
Q. What is the Office of Inspector General (OIG)?
A. The OIG is part of the U.S. Department of Health & Human Services whose mission is to protect the integrity of HHS programs as well as the health and welfare of program beneficiaries. A primary focus of OIG is the oversight of Medicare and Medicaid. OIG provides resources to assist the health care industry to ensure its compliance with national fraud and abuse laws.

Q. What prompted the OIG report on Questionable Billing for Medicare Electrodiagnostic Tests?
A. Electrodiagnostic testing (including needle electromyography and nerve conduction study) has been identified as an area vulnerable to fraud, waste and abuse. The OIG also cited that growth in Medicare spending on electrodiagnostic tests has outpaced the growth in overall Medicare spending in recent years (2002–2011). As a result, the OIG analyzed 2011 claims data to identify physicians deemed by the Agency to have unusually high or questionable billing based on seven measures for purposes of the report:

- Physicians with an unusually high percentage of electrodiagnostic test claims using modifier 59 (separate non-E/M service).
- Physicians with an unusually high percentage of electrodiagnostic test claims using modifier 25 (separate E/M service).
- Physicians with an unusually high percentage of electrodiagnostic test claims.
- Physicians with an unusually high percentage of electrodiagnostic test claims that did not include both a nerve conduction test and a needle EMG test.
- Physicians with an unusually high average number of miles between the physicians’ and beneficiaries’ locations.
- Physicians with an unusually high percentage of beneficiaries for whom at least three physicians billed Medicare for electrodiagnostic tests.
- Physicians with an unusually high average number of electrodiagnostic test claims for the same beneficiary on the same day.

While reviewing data for the seven measures, physicians were placed in two groups based upon specialty to ensure the physicians’ billing was compared to that of their peers. One group consisted of neurologists and physiatrists and the other group consisted of the remaining other specialties. At the recommendation of the OIG, Medicare contracted vendors, eGlobalTech and Palmetto GBA, conducted a statistical analysis and distributed comparative billing reports (CBRs) to those physicians meeting the established criteria.
Q. What is a Comparative Billing Report (CBR)?
A. A comparative billing report compares physicians’ billing and payment patterns to those of their peers in their respective specialty and across the Nation. In the CBR for electrodagnostic testing, the measures of analysis were (1) the average allowed charges per beneficiary (2) the average weighted services by category, and (3) the percentage of visits with nerve conduction study (NCS) only. The reports are intended to proactively educate providers and to help them identify and correct errors in their billing. Comparative billing reports: Cbr201406 electrodagnostic testing (edx.) (2014) Retrieved from cbrinfo.net/cbr201406.html.

A list of frequently asked questions detailing the methodology used in developing the CBRs can be found here.

Q. What should I do if I receive a Comparative Billing Report?
A. The cover letter states that the reports are for educational purposes and that no reply is necessary; the data provided is solely for your information. You do not need to contact eGlobalTech nor CMS with a response. The report does encourage follow up with your Medicare Area Contractor to ensure you meet the Medicare electrodagnostic testing standards for your services. A recorded webinar facilitated by eGlobalTech and Palmetto GBA is available online as an additional resource. You may also wish to conduct a self-audit on claims submissions or revisit the AAN recorded webinar “Coding for Neurodiagnostic Procedures Made Easy.”

Q: Should I be worried about being audited if I received a CBR?
A: Though the Comparative Billing Report states it is for educational purposes only, some legal experts on audits warn that outliers may be more likely to face audits or further claims review.

Q: Which peers was I compared to?
A: The AAN is working to gather a better understanding of the methodology CMS used to compare neurologists to other neurologists. The AAN will raise concerns as areas of sub specialization or patient focus may not have been considered.

Q. What is the American Academy of Neurology (AAN) doing in response to the OIG report?
A. The AAN has actively reviewed the OIG report including the methodology used in the report’s development. The AAN submitted a comment letter to CMS clarifying that spending on electrodagnostic testing decreased dramatically in 2013, following the implementation of new add-on EMG codes in 2012 and a new nerve conduction study code structure in 2013.

AAN Staff is available to assist with additional questions. Contact Luana Ciccarelli at (612) 928-6110 or lciccarelli@aan.com for assistance.