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CBR201706:
Drugs of Abuse Testing

August 23, 2017
3:00 P.M. ET
CBR201706: Drugs of Abuse Testing

August 23, 2017
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Level II HCPCS codes are maintained and distributed by the Centers for Medicare & Medicaid Services (CMS)
The CBR project has made every reasonable effort to ensure the accuracy of the information and web links provided in the CBR materials at the time of publication; however, Medicare policy changes frequently, so the information and links within the material may change without further notice. It is the responsibility of the provider to remain up-to-date with Medicare Program requirements.
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Webinar Outline

1. Introduction
2. Coverage & Documentation Overview
3. Methods & Results
4. References & Resources
5. Q&A
6. Survey
Webinar Protocol

- All attendee lines are muted
- Submit questions via chat throughout the webinar
- Ask questions pertinent to webinar
- Email: cbrsupport@eglobaltech.com
- Contact MAC for specific claims questions
Webinar Objective

Upon completion of this webinar, you should be able to:

- Demonstrate a general understanding of **CBR201706: Drugs of Abuse Testing**
- Comprehend the analytical methods used to develop the report
- Locate policy references and resources
CBR201706:
Drugs of Abuse Testing
Sample CBR
http://www.cbrinfo.net/cbr201706-sample-cbr
CBR Purpose & Focus

- Percentage of definitive tests using HCPCS code G0483
- The percentage of services ordered too frequently
- The average number of services per beneficiary
- The average number of services per visit
- Approximately 10,000 providers
Webinar Materials

- References and Resources
- Webinar slides
- MP4 of webinar
- Webinar Handout
- Webinar Q&A Handout
## Acronyms

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CERT</td>
<td>Comprehensive Error Rate Testing</td>
</tr>
<tr>
<td>CLIA</td>
<td>Clinical Laboratory Improvement Amendments</td>
</tr>
<tr>
<td>COT</td>
<td>Chronic Opioid Therapy</td>
</tr>
<tr>
<td>CPT®</td>
<td>Current Procedural Terminology</td>
</tr>
<tr>
<td>GC-MS</td>
<td>Gas Chromatography coupled with Mass Spectrometry</td>
</tr>
<tr>
<td>HCPCS</td>
<td>Healthcare Common Procedure Coding System</td>
</tr>
<tr>
<td>IA</td>
<td>Immunoassay</td>
</tr>
<tr>
<td>LCA</td>
<td>Local Coverage Article</td>
</tr>
<tr>
<td>LCD</td>
<td>Local Coverage Determination</td>
</tr>
<tr>
<td>LC-MS/MS</td>
<td>Liquid Chromatography coupled with Mass Spectrometry</td>
</tr>
<tr>
<td>OLR</td>
<td>Office of Legislative Research</td>
</tr>
<tr>
<td>UDT</td>
<td>Urine Drug Testing</td>
</tr>
</tbody>
</table>

*Level II HCPCS codes are maintained and distributed by the Centers for Medicare & Medicaid Services (CMS)*
Level II HCPCS codes are maintained and distributed by the Centers for Medicare & Medicaid Services (CMS)
2016 Comprehensive Error Rate Testing Report (CERT):

- Lab Tests (include urine drug screenings)
  - Top 20 for highest payment errors
  - Improper payment rate of 36 percent
  - $1.3 billion improper payments
"Exclusive: Medicare on Drugs: 24,000 Tests for 145 Patients"

- $1.4 million paid to 3 physicians in 2012
- Most expensive tests requested
- Patients averaged one test every other day
Bloomberg BNA’s Health Care Fraud Report:

- “How Urine Drug Testing Fraud and Abuse Is Impacting the Community”
  - Review of fraud and abuse cases
  - Appropriate utilization
  - Medical necessity/abusive billing
  - Kickbacks/self-referral
  - Conduct that may trigger investigation
Office of Legislative Research (OLR):

- “State Strategies for Addressing Prescription Drug Use”
  - Statewide drug monitoring programs
  - Regulate ‘pill mills’
  - Access to medication to treat drug overdose
  - Continuing education for providers
Definitions

Presumptive UDT:
- Used to determine presence or absence of drugs in urine
- Numerical results are positive or negative

