

RELI Group
7125 Ambassador Drive, Suite 100
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May 31, 2023

CBR #: CBR202305
End-Stage Renal Disease (ESRD) Related Services

First Last, Credential
Address
Address Line 2
City, State, Zip

NPI #: 1234567890
Fax #:

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 the RELI Group to develop this Comparative Billing Report (CBR) and to support providers with its use.

CMS routinely distributes an educational tool, known as a CBR, to the provider community in a variety of Medicare Fee-for-Service service areas. A CBR reflects a specific provider's billing and/or prescribing patterns as compared to his/her peers' patterns for the same services in his/her state or specialty, and nationwide. The CBR is intended to enhance accurate billing and/or prescribing practices and support providers' internal compliance activities. The report is not an indication of wrongdoing, and can support internal compliance review efforts, especially those related to coding and billing of code sets. Receiving a CBR is not an indication of, or precursor to, an audit, and it requires no response on a provider's part. Selected providers, however, may be referred for additional review and education as a part of CMS' routine CBR Program.

This CBR provides data regarding your claims submission, as compared to other providers' claims submission within your state, and in the nation.

Please carefully review this report. You may wish to check your records against data in CMS' files and review Medicare guidelines to ensure compliance. Contact your Medicare Administrative Contractor (MAC) with specific billing or coding questions. As appropriate, please share this CBR with others who may benefit from and/or assist with interpreting the data provided in the report.

To access an electronic copy of your CBR: [Visit the secure CBR portal](https://cbrfile.cbrpepper.org/) at <https://cbrfile.cbrpepper.org/>. Populate the fields, and in the "validation code" field, enter your unique validation code: (code here).

For more information: Please access a recorded webinar and additional resources at [CBR.CBRPEPPER.org](https://www.cbr.cbrpepper.org). [Register](#) for a live webinar on June 7, 2023, 3 p.m. ET.

To request assistance or submit questions: [Contact the CBR Help Desk](https://cbr.cbrpepper.org/Help-Contact-Us) at <https://cbr.cbrpepper.org/Help-Contact-Us>.

Sincerely,

The CBR Team

REMINDER: Please ensure your email address and fax number are updated in the following systems:

- [National Plan and Provider Enumeration System](https://nppes.cms.hhs.gov/#/) (NPPES): <https://nppes.cms.hhs.gov/#/>
- [Provider Enrollment, Chain, and Ownership System](https://pecos.cms.hhs.gov/pecos/login.do#headingLv1) (PECOS): <https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>



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Comparative Billing Report (CBR) 202305
May 31, 2023

End-Stage Renal Disease (ESRD) Related Services

Introduction

CBR202305 focuses on rendering providers that submitted claims for Medicare Part B claims for ESRD related services. The analysis will focus on Medicare Part B claims submitted with Current Procedural Terminology® (CPT®) codes 90960, 90961, 90962, and 90970. For the purposes of this analysis and this report, the CPT® codes 90960, 90961, 90962 will be referred to as “ESRD related services per month” and the CPT® code 90970 will be referred to as “ESRD related services per day.”

The CBR analysis was based on claims extracted from the Integrated Data Repository, based on the latest version of claims available on Apr 11, 2023. The analysis includes paid claims with dates of service from Dec. 1, 2021, through Nov. 30, 2022. For the trend analysis presented in Figure 1, claims represent dates of service between Dec. 1, 2019, and Nov. 30, 2022. For the trend analysis presented in Figure 2, claims represent dates of service between Dec. 1, 2021 and Nov. 30, 2022.

The [2022 Medicare Fee-for-Service Supplemental Improper Payment Data](#) report reflects an improper payment rate of 17.0% for dialysis services, which represents \$103,806,385 in improper payments. The types of error that comprise the improper payment rate for dialysis services include a 84.6% improper payment rate attributed to insufficient documentation and a 10.6% improper payment rate attributed to incorrect coding.

After reviewing and researching the improper payment rate, this CBR was created to analyze the possible threat to the Medicare Trust Fund associated with ESRD related services. The expectation is that rendering providers of ESRD related services will maintain proper coding documentation and confirm appropriate use of CPT® codes.

