

July 30, 2021

CBR #: CBR202107
Wound Debridement

First Name Last Name, Title
Address 1
Address 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 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. The report is offered to facilitate an analysis of your billing submissions during a timeframe that includes the (Public Health Emergency) PHE. Please consider the changes that took place to your billing practices during the PHE when you review the data within this report.

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. [Register](#) for a live webinar on August 11, 2021, 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>

THIS PAGE LEFT INTENTIONALLY BLANK

Comparative Billing Report (CBR) 202107
July 30, 2021

Wound Debridement

Introduction

CBR202107 focuses on rendering providers that submitted claims to Medicare Part B for wound debridement. The analysis will focus on Current Procedural Terminology® (CPT®) codes, 11042, 11045, 11043, 11046, 11044, 11047. For the purposes of this document and analysis, these CPT® codes will be referred to as “wound debridement”; more specifically, CPT® codes 11042, 11043, and 11044 will be referred to as “base codes,” and CPT® codes 11045, 11046, and 11047 will be referred to as “add-on codes.”

The CBR analysis was based on claims extracted from the Integrated Data Repository, based on the latest version of claims available on June 4, 2021. The analysis includes claims with dates of service from Feb. 1, 2020, through Jan. 31, 2021. For the trend analysis presented in Figure 1, Figure 2, and Figure 3, claims represent dates of service between Feb. 1, 2018, and Jan. 31, 2021.

The [2020 Medicare Fee-for-Service Supplemental Improper Payment Data](#) report reflects an improper payment rate of 9.1% for “ambulatory procedures - skin,” which represents \$169,372,693 in improper payments. This report attributes 95.7% of this improper payment rate to insufficient documentation.

In [An Economic Evaluation of the Impact, Cost, and Medicare Policy Implications of Chronic Nonhealing Wounds](#), Nussbaum, et al. found that “[t]otal Medicare spending estimates for all wound types ranged from \$28.1 to \$96.8 billion,” concluding that “Medicare expenditures related to wound care are far greater than previously recognized.”

The criteria for receiving a CBR are that a provider:

1. Is significantly higher compared to either state or national values in any of the three metrics (i.e., greater than or equal to the 90th percentile), and
2. Has at least 5 total beneficiaries with claims submitted for CPT® codes 11042, 11045, 11043, 11046, 11044, 11047, and
3. Has at least \$1,500 in total allowed charges for CPT® codes 11042, 11045, 11043, 11046, 11044, 11047.

Coverage and Documentation Overview

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

Table 1: CPT® Code Descriptions

CPT® Codes	Description
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
+11045	Each additional 20 sq cm, or part thereof
11043	Debridement, muscle and/or fascia (includes epidermis and dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
+11046	Each additional 20 sq cm, or part thereof
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
+11047	Each additional 20 sq cm, or part thereof

Table 2 provides summaries of your utilization of CPT® codes for wound debridement.

Table 2: Summary of Your Utilization of CPT® Codes for Wound Debridement Between Feb. 1, 2020, and Jan. 31, 2021

CPT® Codes	Allowed Charges	Allowed Units	Beneficiary Count*
11042	\$248	3	3
+11045	\$953	34	2
11043	\$3,374	31	26
+11046	\$23,120	396	23
11044	\$111	1	1
+11047	\$869	9	1
Total	\$28,676	474	28

*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 claims billed with add-on codes
2. Percentage of allowed charge amount from add-on codes
3. Average number of units per claim line with an add-on code

The CBR analysis focuses on rendering providers that submitted claims for wound debridement. 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 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] 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 27,882 rendering providers nationwide that have submitted claims for wound debridement. The total allowed charges for these claims were over \$332,398,246 during the analysis timeframe.

Metric 1: Percentage of Claims Billed with Add-On Codes

Metric 1 is calculated as follows:

- The count of unique claims with an add-on code is divided by the count of unique claims with a base code only, a base code and an add-on code, or an add-on code only.

Table 3: Percentage of Claims Billed with Add-On Codes

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
31	35	89.00%	13.00%	Significantly Higher	14.00%	Significantly Higher

Metric 2: Percentage of Allowed Charge Amount from Add-on Codes

Metric 2 is calculated as follows:

- The total allowed charge amount for add-on codes is divided by the total allowed charge amount for claims with a base only, a base and add-on code, or add-on code only.

