

Comparative Billing Report on Pain Management Services Provided by NPI 1111111111

Introduction

Healthcare providers have a front line role in assisting the Centers for Medicare & Medicaid Services (CMS) in effectively managing Medicare resources. CMS acknowledges the daily challenges providers face in serving Medicare beneficiaries and the complexity of accurate billing for those services. The information contained in Comparative Billing Reports (CBRs) is provided as a collaborative effort between the Medicare provider community and the Centers for Medicare and Medicaid Services to support best billing practices and effective management of Medicare program resources.

In August 2010, the Office of Inspector General (OIG) released a study: Inappropriate Medicare Payments for Transforaminal Epidural Injection Services. This study shows that Medicare paid over \$2 billion in 2007 for interventional pain management services and represents an almost 150% increase in Medicare physician payments from 2003 to 2007 and approximately 11 percent of all Medicare physician payments for interventional pain management services. The study also found that 34% of transforaminal injection services allowed by Medicare in 2007 did not meet Medicare requirements, resulting in approximately \$45 million in improper payments due to errors in documentation and coding, and lack of medical necessity.

The billing data in this report is reflective of your practice and can assist you in performing a self-audit in assessing your conformity with Medicare guidelines for rendering pain management services. The report also provides a venue for comparing your billing practices to your specialty and national peers who also bill for these services. We hope you find this information helpful and that it will provide insights into your current and future billing practices.

Listed below are website references pertinent to this CBR:

42 Code of Federal Regulations (CFR), Section 410.32

<http://frwebgate.access.gpo.gov/cgi-bin/get-cfr.cgi?TITLE=42&PART=410&SECTION=32&TYPE=TEXT>

Section 1862(a)(1)(A) of the Social Security Act

http://www.ssa.gov/OP_Home/ssact/title18/1862.htm

Inappropriate Medicare Payments for Transforaminal Epidural Injection Services

<http://www.oig.hhs.gov/oei/reports/oei-05-09-00030.pdf>

Methodology

The analyses for this CBR are based on Medicare final claims data, with service dates from October 1, 2010 through September 30, 2011, retrieved from the Integrated Data Repository on February 7, 2012. Claim lines selected have covered charge amounts greater than zero, were performed in an office setting, have a provider specialty of Anesthesiology (Specialty 05), Interventional Pain Management (Specialty 09), Physical Medicine and Rehabilitation (Specialty 25), or Pain Management (Specialty 72), and have the following CPT codes equal to:

- 64479 (Epidural injection; cervical or thoracic, single level)
- 64480 (Epidural injection; cervical or thoracic, additional level)
- 64483 (Epidural injection; lumbar or sacral, single level)
- 64484 (Epidural injection; lumbar or sacral, additional level)
- 64490 (Facet joint injection; cervical or thoracic, single level)
- 64491 (Facet joint injection; cervical or thoracic, second level)
- 64492 (Facet joint injection; cervical or thoracic, third or more levels)
- 64493 (Facet joint injection; lumbar or sacral, single level)
- 64494 (Facet joint injection; lumbar or sacral, second level)
- 64495 (Facet joint injection; lumbar or sacral, third or more levels)

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The utilization measures analyzed in this CBR are: (1) the average number of services rendered per beneficiary for each of the 10 previously referenced CPT codes, (2) the number of services rendered per CPT code grouping listed below, and (3) the distribution of CPT code services based on beneficiary visits among each CPT code grouping listed below. Measures 1 and 2 are statistically compared to the average of your specialty and national peers. The results are displayed in graphs and tables. The CPT code groupings are listed below:

- Epidural injections-cervical or thoracic (64479, 64480)
- Epidural injections-lumbar or sacral (64483, 64484)
- Facet injections- cervical or thoracic (64490, 64491, 64492)
- Facet injections-lumbar or sacral (64493, 64494, 64495)

Results

Figure 1 below displays the average number of services per beneficiary per CPT code rendered by you, your specialty and national peers. Table 1, following this figure, shows the statistical significance of the visual differences.

