

RELI Group  
7125 Ambassador Drive, Suite 100  
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March 31, 2022

CBR #: CBR202203

Lipid Panel Testing

First Last, Credential

Address

State, City, ZIP

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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.

CMS routinely distributes an educational tool, known as a CBR, to the provider community in a variety of Medicare Fee-for-Service service areas. A CBR reflects a specific provider's billing and/or prescribing patterns as compared to his/her peers' patterns for the same services in his/her state or specialty, and nationwide. The CBR is intended to enhance accurate billing and/or prescribing practices and support providers' internal compliance activities. The report is not an indication of wrongdoing, and can support internal compliance review efforts, especially those related to coding and billing of code sets. Receiving a CBR is not an indication of, or precursor to, an audit, and it requires no response on a provider's part. Selected providers, however, may be referred for additional review and education as a part of CMS' routine CBR Program.

This CBR provides data regarding your claims submission, as compared to other providers' claims submission within your state, and in the nation.

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: (Your code).

**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 April 13, 2022, 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) 202203

March 31, 2022

### Lipid Panel Testing

#### Introduction

CBR202203 focuses on providers listed as referring providers on Medicare Part B claims for lipid panel testing, cholesterol testing, and direct low-density lipoprotein (LDL) cholesterol testing using Current Procedural Terminology® (CPT®) codes 80061, 82465, and 83721, respectively. For the purposes of this document and analysis, these CPT® codes will be referred to as “lipid panel testing.” Additionally, the CPT® code 80061 will be referred to as “lipid panel,” CPT® code 82465 will be referred to as “total cholesterol,” and the CPT® code 83721 will be referred to as “LDL cholesterol test.”

The CBR analysis was based on claims extracted from the Integrated Data Repository, based on the latest version of claims available on Feb 3<sup>rd</sup>, 2022. The analysis includes claims with dates of service from Jan.1, 2019, through Dec. 31, 2019. For the trend analysis presented in Figure 1, claims represent dates of service between Jan. 1, 2017, and Dec. 31, 2019. For the trend analysis presented in Figure 2, claims represent dates of service between Jan. 1, 2019, and Dec. 31, 2019.

The [2021 Medicare Fee-for-Service Supplemental Improper Payment Data](#) report reflects an improper payment rate of 23.7% for clinical laboratories, which represents \$907,854,203 in improper payments. The types of error that comprise the improper payment rate for Medicare Part B laboratory services include a 90% improper payment rate attributed to insufficient documentation and an 8.0% improper payment rate attributed to medical necessity errors.

A [study](#) from the Office of the Inspector General (OIG), released in May 2021, noted “Payments made to providers for direct LDL tests that were billed in addition to lipid panels did not comply with Medicare requirements. Under certain circumstances, it may be medically necessary for a provider to perform both tests for the same beneficiary on the same date of service. However, CMS and Medicare contractors explained that these circumstances should happen with only limited frequency. We determined that some providers billed LDL tests in addition to lipid panels for the same beneficiary on the same date of service more than 75% of the time. (We refer to such providers as ‘at-risk providers.’)”

After review of and research into the improper payment rate, this CBR was created to analyze the possible threat to the Medicare Trust Fund associated with lipid panel testing. The expectation is that providers that refer patients for lipid panel testing will order testing according to patients’ medical necessity and maintain proper documentation for patient care.

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 four metric calculations (i.e., greater than or equal to the 90th percentile), and
2. Has at least 200 total beneficiaries with claims submitted for CPT® 80061, 82465, 83721, and
3. Has at least \$5,300 in total allowed charges for lipid panel testing.

#### Coverage and Documentation Overview

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

**Table 1: CPT® Code Descriptions**

CPT® Codes	Description
80061	Lipid panel
82465	Cholesterol, serum or whole blood, total
83721	Lipoprotein, direct measurement; LDL cholesterol

Table 2 provides summaries of your utilization of CPT® codes for lipid panel testing.

**Table 2: Summary of Your Utilization of CPT® Codes for Lipid Panel Testing Between Jan. 1, 2019, and Dec. 31, 2019**

CPT® Codes	Allowed Charges	Allowed Units	Beneficiary Count
80061	\$17,618	1,184	590
82465	\$0	0	0
83721	\$12,222	1,153	576
Total	\$29,840	2,337	591

\*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. Percent of lipid panels with direct LDL cholesterol test on the same day
2. Percent of beneficiaries receiving greater than one lipid panel in a rolling year
3. Percent of beneficiaries receiving greater than three LDL cholesterol tests in a rolling year
4. Percent of beneficiaries receiving greater than three total cholesterol tests in a rolling year

The CBR analysis focuses on providers listed as referring providers on Medicare Part B claims for lipid panel testing. 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 referring 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 referring 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 90<sup>th</sup> 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**

There are 300,125 providers nationwide that are listed as referring providers on claims for lipid panel testing. The total allowed charges for these claims were over \$294,072,720 during the analysis timeframe.

