

RELI Group  
5520 Research Park Dr. #105  
Catonsville, MD 2122



November 25, 2019

CBR #: CBR201912  
Drug Units in Excess of MUE

Organization Name 1  
Address 1  
Address 2  
City, State, ZIP

NPI #:  
Fax #:  
Email address:

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 at <https://cbrfile.cbrpepper.org/>. Populate the fields, and in the "validation code" field, enter your unique validation code: **(code here)**

**For more information:** Register for our free webinar, scheduled for Dec. 4, 2019 at 3 pm ET, at [CBR.CBRPEPPER.org](https://CBR.CBRPEPPER.org). If you are unable to attend the live event, you may access the recording and additional resources at [CBR.CBRPEPPER.org](https://CBR.CBRPEPPER.org).

**To request assistance or submit questions:** Contact the CBR Help Desk 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 (NPPES): <https://nppes.cms.hhs.gov/#/>
- Provider Enrollment, Chain, and Ownership System (PECOS):  
<https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>

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**Comparative Billing Report (CBR) 201912**  
**November 25, 2019**  
**Drug Units in Excess of Medically Unlikely Edit (MUE)**

### **Introduction**

CBR201912 focuses on rendering providers who routinely submit claims with units of drugs in excess of an established MUE. Specifically, the CBR focuses on providers who consistently submit claims for the Healthcare Common Procedure Coding System (HCPCS) codes as outlined in the HCPCS Level II Expert book within the J0000 – J9999 series that have an assigned MUE that is greater than or equal to one.

A [study](#) from the Office of the Inspector General, released in July 2015, noted “Medicare contractors nationwide paid providers \$11.5 billion for 26 million claim line items for outpatient drugs. Previous Office of Inspector General reviews of outpatient services found that Medicare contractors overpaid providers by more than \$122.4 million for selected outpatient drugs.”

The criteria for receiving a CBR is that a provider:

1. Is significantly higher compared to either state or national percentages for any of the three metrics (i.e., greater than the 90<sup>th</sup> percentile for metrics 1 and 3 or greater than the 95<sup>th</sup> percentile for metric 2) and
2. Has at least 10 claims submitted with units of J0000 – J9999 which have an MUE of  $\geq 1$  and were billed in excess of MUE.

### **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).

[The National Correct Coding Initiative \(NCCI\) Manual](#) provides information regarding MUE assignment. Chapter 1, Section V states, “To lower the Medicare Fee-For-Service Paid Claims Error Rate, CMS has established units of service edits referred to as Medically Unlikely Edit(s) (MUEs). An MUE for a HCPCS or Current Procedural Terminology (CPT®) code is the maximum number of units of service (UOS) under most circumstances allowable by the same provider for the same beneficiary on the same date of service. The ideal MUE value for a HCPCS/CPT® code is the unit of service that allows the vast majority of appropriately coded claims to pass the MUE.”

For the purposes of this CBR, HCPCS codes within the drugs series J0000 – J9999 were analyzed. Specifically, the analysis focused on HCPCS codes within this series with assigned MUEs greater than or equal to one.

Table 1 identifies a summary of your utilization of HCPCS codes J0000 – J9999.

**Table 1. Summary of Your Utilization of HCPCS Codes J0000 – J9999 Between July 1, 2018, and June 30, 2019, for All Submitted Claims**

HCPCS Code	Allowed Amount	Submitted Units	Beneficiary Count
<b>J0000 – J9999</b>	\$25,604	21,439	62

### **Metrics**

This report is an analysis of the following metrics:

1. Percent of submitted units for HCPCS codes J0000 – J9999 with MUE  $\geq 1$  which were submitted in excess of the assigned MUE
2. Percent of total allowed amount for HCPCS codes J0000 – J9999 with MUE  $\geq 1$  and claims submitted with units in excess of the assigned MUE
3. Percent of beneficiaries with claims submitted for HCPCS codes J0000 – J9999 with MUE  $\geq 1$  in excess of the assigned MUE

