

September 20, 2019

First Name Last Name
Address 1
Address 2
City, State, ZIP

CBR #: CBR201910
Upper and Lower Endoscopy on Different Dates of Service
NPI #: 1234567890
Fax #:
Email:

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) 201910
September 20, 2019

Upper and Lower Endoscopy on Different Dates of Service

Introduction

CBR201910 focuses on rendering providers who submit claims for upper and lower endoscopy services performed within 90 days on different dates of service.

According to the “2018 Comprehensive Error Rate Testing (CERT)” report, an estimated \$6,485,888 was potentially paid improperly for upper endoscopy services. Additionally, an [article](#) published for the National Center for Biotechnology Information revealed that 30% of bidirectional endoscopy procedures were performed on different dates of service.

The criteria for receiving a CBR is that a provider:

1. Is significantly higher compared to either state or national percentages or rates in any of the four metrics (greater than the 90th percentile), and
2. Has at least 30 beneficiaries with both upper and lower (U/L) endoscopies performed on the same day or within 90 days, and
3. Has at least \$10,000 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 outlined by the Medicare Administrative Contractors’ (MACs’) Local Coverage Determinations (LCDs).

For the purposes of this CBR, upper and lower endoscopy procedures were reviewed. The CPT® codes for these services are included in Table 1, below. The Medicare Part B claims submitted and paid for these services from rendering physicians were analyzed. For the purposes of this document and analysis, “upper endoscopy,” “lower endoscopy,” and “upper/lower endoscopy” procedures refer to these CPT® code sets. Additionally, for the purposes of this document, the term “different dates of service” refers to different dates of service within 90 days of each other. The phrase “date(s) of service” will be referred to with the acronym “DOS.”

The CPT® and HCPCS codes selected for claim submission should correctly represent the procedure and service provided to the patient and adhere to the guidelines, as dictated within the CPT® Manual.

Table 1 identifies CPT® and HCPCS codes that may be reported for upper/lower endoscopy services.

Table 1: CPT® HCPCS Code

CPT®/HCPCS Code	Description
43235-43259, 43210, 43233, 43270	Endoscopic Procedures: Esophagogastroduodenoscopy (Upper)
43191-43229, 43211-43214	Endoscopic Procedures: Esophagus (Upper)

CPT®/HCPCS Code	Description
45300-45350, 45346	Flexible Sigmoidoscopy Procedures (Lower)
45378-45398, 45388, 45390, 45398	Flexible and Rigid Colonoscopy Procedures (Lower)
G0105	Colorectal Cancer Screening; Individual at High Risk (Lower)
G0121	Colorectal Cancer Screening; Individual Not Meeting Criteria for High Risk (Lower)

Table 2 identifies a summary of your utilization for upper/lower endoscopy procedures.

Table 2. Summary of Your Utilization for Upper/Lower Endoscopy Codes between May 1, 2018, and April 30, 2019

CPT® Code	Allowed Charges	Allowed Services	Beneficiary Count*
Upper Endoscopy	\$47,531.90	305	232
Lower Endoscopy	\$26,100.13	156	115
Total	\$73,632.03	461	291

*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. Percent of claims billed for upper/lower endoscopies performed on different dates of service.
2. Percent of allowed dollars for upper/lower endoscopies performed on different dates of service.
3. Rate of upper/lower endoscopies performed on different dates of service per beneficiary.
4. Percent of beneficiaries with upper/lower endoscopies performed on different dates of service.

The CBR team identified the services for upper/lower endoscopy services submitted with the CPT® and HCPCS codes included in Table 1. Statistics were calculated for each provider, all providers in the state, and all providers in the nation:

- 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 upper and lower endoscopy codes on Medicare Part B claims extracted from the Integrated Data Repository, based on the latest version of claims on Aug. 22,

2019. The analysis includes claims with dates of service from May 1, 2018, through Apr. 30, 2019. For the trend analysis (Figure 1), claims represent dates of service between May 1, 2016, and Apr. 30, 2019.

There are 13,403 rendering providers nationwide with allowed charges for upper and lower endoscopy procedures, with total allowed charges of \$51.76 million during the timeframe.

Metric 1: Percent of Claims Billed for Upper/Lower Endoscopies Performed on Different Dates of Service

Metric 1 is calculated as follows:

- The number of claims for upper/lower endoscopies performed on different dates of service (numerator) is divided by the total number of claims for upper/lower endoscopies performed on the same or different dates of service (denominator). The result is multiplied by 100.

