

RELI Group
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September 18, 2020

CBR #: CBR202008
Breast Re-Excision

Organization Name 1
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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](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)**.

Please visit the [CBR Website](https://cbr.cbrpepper.org/) at <https://cbr.cbrpepper.org/>, for a recorded webinar, additional resources, and to [register](#) for our free live webinar on September 23rd, at 3:00 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> 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) 202008

September 18, 2020

Breast Re-Excision

Introduction

CBR202008 focuses on rendering providers that perform breast excision or mastectomy services. The CBR analysis reflects the submission of claims by providers for Current Procedural Terminology® (CPT®) codes for breast excision procedures, which includes CPT® codes 19120, 19301, 19302, 19303, 19304. For the purpose of this analysis, the terms “excision codes” and “re-excision” are defined as CPT® codes used to report excision of cysts, fibroadenomas or other benign or malignant tumors, aberrant breast tissue, duct lesion, nipple or areolar lesions, and mastectomy procedures, as listed in Table 1.

According to the April 2019 article [Surgeon Re-Excision Rates After Breast-Conserving Surgery: A Measure of Low-Value Care](#), which was published in the *Journal of American College of Surgeons*, the physician-level rate of re-excision procedures reached 91.7% between 2012 and 2018. Additionally, 17.5% of providers had a breast re-excision rate greater than the expert consensus threshold of 30% re-excision rate.

The criterion for receiving a CBR is that a provider’s re-excision rate was greater than 30%.

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 Medicare Administrative Contractors’ (MACs’) Local Coverage Determinations.

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

Table 1: CPT® Code Descriptions

| CPT® Code | Description |
|-----------|---|
| 19120 | Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, male or female, one or more lesion |
| 19301 | Mastectomy, partial |
| 19302 | Mastectomy, with axillary lymphadenectomy |
| 19303 | Mastectomy, simple, complete |
| 19304 | Mastectomy, subcutaneous |

See Table 2 for a summary of your utilization of codes for breast excision services: CPT® codes 19120, 19301, 19302, 19303, 19304.

Table 2. Summary of Your Utilization of CPT® Codes for Breast Excision Services Between March 1, 2019, and Feb. 29, 2020

| CPT® Code | Allowed Charges | Allowed Units | Beneficiary Count* |
|-----------|-----------------|---------------|--------------------|
| 19120 | \$0.00 | 0 | 0 |
| 19301 | \$3,432.95 | 5 | 5 |
| 19302 | \$0.00 | 0 | 0 |



| CPT® Code | Allowed Charges | Allowed Units | Beneficiary Count* |
|-----------|-----------------|---------------|--------------------|
| 19303 | \$5,538.25 | 5 | 5 |
| 19304 | \$0.00 | 0 | 0 |
| Total | \$8,971.20 | 10 | 10 |

*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 re-excisions
2. Percent of allowed amount for re-excisions
3. Percent of beneficiaries receiving a re-excision

The CBR analysis focuses on providers that performed breast excision services. The CBR Team analyzed Medicare Part B claims for these services that were submitted by and paid to rendering physicians. Specific to this CBR, claims submitted for the following specialty codes were analyzed:

- General Surgery (02)
- Physician Assistant (97)
- Surgical Oncology (91)
- Plastic and Reconstructive Surgery (24)
- Nurse Practitioner (50)

Statistics were calculated for each provider, all providers in the specialty, and all providers in the nation. The specialty and national peer groups are defined as follows:

- The specialty peer group is defined as all rendering Medicare providers practicing in the individual provider’s specialty 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 specialty peer group values and to the national values. Your metrics were compared to your specialty [specialty 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 specialty or national mean.
2. Higher — Provider’s value is greater than the specialty or national mean.
3. Does Not Exceed — Provider’s value is less than or equal to the specialty or national mean.
4. Not Applicable (N/A) — 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 July 30, 2020. The analysis includes claims with dates of service from March 1, 2018, through Feb. 29, 2020. For the trend analysis presented in Figure 1, claims represent dates of service between March 1, 2017, and Feb. 29, 2020.

To identify re-excisions:

1. The CBR Team identified excisions performed between Mar. 1, 2018, and Feb. 28, 2019 (base time period),

2. For each excision during the base time period, any subsequent excision(s) performed by the same provider through Feb. 29, 2020, were identified, and
3. Any excision that was performed within 365 days of a prior excision was identified as a re-excision. If a provider performed multiple excision procedures on a beneficiary, each was identified as a re-excision if there were less than 366 days between procedure dates.

There are 10,655 rendering providers nationwide that have submitted claims for breast excision services between Mar. 1, 2018 and Feb. 28, 2019. The total allowed charges for these claims were over \$73.4 million during the analysis timeframe.

Metric 1: Percent of Re-Excisions

Metric 1 is calculated as follows:

- The number of re-excisions (numerator) is divided by the total number of excisions (denominator). The result is multiplied by 100.

