



Comparative Billing Report

July 11, 2016

CBR #: CBR201610
Topic: Immunohistochemistry
and Special Stains
NPI #: 1111111111
Fax #: (888)555-5555

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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 eGlobalTech, a professional services firm headquartered in Arlington, VA, to develop Comparative Billing Reports (CBRs). CBRs provide comparative data on how an individual health care provider's billing and payment patterns for selected topics compare to his/her peers. The CBRs give providers an opportunity to compare themselves to their peers, check their records against data in CMS' files, and review Medicare guidelines to ensure compliance. CBRs are for educational and comparison purposes and do not indicate the identification of overpayments. **Please note, no reply is necessary.**

Attached is a CBR that reflects your billing or referral patterns compared to peer providers' patterns for the same services in your state and nationwide. We recognize that practice patterns can vary by region, subspecialty, and patient acuity levels, which are elements that are not evident in the claims data reviewed for the CBR. We hope you find this CBR beneficial as an educational tool to assist you in identifying opportunities for improvement. If you have any questions regarding this CBR, or if you want to change the way you receive CBRs in the future, please contact the CBR Support Help Desk.

- Toll Free Number: 1-800-771-4430
- Email: CBRsupport@eglobaltech.com
- Website: <http://www.cbrinfo.net>

REMINDER: If you have changed your mailing address or contact information and have not notified the National Plan and Provider Enumeration System (NPPES) and/or CMS' provider enrollment contractor via the internet or the appropriate Medicare enrollment application, please take time to review and update the system.

You can update your National Provider Identifier (NPI) contact information in NPPES at <https://nppes.cms.hhs.gov/NPPES>. If you have forgotten your User ID and/or password or need assistance, contact the NPI Enumerator at 1-800-465-3203 or email customerservice@npienumerator.com.

We hope you find the attached report informative.

Sincerely,

Virna Elly
CBR Program Director
eGlobalTech
Enclosure

Comparative Billing Report (CBR): NPI 1111111111 Immunohistochemistry (IHC) and Special Stains

Introduction

This CBR focuses on providers who submitted claims for certain pathology services to Original Fee-for-Service Medicare for dates of service beginning January 1, 2015 through December 31, 2015. Specifically, this CBR examines billing for level IV surgical pathology, special stains group I, special stains group II, and immunohistochemistry (IHC) performed on gastric and combined gastric/colon biopsies and includes the following metrics:

- Average allowed services per episode of care by CPT® code
- Percentage of episodes with stains by stain category

The Current Procedural Terminology (CPT®) codes included in this CBR are:

Table 1: CPT® Codes, Stain Category, and Abbreviated Descriptions

CPT® Code	Stain Category	Abbreviated Description
88305	N/A	Tissue exam by pathologist
88312	Special Stain	Special Stains - group I, for microorganisms
88313	Special Stain	Special Stains - group II, other than those for microorganisms or enzymes
88342	IHC Stain	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
88341	IHC Stain	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure
88344	IHC Stain	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure

CPT® codes and descriptors are copyright 2015 American Medical Association. Rights reserved. Applicable FARS/DFARS apply.

This CBR is a follow up to the original report on IHC and special stains that was disseminated in August of 2014. One metric from the original report (CBR201407), average allowed charges per episode of care, was removed from the current report. Two new CPT® codes, 88341 and 88344, were added by the American Medical Association (AMA) for use in 2015, and these new codes were added to the codes reviewed in the original report: 88305, 88312, 88313, and 88342.

The CPT® description for CPT® codes 88342, 88341, and 88344 includes the term immunocytochemistry, as well as immunohistochemistry, so that the codes can be used for either process. The CBR team recognizes that immunocytochemistry is not performed on tissues obtained during gastric and colon biopsy procedures.

Changes to the CPT® description for IHC included changing the unit of service from **per block** to **per specimen**. CPT® code 88342 is now used for the initial single antibody stain procedure, while CPT® code 88341 is used for each additional single antibody stain procedure because the AMA did not have another code available in this area of the manual in order to make the add-on code subsequent to the primary code.

Coverage and Documentation Overview

This portion of the CBR offers a broad look at the coverage and documentation requirements to ensure compliance with Medicare guidelines. **The information provided does not supersede or alter the coverage and documentation policies, as outlined by the Medicare Administrative Contractors (MACs), in Local Coverage Determinations (LCDs), or in Local Coverage Articles (LCAs).** Please refer any specific questions you may have to the MAC for your region.

