

RELI Group
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Catonsville, MD 2122



October 28, 2019

CBR #: CBR201911

Atherectomy

Organization Name 1

NPI #:

Address 1

Fax #:

Address 2

Email address:

City, State, ZIP

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.

What is a CBR? A CBR is an educational tool that reflects your billing and/or prescribing patterns as compared to your peers' patterns for the same services in your state or specialty, and nationwide. The CBR is intended to enhance accurate billing and/or prescribing practices and support providers' internal compliance activities.

Why did I get a CBR? We are providing this report because your Medicare billing and/or prescribing patterns differ from your peers' patterns within your state/specialty and/or across the nation. Receiving this CBR is not an indication or precursor to an audit, and it requires no response on your part. Selected providers, however, may be referred for additional review and education.

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 at <https://cbrfile.cbrpepper.org/>. Populate the fields, and in the "validation code" field, enter your unique validation code: **(code here)**

For more information: Register for our free webinar, scheduled for Nov. 6, 2019 at 3 pm ET, at CBR.CBRPEPPER.org. If you are unable to attend the live event, you may access the recording and additional resources at CBR.CBRPEPPER.org.

To request assistance or submit questions: Contact the CBR Help Desk at <https://CBR.CBRPEPPER.org/Help-Contact-Us> or call 1-800-771-4430 (M-F, 9 a.m.–5 p.m. ET).

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) 201911
October 28, 2019
Atherectomy

Introduction

CBR201911 focuses on rendering providers who submit claims for lower extremity atherectomy. Based on CMS' and collaborating partners' data analysis, CMS has identified lower extremity atherectomy procedures as a service area potentially vulnerable to improper payments. National data suggests that, between the dates of July 1, 2016 and June 30, 2017, over 3,000 providers submitted claims for these services, with over \$236 million in allowed charges.

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 outlined by the Medicare Administrative Contractors' (MACs') Local Coverage Determinations (LCDs).

For the purposes of this CBR, lower extremity atherectomy procedures (submitted with CPT® codes 37229 and 37233), extremity arterial studies (submitted with CPT® codes 93922, 93923, 93924, 93925, and 93926), and evaluation and management (E&M) services (submitted with CPT® codes 99201–99205 and 99211–99215) were analyzed. The CPT® codes for these services are included in Table 1, below.

For the purposes of this document and analysis, “lower extremity atherectomy” procedures refer to the CPT® codes 37229 and 37233. Additionally, for the purposes of this document, the term “extremity arterial studies” refers to CPT® codes 93922, 93923, 93924, 93925, and 93926. The Medicare Part B claims submitted and paid for these services from rendering physicians were analyzed.

Table 1 identifies CPT® and HCPCS codes that may be reported for lower extremity atherectomy procedures, extremity arterial studies, and E&M services.

Table 1: CPT® and HCPCS Codes for Atherectomy Procedures

CPT® Code Set	Descriptor
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries

CPT® Code Set	Descriptor
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, three or more levels
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
99201–99205	New patient E&M visits, levels 1–5
99211–99215	Established patient E&M visits, levels 1–5

CPT® codes and descriptors are copyright 2017 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.

Table 2 identifies a summary of your utilization for lower extremity atherectomy procedures.

Table 2. Summary of Your Utilization of CPT® Codes for Atherectomy Between June 1, 2018, and May 31, 2019

CPT® Code	Allowed Charges	Allowed Services	Beneficiary Count*
37229	\$415,711.11	58	47
37233	\$8,736.54	6	5
Total	\$424,447.65	64	48

*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. Percent of lower extremity atherectomies performed without arterial studies by any physician within 90 days prior to the atherectomy
2. Percent of lower extremity atherectomies performed on the same day as an E&M encounter with any physician
3. Percent of lower extremity atherectomies performed with an E&M encounter with any physician within 90 days prior to the atherectomy

The CBR team identified the services for lower extremity atherectomy services, extremity arterial studies, and E&M services submitted with the CPT® and HCPCS codes included in Table 1. 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 metrics were compared to your state [state code here] 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 above 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 not higher than the state or national mean.
4. N/A — Provider does not have sufficient data for comparison.

Methods and Results

This report is an analysis of rendering providers who submitted lower extremity atherectomy services, extremity arterial studies, and E&M services on Medicare Part B claims. The analysis focused on rendering providers who performed lower atherectomy procedures without first obtaining lower extremity arterial studies and/or attempting conservative treatment. The analyzed claims were extracted from the Integrated Data Repository, based on the latest version of claims on Sept. 13, 2019. The analysis includes claims with dates of service from June 1, 2018, through May 31, 2019. For the trend analysis (Figure 1), claims represent dates of service between June 1, 2016, and May 31, 2019.

There are 3,297 rendering providers nationwide with allowed charges for lower extremity atherectomy services, extremity arterial studies, and E&M services, with total allowed charges of \$244.1 million during the timeframe.

The criteria for receiving a CBR is that a provider:

1. Is significantly higher compared to either state or national percentages or rates in any of the three metrics (greater than the 90th percentile), and
2. Has at least 10 beneficiaries with CPT® codes 37229 and 37233, and
3. Has at least \$7,200 or more in total allowed charges.

Metric 1: Percent of Lower Extremity Atherectomies Performed Without Arterial Studies by Any Physician Within 90 Days Prior to the Atherectomy

Table 3 shows your percent of lower extremity atherectomies performed without arterial studies by any physician within 90 days prior to the atherectomy. This is calculated as follows:

- The number of times lower extremity atherectomy is performed without lower extremity arterial studies by any physician within 90 days prior to the atherectomy is divided by the total number of lower extremity atherectomies. The result is multiplied by 100.

$$\left(\frac{\text{Total LE atherectomies performed without LE arterial studies w/in 90 days prior to the atherectomy}}{\text{Total number of LE atherectomies}} \right) \times 100$$

Your comparison in your state and in the nation is presented in Table 3.

