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March 31, 2021

Organization Name
Address 1
Address 2
City, State, Zip

CBR #: CBR202103
Comprehensive Eye Examinations

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 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 April 7, 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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Comprehensive Eye Examinations

Introduction

CBR202103 focuses on rendering providers with a clinical specialty of ophthalmology (18) or optometry (41) that submitted claims to Medicare Part B for ophthalmological services. The analysis will focus on Current Procedural Terminology® CPT® codes for new and established patients using codes 92002, 92004, 92012, and 92014. For the purposes of this document and analysis, these CPT® codes will be referred to as "eye examinations."

The *2020 Medicare Fee-for-Service Supplemental Improper Payment Data* report reflects an improper payment rate of 2.3% for the ophthalmology provider type, which represents $162,294,190 in improper payments. Within that improper payment rate, 76.7% was attributed to insufficient documentation and 23.3% was attributed to incorrect coding.

The *CPT® 2021 Professional Edition* provides information about the distinction between intermediate and comprehensive ophthalmological services:

- ***"Intermediate ophthalmological services*** describes an evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis, including history, general medical observation, external ocular and adnexal examination and other diagnostic procedures as indicated; may include the use of mydriasis for ophthalmology."
- ***"Comprehensive ophthalmological services*** describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmologic examinations, gross visual fields and basic sensorimotor examination…It always includes initiation of diagnostic and treatment programs."

This CBR was created to provide a report of your claims for ophthalmology services for new and established patients. 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 percentages in any of the three metrics (i.e., greater than or equal to the 90th percentile), and
2. Has at least 130 total beneficiaries with claims submitted for CPT® codes 92004, 92014, and
3. Has at least $17,200 in total allowed charges for CPT® codes 92004, 92014.

Coverage and Documentation Overview

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

Table 1: CPT® Code Descriptions

CPT® Codes	Description
92002	Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

CPT® Codes	Description
92004	Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits
92012	Ophthalmological services; medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	Ophthalmological services; medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits

Table 2 provides summaries of your utilization of CPT® codes for eye examinations.

Table 2: Summary of Your Utilization of CPT® Codes for Eye Examinations Between Nov. 1, 2019, and Oct. 31, 2020

CPT® Codes	Allowed Charges	Allowed Services	Beneficiary Count*
92002	$0	0	0
92004	$19,639	111	111
92012	$0	0	0
92014	$234,931	1,573	947
Total	$254,570	1,684	1,010

*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 comprehensive eye examinations
2. Average allowed amount per claim
3. Average number of comprehensive eye examinations per beneficiary

The CBR analysis focuses on rendering providers that submitted claims for eye examinations for new and established patients using CPT® codes 92002, 92004, 92012, and 92014. 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 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 Feb. 21, 2021. The analysis includes claims with dates of service from Nov. 1, 2019, through Oct. 31, 2020. For the trend analysis presented in Figure 1, claims represent dates of service between Nov. 1, 2017, and Oct. 31, 2020.

There are 48,747 rendering providers nationwide that have submitted claims for ophthalmological services for new and established patients. The total allowed charges for these claims were over $2 billion during the analysis timeframe.

Metric 1: Percentage of Comprehensive Eye Examinations

Metric 1 is calculated as follows:

- The count of unique claims for comprehensive eye examinations (CPT® codes 92004 and 92014) is divided by the count of unique claims for comprehensive and intermediate eye examinations (92002, 92012, 92004, and 92014).

Table 3: Percentage of Comprehensive Eye Examinations

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
1,684	1,684	100.00%	63.57%	Significantly Higher	69.44%	Significantly Higher

Metric 2: Average Allowed Amount per Claim

Metric 2 is calculated as follows:

- The total allowed charge amount for comprehensive and intermediate eye exams (92002, 92012, 92004, and 92014) is divided by the total number of unique claims for comprehensive and intermediate eye exams (92002, 92012, 92004, and 92014).

Table 4: Average Allowed Amount per Claim

Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
$254,570	1,684	$151.17	$127.14	Significantly Higher	$117.79	Significantly Higher

Metric 3: Average Number of Comprehensive Eye Examinations per Beneficiary

Metric 3 is calculated as follows:

- The total number of unique claims for comprehensive eye examinations (92004 and 92014) is divided by the total number of unique beneficiaries for comprehensive eye examination (92004 and 92014).