Basic Coverage Criteria

According to the Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services §80.6.5 - Surgical/Cytopathology Exception, “While the pathologist will generally perform some type of examination or interpretation on the cells or tissue, there may be additional tests, such as special stains, that the pathologist may need to perform, even though they have not been specifically requested by the treating physician/practitioner. The pathologist may perform such additional tests under the following circumstances:

- These services are medically necessary so that a complete and accurate diagnosis can be reported to the treating physician/practitioner;
- The results of the test are communicated to and are used by the treating physician/practitioner in the treatment of the beneficiary; and
- The pathologist documents in his/her report why additional testing was done.”

Since the original CBR letter was disseminated, four MACs have published LCDs for special histochemical stains and immunohistochemical stains that cover 26 states and territories. Those determinations identified three main scenarios that are thought to contribute to over-utilization and incorrect billing of the procedures covered in this report. Those scenarios include:

- Reflex templates or pre-orders for special stains and/or IHC stains prior to review of the routine hematoxylin and eosin (H&E) stain by the pathologist; or
- Use of special stains and/or IHC stains without clinical evidence that the stain is actionable or provides the treating physician with information that changes patient management; or
- Use of added stains when the diagnosis is already known based on morphologic evaluation of the primary stain.

Per the LCDs released in October 2015 by CGS Administrators, First Coast Service Options, Palmetto GBA, and Noridian Healthcare Solutions, “...reflex templates or pre-orders for special stains and/or IHC stains prior to review of the routine hematoxylin and eosin (H&E) stain by the pathologist are not reasonable and necessary. A pathologist must first review the H&E stain prior to ordering the special stain or IHC.” The LCDs list exceptions that are recognized as standards of care in the practice of pathology. Exceptions include, but are not limited to, renal, liver, and neuromuscular biopsies and when infectious disease is suspected, especially in the immunocompromised patient. The LCDs stipulate that “The medical necessity for the special stain or IHC studies, and the results of the stain or IHC, must be documented in the surgical pathology report.”

Because this CBR focuses on procedures performed on gastric and combined colon/gastric specimens, providers should pay particular attention to the sections of the LCDs which refer specifically to special stains and/or IHC for gastro-intestinal pathology. The LCDs provide examples of special stains which should not be performed on every specimen, as well as examples of situations which may require special stains or IHC.

Methods

This report is an analysis of Original Fee-for-Service Medicare Part B claims with allowed services for the Pathology CPT® codes 88305, 88312, 88313, 88341, 88342, and 88344 with dates of service from January 1, 2015 to December 31, 2015. This report's population of claims was restricted to beneficiaries with gastric biopsy services (CPT® codes: 43200, 43202, 43211, 43216, 43217, 43232, 43235, 43238, 43239, 43242, 43247, 43250, and 43251) on the same date of service as the pathology claim. Your percentages and averages denoted in Tables 3 and 4 are calculated from your data, which is summarized in Table 2. Your values are compared to those of your state (FL) and national values using either the chi-squared or t-test at the alpha value of 0.05.

Each provider's distinct interaction with a beneficiary on a date of service will be referenced as an episode of care. Gastric biopsies should be examined under CPT® code 88305; any episode of care without an allowed service of 88305 was dropped from the analysis. This analysis was based on the latest version of claims available from the Integrated Data Repository, as of May 10, 2016.

Average Allowed Services per Episode of Care by CPT® Code

The average allowed services per episode of care by CPT® code for you, your state, and the nation are calculated, as follows:

$$\frac{\text{Total Allowed Services for the CPT® Code}}{\text{Number of Episodes for the CPT® Code}}$$

Percentage of Episodes with Stains by Stain Category

If an episode of care has any allowed services for any stain, then the episode is grouped under the category the stain is under (refer to table 1). Special stains are identified by CPT® codes: 88312 and 88313. IHC stains are identified by CPT® codes: 88341, 88342, and 88344. Percentage of episodes with stains by category for you, your state, and the nation are calculated, as follows:

$$\frac{\text{Total Number of Episodes with the Stain Category}}{\text{Total Number of Episodes}} \times 100$$

Comparison Outcomes

There are four possible outcomes for the comparisons between the provider and the peer groups:

- **Significantly Higher** - Provider's value is higher than the peer value, and the statistical test confirms a significance
- **Higher** - Provider's value is higher than the peer value, but either the statistical test does not confirm a significance or there is insufficient data for comparison
- **Does Not Exceed** - Provider's value is not higher than the peer value
- **N/A** - Provider does not have data for comparison

It is important to note that significance is based on the total number of episodes or beneficiaries and the variability of those values.