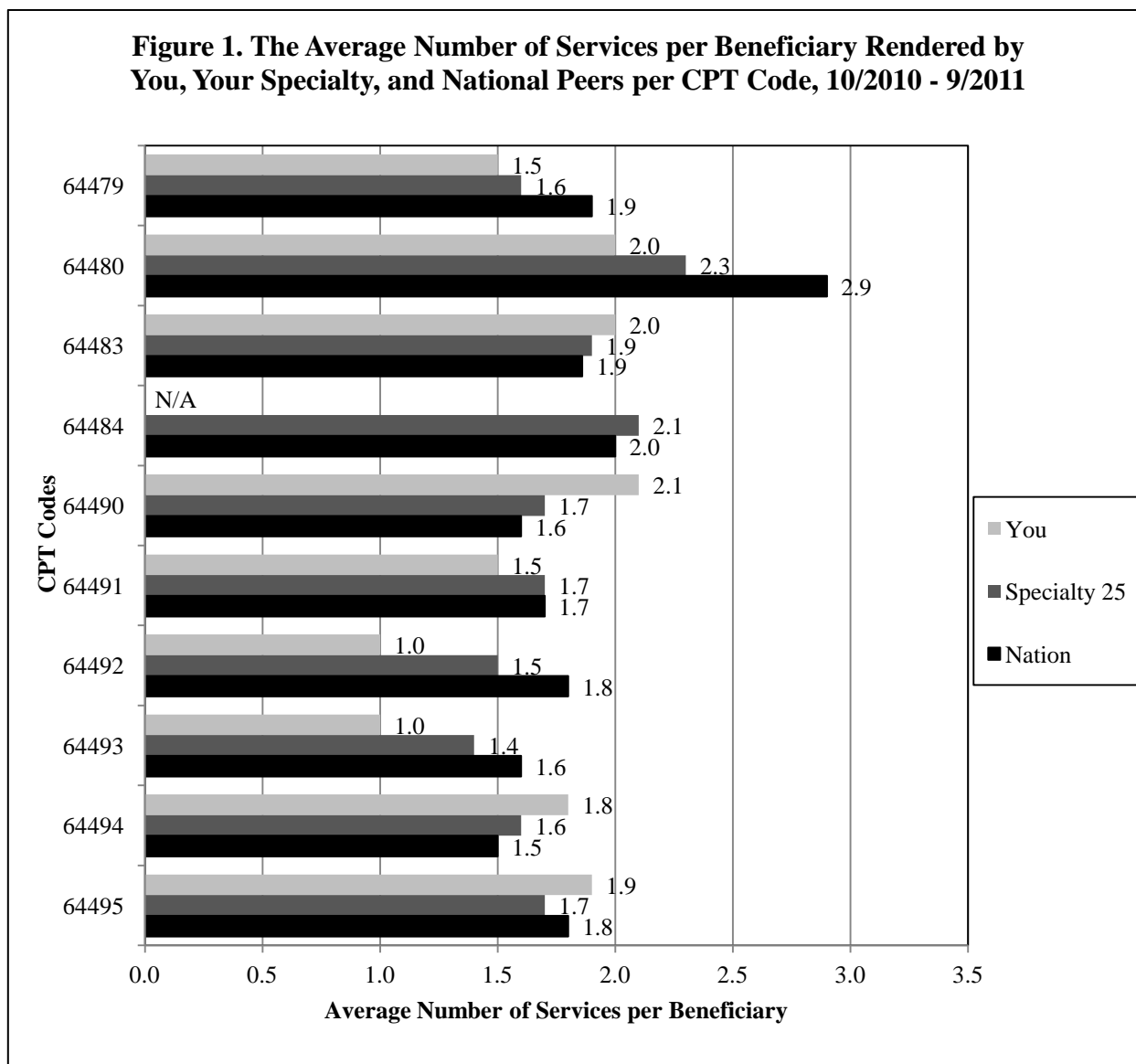


Table 1 below shows the results of the statistical comparison of the average number of services per beneficiary rendered by you to the average number of services per beneficiary rendered by your specialty and national peers per CPT code. A statistical test was used to determine if there was a significant difference between the average number of services per beneficiary rendered by you to the average of your specialty and national peers. Please see the references on page one for regulatory and documentation guidelines.

Table 1. Statistical Comparison of the Average Number of Services per Beneficiary Rendered by You to the Average Number of Services per Beneficiary Rendered by Your Specialty and National Peers per CPT Code, 10/2010 - 9/2011

	You	Specialty 25			Nation		
CPT Code	Number	Number	Difference	Significance*	Number	Difference	Significance*
64479	1.5	1.6	-0.1	within the norm	1.9	-0.4	lower
64480	2.0	2.3	-0.3	lower	2.9	-0.9	lower
64483	2.0	1.9	0.1	within the norm	1.9	0.1	within the norm
64484	N/A	2.1	N/A	N/A	2.0	N/A	N/A
64490	2.1	1.7	0.4	higher	1.6	0.5	higher
64491	1.5	1.7	-0.2	lower	1.7	-0.2	lower
64492	1.0	1.5	-0.5	lower	1.8	-0.8	lower
64493	1.0	1.4	-0.4	lower	1.6	-0.6	lower
64494	1.8	1.6	0.2	higher	1.5	0.3	higher
64495	1.9	1.7	0.2	higher	1.8	0.1	within the norm

* A T-test was used in this analysis; a p value ≤ 0.05 indicates that we are at least 95% confident that the difference is significant. If a peer group has less than 30 providers, a t-test comparison was not performed and your significance will be listed as "N/A." Alternately, if your significance is "N/A" and your average is also "N/A," a t-test was not performed because you did not render any services and are not part of the peer group.