Definitive UDT:
- Used to identify specific medications, illicit substances and metabolites
- Reports results of analytes absent or present in concentrations
## LCDs & LCAs

<table>
<thead>
<tr>
<th>Medicare Administrative Contractor (MAC)</th>
<th>Current LCD</th>
<th>Current LCA</th>
<th>Retired</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGS Administrators, LLC</td>
<td>L36029</td>
<td>A54314</td>
<td>A54315</td>
</tr>
<tr>
<td>First Coast Service Options</td>
<td>L36393</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>National Government Services</td>
<td>L36037</td>
<td>N/A</td>
<td>A54681</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions</td>
<td>L36668</td>
<td>A55001</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>L36707</td>
<td>A54998</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>A55030</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>A55031</td>
<td></td>
</tr>
<tr>
<td>Novitas Solutions, Inc.</td>
<td>L35006</td>
<td>N/A</td>
<td>L32050</td>
</tr>
<tr>
<td>Palmetto GBA</td>
<td>L35724</td>
<td>A54799</td>
<td>L35105</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A53953</td>
<td>A53952</td>
</tr>
</tbody>
</table>
Drug Testing Methods

Presumptive UDT may be read by:

- Direct optical observation or by instrument assisted direct optical observation
- Instrumented chemistry analyzers

Definitive UDT requires interpretation by trained experts:

- Gas chromatography coupled with mass spectrometry (GC-MS)
- Liquid chromatography coupled with mass spectrometry (LC-MS/MS)
Presumptive IA UDT

- Primarily used to screen for drug classes
- Cannot always identify specific drugs within many drug classes such as fentanyl, carisoprodol, tramodol, tapentadol and synthetic designer drugs
- May yield false negative immunoassay (IA) results for buprenorphine, amphetamines, benzodiazepine and cocaine/heroin
Definitive UDT

- Can identify non-prescribed drugs and illicit use for ongoing safe prescribing of controlled substances
- Can identify a negative, or confirm a positive that is inconsistent with a patient’s self-report
- May be ordered for more accurate results when presumptive tests are negative for fentanyl, meperidine, synthetic cannabinoids and other synthetic/analog drugs
# Definitive Testing Frequency - SUD

<table>
<thead>
<tr>
<th>Consecutive days of abstinence</th>
<th>Expected frequency</th>
<th>Not reasonable and necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-30</td>
<td>1 per week</td>
<td>&gt; 1 per week</td>
</tr>
<tr>
<td>31-90</td>
<td>1-3 per month</td>
<td>&gt; 3 per month</td>
</tr>
<tr>
<td>&gt; 90</td>
<td>1-3 in 3 months</td>
<td>&gt; 3 in 3 months</td>
</tr>
</tbody>
</table>
UDT covers three patient groups:

- **Group A** - Symptomatic patients, multiple drug ingestion and/or patients with unreliable history

- **Group B** - Patients diagnosed and in active treatment for substance use disorder (SUD)

- **Group C** – Treatment for patients on chronic opioid therapy (COT)
UDT testing objectives:

- Treat patients who are symptomatic for substance use toxicity
- Evaluate and management patients in coma, altered mental state, cardiovascular instability, seizures
- Stabilize patients until definitive testing is completed
UDT testing objectives:

- Monitor patients in active treatment for SUD during different phases of recovery
- Determine specific drugs in patient’s system
- Check for substances that could interfere with prescribed medications
UDT – Chronic Opioid Therapy (COT) testing objectives:

- Identify absence of prescribed medication and potential for abuse, misuse, and diversion
- Identify undisclosed substances, such as alcohol, unsanctioned medication, illicit substances
- Provide diagnostic information to assess side effects, metabolism, drug interaction
## Chronic Opioid Therapy Testing

<table>
<thead>
<tr>
<th>Risk Group/ Baseline</th>
<th>Frequency of Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk / Prior to initiation of COT</td>
<td>Random testing 1-2 times every 12 months for prescribed medications, non-prescribed medications that may pose a safety risk if taken with prescribed medications, and illicit substances based on patient history, clinical presentation, and/or community usage.</td>
</tr>
<tr>
<td>Moderate Risk / Prior to initiation of COT</td>
<td>Random testing 1-2 times every 6 months for prescription medications, non-prescribed medication that may pose a safety risk if taken with prescribed medications, and illicit substances, based on patient history, clinical presentation, and/or community usage.</td>
</tr>
<tr>
<td>High Risk / Prior to initiation of COT</td>
<td>Random testing performed 1-3 times every 3 months for prescribed medications, non-prescribed medications that may pose a safety risk if mixed with prescribed and illicit substances based on patient history, clinical presentation and/or community usage.</td>
</tr>
</tbody>
</table>
Billing Guidelines

