RELI Group
7125 Ambassador Drive, Suite 100
Windsor Mill, MD 21244

April 30, 2021

Organization Name
Address 1
Address 2
City, State, Zip

CBR #: CBR202104
Chronic Care Management (CCM)

NPI #: 1234567890
Fax #: Fax Here
Email: Email Here

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 May 12, 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

THIS PAGE LEFT INTENTIONALLY BLANK

Chronic Care Management (CCM)

Introduction

CBR202104 focuses on rendering providers that submitted claims to Medicare Part B for CCM. The analysis will focus on Current Procedural Terminology® (CPT®) codes 99487, 99489, 99490, and 99491. For the purposes of this document and analysis, these CPT® codes will be referred to as "CCM."

The *2020 Medicare Fee-for-Service Supplemental Improper Payment Data* report reflects an improper payment rate of 67.4% for CPT® code 99490, which represents $93,486,492 in improper payments. This report attributes 100% of this improper payment rate to insufficient documentation.

In the *Medicare Made Hundreds of Thousands of Dollars in Overpayments for Chronic Care Management Services* report, the Office of Inspector General (OIG) explores Medicare overpayments for CCM services during the calendar years of 2015 and 2016. In the report, the OIG recommends that providers refund overcharges to beneficiaries, implement claim processing controls, and make system edits to prevent and detect overpayments for CCM services.

This CBR was created to provide a report of your claims for CCM 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 percentages in any of the three metrics (i.e., greater than or equal to the 90th percentile), and
2. Has at least 30 total beneficiaries with claims submitted for CPT® codes 99487, 99489, 99490, and 99491, and
3. Has at least $5,500 in total allowed charges for CPT® codes 99487, 99489, 99490, and 99491.

Coverage and Documentation Overview

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

Table 1: CPT® Code Descriptions

CPT® Codes	Description
99487	Complex chronic care management services with the following required elements: • Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, • Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, • Comprehensive care plan established, implemented, revised, or monitored, • Moderate or high complexity medical decision making; First 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.
99489	Complex chronic care management services with the following required elements: • Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,

CPT® Codes	Description
	• Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, • Comprehensive care plan established, implemented, revised, or monitored, • Moderate or high complexity medical decision making; Each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
99490	Chronic care management services with the following required elements: • Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, • Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, • Comprehensive care plan established, implemented, revised or monitored; First 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.
99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: • Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; • Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; • Comprehensive care plan established, implemented, revised, or monitored.

Table 2. Summary of Your Utilization of CPT® Codes for CCM between Dec. 1, 2019, and Nov. 30, 2020

CPT® Codes	Allowed Charges	Allowed Services	Beneficiary Count*
99487	$2,663	47	34
99489	$1,063	38	19
99490	$4,862	140	72
99491	$0	0	0
Total	$8,589	225	84

*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 CCM claims billed with zero or only one chronic diagnoses
2. Percentage of CCM claims overall
3. Percentage of CPT® code 99487 claims billed with add-on CPT® code 99489

The CBR analysis focuses on rendering providers that submitted claims for CCM using CPT® codes 99487, 99489, 99490, and 99491 with the International Classification of Diseases, Tenth Revision, Clinical Modification chronic diagnoses, which are listed in *CBR202104 Diagnosis Code List*. 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 March 5, 2021. The analysis includes claims with dates of service from Dec. 1, 2019, through Nov. 30, 2020. For the trend analysis presented in Figure 1, claims represent dates of service between Dec. 1, 2017, and Nov. 30, 2020.

There are 21,833 rendering providers nationwide that have submitted claims for CCM. The total allowed charges for these claims were over $235 million during the analysis timeframe.

Metric 1: Percentage of CCM Claims Billed with Zero or Only One Chronic Diagnoses

Metric 1 is calculated as follows:

- The count of unique claims for CCM with zero or only one chronic diagnosis codes is divided by the count of unique CCM claims.

Table 3: Percentage of CCM Claims Billed with Zero or Only One Chronic Diagnoses

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
203	208	97.60%	9.41%	Significantly Higher	8.12%	Significantly Higher

Metric 2: Percentage of CCM Claims Overall

Metric 2 is calculated as follows:

- Count of unique CCM claims is divided by the total count of all unique claims.

