

RELI Group
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April 20, 2020

CBR #: CBR202004
Peripheral Vascular Intervention for Claudication

Organization Name 1
Address 1
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City, State, Zip

NPI #:
Fax #:
Email:

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: 2AD5E9.

For more information: Please access a recorded webinar 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** (NPPES): <https://nppes.cms.hhs.gov/#/>
- **Provider Enrollment, Chain, and Ownership System** (PECOS): <https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>

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Comparative Billing Report (CBR) 202004
April 20, 2020
Peripheral Vascular Intervention for Claudication

Introduction

CBR202004 focuses on rendering providers that perform peripheral vascular intervention (PVI) procedures on patients with non-emergency intermittent claudication (IC) without first attempting conservative measures. The CBR analysis reflects the submission of claims for Current Procedural Terminology® (CPT®) codes for PVI procedures and supervised exercise therapy (SET), including claims with the CPT® codes and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes listed below in Table 1.

According to the [2019 Medicare Fee-for-Service Supplemental Improper Payment Data](#) report, vascular surgery had a projected improper payment rate of 10.5%, representing \$45,255,338 in projected improper payments. The same report indicates that insufficient documentation accounted for 64.1% of improper payments for vascular surgery providers.

The article [Endovascular Intervention for Peripheral Artery Disease](#) discusses conservative treatment options for patients with peripheral artery disease (PAD) and claudication. The article states the following: “Many patients with claudication can be treated by exercise and medical therapy. Endovascular procedures are considered when these fail to improve quality of life and function.” The article continues to say the following: “Supervised exercise programs are the gold standard...Home-based exercise programs may represent a feasible alternative for those unable or unwilling to exercise under supervision.”

Established therapies for claudication include exercise training, medications, smoking cessation, and regular exercise programs. The article [Medical Therapy in Peripheral Artery Disease](#) discusses these therapies, and its findings suggest that some patients respond well to conservative management without surgery and that unnecessary surgeries put beneficiaries at risk for complications.

For the purposes of this analysis and document, the terms “conservative treatment” and “SET” refer to conservative measures performed during the three-month period preceding a PVI.

The criteria for receiving a CBR is that a provider:

1. Is significantly higher compared to either state or national percentages for Metric 1 or to the state or national average for Metric 2 (greater than or equal to the 90th percentile), or is significantly lower compared to either the state or national average for Metric 3 (less than or equal to the 10th percentile), and
2. Has at least 15 beneficiaries with PVI CPT® codes (37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231), and
3. Has at least \$6,000 or more in total allowed charges for PVI CPT® codes

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 any coverage and documentation policies outlined by the MACs’ Local Coverage Determinations.

In the Medicare Learning Network (MLN) Matters® article [Supervised Exercise Therapy \(SET\) for Symptomatic Peripheral Artery Disease \(PAD\)](#), CMS discusses the recommendation of SET as an initial treatment for patients suffering from IC, suggesting that up to 36 sessions of SET be completed over a 12-week period.

In “[Chapter 1, Part 1, Section 20.35](#)” of the Medicare National Coverage Determinations Manual, CMS presents information regarding SET for treatment of PAD. The manual notes the following: “Research has shown supervised exercise therapy (SET) to be an effective, minimally invasive method to alleviate the most common symptom associated with peripheral artery disease (PAD) – intermittent claudication (IC).”

Additionally, CMS outlines the definition of a SET program, along with the coding and billing requirements for submission of claims for SET encounters, within “[Chapter 32, Section 390](#)” of the Medicare Claims Processing Manual.

Table 1 identifies the CPT® and ICD-10-CM codes used in the CBR analysis.