- The date of service (DOS) is the date of the sample collection, not the date the test was performed.
- Only one presumptive service and one definitive service can be billed per patient, per DOS.
- The first presumptive claim and the first definitive claim will be processed.
- Subsequent claims for same patient and same DOS will be denied.
Clinical Laboratory Improvement Amendments (CLIA):

- Requires clinical labs to be certified by their state and by CMS
- GC-MS and LC-MS/MS require program to monitor quality and audit staff competency
- Qualified clinical laboratory scientist must review and approve GC-MS and LC-MS/MS results
Coding Update

Effective January 1, 2017:

- New codes added:
  - CPT® 80305, 80306, 80307
  - HCPCS G0659

- Codes deleted:
  - HCPCS G0477, G0478, G0479
# Code Definitions

<table>
<thead>
<tr>
<th>Type</th>
<th>HCPCS/CPT® code</th>
<th>Method/Number of Drug Classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presumptive</td>
<td>80305</td>
<td>Read by direct optical observation</td>
</tr>
<tr>
<td>Presumptive</td>
<td>80306</td>
<td>Read by instrument assisted direct optical observation</td>
</tr>
<tr>
<td>Presumptive</td>
<td>80307</td>
<td>Read by chemistry analyzers</td>
</tr>
<tr>
<td>Definitive</td>
<td>G0480</td>
<td>Testing of 1-7 classes</td>
</tr>
<tr>
<td>Definitive</td>
<td>G0481</td>
<td>Testing of 8-14 classes</td>
</tr>
<tr>
<td>Definitive</td>
<td>G0482</td>
<td>Testing of 15-21 classes</td>
</tr>
<tr>
<td>Definitive</td>
<td>G0483</td>
<td>Testing of 22 or more classes</td>
</tr>
<tr>
<td>Definitive</td>
<td>G0659</td>
<td>Utilizing drug identification methods, not limited to GC/MS and LC/MS, excluding immunoassays, any number of drug classes</td>
</tr>
</tbody>
</table>
Non-covered services

- Blanket orders
- Routine standing orders
- Immunoassay (IA) testing to confirm a presumptive test
- Specimen validity testing
- Drug testing on two different specimen types on the same date of service
- UDT for medic-legal and/or employment purposes
Methods & Results

Level II HCPCS codes are maintained and distributed by the Centers for Medicare & Medicaid Services (CMS)
Report Data

Medicare Part B *Referring* Providers:

- By National Provider Identifier (NPI)
- 10,000 Providers
- Drugs of Abuse Testing HCPCS Codes
- Extracted: June 7, 2017 from Integrated Data Repository (IDR)
- Dates of Service: January 1, 2016 – December 31, 2016
Table 1: Summary of HCPCS Codes for Drugs of Abuse Testing
January 1, 2016 – December 31, 2016

<table>
<thead>
<tr>
<th>Type</th>
<th>HCPCS Code</th>
<th>Method/Number of Drug Classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presumptive</td>
<td>G0477</td>
<td>Read by direct optical observation only</td>
</tr>
<tr>
<td>Presumptive</td>
<td>G0478</td>
<td>Read by instrument-assisted direct optical observation</td>
</tr>
<tr>
<td>Presumptive</td>
<td>G0479</td>
<td>Read by instrument chemistry analyzers</td>
</tr>
<tr>
<td>Definitive</td>
<td>G0480</td>
<td>Testing of 1-7 drug classes</td>
</tr>
<tr>
<td>Definitive</td>
<td>G0481</td>
<td>Testing of 8-14 drug classes</td>
</tr>
<tr>
<td>Definitive</td>
<td>G0482</td>
<td>Testing of 15-21 drug classes</td>
</tr>
<tr>
<td>Definitive</td>
<td>G0483</td>
<td>Testing of 22 or more drug classes</td>
</tr>
</tbody>
</table>
Table 2: Definitive Testing for Substance Use Disorder