Table 4: Percentage of Allowed Charge Amount from Add-On Codes

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
\$24,942	\$28,676	87.00%	14.00%	Significantly Higher	13.00%	Significantly Higher

Metric 3: Average Number of Units per Claim Line with an Add-On Code

Metric 3 is calculated as follows:

- The count of units for add-on codes is divided by the total number of unique claim lines with an add-on code.

Table 5: Average Number of Units per Claim Line with an Add-On Code

Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
439	31	14.16	3.22	Significantly Higher	2.92	Significantly Higher

Figures 1, 2, and 3 illustrate the trend over time analysis for the total number of beneficiaries who had claims submitted for wound debridement. Year 1, Year 2, and Year 3 are defined as follows:

- **Year 1:** Feb. 1, 2018 – Jan. 31, 2019
- **Year 2:** Feb. 1, 2019 – Jan. 31, 2020
- **Year 3:** Feb. 1, 2020 – Jan. 31, 2021

Figure 1: Total Number of Beneficiaries Who Had Claims Submitted with CPT® Codes for Subcutaneous Wound Debridement; Trend Over Time

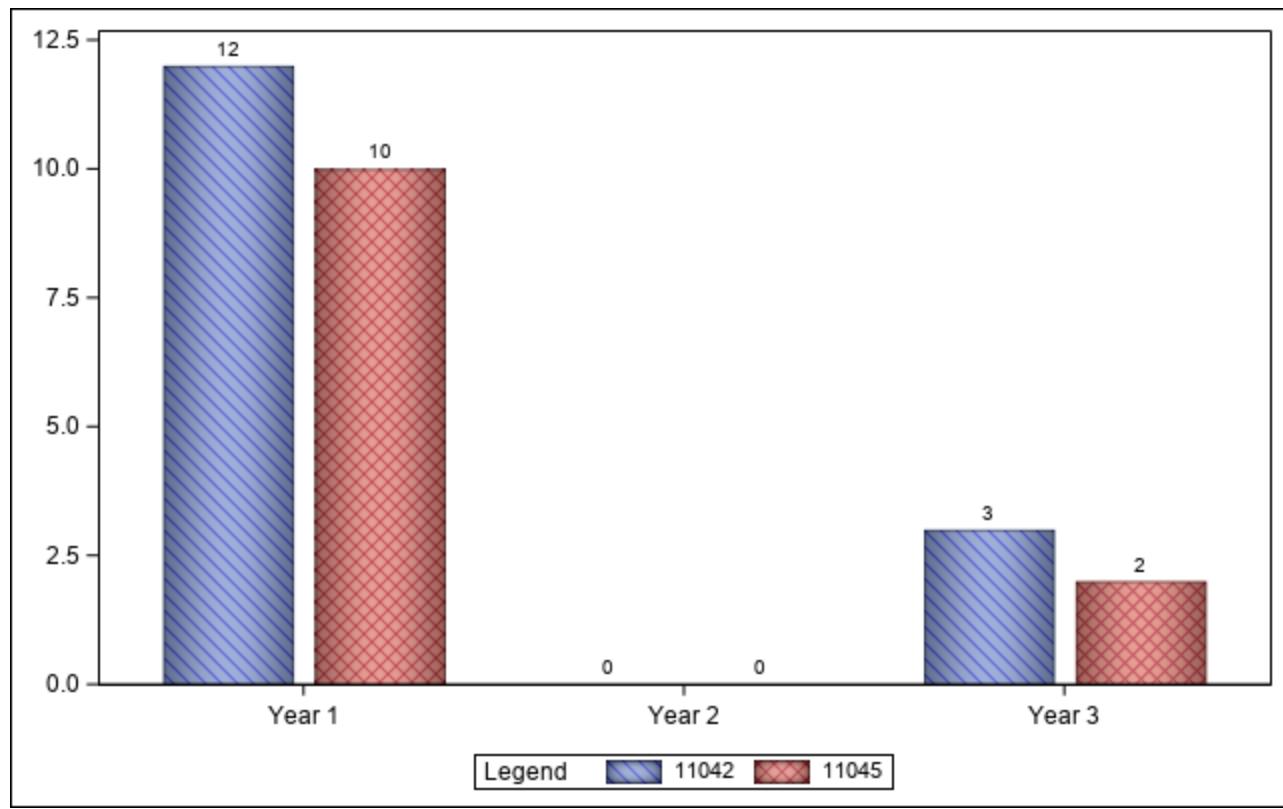


Figure 2: Total Number of Beneficiaries Who Had Claims Submitted with CPT® Codes for Muscle/Fascia Wound Debridement; Trend Over Time

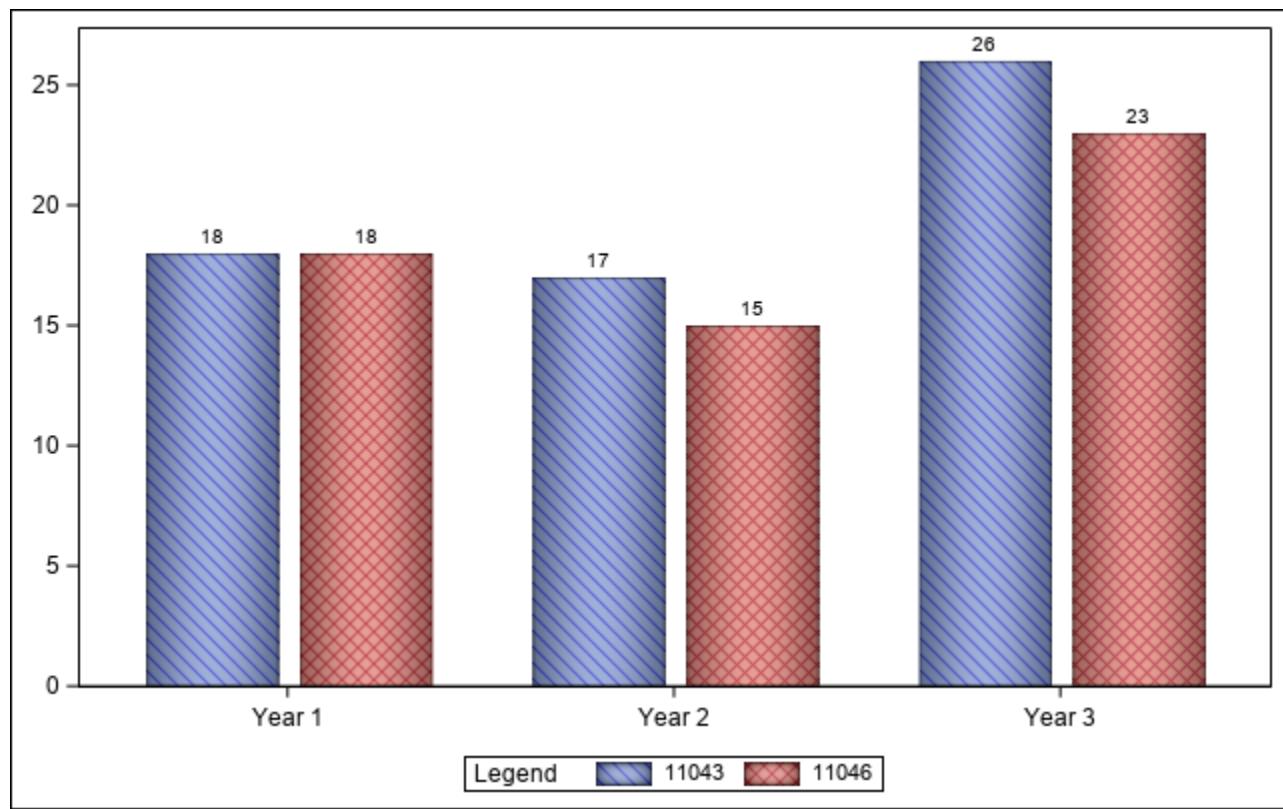
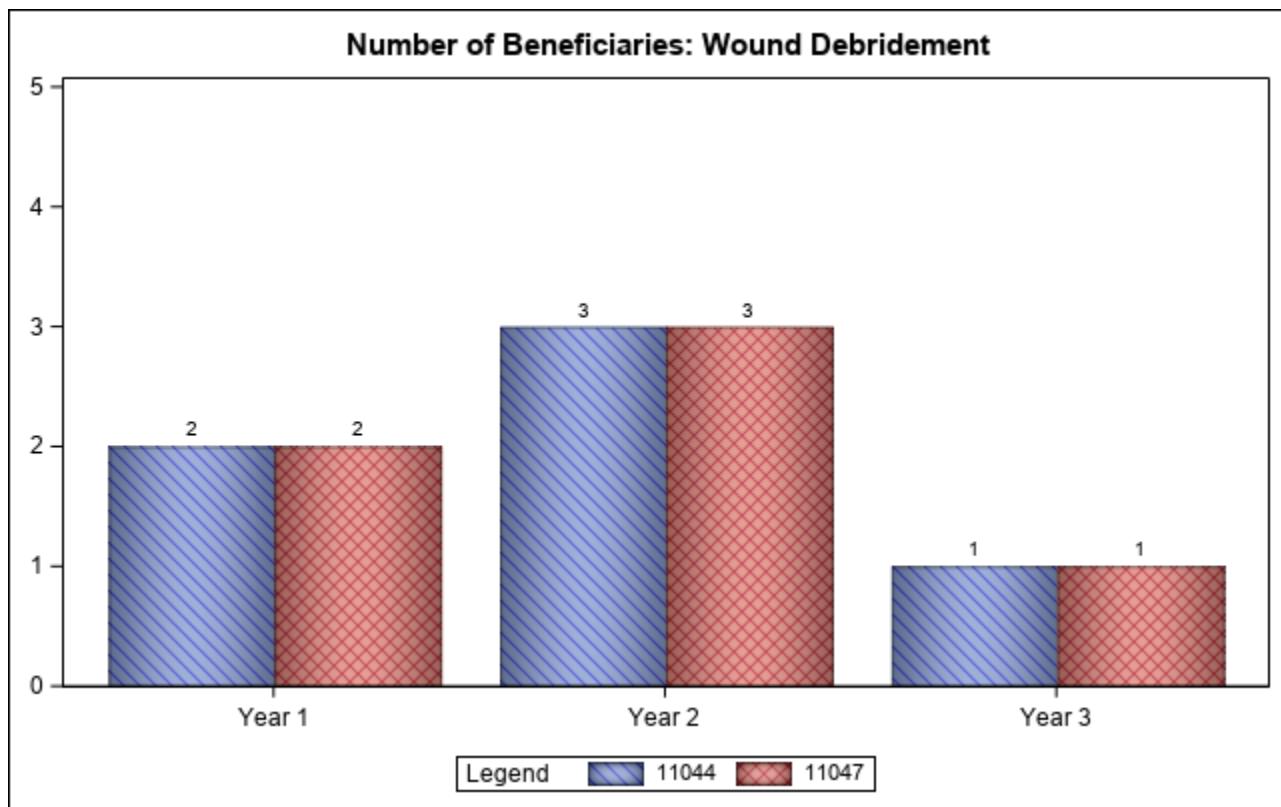


Figure 3: Total Number of Beneficiaries Who Had Claims Submitted with CPT® Codes for Bone Wound Debridement; Trend Over Time



References and Resources

CPT® 2021 Professional Edition. American Medical Association.

[*2020 Medicare Fee-for-Service Supplemental Improper Payment Data.*](#) U.S. Department of Health and Human Services (HHS). CMS.gov.

[*An Economic Evaluation of the Impact, Cost, and Medicare Policy Implications of Chronic Nonhealing Wounds.*](#) Nussbaum, Samuel; Carter, Marissa; Fife, Caroline; DaVanzo, Joan; Haught, Randall; Nusgart, Marcia; Cartwright, Donna. *Value in Health: The Journal of the International Society for Pharmacoeconomics and Outcomes Research*, 2017. valueinhealthjournal.com.