

RELI Group
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February 26, 2021

Organization Name
Address 1
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City, State, Zip

CBR #: CBR202102
Initial Preventive Physical Examinations (IPPEs) and
Annual Wellness Visits (AWVs)
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: **code here**.

For more information: Please access a recorded webinar and additional resources at [CBR.CBRPEPPER.org](https://cbr.cbrpepper.org/). [Register](#) for a live webinar on Mar. 10, 2021, 3 p.m. ET.

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>.

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) 202102

February 26, 2021

Initial Preventive Physical Examinations (IPPEs) and Annual Wellness Visits (AWVs)

Introduction

CBR202102 focuses on providers that submitted claims for IPPEs and AWVs using Healthcare Common Procedure Coding System (HCPCS) codes G0402, G0438, and G0439. For the purpose of this document and analysis, the term “IPPE/AWV” refers to HCPCS codes G0402, G0438, and G0439, and the term “evaluation and management (E/M) services” refers to Current Procedural Terminology® (CPT®) codes 99201–99205 and 99211–99215.

The [2020 Medicare Fee-for-Service Supplemental Improper Payment Data](#) report reflects an improper payment rate of 29.5% for the HCPCS code G0439, which represents \$192,677,982 in possible improper payments.

In “[Chapter 18, Section 140](#)” of the *Medicare Claims Processing Manual*, the Centers for Medicare & Medicaid Services (CMS) provides information regarding AWVs and IPPEs. CMS provides the following specifications about AWVs: “The AWV will include the establishment of, or update to, the individual’s medical/family history, measurement of his/her height, weight, body-mass index (BMI) or waist circumference, and blood pressure (BP), with the goal of health promotion and disease detection and encouraging patients to obtain the screening and preventive services that may already be covered and paid for under Medicare Part B.”

Later, in “[Chapter 18, Section 80](#)” of the *Medicare Claims Processing Manual*, CMS provides the following information regarding IPPEs: “The IPPE includes: (1) review of the individual’s medical and social history with attention to modifiable risk factors for disease detection, (2) review of the individual’s potential (risk factors) for depression or other mood disorders, (3) review of the individual’s functional ability and level of safety; (4) an examination to include measurement of the individual’s height, weight, body mass index, blood pressure, a visual acuity screen, and other factors as deemed appropriate, based on the beneficiary’s medical and social history; (5) end-of-life planning, upon agreement of the individual (6) education, counseling, and referral, as deemed appropriate, based on the results of the review and evaluation services described in the previous 5 elements, and (7) education, counseling, and referral including a brief written plan (e.g., a checklist or alternative) provided to the individual for obtaining appropriate screening and other preventive services, which are separately covered under Medicare Part B.”

The *Medicare Learning Network (MLN)*® educational tool [Medicare Wellness Visits](#) offers extensive information about AWVs and IPPEs, along with their unique coverage and the ways in which they differ from routine physical exams.

This CBR was created to provide a report of your claims of the services provided on dates of service surrounding IPPE/AWV 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 or percentages in any of the two metrics (i.e., greater than or equal to the 90th percentile), and
2. Has at least 8 beneficiaries with claims and at least \$1,300 in total allowed charges for HCPCS code G0402, or at least 13 beneficiaries with claims and at least \$2,000 in total allowed charges for G0438, or at least 94 beneficiaries with claims and at least \$10,000 in total allowed charges for G0439.

Coverage and Documentation Overview

Table 1 identifies the CPT® and HCPCS codes used in the CBR analysis.

Table 1: CPT® and HCPCS Code Descriptions

CPT® and HCPCS Codes	Description
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPPS), initial visit
G0439	Annual wellness visit; includes a personalized prevention plan of service (PPPS), subsequent visit
99201-99205	New patient E/M visits, levels 1-5
99211-99215	Established patient E/M visits, levels 1-5

Table 2 provides summaries of your utilization of IPPE/AWV services.

Table 2. Summary of Your Utilization of IPPE/AWV services between Aug. 1, 2019, and July 31, 2020

HCPCS Codes	Allowed Charges	Allowed Services	Beneficiary Count*
G0402	\$1,812	11	11
G0438	\$2,709	16	16
G0439	\$10,639	93	93
Total	\$15,160	120	120

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

Metrics

This report is an analysis of the following metrics:

1. Percentage of IPPE/AWV services submitted with E/M service on the same date of service, by HCPCS code
2. Average allowed charge amount for all Medicare Part B services by the same provider on the same date of service, per beneficiary

The CBR analysis focuses on providers that submitted claims for IPPE and AWV services using HCPCS codes G0402, G0438, and G0439. 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 (**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 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 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 29, 2020. The analysis includes claims with dates of service from Aug. 1, 2019, through July 31, 2020. For the trend analysis presented in Figure 1, claims represent dates of service between Aug. 1, 2017, and July 31, 2020.