<table>
<thead>
<tr>
<th>Consecutive Days of Abstinence</th>
<th>Expected Frequency</th>
<th>Not Reasonable and Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 30</td>
<td>1 per week</td>
<td>&gt; 1 per week</td>
</tr>
<tr>
<td>31 - 90</td>
<td>1 - 3 per month</td>
<td>&gt; 3 per month</td>
</tr>
<tr>
<td>&gt; 90</td>
<td>1 - 3 in 3 months</td>
<td>&gt; 3 in 3 months</td>
</tr>
</tbody>
</table>
Table 3

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Allowed Charges</th>
<th>Allowed Services</th>
<th>Visit Count</th>
<th>Beneficiary Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0477</td>
<td>$0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>G0478</td>
<td>$0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>G0479</td>
<td>$11,016</td>
<td>139</td>
<td>139</td>
<td>135</td>
</tr>
<tr>
<td>G0480</td>
<td>$5,356</td>
<td>67</td>
<td>67</td>
<td>67</td>
</tr>
<tr>
<td>G0481</td>
<td>$8,240</td>
<td>67</td>
<td>67</td>
<td>67</td>
</tr>
<tr>
<td>G0482</td>
<td>$11,622</td>
<td>70</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>G0483</td>
<td>$17,864</td>
<td>83</td>
<td>83</td>
<td>82</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$54,098</strong></td>
<td><strong>426</strong></td>
<td><strong>156</strong></td>
<td><strong>150</strong></td>
</tr>
</tbody>
</table>
Table 3: Summary of Your Referrals of Presumptive and Definitive Tests
Dates of Service: January 1, 2016 – December 31, 2016

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Allowed Charges</th>
<th>Allowed Services</th>
<th>Visit Count</th>
<th>Beneficiary Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0477</td>
<td>$0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>G0478</td>
<td>$0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
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<td>$11,016</td>
<td>139</td>
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<tr>
<td>G0481</td>
<td>$8,240</td>
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<td>67</td>
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<td>70</td>
</tr>
<tr>
<td>G0483</td>
<td>$17,864</td>
<td>83</td>
<td>83</td>
<td>82</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$54,098</strong></td>
<td><strong>426</strong></td>
<td><strong>156</strong></td>
<td><strong>150</strong></td>
</tr>
</tbody>
</table>
Selection of CBR Measures

Percentage of Definitive Tests using G0483
- The highest cost code is selected too often

Percentage of Services Ordered Too Frequently
- Many services are conducted too frequently

Average Services per Beneficiary
- Beneficiaries tested too frequently

Average Services per Visit
- Too many services billed per visit
Percentage of Definitive Tests using G0483
- National Average: 35%

Percentage of Services Ordered Too Frequently
- National Average: 3%

Average Services per Beneficiary
- National Average: 3.22

Average Services per Visit
- National Average: 1.48
Peer Groups

- Used for comparison with the individual providers

State

- Medicare providers in the provider’s state billing any of the drug testing codes in this CBR

National

- All Medicare providers in the nation billing any of the drug testing codes in this CBR
There are four possible outcomes:

1. Significantly Higher
2. Higher
3. Does Not Exceed
4. N/A
Percentage of Definitive Tests using G0483

Calculated as follows:

\[
\left( \frac{\text{Number of G0483 Services}}{\text{Number of Definitive Test Services}} \right) \times 100
\]
Table 4: Percentage of Definitive Tests using G0483
Dates of Service: January 1, 2016 – December 31, 2016

<table>
<thead>
<tr>
<th>Number of G0483 Services</th>
<th>Total Number of Definitive Test Services</th>
<th>Your Percent</th>
<th>Your State’s Percent</th>
<th>Comparison with Your State</th>
<th>National Percent</th>
<th>Comparison with National Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>83</td>
<td>287</td>
<td>29%</td>
<td>44%</td>
<td>Does Not Exceed</td>
<td>35%</td>
<td>Does Not Exceed</td>
</tr>
</tbody>
</table>

A chi-square test was used in this analysis, alpha = 0.05
Calculation of Percentage of Definitive Tests Using Code G0483