The criteria for receiving a CBR are that a provider:

1. Is significantly higher compared to either state or national percentages in the metric calculations (i.e., greater than or equal to the 90th percentile), and
2. Has at least 35 beneficiaries with claims for CPT® codes 90960, 90961, 90962, and 90970, and
3. Has at least \$60,000 in total allowed charges.

Coverage and Documentation Overview

Table 1 identifies the CPT® codes used in the CBR analysis.

Table 1: CPT® Code Descriptions

CPT® Codes	Description
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 or more face-to-face visits by a physician or other qualified health care professional per month
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visits by a physician or other qualified health care professional per month

CPT® Codes	Description
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

Table 2 provides summaries of your utilization for ESRD related services.

Table 2: Summary of Your Utilization for ESRD Related Services between December 1, 2021 and November 30, 2022

CPT® Code	Allowed Charges	Allowed Units	Beneficiary Count*
90960	\$42,623	116	25
90961	\$23,473	77	29
90962	\$3,138	15	10
90970	\$326	33	11
Total	\$69,560	241	42

*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 ESRD related services per month
2. Percentage of total calendar months when CPT® 90970 was submitted

The CBR analysis focuses on rendering providers with specialty 39 (Nephrology), that submitted claims for ESRD related services using CPT® codes 90960, 90961, 90962, 90970. 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 this 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 state peer group values and to the national values. Your metric were compared to your state [state code] 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

There are 7,650 rendering providers, with a Nephrology specialty, nationwide that have submitted Medicare Part B claims for ESRD related services. The total allowed charges for these claims were over \$6 million during the analysis timeframe.

Metric 1: Percentage of ESRD Related Services per Month

Metric 1 is calculated as follows:

- The individual count of unique claim lines for each of the CPT[®] codes 90960, 90961 and 90962 is divided by the total count of unique claim lines for all of the CPT[®] codes 90960, 90961 and 90962.

Table 3: Percentage of ESRD Related Services per Month

CPT[®] Code	Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
90960	116	208	55.77%	51.86%	Higher	69.85%	Does Not Exceed
90961	77	208	37.02%	27.58%	Higher	23.13%	Higher
90962	15	208	7.21%	20.56%	Does Not Exceed	7.02%	Higher

Metric 2: Percentage of Total Calendar Months When CPT[®] 90970 was Submitted

Metric 2 is calculated as follows:

- The count of instances where at least one claim for CPT[®] code 90970 was billed in a calendar month for each beneficiary is divided by the count of instances where at least one claim for any of the ESRD related services CPT[®] codes 90960, 90961, 90962, or 90970 were billed in a calendar month for each beneficiary.

Table 4: Percentage of Total Calendar Months When CPT[®] 90970 was Submitted

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
11	219	5.02%	1.44%	Significantly Higher	1.97%	Higher

Figure 1 illustrates the trend over time analysis for the number of beneficiaries who had claims submitted for ESRD related services. Figure 2 illustrates the number of paid claims submitted for ESRD related services per month, for Year 3. Year 1, Year 2, and Year 3 are defined as follows:

- **Year 1:** Dec. 1, 2019 – Nov. 30, 2020
- **Year 2:** Dec. 1, 2020 – Nov. 30, 2021
- **Year 3:** Dec. 1, 2021 – Nov. 30, 2022

Figure 1: Total Number of Beneficiaries Who Had Claims Submitted for ESRD Related Services, Trend Over Time