Table 3: Your Percent of Lower Extremity Atherectomies Performed Without Arterial Studies by Any Physician Within 90 Days of the Atherectomy

Number of LE Atherectomies without LE arterial studies within 90 days	Total Number of LE Atherectomies	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
2	59	3.39%	27.84%	Does Not Exceed	29.40%	Does Not Exceed

Metric 2: Percent of Lower Extremity Atherectomies Performed on the Same Day as an E&M Encounter with Any Physician

Table 4 shows the percent of lower extremity atherectomies performed on the same day as an E&M encounter with any physician. This is calculated as follows:

- The number of times lower extremity atherectomy is performed on the same day as an E&M encounter with any physician is divided by the total number of lower extremity atherectomies. The result is multiplied by 100.

$$\left(\frac{\text{Number of times LE atherectomy is performed on the same day as an E&M encounter}}{\text{Total number of LE atherectomies}} \right) \times 100$$

Your comparison in your state and in the nation is presented in Table 4.

Table 4: Your Percent of Lower Extremity Atherectomies Performed on the Same Day as an E&M Encounter with Any Physician

Number of LE Atherectomies on Same Day as E&M	Total Number of LE Atherectomies	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
1	59	1.59%	0.76%	Significantly Higher	1.08%	Significantly Higher

Metric 3: Percent of Lower Extremity Atherectomies Performed With an E&M Encounter with Any Physician Within 90 Days Prior to the Atherectomy

Table 5 shows the percent of lower extremity atherectomies performed with an E&M encounter with any physician within 90 days prior to the atherectomy. This is calculated as follows:

- The total number of lower extremity atherectomies performed with an E&M encounter with any physician within 90 days prior to the atherectomy is divided by the total number of lower extremity atherectomies performed. The result is multiplied by 100.

$$\left(\frac{\text{Total number of LE atherectomies performed with an E\&M encounter w/in 90 days prior to the atherectomy}}{\text{Total number of lower extremity atherectomies}} \right) \times 100$$

Your comparison in your state and in the nation is presented in Table 5.

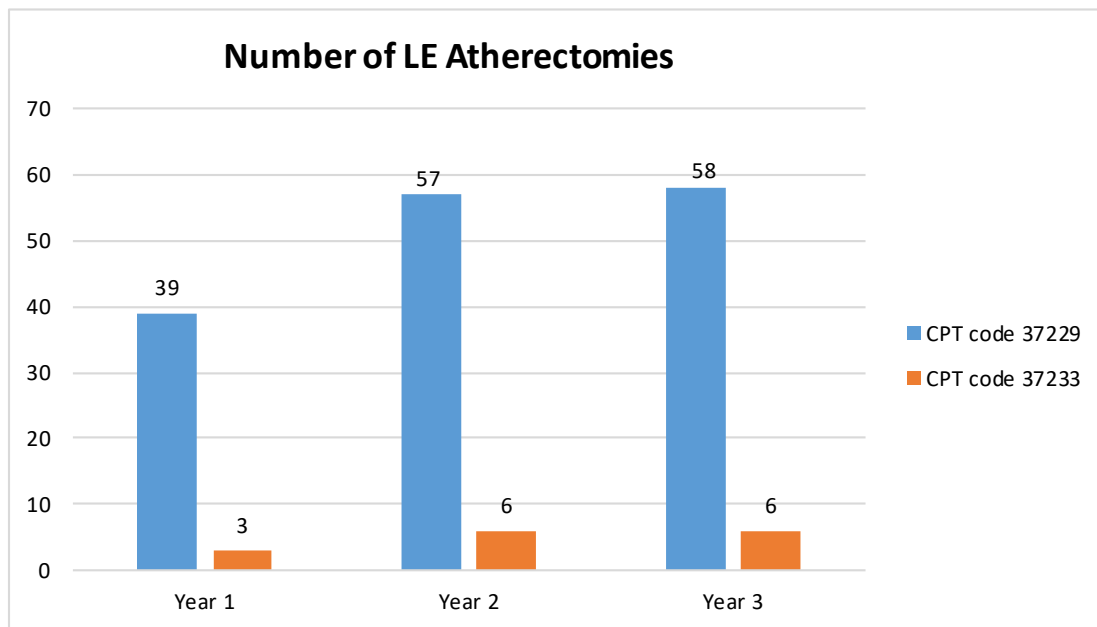
Table 5: Your Percent of Lower Extremity Atherectomies Performed With an E&M Encounter with Any Physician Within 90 Days Prior to the Atherectomy

Number of LE Atherectomies with an E&M encounter within 90 days	Total Number of LE Atherectomies	Your Rate	Your State Rate	Comparison with Your State	National Rate	Comparison with National Percent
57	59	96.61%	94.82%	Higher	94.91%	Higher

Figure 1 illustrates the trend over time of the number of allowed services for lower atherectomy services:

- Year 1: June 1, 2016 – May 31, 2017
- Year 2: June 1, 2017 – May 31, 2018
- Year 3: June 1, 2018 – May 31, 2019

Figure 1: Trend Over Time of the Number of Lower Extremity Atherectomies



References and Resources

CPT® 2017 Professional Edition

[LCD: Non-Invasive Vascular Studies \(L34045\)](#)