### **Metric 1: Percent of Lipid Panels with Direct LDL Cholesterol Test on the Same Day**

Metric 1 is calculated as follows:

- The number of claims for a lipid panel (CPT® 80061) billed with an LDL cholesterol test (CPT® 83721) on the same date of service for the same beneficiary is divided by the number of claims for a lipid panel (CPT® 80061) billed with an LDL cholesterol test (CPT® 83721) within 30 days for the same beneficiary.

**Table 3: Percent of Lipid Panels with Direct LDL Cholesterol Test on the Same Day**

<b>Numerator</b>	<b>Denominator</b>	<b>Your Percent</b>	<b>Your State Percent</b>	<b>Comparison with Your State</b>	<b>National Percent</b>	<b>Comparison with National Percent</b>
1,151	1,152	100.00%	100.00%	Significantly Higher	99.37%	Significantly Higher

N/A: An outcome of “N/A” indicates a denominator value that is less than 20.

### **Metric 2: Percent of Beneficiaries Receiving Greater Than One Lipid Panel in a Rolling Year**

Metric 2 is calculated as follows:

- The total number of beneficiaries with greater than one date of service with a claim for a lipid panel (CPT® 80061) within a rolling year is divided by the number of beneficiaries with at least one claim for a lipid panel (CPT® 80061).

**Table 4: Percent of Beneficiaries Receiving Greater Than One Lipid Panel in a Rolling Year**

<b>Numerator</b>	<b>Denominator</b>	<b>Your Percent</b>	<b>Your State Percent</b>	<b>Comparison with Your State</b>	<b>National Percent</b>	<b>Comparison with National Percent</b>
502	590	85.08%	53.88%	Significantly Higher	67.72%	Significantly Higher

### **Metric 3: Percent of Beneficiaries Receiving Greater Than Three LDL Cholesterol Tests in a Rolling Year**

Metric 3 is calculated as follows:

- The number of beneficiaries with greater than three dates of service with a claim with an LDL cholesterol test (CPT® 83721) within a rolling year is divided by the number of beneficiaries with at least one claim for an LDL cholesterol test (CPT® 83721).

**Table 5: Percent of Beneficiaries Receiving Greater Than Three LDL Cholesterol Tests in a Rolling Year**

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
80	576	13.89%	9.13%	Significantly Higher	29.70%	Does Not Exceed

N/A: An outcome of “N/A” indicates a denominator value that is less than 20.

#### **Metric 4: Percent of Beneficiaries Receiving Greater Than Three Total Cholesterol Tests in a Rolling Year**

Metric 4 is calculated as follows:

- The number of beneficiaries with greater than three dates of service with a claim with a lipid panel (CPT® 80061) or a total cholesterol test (CPT® 82465) within a rolling year is divided by the number of beneficiaries with at least one claim with a lipid panel (CPT® 80061) or a total cholesterol test (CPT® 82465).

**Table 6: Percent of Beneficiaries Receiving Greater Than Three Total Cholesterol Tests in a Rolling Year**

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
89	590	15.08%	8.43%	Higher	22.48%	Does Not Exceed

N/A: An outcome of “N/A” indicates a denominator value that is less than 20.

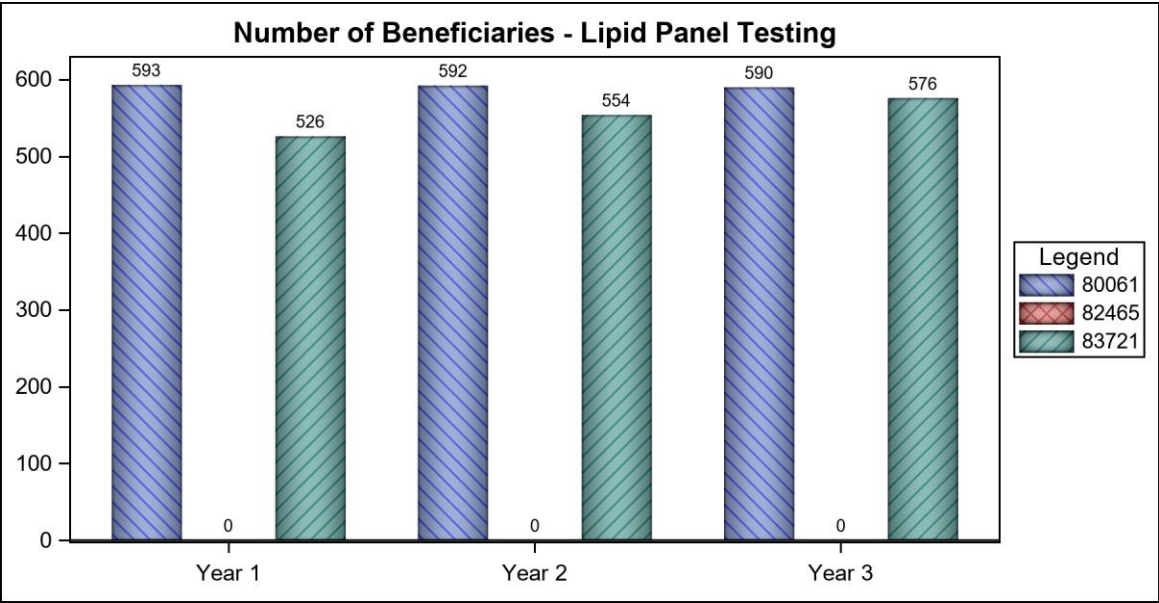
Figure 1 illustrates the number of beneficiaries for whom claims with lipid panel testing were submitted, by CPT® code.