There are 142,598 rendering providers nationwide that have submitted claims for IPPE/AWV planning services. The total allowed charges for these claims were over \$1.12 billion during the analysis timeframe.

Metric 1: Percentage of IPPE/AWV Services Submitted with E/M Service on the Same Date of Service, by HCPCS Code

Metric 1 is calculated as follows:

- The total number of IPPE/AWV services performed on the same date of service as an E/M visit is divided by the total number of IPPE/AWV services.

Table 3: Percentage of IPPE/AWV Services Submitted with E/M Service on the Same Date of Service, by HCPCS Code

	Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
G0402	11	11	100.00%	33.51%	Significantly Higher	42.29%	Significantly Higher
G0438	15	16	93.75%	43.75%	Higher	45.80%	Higher
G0439	93	93	100.00%	42.70%	Significantly Higher	49.70%	Significantly Higher

Metric 2: Average Allowed Charge Amount for All Medicare Part B Services by the Same Provider on the Same Date of Service, per Beneficiary

Metric 2 is calculated as follows:

- The total allowed charges for all Medicare Part B services for a beneficiary performed on the same date of service as an IPPE/AWV service by the same provider is divided by the total number of unique beneficiaries for IPPE/AWV services.

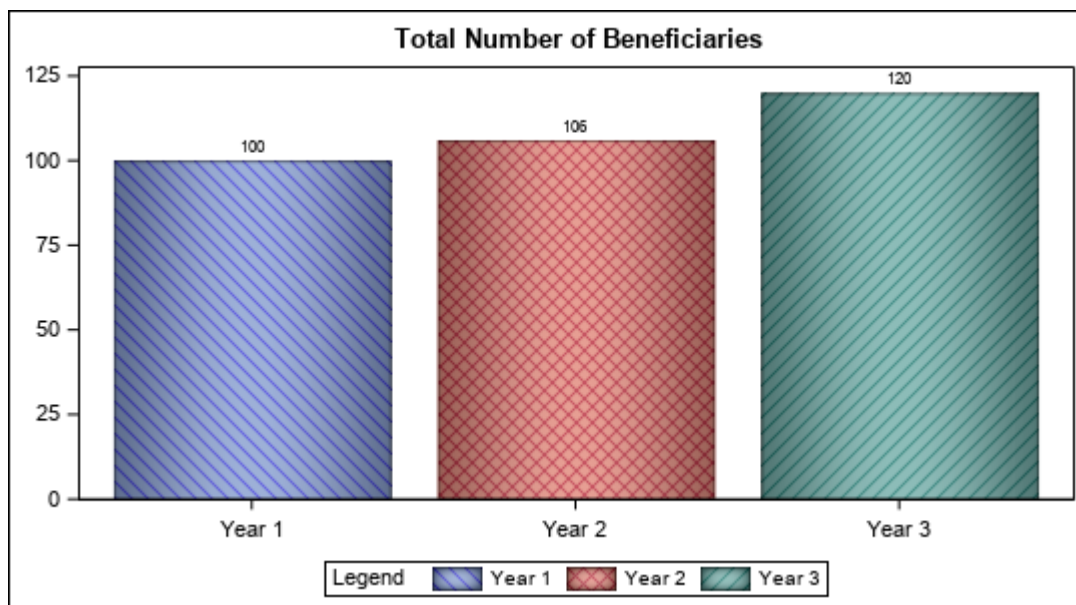
Table 4: Average Allowed Charge Amount for All Medicare Part B Services by the Same Provider on the Same Date of Service, per Beneficiary

	Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
G0402	\$5,155.46	11	\$468.68	\$159.16	Significantly Higher	\$288.95	Significantly Higher
G0438	\$6,230.99	16	\$389.44	\$165.09	Significantly Higher	\$265.39	Significantly Higher
G0439	\$31,526.81	93	\$339.00	\$112.68	Significantly Higher	\$207.44	Significantly Higher

Figure 1 illustrates the trend over time analysis for the number of beneficiaries who received IPPE/AWV services. Year 1, Year 2, and Year 3 are defined as follows:

- **Year 1:** August 1, 2017 – July 31, 2018
- **Year 2:** August 1, 2018 – July 31, 2019
- **Year 3:** August 1, 2019 – July 31, 2020

Figure 1: Total Number of Beneficiaries Who Received IPPE/AWV Services



References and Resources

CPT® Professional Edition. American Medical Association.

HCPSC Level II Expert. American Academy of Professional Coders.

[2020 Medicare Fee-for-Service Supplemental Improper Payment Data.](#) U.S. Department of Health and Human Services (HHS). CMS.gov.

[Medicare Claims Processing Manual, “Chapter 18.”](#) CMS. CMS.gov.

[Medicare Wellness Visits.](#) MLN®, Number MLN6775421. HHS, CMS. CMS.gov.