The template tables, definitions and instructions set forth below provide a consistent and reliable methodology for assessing comparability of INN provider reimbursement rates for the CPT office visit codes listed. Additional CPT codes for commonly delivered outpatient services can be added to these tables for comparability analyses.

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| **A. M/S Physicians vs. Psychiatrists for In-Network provider office visits**, for the CPT codes provided in Table A (below), provide the weighted average allowed amounts for the following groups of providers:• *Primary Care Physicians, “PCPs”*, defined as general practice, family practice, internal medicine, and pediatric medicine physicians. • *Non-psychiatrist Medical/Surgical Specialist Physicians*, defined to include non-psychiatrist specialty physicians, such as orthopedic surgeons, dermatologists, neurologists, etc. This category excludes PCPs. • *Psychiatrists*, including child psychiatrists.  **Instructions for completing Table A:** • In Rows 1– 4, insert the weighted average allowed amounts (weighted by the proportion of claims allowed at each allowed amount level) for Column A (CPT 99213) and Column B (99214). This calculation provides the same result as calculating the sum ($) of the allowed amounts for every in-network 99213 and 99214 claim that was allowed for PCPs, and dividing that sum ($) by the total number of such claims allowed for PCPs. • In Row 5, insert the percentage amount (if any) by which the in-network reimbursement for PCPs and other non-psychiatrist M/S specialist physicians (combined) was greater than for psychiatrists (Example 1: 110/98 = 1.12 - 1 = 0.12 x 100 = 12%. Example 2: 105/108 = 0.97 - 1 = -0.03 x 100 = -3%).  |
| **Table A – Product Data for Year 2020Medical/Surgical Physicians compared to Psychiatrists** |
|  | **Description** | **Column A**  | **Column B** |
|   | **In-Network Office Visits Only (non-facility based)** | **CPT Code99213** | **CPT Code99214** |
| 1 | Weighted average allowed amount for primary care physicians (PCPs)  | $ | $ |
| 2 | Weighted average allowed amount for non-PCP, non-psychiatrist M/S specialist physicians | $ | $ |
| 3 | Weighted average allowed amount for PCPs and non-psychiatrist M/S specialist physicians (combined) | $ | $ |
| 4 | Weighted average allowed amount for psychiatrists, including child psychiatrists | $ | $ |
| 5 | Percentage higher in-network reimbursement for PCPs and other M/S physicians compared to psychiatrists (i.e., ((Row 3/Row 4) - 1) x 100. If this calculation results in zero or a negative number, there was no "higher in-network reimbursement".) | % | % |
| **B. M/S Physicians vs. Psychologists, CSWs Indexed to Medicare for In-Network provider office visits**, for the CPT codes provided in the Tables B(1) and (2) below, provide the weighted average allowed amounts for the following groups of providers:• *Primary Care Physicians*, “PCPs”, defined as general practice, family practice, internal medicine, and pediatric medicine physicians. • *Non-psychiatrist Medical/Surgical Specialist Physicians*, defined to include non-psychiatrist specialty physicians, such as orthopedic surgeons, dermatologists, neurologists, etc. This category excludes PCPs. • *Psychiatrists*, including child psychiatrists. • *Non-psychiatrist Behavioral Health ("BH") Professionals*, defined as psychologists and clinical social workers.*• Weighted average allowed amounts* is defined as weighting allowed amounts by the proportion of claims allowed at each allowed amount level. This calculation provides the same result as calculating the sum ($) of the allowed amounts for every claim that was allowed for these providers, and dividing that sum ($) by the total number of claims allowed for such providers.There is only one National Medicare Physician Fee Schedule allowed amount for all providers participating in Medicare for the following four (4) CPT codes for which data is requested: 99213, 99214, 90834 and 90837. The Medicare fee schedule allowed amounts for non-facility based services for 2020 are inserted into the tables and can be verified by following the instructions in footnote below\*. Provider locality adjustments have not been taken into account for regional markets, as the testing herein is comparative (i.e., indexed to Medicare rates), rather than absolute, and will thus yield useful allowed amount comparative information irrespective of region. |
| **Table B(1) –Product Data for Plan Year 2020****Medical/Surgical Physicians compared to Psychologists and Clinical Social Workers** **for CPT Codes 99213 & 90834, Indexed to National Medicare Fee Schedule** |
|   |  |   | **Column A** | **Column B** | **Column C** |
|   | **Provider Type** | **CPT Codes** | **Plan Weighted Average Allowed Amount**  | **National Medicare Fee Schedule Amount** | **Plan Weighted Average Allowed Amount as a Percentage of Medicare** |
| 1 | PCPs and non-psychiatrist M/S specialist physicians(combined) | 99213 |  $  | $76.15  | % |
| 2 | Psychologists | 90834 |  $  | $94.56  | % |
| 3 | Clinical Social Workers | 90834 |  $  | $70.92  | % |
|  |  |  |  |  |  |
| **Table B(2) Product Data for Plan Year 2020Medical/Surgical Physicians compared to Psychologists and Clinical Social Workers for CPT Codes 99214 & 90837, Indexed to National Medicare Fee Schedule** |
|   |  |  | **Column A** | **Column B** | **Column C** |
|   | **Provider Type** | **CPT Codes** | **Plan Weighted Average Allowed Amount**  | **National Medicare Fee Schedule Amount** | **Plan Weighted Average Allowed Amount as a Percentage of Medicare** |
| 1 | PCPs and non-psychiatrist M/S specialist physicians(combined) | 99214 |  $  | $110.43  | % |
| 2 | Psychologists | 90837 |  $  | $141.47  | % |
| 3 | Clinical Social Workers | 90837 |  $  | $106.10  | % |
|  |
|  |  |  |  |  |  |
| \* The Medicare Physician Fee Schedule can be found at: https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx1. Accept license for use2. Select the last complete calendar year3. Select “Pricing Information” 4. Select “List of HCPCS Codes” 5. Select “National Payment Amount”6. Enter codes 99213, 99214, 90834, and 908377. Select “All Modifiers”8. Click "Submit" 9. Please utilize the “Non-Facility Price” column. For further help, refer to the one page “Medicare Physician Fee Schedule (MPFS) Quick Reference Search Guide” for a step-by-step summary of how to use the MPFS: https://www.cms.gov/apps/physician-fee-schedule/help/How\_to\_MPFS\_Booklet\_ICN901344.pdf (pg 29) The 75% adjustment for Clinical Social Workers Services can be found in the “Medicare Claims Processing Manual,” Chapter 12, “Physicians/Nonphysician Practitioners” at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf. |