Table 5: Average Number of Comprehensive Eye Examinations per Beneficiary

Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
1,684	1,058	1.59	1.32	Significantly Higher	1.28	Significantly Higher

Figures 1 and 2 illustrate the trend over time analysis for the total number of beneficiaries who had claims submitted for CPT® codes 92002, 92004, 92012, and 92014. Year 1, Year 2, and Year 3 are defined as follows:

- **Year 1:** Nov. 1, 2017 – Oct. 31, 2018
- **Year 2:** Nov. 1, 2018 – Oct. 31, 2019
- **Year 3:** Nov. 1, 2019 – Oct. 31, 2020

Figure 1: Total Number of Beneficiaries Who Had Claims Submitted for CPT® Codes 92002 and 92004, Trend Over Time

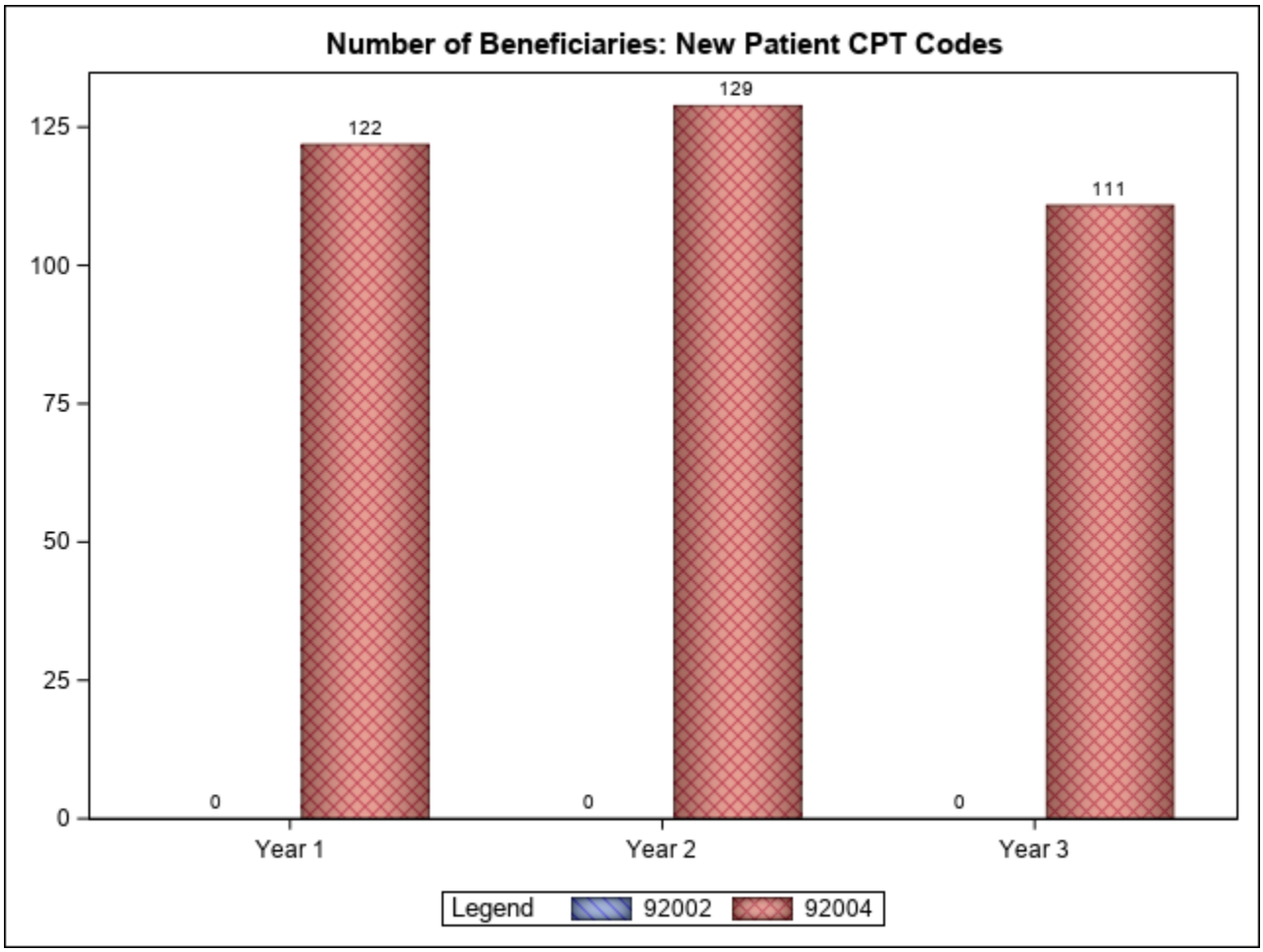
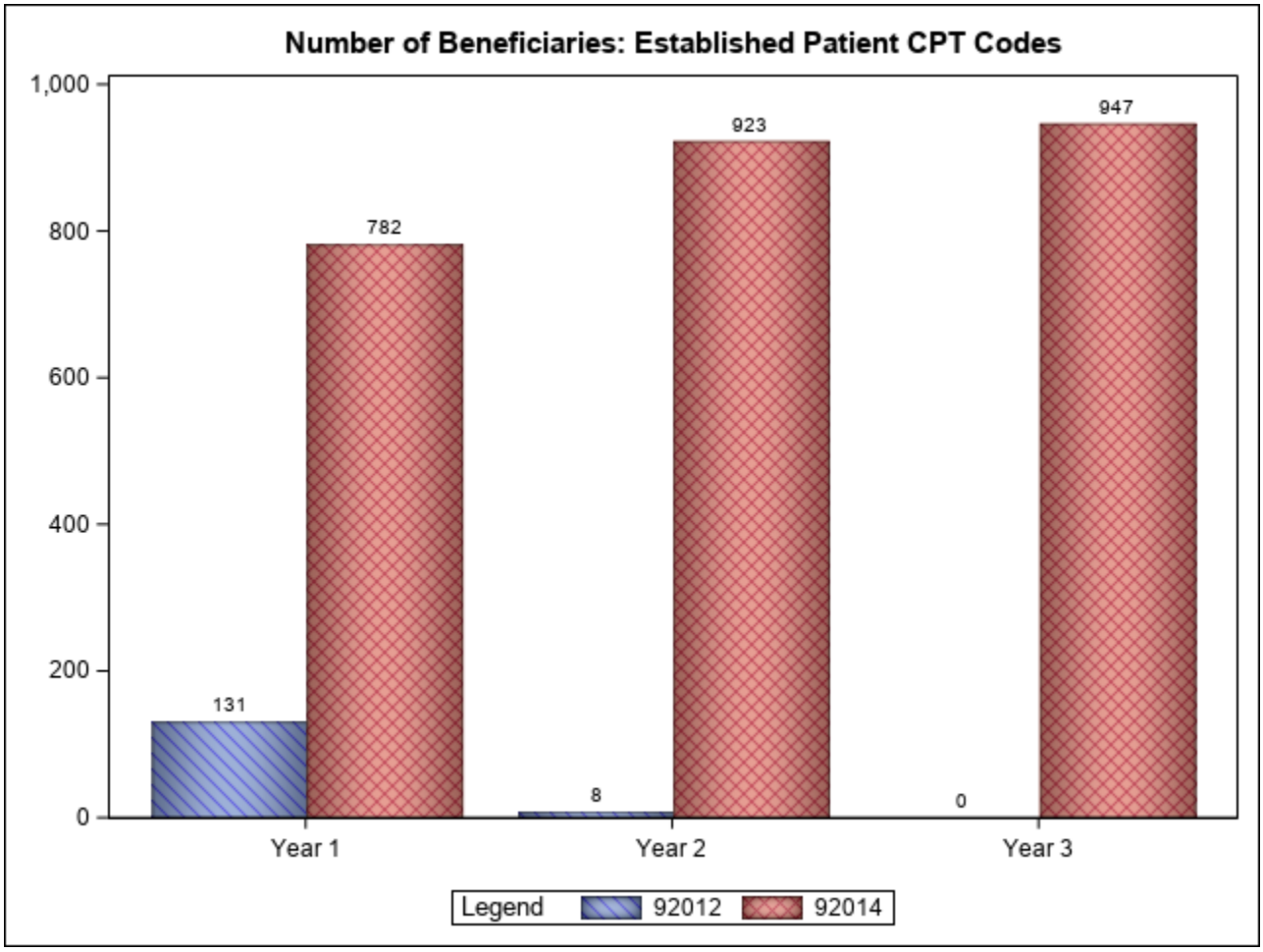


Figure 2: Total Number of Beneficiaries Who Had Claims Submitted for CPT® codes 92012 and 92014, Trend Over Time



References and Resources

CPT® 2021 Professional Edition. American Medical Association.

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