Table 4: Percentage of Definitive Tests using G0483
Dates of Service: January 1, 2016 – December 31, 2016

<table>
<thead>
<tr>
<th>Number of G0483 Services</th>
<th>Total Number of Definitive Test Services</th>
<th>Your Percent</th>
<th>Your State’s Percent</th>
<th>Comparison with Your State</th>
<th>National Percent</th>
<th>Comparison with National Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>83</td>
<td>29%</td>
<td>44%</td>
<td>Does Not Exceed</td>
<td>35%</td>
<td>Does Not Exceed</td>
</tr>
<tr>
<td>2</td>
<td>287</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A chi-square test was used in this analysis, alpha = 0.05

\[
\left( \frac{\text{Number of G0483 Services}}{\text{Number of Definitive Test Services}} \right) \times 100
\]

\[
(83/287) = 29\%
\]
Percentage of Services Ordered Too Frequently

Calculated as follows:

\[
\left( \frac{\text{Number of Services Ordered Too Frequently}}{\text{Total Number of Services}} \right) \times 100
\]
## Table 5

**Table 5: Percentage of Services Ordered Too Frequently**

**Dates of Service: January 1, 2016 – December 31, 2016**

<table>
<thead>
<tr>
<th>Services Ordered Too Frequently</th>
<th>Total Services</th>
<th>Your Percent</th>
<th>Your State’s Percent</th>
<th>Comparison with Your State</th>
<th>National Percent</th>
<th>Comparison with National Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>134</td>
<td>426</td>
<td>31%</td>
<td>6%</td>
<td>Significantly Higher</td>
<td>3%</td>
<td>Significantly Higher</td>
</tr>
</tbody>
</table>

A chi-square test was used in this analysis, alpha = 0.05
Calculation of Percentage of Services Ordered Too Frequently

Table 5: Percentage of Services Ordered Too Frequently
Dates of Service: January 1, 2016 – December 31, 2016

<table>
<thead>
<tr>
<th>Services Ordered Too Frequently</th>
<th>Total Services</th>
<th>Your Percent</th>
<th>Your State’s Percent</th>
<th>Comparison with Your State</th>
<th>National Percent</th>
<th>Comparison with National Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>134</td>
<td>31%</td>
<td>6%</td>
<td>Significantly Higher</td>
<td>3%</td>
<td>Significantly Higher</td>
</tr>
<tr>
<td>2</td>
<td>426</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A chi-square test was used in this analysis, alpha = 0.05

\[
\left( \frac{\text{Number of Services Ordered Too Frequently}}{\text{Total Number of Services}} \right) \times 100
\]

\[
\left( \frac{134}{426} \right) = 31\%
\]
Average Services per Beneficiary

Calculated as follows:

\[
\frac{\text{Total Number of Services}}{\text{Total Number of Beneficiaries}}
\]
### Table 6

**Table 6: Average Services per Beneficiary**  
**Dates of Service: January 1, 2016 – December 31, 2016**

<table>
<thead>
<tr>
<th>Total Number of Services</th>
<th>Total Number of Beneficiaries</th>
<th>Your Average</th>
<th>Your State’s Average</th>
<th>Comparison with Your State</th>
<th>National Average</th>
<th>Comparison with National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>426</td>
<td>150</td>
<td>2.84</td>
<td>2.88</td>
<td>Does Not Exceed</td>
<td>3.22</td>
<td>Does Not Exceed</td>
</tr>
</tbody>
</table>

A t-test was used in this analysis, alpha = 0.05.
Table 6: Average Services per Beneficiary  
Dates of Service: January 1, 2016 – December 31, 2016

<table>
<thead>
<tr>
<th>Total Number of Services</th>
<th>Total Number of Beneficiaries</th>
<th>Your Average</th>
<th>Your State’s Average</th>
<th>Comparison with Your State</th>
<th>National Average</th>
<th>Comparison with National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>426</td>
<td>2.84</td>
<td>2.88</td>
<td>Does Not Exceed</td>
<td>3.22</td>
<td>Does Not Exceed</td>
</tr>
<tr>
<td>2</td>
<td>150</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A t-test was used in this analysis, alpha = 0.05.

\[
\text{Total Number of Services} \div \text{Total Number of Beneficiaries} = \frac{426}{150} = 2.84
\]
Average Services per Visit

