

RELI Group  
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July 28, 2022

CBR #: CBR202207  
Allergy and Immunology

First Last, Credential  
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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 specialty, 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: Sample 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 August 10, 2022, 3 p.m. ET.

**To request assistance or submit questions:** [Contact the CBR Help Desk](https://cbr.cbrpepper.org/Help-Contact-U.S) at <https://cbr.cbrpepper.org/Help-Contact-U.S>.

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) 202207**  
**July 28, 2022**

**Allergy and Immunology**

**Introduction**

CBR202207 focuses on rendering providers that submitted Medicare Part B claims for allergy and immunology services.

The CBR analysis was based on claims extracted from the Integrated Data Repository, based on the latest version of claims available on June 8<sup>th</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 1.9% for allergy/immunology, which represents \$13,391,179 in improper payments. The types of error that comprise the improper payment rate for Medicare Part B allergy and immunology services include a 63.5% improper payment rate attributed to insufficient documentation and a 36.5% improper payment rate attributed to incorrect coding.

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 allergy and immunology services. The expectation is that providers who provide allergy and immunology services will maintain proper documentation for patient care and confirm correct coding processes.

The criteria for receiving a CBR are that a provider:

1. Is significantly higher compared to either peer group or national percentages in any of the three metric calculations (i.e., greater than or equal to the 90th percentile), and
2. Has at least 12 total beneficiaries with claims submitted for Current Procedural Terminology® (CPT®) codes between 95115 and 95199, and
3. Has at least \$3,830 in total allowed charges for CPT® codes between 95115 and 95199.

**Coverage and Documentation Overview**

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

**Table 1: CPT® Code Descriptions**

<b>CPT® Codes</b>	<b>Description</b>
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injections
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) specify number of vials
95145-95149	Preparation and provision of stinging insect venom for allergen immunotherapy (1-5 venoms)

CPT® Codes	Description
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod
95180	Rapid desensitization procedure, each hour (eg. Insulin, penicillin, equine serum)
95199	Unlisted allergy/clinical immunologic service or procedure
99201-99205	Office or other outpatient visit, new patient, levels 1-5
99211-99215	Office or other outpatient visit, established patient, levels 1-5

Table 2 provides summaries of your utilization of CPT® codes for allergy and immunology services.

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

CPT® Codes	Allowed Charges	Allowed Units	Beneficiary Count
95115 - 95199	\$137,473	11,253	158

## Metrics

This report is an analysis of the following metrics:

1. Percent of all claim lines that were allergen injections
2. Percent of allergy services that were antigen preparation
3. Percent of allergen injections submitted with an evaluation and management (E&M) service

The CBR analysis focuses on providers listed as rendering providers on Medicare Part B claims for allergy and immunology services. Statistics were calculated for each provider, all providers in the specialty, and all providers in the nation. The specialty and national peer groups are defined as follows:

- The specialty peer group is defined as all rendering Medicare providers practicing in the individual provider's specialty group with allowed charges for the procedure codes included in this study. Providers were divided into three "Specialty Groups," based on the provider's designated primary and secondary specialty (within the Provider Enrollment Chain and Ownership System (PECOS)) and taxonomy (within the National Plan & Provider Enumeration System):
  1. Providers with "Allergy Immunology" as primary or secondary specialty or taxonomy are defined with "Allergist" specialty label
  2. Providers with Otolaryngology as a primary or secondary specialty or taxonomy who are not in the Allergist group are defined with "ENT" specialty label
  3. All remaining providers are designated with "Other" specialty label
- 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 specialty peer group values and to the national values. Your metrics were compared to your specialty group [SpecialtyGrp] 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 specialty group or national mean.

2. Higher — Provider's value is greater than the specialty group or national mean.
3. Does Not Exceed — Provider's value is less than or equal to the specialty group or national mean.
4. Not Applicable (N/A) — Provider does not have sufficient data for comparison.

## **Methods and Results**

There are 23,079 providers nationwide that are listed as rendering providers on claims for allergy and immunology services. The total allowed charges for these claims were over \$153 million during the analysis timeframe.

### **Metric 1: Percent of All Claim Lines That Were Allergen Injections**

Metric 1 is calculated as follows:

- The number of claim lines with CPT® codes 95115 or 95117 is divided by the total number of claim lines for all Medicare Part B claims.

