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CBR #: CBR202101
Intensity-Modulated Radiation Therapy (IMRT)

January 29, 2021

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

For more information: Please access a recorded webinar and additional resources at CBR.CBRPEPPER.org. Register for a live webinar on Feb. 10, 2021, 3 p.m. ET.

To request assistance or submit questions: Contact the CBR Help Desk at https://cbr.cbrpepper.org/Help-Contact-Us.

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) 202101
January 29, 2021

Intensity-Modulated Radiation Therapy (IMRT)

Introduction

CBR202101 focuses on rendering providers that submitted claims to Medicare Part B for IMRT and the relation of IMRT services and evaluation and management (E/M) visits surrounding IMRT planning services. The CBR analysis reflects the submission of claims for Current Procedural Terminology® (CPT®) code 77301 for IMRT planning services. For the purposes of this analysis and document, the term "IMRT planning" and CPT® code 77301 are synonymous, the term "computerized tomography (CT) scans for therapy guide" and CPT® code 77014 are synonymous, and the term "intensity-modulated treatment delivery" and Healthcare Common Procedure Coding System (HCPCS) codes G6015 or G6016 are synonymous.

The *2020 Medicare Fee-for-Service Supplemental Improper Payment Data* report reflects an improper payment rate of 5.6% for the service type of oncology-radiation, which represents $68,533,297 in possible improper payments. In addition, the report reflects an improper payment rate of 5.7% for radiation oncology providers; within that improper payment rate, 7.4% was attributed to no documentation, 91.5% was attributed to insufficient documentation, and 1.1% was attributed to incorrect coding.

In the *Medicare Learning Network (MLN) Matters*® article *Intensity-Modulated Radiation Therapy (IMRT) Planning Services Editing*, the Centers for Medicare & Medicaid Services (CMS) discusses the range of services that are included in the bundled payment for the IMRT treatment plan. The article states "the bundled payment covers these services regardless of when they are billed. This article provides a reminder to hospitals that bill for outpatient IMRT planning services to ensure that they bill correctly and avoid overpayments."

In the *MLN Matters*® article *July 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS)*, CMS provides billing instructions for IMRT planning, stating that "payment for the services identified by CPT® codes 77014, 77280, 77285, 77290, 77295, 77306 through 77321, 77331, and 77370 are included in the APC [Ambulatory Payment Classification] payment for CPT® code 77301 (IMRT planning). You should not report these codes in addition to CPT® code 77301, when provided prior to, or as part of, the development of the IMRT plan."

This CBR was created to provide a report of your claims of the services provided on dates of service surrounding the IMRT planning services. The report is not an indication of wrongdoing and does not require action on your part. The report can support internal compliance review efforts, especially those related to coding and billing of code sets.

The criteria for receiving a CBR are that a provider:

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

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 any coverage and documentation policies outlined by the Medicare Administrative Contractors' (MACs') Local Coverage Determinations.

Table 1 identifies the CPT® and HCPCS codes used in the CBR analysis. Table 2 identifies the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes used in the CBR analysis.

Table 1: CPT® and HCPCS Code Descriptions

CPT®/HCPCS Codes	Description
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77014	Computed tomography guidance for placement of radiation therapy fields
99201-99215	Office or other outpatient services
99217-99226	Hospital observation services
99221-99239	Hospital inpatient services
99281-99288	Emergency services department services
99291-99292	Critical care services
99354-99416	Prolonged services
99366-99368	Case management services
99441-99449	Non face-to-face services
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 management services
99497-99498	Advance care planning
99499	Other evaluation and management services
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC [Multileaf Collimator] per treatment session
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session

Table 2: ICD-10-CM Code Descriptions

ICD-10-CM Codes	Description
C61	Malignant neoplasm of prostate
C50.0-C50.9	Malignant neoplasm of breast
C34.0-C34.9	Malignant neoplasm of bronchus and lung
C71.0-C71.9	Malignant neoplasm of brain

See Table 3 for summaries of your utilization of IMRT planning.

Table 3. Summary of Your Utilization of IMRT Planning between June 1, 2019, and May 31, 2020

CPT® Codes	Allowed Charges	Allowed Services	Beneficiary Count
77301	$47,944	52	26

Metrics

This report is an analysis of the following metrics:

1. Average number of IMRT planning billed, per beneficiary
2. Average allowed charges for the first instance of IMRT planning, per beneficiary
3. Average number of CT scans for therapy guide performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning by any provider, per beneficiary
4. Average number of intensity-modulated treatment delivery performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning by any provider, per beneficiary
5. Average number of E/M services performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning by the same provider, per beneficiary

The CBR analysis focuses on providers that billed IMRT planning, focusing on IMRT claims with cancer-related ICD-10-CM codes for prostate cancer (C61), breast cancer (C50.0 – C50.9), lung cancer (C34.0 – C34.9), or brain cancer (C71.0 – C71.9). 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 greater than or equal to the 95th 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 less than or equal to the state or national mean.
4. Not Applicable (N/A) — Provider does not have sufficient data for comparison.

Methods and Results

The CBR analysis was based on claims extracted from the Integrated Data Repository, based on the latest version of claims available on December 11th 2020. The analysis includes claims with dates of service from June 1, 2019, through May 31, 2020. For the trend analysis presented in Figure 1, claims represent dates of service between June 1, 2017, and May 31, 2020.

There are 4,276 rendering providers nationwide that have submitted claims for IMRT planning services. The total allowed charges for these claims were over $87 million during the analysis timeframe.