Calculated as follows:

\[
\frac{\text{Total Number of Services}}{\text{Total Number of Visits}}
\]
Table 7: Average Services per Visit
Dates of Service: January 1, 2016 – December 31, 2016

<table>
<thead>
<tr>
<th>Total Number of Services</th>
<th>Total Number of Visits</th>
<th>Your Average</th>
<th>Your State’s Average</th>
<th>Comparison with Your State</th>
<th>National Average</th>
<th>Comparison with National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>426</td>
<td>156</td>
<td>2.73</td>
<td>1.58</td>
<td>Significantly Higher</td>
<td>1.48</td>
<td>Significantly Higher</td>
</tr>
</tbody>
</table>

A t-test was used in this analysis, alpha = 0.05.
Table 7: Average Services per Visit
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<table>
<thead>
<tr>
<th>Total Number Services</th>
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<th>Your Average</th>
<th>Your State’s Average</th>
<th>Comparison with Your State</th>
<th>National Average</th>
<th>Comparison with National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>426</td>
<td>2.73</td>
<td>1.58</td>
<td>Significantly Higher</td>
<td>1.48</td>
<td>Significantly Higher</td>
</tr>
<tr>
<td>2</td>
<td>156</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A t-test was used in this analysis, alpha = 0.05.

\[
\frac{\text{Total Number of Services}}{\text{Total Number of Visits}} = \frac{426}{156} = 2.73
\]
Who Received This Report?

- Providers who are significantly higher than their peers on at least one measure
- $5,000 in allowed charges
- 20 beneficiaries
References & Resources

Level II HCPCS codes are maintained and distributed by the Centers for Medicare & Medicaid Services (CMS)
Comparative Billing Reports (CBRs) are educational tools administered by the Centers for Medicare & Medicaid Services (CMS). They are developed and disseminated under contract by eGlobalTech, a woman-owned Federal services firm based in Arlington, VA.

The CBRs are disseminated to the provider community to provide insight into billing trends across regions and policy groups. A&I MACs have been producing and disseminating limited numbers of CBRs to targeted providers for many years. CMS has now formalized and expanded the program to a national level. The program also includes a CBR Support Help Desk that providers can contact to ask questions regarding the CBRs. Following the release of each CBR, eGT will hold an educational teleconference or webinar to educate providers on the substance of the CBR and to provide an opportunity for providers to ask questions.

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CBR Website

http://www.cbrinfo.net

- About Us
- CBR Releases
- Education
- Recommended Links
- FAQs
- CBR Support
- Contact Us
CBR201706 Web Page

http://www.cbrinfo.net/cbr201706

- Webinar
- Sample CBR
- Statistical Debriefing
- Recommended Links
- FAQs
Provider Self-audit

- Providers and suppliers have an obligation to ensure claims are submitted correctly to Medicare.
- Self-audits allow providers and suppliers to identify coverage and coding errors.
- Refer to the following CBR sections for assistance:
  - Documentation and Billing
  - References
Monday–Friday: 9:00a.m. to 5:00p.m. ET

- Toll Free 1–800–771–4430
- Email: cbrsupport@eglobaltech.com
Providers should contact the Medicare Administrative Contractor (MAC) for assistance with:

- Claim Information
- Documentation Requirements
- Billing and Coding
PECOS and NPPES

Provider Enrollment, Chain, and Ownership System (PECOS) and National Plan and Provider Enumeration System (NPPES)

- Sources for contact information used for the CBR

- Correct your contact information in PECOS at https://pecos.cms.hhs.gov/pecos/login.do

- Correct your contact information in NPPES at https://nppes.cms.hhs.gov/
Questions & Answers

Submit questions via chat window

Email: cbrsupport@eglobaltech.com
We make every effort to address all questions submitted during our webinars. However, we cannot provide responses related to coding issues or to specific claims/scenarios. Since your Medicare Administrative Contractor (MAC) makes the determination to pay or deny a claim based on the CPT® or HCPCS codes, medical documentation and description of the circumstances, and we do not have access to this documentation, we cannot respond to these types of questions. Please contact your MAC with questions that we do not address or if you identify any claims discrepancies while reviewing your CBR. The contact information for your MAC is located at http://go.cms.gov/IMap.