The CBR team analyzed the claims submission of rendering providers who consistently submitted claims with units of drugs in excess of an established MUE for those drugs with an assigned MUE that is greater than or equal to one. Statistics were calculated for each provider, all providers in the state, and all providers in the nation. The state and national peer groups are defined as follows:

- 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 code] 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 90<sup>th</sup> percentile (for metrics 1 and 3) or is above the 95<sup>th</sup> percentile (for metric 2) 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 consistently submitted claims with units of drugs in excess of an established MUE for those drugs within the series J0000 – J9999 with an assigned MUE that is greater than or equal to one. The analyzed claims were extracted from the Integrated Data Repository, based on the latest version of claims on Oct. 24, 2019. The analysis includes claims with dates of service from July 1, 2018, through June 30, 2019. For the trend analysis (Figure 1), claims represent dates of service between July 1, 2016, and June 30, 2019.

There are 323,865 rendering providers nationwide who submitted claims for HCPCS codes within the J0000 – J9999 series with total allowed charges of \$21.5 billion during the timeframe.

**Metric 1: Percent of Submitted Units for HCPCS Codes J0000 – J9999 with MUE  $\geq 1$  which were Billed in Excess of the Assigned MUE**

Table 2 shows your percent of submitted units for HCPCS codes J0000 – J9999 with MUE  $\geq 1$  which were billed in excess of the assigned MUE. This is calculated as follows:

- The sum of all submitted units of J0000 – J9999 which have an MUE of  $\geq 1$  and were billed in excess of MUE (numerator) is divided by the sum all submitted units of J0000 – J9999 which have an MUE of  $\geq 1$  (denominator). The result is multiplied by 100.

$$\left( \frac{\text{Sum of all submitted units of J0000-J9999 which have an MUE of } \geq 1 \text{ and were billed in excess of MUE}}{\text{Sum of all submitted units of J0000-J9999 which have an MUE of } \geq 1} \right) \times 100$$

Your comparison in your state and in the nation is presented in Table 2.

**Table 2: Your Percent of Submitted Units for HCPCS Codes J0000 – J9999 with MUE  $\geq 1$  which were Billed in Excess of the Assigned MUE**

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
6,760	21,439	31.53%	5.52%	Significantly Higher	6.37%	Significantly Higher

**Metric 2: Percent of Total Allowed Amount for HCPCS Codes J0000 – J9999 with MUE  $\geq 1$  Submitted with Units in Excess of the Assigned MUE**

Table 3 shows the percent of total allowed amount for HCPCS codes J0000 – J9999 with MUE  $\geq 1$  submitted with units in excess of the assigned MUE. This is calculated as follows:

- The sum of allowed amount for HCPCS codes J0000 – J9999 with an MUE of  $\geq 1$  and allowed in excess of the assigned MUE (numerator) is divided by the sum of the dollar allowed for all units of J0000 – J9999 which have an MUE  $\geq 1$  (denominator). The result is multiplied by 100.

$$\left( \frac{\text{Sum of all allowed amount for J0000-J9999 with an MUE } \geq 1 \text{ and allowed in excess of the assigned MUE}}{\text{Sum of dollar allowed for all units of J0000-J9999 which have an MUE } \geq 1} \right) \times 100$$

Your comparison in your state and in the nation is presented in Table 3.

**Table 3: Your Percent of Total Allowed Amount for HCPCS Codes J0000 – J9999 with MUE  $\geq 1$  Submitted with Units in Excess of the Assigned MUE**

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
\$3,978.18	\$25,603.98	15.54%	0.20%	Significantly Higher	0.38%	Significantly Higher

**Metric 3: Percent of Beneficiaries with Claims Submitted for HCPCS Codes J0000 – J9999 with MUE  $\geq 1$  in Excess of the Assigned MUE**

Table 4 shows the percent of beneficiaries with claims submitted for HCPCS codes J0000 – J9999 with MUE  $\geq 1$  in excess of the assigned MUE. This is calculated as follows:

- The number of beneficiaries with claims submitted with J0000 – J9999 which have an MUE of  $\geq 1$  and were billed in excess of the allowed MUE (numerator) is divided by the total number of beneficiaries with claims submitted with J0000 – J9999 which have an MUE of  $\geq 1$  (denominator). The result is multiplied by 100.

$$\left( \frac{\text{Beneficiaries with claims submitted with J0000-J9999 which have an MUE of } \geq 1 \text{ and submitted in excess of MUE}}{\text{Total number of beneficiaries with claims submitted with J0000-J9999 which have an MUE of } \geq 1} \right) \times 100$$

Your comparison in your state and in the nation is presented in Table 4.

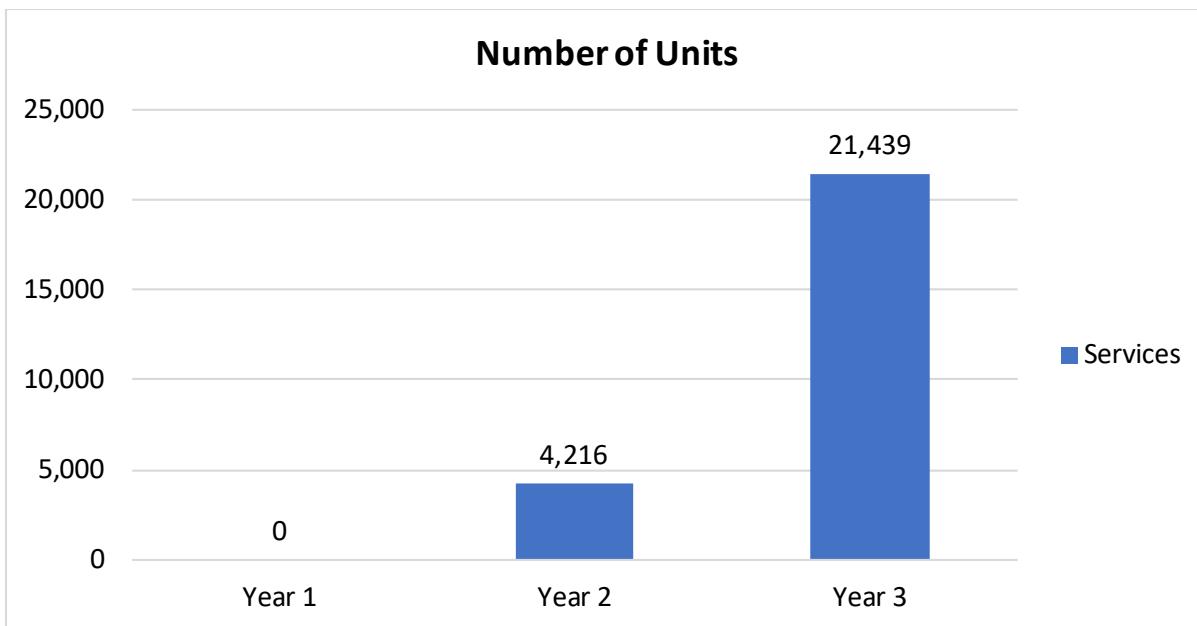
**Table 4: Your Percent of Beneficiaries with Claims Submitted for HCPCS Codes J0000 – J9999 with MUE  $\geq 1$  in Excess of the Assigned MUE**

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
6	62	9.68%	3.27%	Significantly Higher	3.59%	Significantly Higher

Figure 1 illustrates the trend over time of submitted units (HCPCS codes J0000 – J9999):

- Year 1: July 1, 2016 – June 30, 2017
- Year 2: July 1, 2017 – June 30, 2018
- Year 3: July 1, 2018 – June 30, 2019

**Figure 1: Trend Over Time of Submitted Units (HCPCS codes J0000 – J9999)**



### **References and Resources**

2020 HCPCS Level II Expert

[National Correct Coding Initiative \(NCCI\) Manual](#)

[Medicare Part B Overpaid Millions for Selected Outpatient Drugs](#)