Figure 2 below displays the number of services rendered by you and the average number of services rendered by your specialty and national peers per CPT code grouping. Table 2, following this Figure, shows the statistical significance of the visual differences.

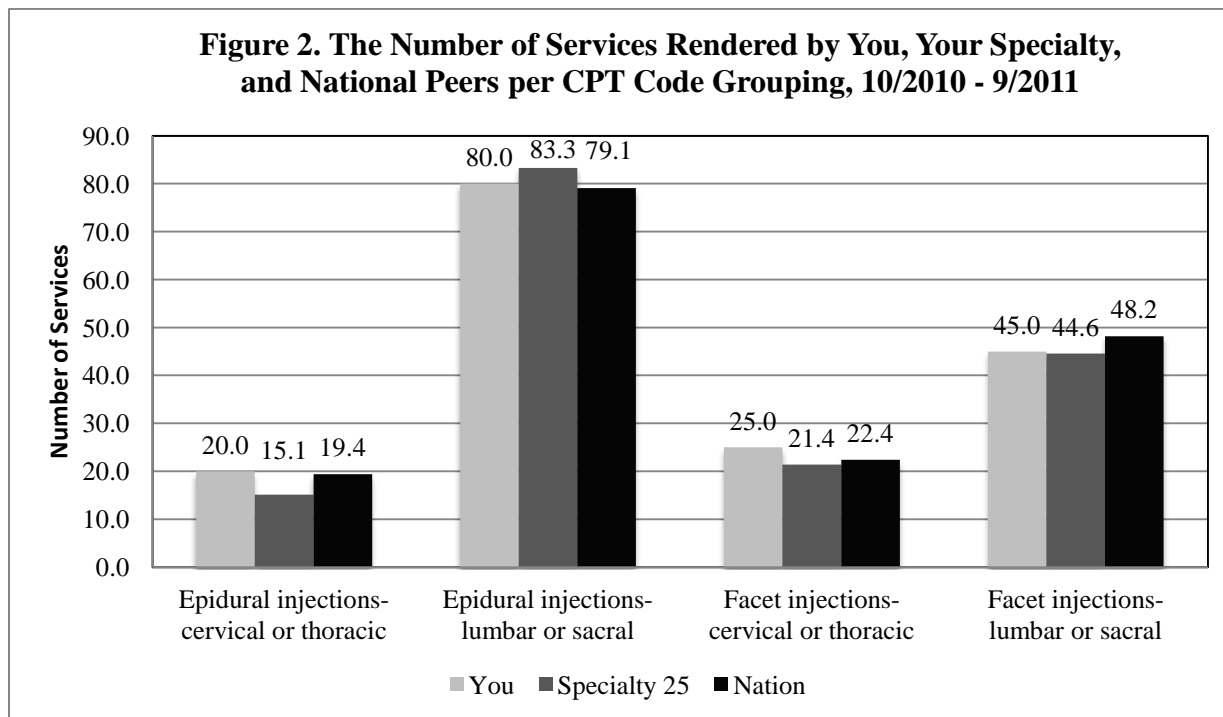


Table 2 below shows the results of the statistical comparison of the number of services rendered by you and the average number of services rendered by your specialty and national peers, per CPT code grouping. A statistical test was used to determine if there was a significant difference between the number of services rendered by you and the average number of services rendered by your specialty and national peers per CPT code grouping. Please see the references on page one for regulatory and documentation guidelines.

Table 2. Statistical Comparison of the Number of Services Rendered by You to the Average Number of Services Rendered by Your Specialty and National Peers per CPT Code Grouping, 10/2010 - 9/2011