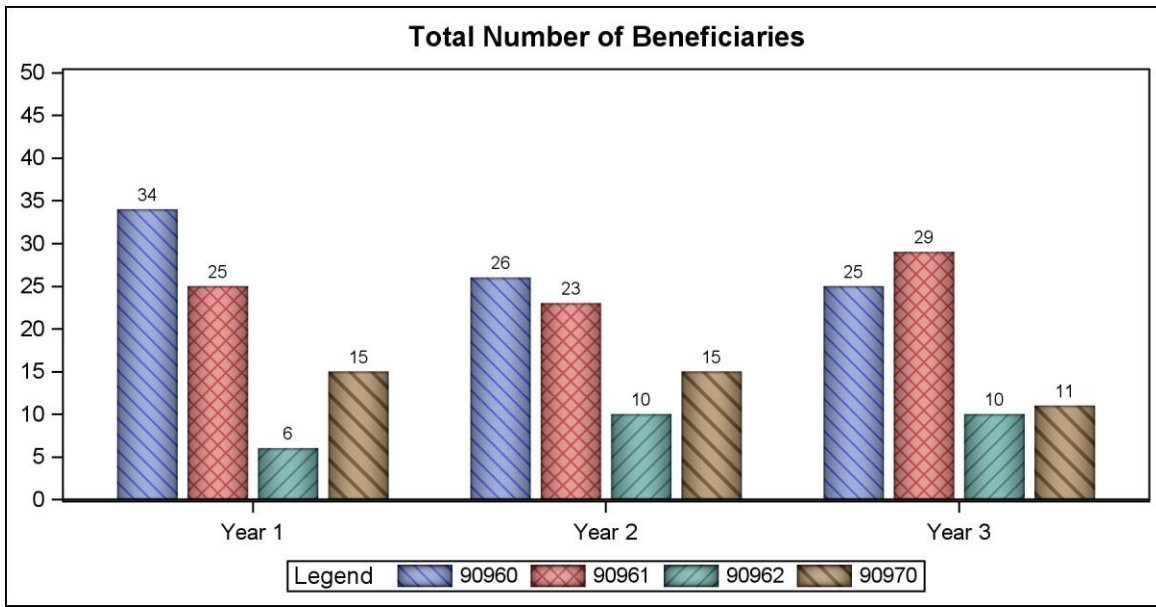
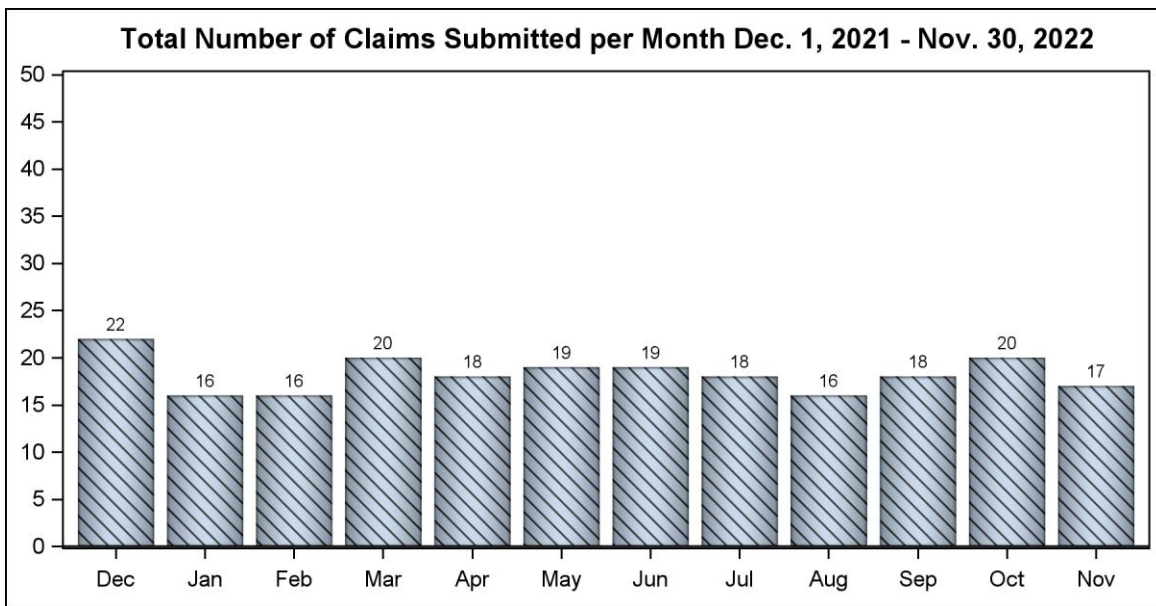


Figure 2 illustrates the total number of paid claims submitted per month for CPT® codes 90960, 90961, 90962, and 90970 for Year 3.

Figure 2: Total Number of Claims Submitted for ESRD Related Services per Month for Year 3



References and Resources

CPT® 2021 Professional Edition. American Medical Association.

[2022 Medicare Fee-for-Service Supplemental Improper Payment Data](#). U.S. Department of Health and Human Services (HHS). CMS.gov.