per row of CPT® code level. The total "Beneficiary Count" is not the sum total; it represents unique beneficiaries for all the CPT® codes for the 12-month period.

Metrics

This report is an analysis of the following metrics:

1. Percentage of Services Billed with CPT® Code 99285
2. Percentage of Services Appended with Modifier 25
3. Average Allowed Charges for all Medicare Part B Services, per Visit

The CBR team identified emergency department services utilizing Part B Claims submitted by rendering providers. Statistics were calculated for each provider, all providers in the state, and all providers in the nation using the following peer group definitions:

- The state peer group is defined as all rendering Medicare providers practicing in the individual provider's state or territory with allowed charges for the procedure codes included in this study.
- The national peer group is defined as all rendering Medicare providers in the nation with allowed charges for the procedure codes included in this study.

Each provider's values are compared to his/her state peer group values and to the national values. Your metrics were compared to your state (State) and the nation. 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 90th percentile from the state or national mean.
2. Higher — Provider's value is greater than the state or national mean.
3. Does Not Exceed — Provider's value is not higher than the state or national mean.
4. Not Applicable (N/A) — Provider does not have sufficient data for comparison.

Methods and Results

This report is an analysis of rendering providers who submitted CPT® codes 99281, 99282, 99283, 99284, and 99285 on Medicare Part B claims extracted from the Integrated Data Repository, based on the latest version of claims as of Apr. 28, 2019. The analysis includes claims with dates of service billed between Dec. 1, 2017, and Nov. 30, 2018. For the trend analysis (Figure 1), claims represent dates of service between Dec. 1, 2015, through Nov. 30, 2018.

There are 138,687 rendering providers nationwide with allowed charges for CPT® codes 99281, 99282, 99283, 99284 or 99285, billing a combined allowed amount of \$2.86 billion for 10,117,697 beneficiaries during the timeframe.

Metric 1: Percentage of Services Billed with CPT® Code 99285

Metric 1 is calculated as follows:

- The number of services with CPT® code 99285 (numerator) is divided by the total number of services with CPT® codes 99281–99285 (denominator).

Table 3: Your Percentage of Services Billed with CPT® Code 99285

Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
100.00%	43.59%	Significantly Higher	46.53%	Significantly Higher

N/A: Provider does not have sufficient data; State percent is not available when there are fewer than three providers in the state/territory with sufficient data

Metric 2: Percentage of Services Appended with Modifier 25

Metric 2 is calculated as follows:

- The number of services with Modifier 25 (numerator) is divided by the total number of services (denominator).

Table 4: Your Percentage of Services Appended with Modifier 25

Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
0.00%	9.50%	Does Not Exceed	10.44%	Does Not Exceed

N/A: Provider does not have sufficient data; State percent is not available when there are fewer than three providers in the state/territory with sufficient data

Metric 3: Average Allowed Charges for all Medicare Part B Services, per Visit

Metric 3 is calculated as follows:

- The total number of allowed charges of all Medicare Part B emergency department visits (numerator) is divided by the total number of visits (denominator). A visit is defined as a single date of service for a beneficiary.

Table 5: Your Average Allowed Charges for all Medicare Part B Services per Visit

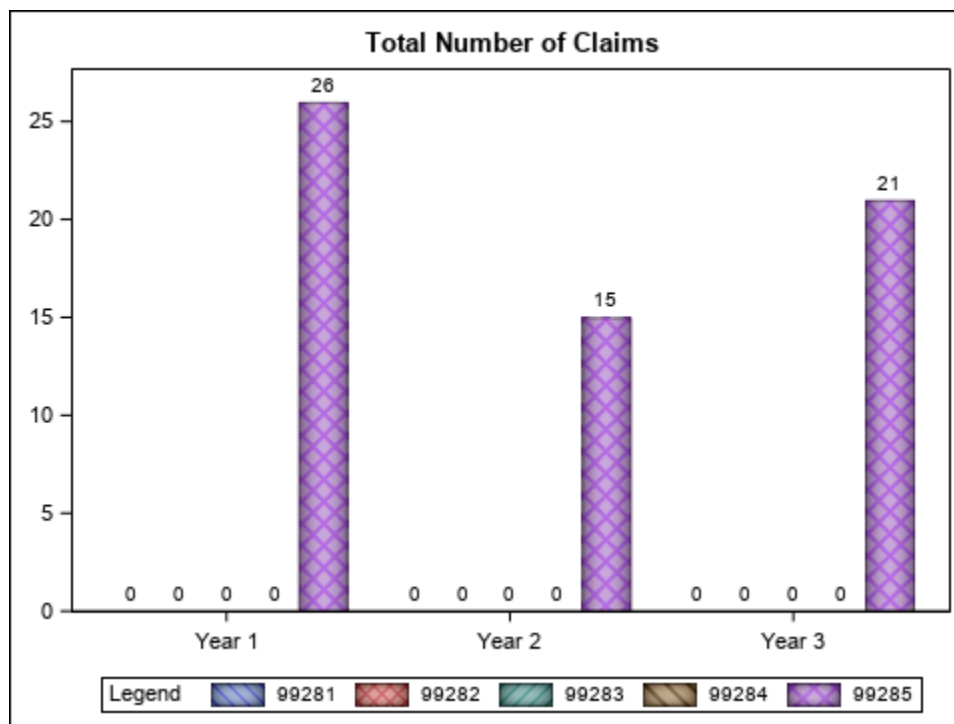
Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
\$195.55	\$130.76	Significantly Higher	\$126.93	Significantly Higher

N/A: Provider does not have sufficient data; State percent is not available when there are fewer than three providers in the state/territory with sufficient data

Figure 1 illustrates Trend Over Time Analysis of Claims for CPT® codes 99281, 99282, 99283, 99284, 99285:

- Year 1: Dec. 1, 2015–Nov. 30, 2016
- Year 2: Dec. 1, 2016–Nov. 30, 2017
- Year 3: Dec. 1, 2017–Nov. 30, 2018

Figure 1: Trend Over Time Analysis of Claims for CPT® codes 99281, 99282, 99283, 99284, 99285



References and Resources

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

[CMS Evaluation and Management Services Manual](#)