Table 4: Percentage of CCM Claims Overall

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
208	938	22.17%	8.16%	Significantly Higher	8.23%	Higher

Metric 3: Percentage of CPT® Code 99487 claims billed with Add-On CPT® Code 99489

Metric 3 is calculated as follows:

- The count of unique claims for CPT® code 99487 that are submitted with an add-on CPT® code 99489 is divided by the count of unique claims for CPT® code 99487.

Table 5: Percentage of CPT® Code 99487 claims billed with Add-On CPT® Code 99489

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
21	47	44.68%	43.21%	Higher	32.70%	Higher

*An outcome of "N/A" indicates a denominator value that is less than 24.

Figures 1 and 2 illustrate the trend over time analysis for the total number of beneficiaries who had claims submitted for CPT® codes 99487, 99489, 99490, and 99491. Year 1, Year 2, and Year 3 are defined as follows:

- **Year 1:** Dec. 1, 2017 – Nov. 30, 2018
- **Year 2:** Dec. 1, 2018 – Nov. 30, 2019
- **Year 3:** Dec. 1, 2019 – Nov. 30, 2020

Figure 1: Total Number of Beneficiaries Who Had Claims Submitted for CPT® Codes 99487 and 99489; Trend Over Time

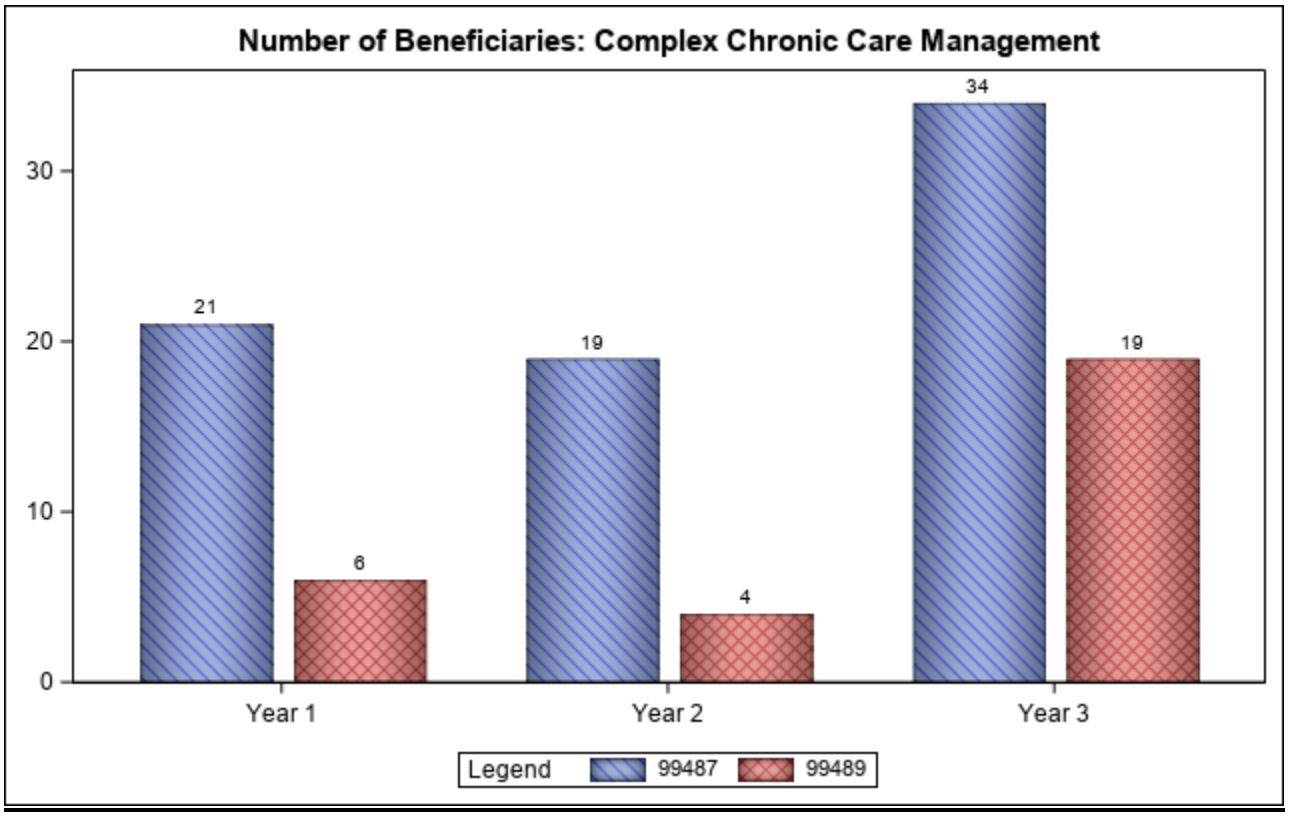
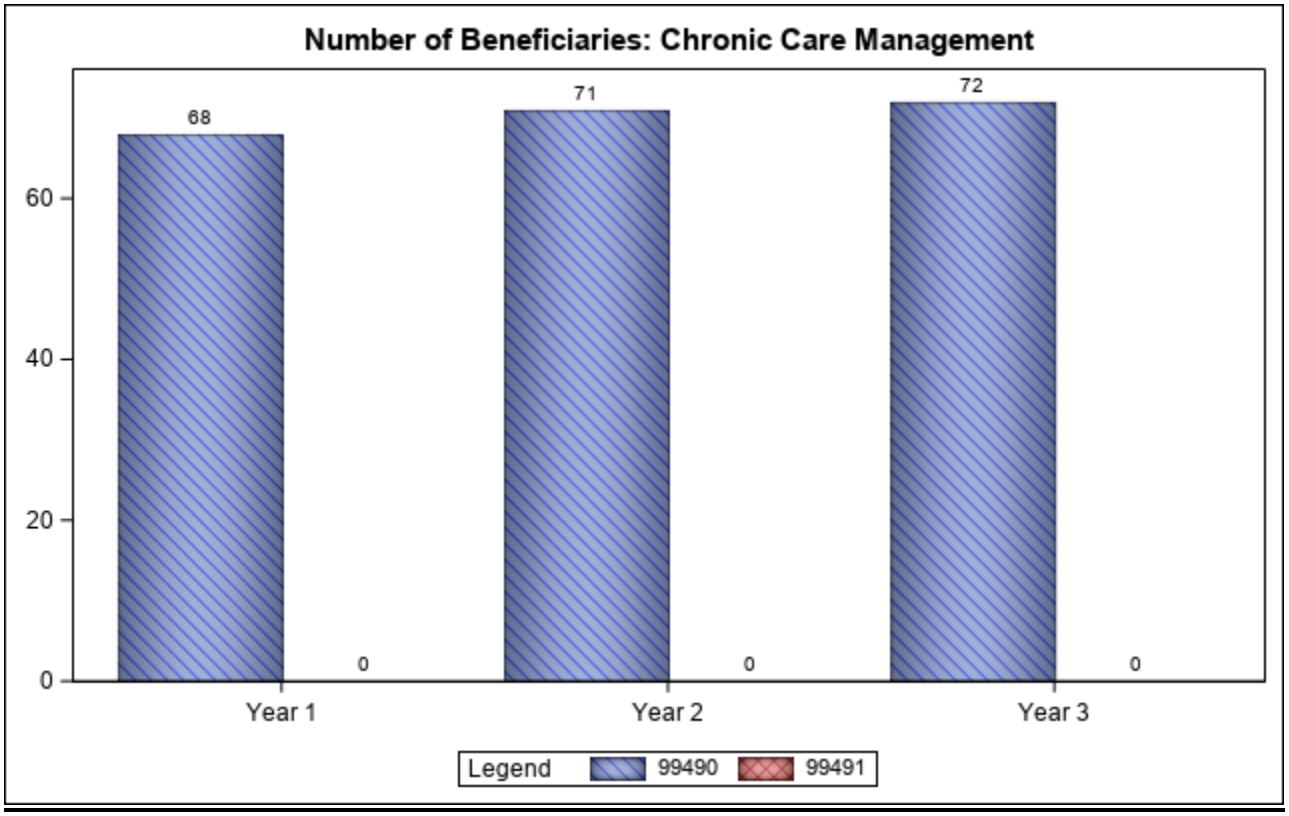


Figure 2: Total Number of Beneficiaries Who Had Claims Submitted for CPT® Codes 99490 and 99491; Trend Over Time



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.

Medicare Made Hundreds of Thousands of Dollars in Overpayments for Chronic Care Management Services. OIG, HHS. oig.hhs.gov.

CBR202104 Diagnosis Code List