Table 1: CPT® and ICD-10-CM Code Descriptions

CPT® ICD-10-CM Code	Description
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; w/transluminal angioplasty
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; w/transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; w/transluminal angioplasty
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; w/atherectomy, includes angioplasty within the same vessel, when performed
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral, initial vessel; w/transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral, initial vessel; w/transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, w
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; w/transluminal angioplasty
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; w/atherectomy, includes angiography within the same vessel, when performed
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; w/transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; w/transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when p
93668	Peripheral arterial disease (PAD) rehabilitation, per session

CPT® ICD-10-CM Code	Description
I70.211	Atherosclerosis of native arteries of extremities w/intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities w/intermittent claudication, left leg
I70.213	Atherosclerosis of native arteries of extremities w/intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities w/intermittent claudication, other extremity
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities w/intermittent claudication, right leg
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities w/intermittent claudication, left leg
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities w/intermittent claudication, bilateral legs
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities w/intermittent claudication, other extremity
I70.611	Atherosclerosis of non-biological bypass graft(s) of the extremities w/intermittent claudication, right leg
I70.612	Atherosclerosis of non-biological bypass graft(s) of the extremities w/intermittent claudication, left leg
I70.613	Atherosclerosis of non-biological bypass graft(s) of the extremities w/intermittent claudication, bilateral legs
I70.618	Atherosclerosis of non-biological bypass graft(s) of the extremities w/intermittent claudication, other extremity
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities w/intermittent claudication, right leg
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities w/intermittent claudication, left leg
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities w/intermittent claudication, bilateral legs
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities w/intermittent claudication, other extremity

See Table 2 for a summary of your utilization of codes for PVI: CPT® codes 37220, 37221, 37224-37231.

Table 2. Summary of Your Utilization of CPT® Codes for PVI Between Dec. 1, 2018 – Nov. 30, 2019.

PVI CPT® Code	Allowed Charges	Allowed Units	Beneficiary Count*
Total	\$1,163,067	144	68

*The “Beneficiary Count” 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 claims for PVI performed on beneficiaries with IC without SET
2. Average allowed amount per beneficiary with IC
3. Average number of SET claims per beneficiary with IC with PVI

The CBR analysis focuses on providers that performed PVI without first attempting conservative treatment. Additionally, the analyses are based on claims for beneficiaries with IC who received PVI. 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 (TX) and the nation. There are four possible outcomes for the comparisons between the provider and his/her peer groups:

1. Significantly Higher or Lower — Provider's value is greater than or equal to the 90th percentile from the state or national mean ("Significantly Higher" for Metrics 1 and 2), or provider's value is less than or equal to the 10th percentile from the state or national mean ("Significantly Lower" for Metric 3 only).
2. Higher or Lower — Provider's value is greater than the state or national mean ("Higher" for Metrics 1 and 2), or provider's value is less than the state or national mean ("Lower" for Metric 3 only).
3. Does Not Exceed or Is Not Below — The Provider's value is less than or equal to the state or national mean ("Does Not Exceed" for Metrics 1 and 2), or provider's value is greater than or equal to the state or national mean ("Is Not Below" for Metric 3 only).
4. Not Applicable (N/A) — The 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 March 13, 2020. The analysis includes claims with dates of service from Dec. 1, 2018, through Nov. 30, 2019. For the trend analysis presented in Figure 1, claims represent dates of service between Dec. 1, 2016, and Nov. 30, 2019.

There are 9,575 rendering providers nationwide who have submitted claims for PVI procedures. The total allowed charges for these claims were \$922.9 million during the analysis timeframe.

Metric 1: Percent of Claims for PVI Performed on Beneficiaries with IC Without SET

Metric 1 is calculated as follows:

- The total claims for PVI performed on beneficiaries with IC without SET (numerator) is divided by the total PVI claims for beneficiaries with IC (denominator). The result is multiplied by 100.

$$\left(\frac{\text{Total claims for PVI performed on beneficiaries with IC without SET}}{\text{Total PVI claims for beneficiaries with IC}} \right) \times 100$$

Table 3: Your Percent of Claims for PVI Performed on Beneficiaries with IC Without SET

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
71	71	100.0%	86.70%	Significantly Higher	85.85%	Significantly Higher

Metric 2: Average Allowed Amount per Beneficiary with IC

Metric 2 is calculated as follows:

- The sum of the allowed amount for beneficiaries with IC (numerator) is divided by the count of beneficiaries with IC (denominator).

$$\frac{\text{Allowed amount for beneficiaries with IC}}{\text{Beneficiaries with IC}}$$

Table 4: Your Average Allowed Amount per Beneficiary with IC

Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
\$222,998	26	\$8,577	\$2,128	Significantly Higher	\$1,309	Significantly Higher

Metric 3: Average Number of SET Claims per Beneficiary with IC with PVI

Metric 3 is calculated as follows:

- The count of SET claims for beneficiaries with IC with PVI (numerator) is divided by the total beneficiaries with IC with PVI (denominator).

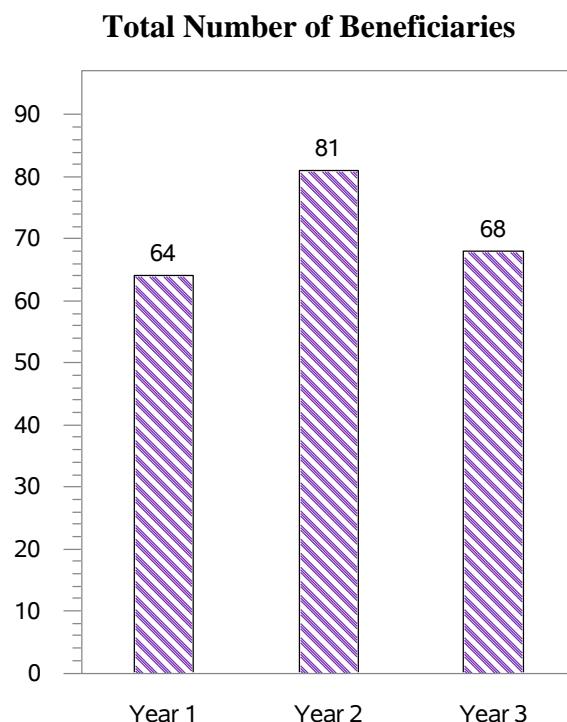
$$\frac{\text{SET claims for beneficiaries with IC with PVI}}{\text{Beneficiaries with IC with PVI}}$$

Table 5: Your Average Number of SET Claims per Beneficiary with IC with PVI

Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
0	31	0.00	0.00	Significantly Lower	0.00	Significantly Lower

Figure 1 illustrates the number of beneficiaries for whom claims with PVI procedures were submitted. Year 1, Year 2, and Year 3 are defined as follows:

- Year 1: Dec. 1, 2016 – Nov. 30, 2017
- Year 2: Dec. 1, 2017 – Nov. 30, 2018
- Year 3: Dec. 1, 2018 – Nov. 30, 2019

Figure 1: Trend Over Time Analysis of Number of Beneficiaries for Whom Claims with PVI Procedures Were Submitted

References and Resources

CPT® Professional Edition, American Medical Association

ICD-10 Expert, 2020. American Academy of Professional Coders.

[*2019 Medicare Fee-for-Service Supplemental Improper Payment Data*](#). U.S. Department of Health and Human Services (HHS). CMS.gov.

[*Endovascular Intervention for Peripheral Artery Disease*](#). Thukkani, Kinlay. Circulation Research, vol. 116,9 (2015): 1599-613. The National Center for Biotechnology Information. NCBI.nlm.nih.gov.

[*Medical Therapy in Peripheral Artery Disease*](#). Berger, Jeffrey, Hiatt, William. Circulation, vol. 126,4 (2012). American Heart Association. AHAjournals.org.

[*Supervised Exercise Therapy \(SET\) for Symptomatic Peripheral Artery Disease \(PAD\)*](#). MLN Matters®, Number MM10295. HHS, CMS. CMS.gov.

[*Medicare National Coverage Determinations Manual, “Chapter 1, Part 1, Section 20.35.”*](#) CMS. CMS.gov.

[*Medicare Claims Processing Manual, “Chapter 32, Section 390.”*](#) CMS. CMS. gov.