AMERICAN ACADEMY OF OPHTHALMOLOGY®

American Academy of Ophthalmic Executives®

Example of a Comparative Billing Report

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Summary of Your Utilization of CPT® Codes for Eye Examinations Between Nov. 1, 2019 and Oct. 31, 2020

CPT Codes	Description	Allowed Charges	Allowed Services	Beneficiary Count*
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	$575	7	7
92004	Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	$13,994	95	95
92012	Ophthalmological services; medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	$5,437	63	47
92014	Ophthalmo1ogical services; medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	$48,382	392	273
Total		$68,388	557	368

*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. Percentage of comprehensive eye examinations
2. Average allowed amount per claim
3. Average number of comprehensive eye examinations per beneficiary

The CBR analysis focuses on rendering providers that submitted claims for eye examinations for new and established patients using CPT® codes 92002, 92004, 92012, and 92014. 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 rendering Medicare providers practicing in the individual provider's state or territory with allowed charges for the procedure codes included in the study.
- 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 peer group values and to the national values. Your metrics were compared to your state 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 90th 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

The CBR analysis was based on claims extracted from the Integrated Data Repository, based on the latest version of claims available on Feb. 21, 2021. The analysis includes claims with dates of service from Nov. 1, 2019, through Oct. 31, 2020. For the trend analysis presented in Figure l, claims represent dates of service between Nov. 1. 2017 and Oct. 31, 2020.

There are 48,747 rendering providers nationwide that have submitted claims for ophthalmological services for new and established patients. The total allowed charges for these claims were over $2 billion during the analysis timeframe.

Metric 1: Percentage of Comprehensive Eye Examinations

Metric 1 is calculated as follows:

- The count of unique claims for comprehensive eye examinations (CPT® codes 92004 and 92014) is divided by the count of unique claims for comprehensive and intermediate eye examinations (92002, 92012, 92004, and 92014).

Percentage of Comprehensive Eye Examinations

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
487	557	87.43%	64.06%	Higher	69.44%	Higher

Metric 2: Average Allowed Amount per Claim

Metric 2 is calculated as follows:

The total allowed charge amount for comprehensive and intermediate eye exams (92002, 92012, 92004, and 92014) is divided by the total number of unique c1aims for comprehensive and intermediate eye exams (92002 92012, 92004 and 92014).

Average Allowed Amount per Claim

Numerator	Denominator	Your Average	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
$68,388	557	$122.78	$114.32	Higher	$117.79	Higher

Metric 3: Average Number of Comprehensive Eye Examinations per Beneficiary

Metric 3 is calculated as follows:

- The total number of unique claims for comprehensive eye examinations (92004 and 92014) is divided by the total number of unique beneficiaries for comprehensive eye examination (92004 and 92014).

Average Number of Comprehensive Eye Examinations per Beneficiary

Numerator	Denominator	Your Average	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
487	368	1.32	1.27	Significantly Higher	1.28	Significantly Higher

Figures 1 and 2 illustrate the trend over time analysis for the total number of beneficiaries who bad claims submitted for CPT® codes 92002. 92004, 92012, and 92014. Year 1, Year 2, and Year 3 are defined as follows:

- Year l: Nov. l,2017 - Oct.31,2018
- Year 2: Nov.1,2018 - Oct.31,2019
- Year 3: Nov. l, 2019 - Oct. 31, 2020

Figure 1: Total Number of Beneficiaries Who Had Claims Submitted for CPT® Codes 92002 and 92004, Trend Over Time