Metric 1: Average Number of IMRT Planning Billed, per Beneficiary

Metric 1 is calculated as follows:

- The total number of IMRT planning billed is divided by the unique beneficiaries.

Table 4: Your Average Number of IMRT Planning Billed, per Beneficiary

Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
52	26	2.00	1.06	Significantly Higher	1.06	Significantly Higher

If N/A, then provider does not have sufficient data. State average is not available when there are fewer than three providers in the state/territory with sufficient data

Metric 2: Average Allowed Charges for the First Instance of IMRT Planning, per Beneficiary

Metric 2 is calculated for each code as follows:

- The sum of allowed charges for the first instance of IMRT planning is divided by the total number of unique beneficiaries.

Table 5: Average Allowed Charges for the First Instance of IMRT Planning, per Beneficiary

Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
$47,944	26	$1,844.00	$571.51	Significantly Higher	$901.47	Higher

If N/A, then provider does not have sufficient data. State average is not available when there are fewer than three providers in the state/territory with sufficient data

Metric 3: Average number of CT scans for therapy guide performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning by any provider, per beneficiary

Metric 3 is calculated for each code as follows:

- The total number of CT scans for therapy guide performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning is divided by the total number of unique beneficiaries that had at least one CT scan billed.

Table 6: Average number of CT scans for therapy guide performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning by any provider, per beneficiary

Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
1,380	20	69.00	19.82	Significantly Higher	17.30	Significantly Higher

If N/A, then provider does not have sufficient data. State average is not available when there are fewer than three providers in the state/territory with sufficient data

Metric 4: Average number of intensity-modulated treatment delivery performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning by any provider, per beneficiary

Metric 4 is calculated for each code as follows:

- The total number of intensity-modulated treatment delivery performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning is divided by the number of unique beneficiaries that had at least one intensity modulated therapy delivery service.

Table 7: Average number of intensity-modulated treatment delivery performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning by any provider, per beneficiary

Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
690	20	34.50	28.56	Significantly Higher	21.06	Higher

If N/A, then provider does not have sufficient data. State average is not available when there are fewer than three providers in the state/territory with sufficient data

Metric 5: Average number of E/M services performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning by the same provider, per beneficiary

Metric 5 is calculated for each code as follows:

- The total number of E/M services performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning is divided by the total number of unique beneficiaries with at least one E/M visit.

Table 8: Average number of E/M services performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning by the same provider, per beneficiary

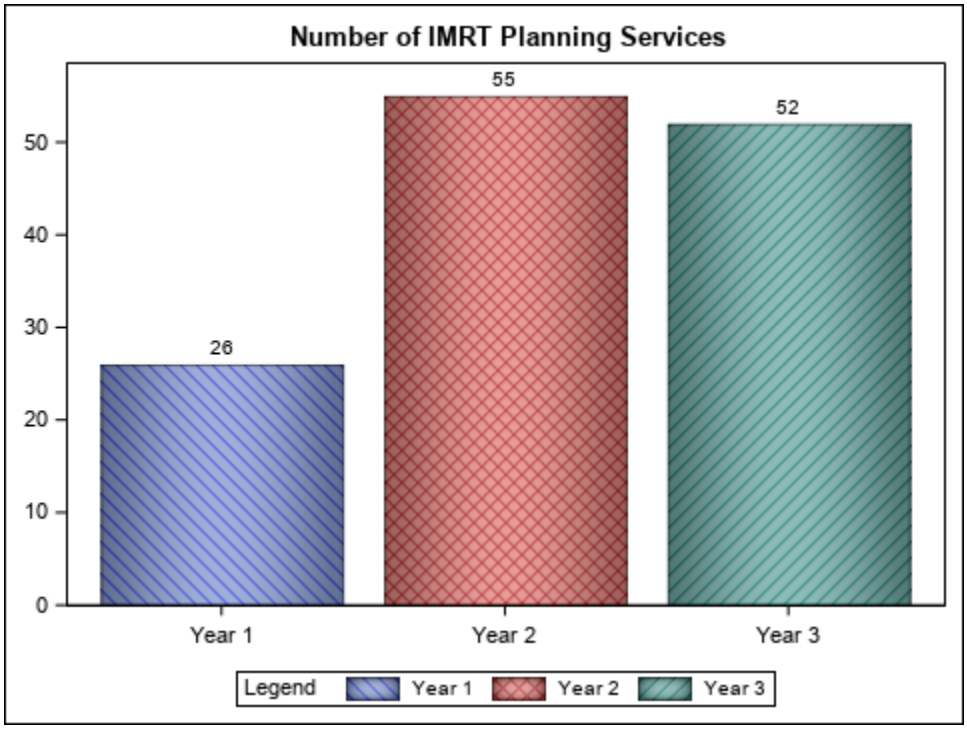
Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
5	5	1.00	1.04	Does Not Exceed	1.06	Does Not Exceed

If N/A, then provider does not have sufficient data. State average is not available when there are fewer than three providers in the state/territory with sufficient data

Figure 1 illustrates the total number of IMRT planning services. Year 1, Year 2, and Year 3 are defined as follows:

- **Year 1:** June 1, 2017 – May 31, 2018
- **Year 2:** June 1, 2018 – May 31, 2019
- **Year 3:** June 1, 2019 – May 31, 2020

Figure 1: Total Number of IMRT Planning Services



References and Resources

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