Results

Table 2 provides a summary of your utilization of the CPT® codes included in this CBR. The total allowed charges, allowed services, distinct beneficiary count, and the total number episodes are included for each CPT® code. In addition, an overall "Total" row is included.

Table 2: Summary of Your Utilization
January 1, 2015 - December 31, 2015

CPT® Code	Allowed Charges	Allowed Services	Beneficiary Count	Episode Count
88305	\$19,079.13	493	241	195
88312	\$387.94	14	12	12
88313	\$0.00	0	0	0
Subtotal - Special Stains	\$387.94	14	12	12
88341	\$304.68	14	5	5
88342	\$9,488.12	262	174	176
88344	\$0.00	0	0	0
Subtotal - IHC Stains	\$9,792.80	276	174	176
Total	\$29,259.87	783	224	195

Please note that the total or subtotal may not be equal to the sum of the rows. The number of beneficiaries and episodes are an unduplicated counts for each CPT® code and total row. It is likely that a provider would submit multiple CPT® codes for a beneficiary or episode.

Table 3 provides a statistical comparison of your average allowed services per episode of care by CPT® code to that of your state and the nation. Each CPT® code was analyzed and displayed separately in the table.

Table 3: Average Allowed Services per Episode of Care by CPT® Code
January 1, 2015 - December 31, 2015

CPT® Code	Your Average Services per Episode	Your State's Average Services per Episode	Comparison with Your State's Average	National Average Services per Episode	Comparison with the National Average
88305	2.53	2.71	Does Not Exceed	2.38	Higher
88312	1.17	2.00	Does Not Exceed	1.49	Does Not Exceed
88313	N/A	1.93	N/A	1.75	N/A
88341	2.80	2.48	Higher	2.61	Higher
88342	1.49	1.39	Higher	1.32	Significantly Higher
88344	N/A	1.00	N/A	1.14	N/A

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

Table 4 provides a statistical comparison of your percentage of episodes of care with a special stain with the percentages of your state and the nation.

**Table 4: Percentage of Episodes with a Special Stain
January 1, 2015 - December 31, 2015**

Category	Your Percentage of Episodes	Your State's Percentage of Episodes	Comparison with Your State's Percentage	National Percentage of Episodes	Comparison with the National Percentage
Special Stains	6%	63%	Does Not Exceed	50%	Does Not Exceed
IHC Stains	90%	24%	Significantly Higher	34%	Significantly Higher

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

Resources and References

The coverage and documentation guidelines for Immunohistochemistry and Special Stains are listed below. Please follow the guidelines pertinent to your region. A complete list of web links is located at <http://www.cbrinfo.net/cbr201610-recommended-links.html>.

LCDs

- CGS Administrators, LLC - L35986 (Active on 10/01/2015)
- Palmetto GBA, LLC - L35922 (Active on 10/01/2015)
- Noridian Healthcare Solutions, LLC - L36346, L36351, L36352, L36353 (Active on 10/15/2015)
- First Coast Service Options, Inc. - L36234 (Active on 12/22/2015)

Medicare Manuals

- *Medicare Claims Processing Manual*
 - Chapter 15 - Covered Medical and Other Health Services

The Next Steps

We encourage you to check with your MAC to ensure you are meeting the Medicare standards for your jurisdiction. Please use the above references and resources as a guide.

You are invited to join us for the CBR201610 webinar on August 10, 2016 from 3:00 - 4:30 PM ET. Space is limited, so please register early. Register online at <http://www.cbrinfo.net/cbr201610-webinar.html>.

If you are unable to attend, you may access a recording of the CBR201610 webinar five business days following the event at <http://www.cbrinfo.net/cbr201610-webinar.html>.

For detailed links to information listed in the references and resources section, visit <http://www.cbrinfo.net/cbr201610-recommended-links.html>.

If you have any questions or suggestions related to this CBR, please contact the CBR Support Help Desk via email at CBRsupport@eglobaltech.com or via telephone at (800) 771-4430.

For written correspondence, postal mail can be sent to the following address:

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