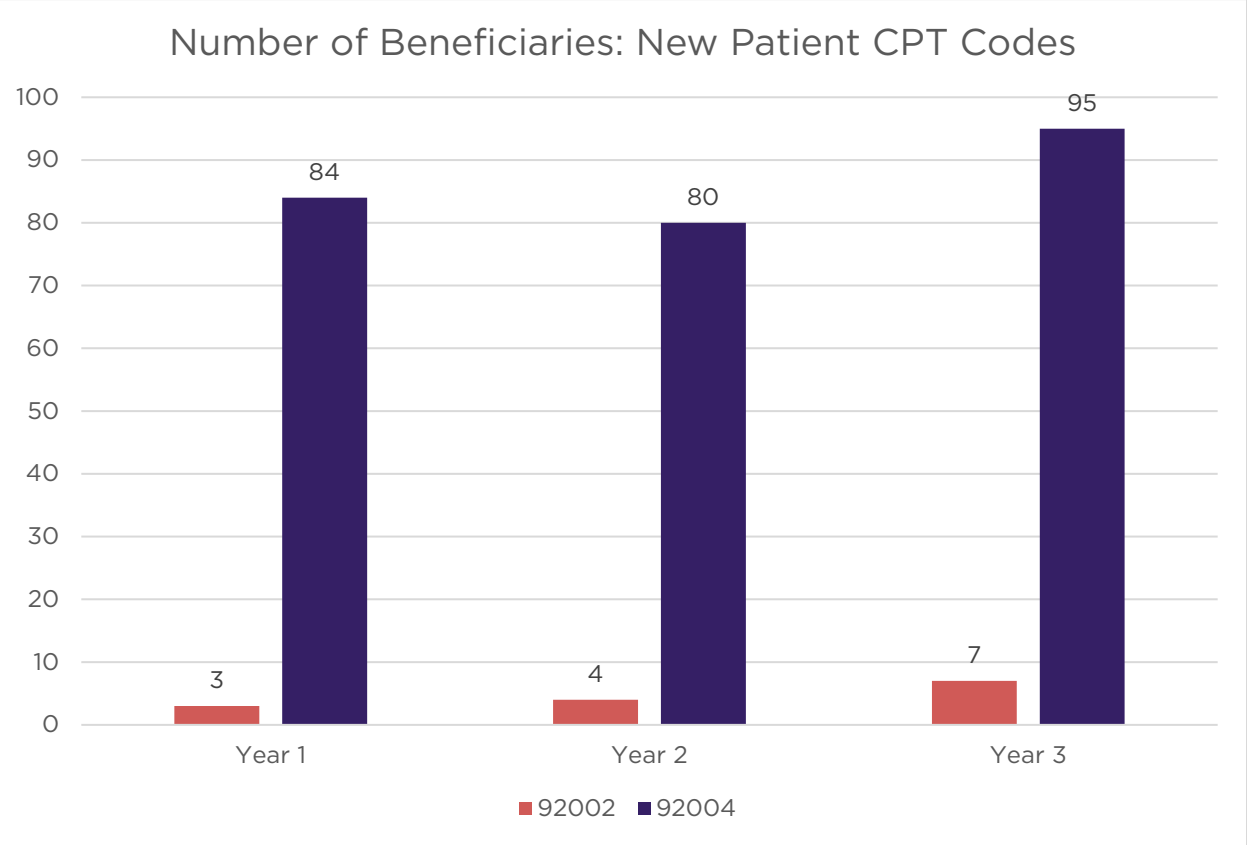
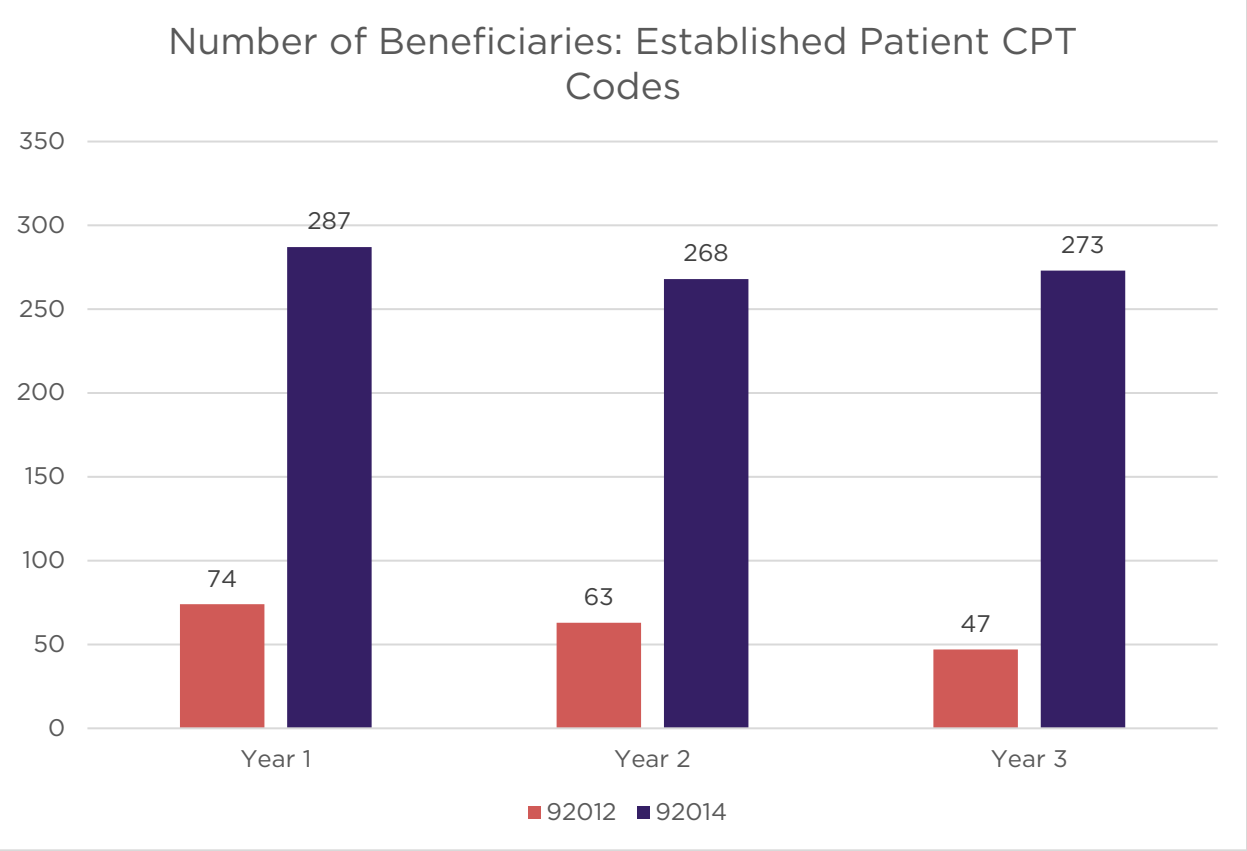


Figure 2: Total Number of Beneficiaries Who Had Claims Submitted for CPT® codes 92012 and 92014, Trend Over Time



References and Resources

CPT 2021 Professional Edition, American Medical Association

2020 Medicare Fee for Service Supplemental Improper Payment Data. U.S. Department of Health and Human Services (HHS), CMS.gov.