Table 3: Your Percent of Claims Billed for Upper/Lower Endoscopies Performed on Different Dates of Service

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
45	135	33.33%	12.83%	Significantly Higher	16.26%	Higher

Metric 2: Percent of Allowed Dollars for Upper/Lower Endoscopies Performed on Different Dates of Service

Metric 2 is calculated as follows:

- The total allowed amount for upper/lower endoscopies performed on different dates of service (numerator) is divided by the total allowed amount for upper/lower endoscopies performed on the same or different dates of service (denominator). The result is multiplied by 100.

Table 4: Percent of Total Allowed Dollars for Upper/Lower Endoscopies Performed on Different Dates of Service

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
\$7,345.96	\$18,984.33	38.69%	14.33%	Significantly Higher	18.02%	Higher

Metric 3: Rate of Upper/Lower Endoscopies Performed on Different Dates of Service per Beneficiary

Metric 3 is calculated as follows:

- The number of claims for upper/lower endoscopies performed on different dates of service (numerator) is divided by the number of beneficiaries with upper/lower endoscopies performed on different dates of service (denominator).

Table 5: Your Rate of Upper/Lower Endoscopies Performed on Different Dates of Service per Beneficiary

Numerator	Denominator	Your Rate	Your State Rate	Comparison with Your State	National Rate	Comparison with National Rate
45	18	2.50	1.73	Higher	1.60	Higher

Metric 4: Percent of Beneficiaries with Upper/Lower Endoscopies Performed on Different Dates of Service

Metric 4 is calculated as follows:

- The number of beneficiaries with upper/lower endoscopies performed on different dates of service (numerator) is divided by the number of beneficiaries with upper/lower endoscopies performed on the same day or different dates of service (denominator). The result is multiplied by 100.

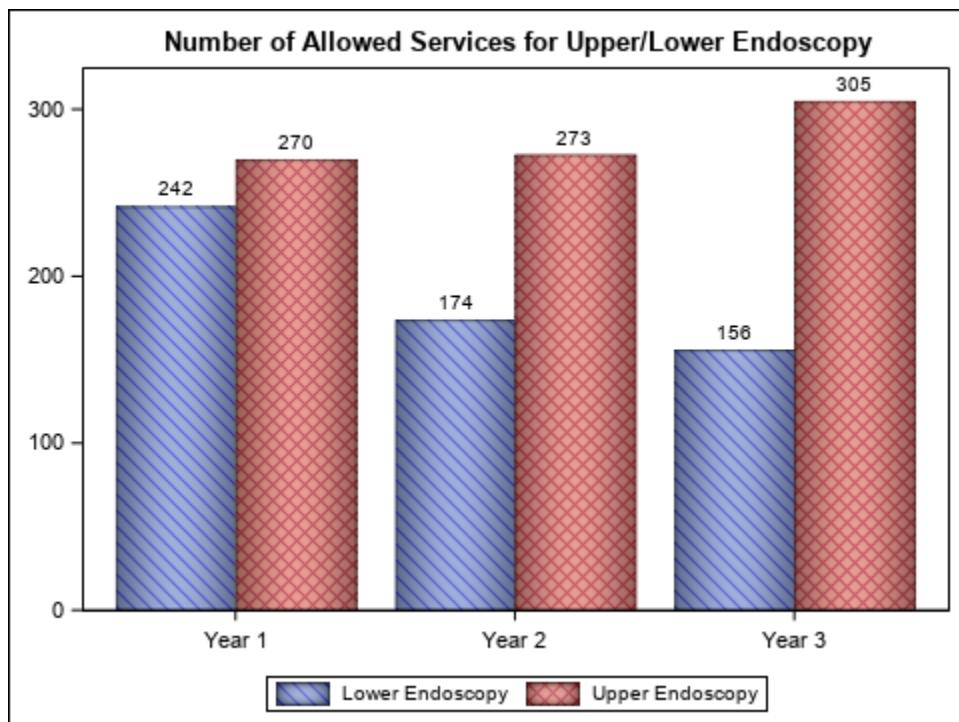
Table 6: Your Percent of Beneficiaries with Upper/Lower Endoscopies Performed on Different Dates of Service

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
18	55	32.73%	12.47%	Significantly Higher	15.99%	Higher

Figure 1 illustrates the trend over time of allowed services for upper/lower endoscopy:

- Year 1: May 1, 2016 – Apr. 30, 2017
- Year 2: May 1, 2017 – Apr. 30, 2018
- Year 3: May 1, 2018 – Apr. 30, 2019

Figure 1: Trend Over Time of the Number of Allowed Services for Upper/Lower Endoscopy



References and Resources

CPT® 2017 Professional Edition

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

[“Bundling in Medicare Patients Undergoing Bidirectional Endoscopy. How Often Does it Happen?”](#)