Figure 2 illustrates the number of claims for lipid panel testing per month that were submitted in Year 3.

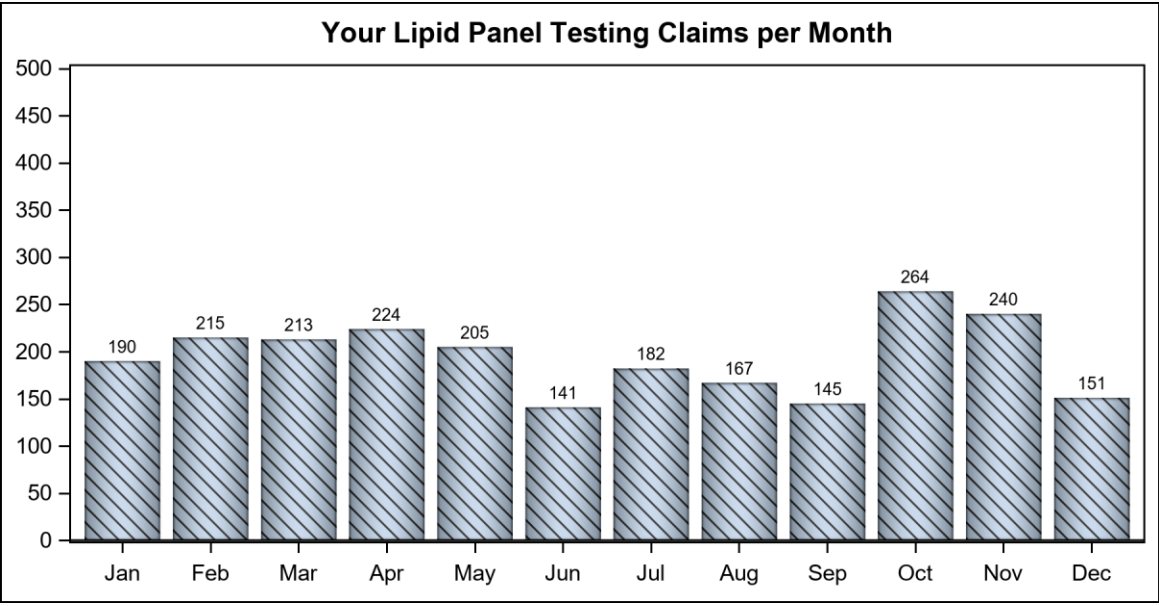
Year 1, Year 2, and Year 3 are defined as follows:

- **Year 1:** Jan. 1, 2017 – Dec. 31, 2017
- **Year 2:** Jan. 1, 2018 – Dec. 31, 2018
- **Year 3:** Jan. 1, 2019 – Dec. 31, 2019

**Figure 1: Total Number of Beneficiaries Who Had Claims Submitted with Lipid Panel Testing by CPT® code, Trend Over Time**



**Figure 2: Total Number of Claims Submitted for Lipid Panel Testing, per Month, for Year 3.**



## **References and Resources**

*CPT® 2021 Professional Edition*. American Medical Association.

[\*2021 Medicare Fee-for-Service Supplemental Improper Payment Data\*](#). U.S. Department of Health and Human Services (HHS). CMS.gov.

[\*Medicare Could Have Saved up to \\$20 Million Over 5 Years if CMS Oversight Had Been Adequate To Prevent Payments for Medically Unnecessary Cholesterol Blood Tests\*](#). OIG. OIG.HHS.gov.

*National Coverage Determination (NCD)*, “[Lipid Testing: 190.23](#).” CMS. CMS.gov.