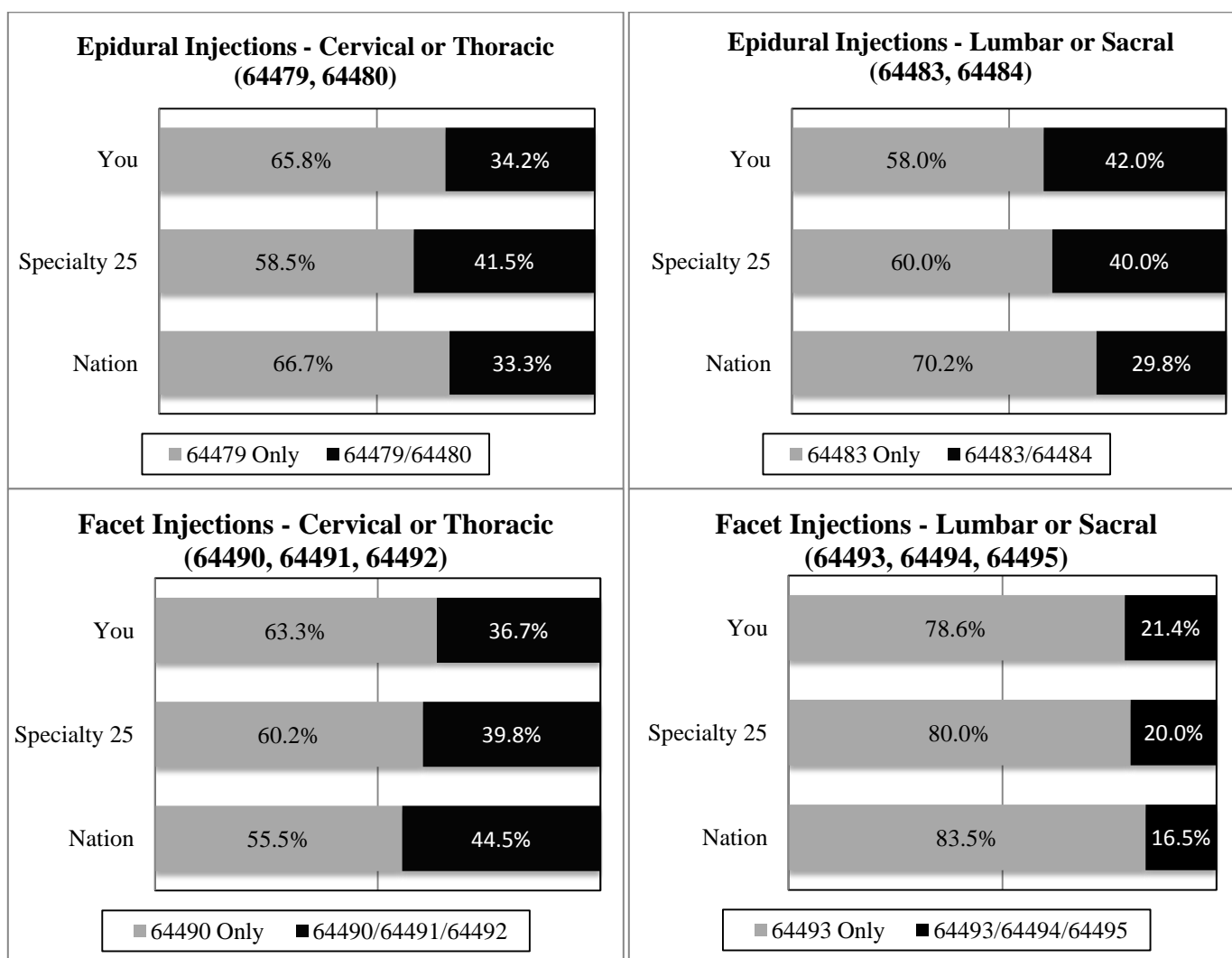
	You	Specialty 25			National		
CPT Code Grouping	Number	Number	Difference	Significance*	Number	Difference	Significance*
Epidural injections-cervical or thoracic	20.0	15.1	4.9	higher	19.4	0.6	within the norm
Epidural injections-lumbar or sacral	80.0	83.3	-3.3	lower	79.1	0.9	within the norm
Facet injections-cervical or thoracic	25.0	21.4	3.6	higher	22.4	2.6	higher
Facet injections-lumbar or sacral	45.0	44.6	0.4	within the norm	48.2	-3.2	lower

* A T-test was used in this analysis; a p value ≤ 0.05 indicates that we are at least 95% confident that the difference is significant. If a peer group has less than 30 providers, a t-test comparison was not performed and your significance will be listed as "N/A." Alternately, if your significance is "N/A" and your number is also "N/A," a t-test was not performed because you did not render any services and are not part of the peer group.

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Figure 3 below displays the distribution of CPT code services based on beneficiary visits among each CPT code grouping rendered by you, your specialty, and national peers. The CPT code combination per CPT code groupings are as follows: (1) epidural injections-cervical or thoracic (64479 only, 64479/64480), (2) epidural injections-lumbar or sacral (64483 only, 64483/64484), (3) facet injections-cervical or thoracic (64490 only, 64490/64491/64492), and (4) facet injections-lumbar or sacral (64493 only, 64493/64494/64495).

Figure 3. The Distribution of CPT Code Services Based on Beneficiary Visits Among Each CPT Code Grouping Rendered by You, Your Specialty and National Peers, 10/2010 - 9/2011



Contact Information

Please direct all questions on the CBR content or any suggestions to the CBR Producer at (530) 896-7080. For additional information, see www.cbrservices.com.

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