**Table 3: Percent of All Claim Lines That Were Allergen Injections**

Numerator	Denominator	Your Percent	Your Specialty Percent	Comparison with Your Specialty	National Percent	Comparison with National Percent
2,696	5,972	45.14%	46.02%	Does Not Exceed	7.68%	Significantly Higher

### **Metric 2: Percent of Allergy Services That Were Antigen Preparation**

Metric 2 is calculated as follows:

- The total number of claim lines with CPT® codes 95144 or 95165 is divided by the number of claim lines with any CPT® code between 95115 and 95199.

**Table 4: Percent of Allergy Services That Were Antigen Preparation**

Numerator	Denominator	Your Percent	Your Specialty Percent	Comparison with Your Specialty	National Percent	Comparison with National Percent
2,878	5,574	52.00%	13.75%	Significantly Higher	14.29%	Significantly Higher

### **Metric 3: Percent of Allergen Injections Submitted with an E&M Service**

Metric 3 is calculated as follows:

- The number of claim lines with CPT® codes 95115 or 95117 submitted with the same date of service, same beneficiary, and the same rendering provider as a claim line with an E&M service is divided by the total claim lines with CPT® codes 95115 or 95117.

**Table 5: Percent of Allergen Injections Submitted with an E&M Service**

Numerator	Denominator	Your Percent	Specialty Percent	Comparison with Your Specialty	National Percent	Comparison with National Percent
0	2,696	0.00%	5.12%	Does Not Exceed	5.00%	Does Not Exceed

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

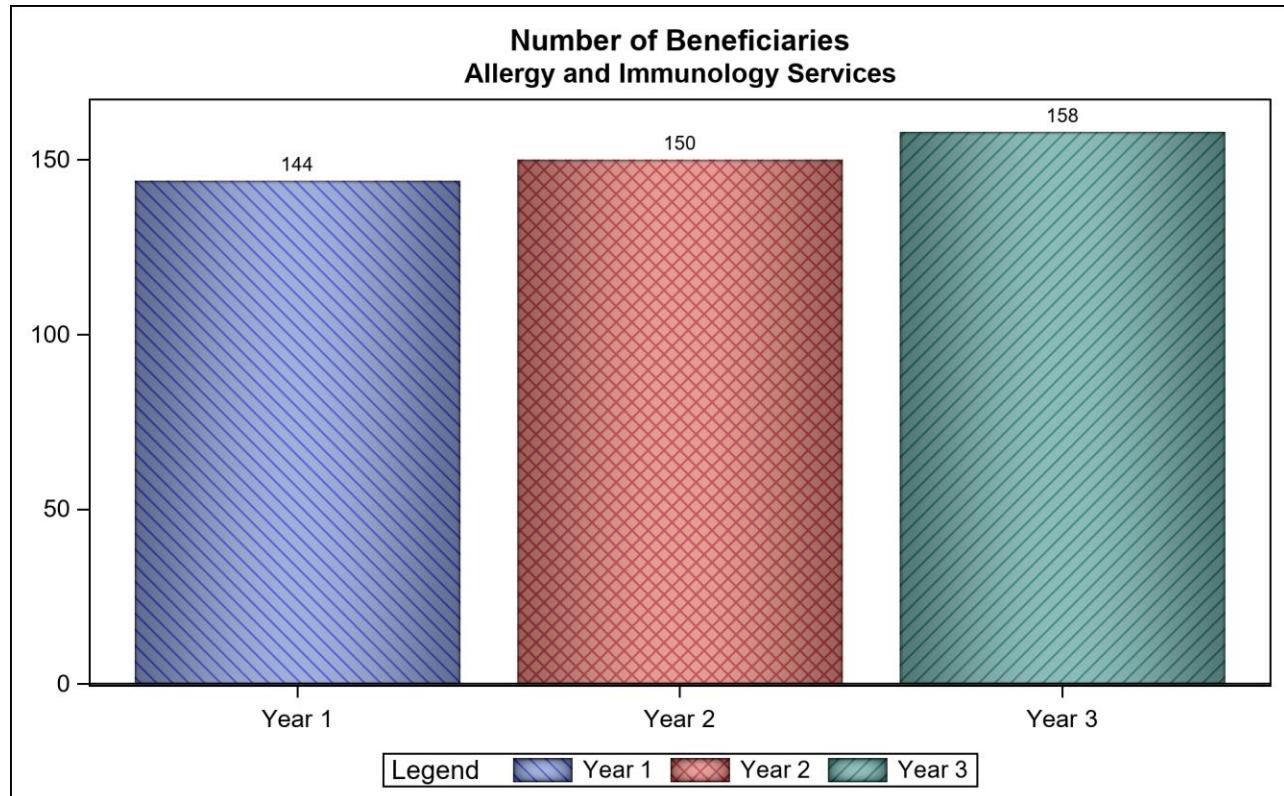
Figure 1 illustrates the number of beneficiaries for whom claims with allergy and immunology services were submitted.