Table 3: Your Percent of Re-Excisions

| Numerator | Denominator | Your Percent | Your Specialty Percent | Comparison with Your Specialty | National Percent | Comparison with National Percent |
|-----------|-------------|--------------|------------------------|--------------------------------|------------------|----------------------------------|
| 4 | 11 | 36.36% | 17.34% | Significantly Higher | 16.82% | Significantly Higher |

Metric 2: Percent Allowed Amount for Re-Excisions

Metric 2 is calculated as follows:

- The allowed amount for re-excisions (numerator) is divided by the total allowed amount for all excisions (denominator). The result is multiplied by 100.

Table 4: Your Percent Allowed Amount for Re-Excisions

| Numerator | Denominator | Your Percent | Your Specialty Percent | Comparison with Your Specialty | National Percent | Comparison with National Percent |
|-----------|-------------|--------------|------------------------|--------------------------------|------------------|----------------------------------|
| \$3,056 | \$8,740 | 34.96% | 17.20% | Significantly Higher | 16.64% | Significantly Higher |

Metric 3: Percent of Beneficiaries Receiving Re-Excision

Metric 3 is calculated as follows:

- The number of unique beneficiaries who had at least one re-excision (numerator) is divided by the total number of unique beneficiaries who had an excision (denominator). The result is multiplied by 100.

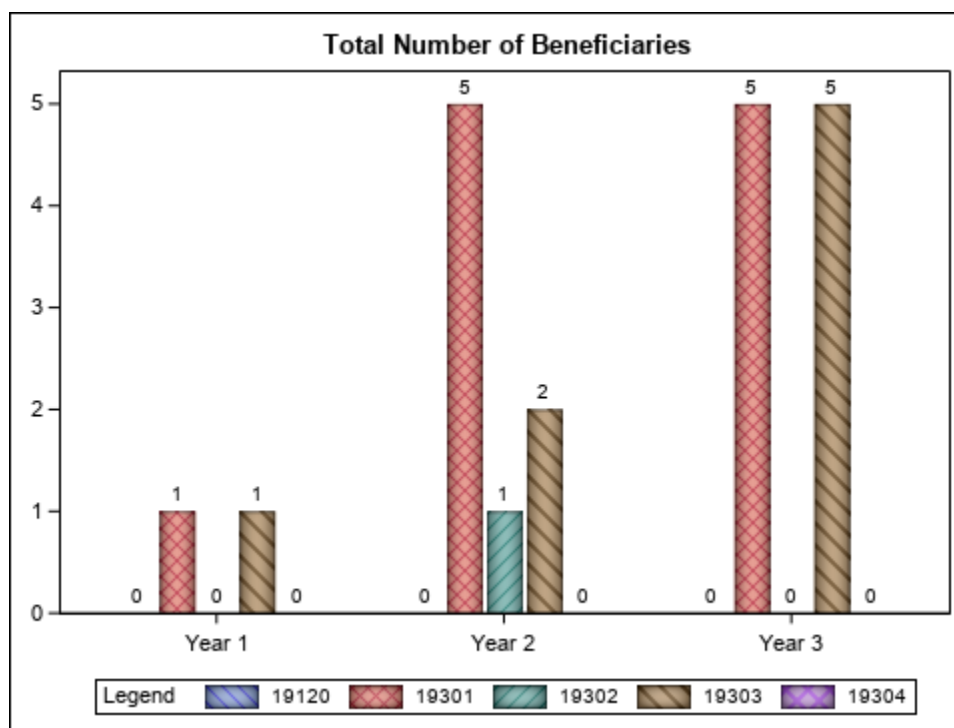
Table 5: Your Percent of Beneficiaries Receiving Re-Excision

| Numerator | Denominator | Your Percent | Your Specialty Percent | Comparison with Your Specialty | National Percent | Comparison with National Percent |
|-----------|-------------|--------------|------------------------|--------------------------------|------------------|----------------------------------|
| 4 | 7 | 57.14% | 20.48% | Significantly Higher | 19.72% | Significantly Higher |

Figure 1 illustrates the total number of beneficiaries for whom CPT® codes 19120, 19301, 19302, 19303, 19304 were submitted. Year 1, Year 2, and Year 3 are defined as follows:

- Year 1: March 1, 2017 – Feb. 28, 2018
- Year 2: March 1, 2018 – Feb. 28, 2019
- Year 3: March 1, 2019 – Feb. 29, 2020

Figure 1: Trend Over Time Analysis of Number of Beneficiaries for Whom CPT® Codes 19120, 19301, 19302, 19303, 19304 Were Submitted



References and Resources

CPT® Professional Edition. American Medical Association.

[Surgeon Re-Excision Rates After Breast-Conserving Surgery: A Measure of Low-Value Care](#), Kaczmarksi, Katerina, et al., *Journal of the American College of Surgeons*, April 2019, Volume 228, Issue 4, P504-512.E2. Journalacs.org.