Figure 2 illustrates the number of claims for allergy and immunology services, per month, that were submitted in Year 3.

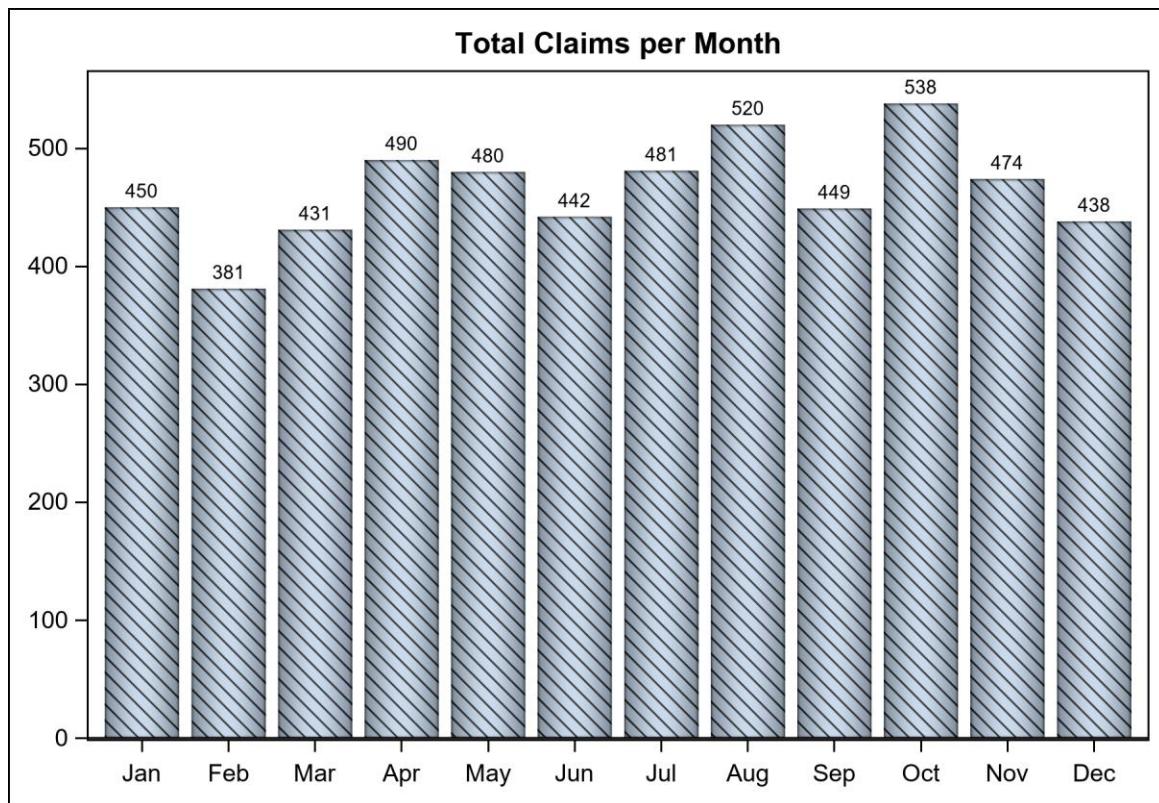
Year 1, Year 2, and Year 3 are defined as follows:

- **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 Total Number of Beneficiaries Who Had Claims Submitted with Allergy and Immunology Services, Trend Over Time**



**Figure 2: Total Number of Claims Submitted for Allergy and Immunology Services 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.