

RELI Group
7125 Ambassador Drive, Suite 100
Windsor Mill, MD 21244



February 28, 2022

First Last, Credential
Address
State, City, ZIP

CBR #: CBR202202
Podiatry: Nail Debridement and Evaluation and
Management (E&M) Services
NPI #: 1234567890
Fax #: 1-XXX-XXX-XXXX

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: YOURCODE.

For more information: Please access a recorded webinar and additional resources at [CBR.CBRPEPPER.org](https://cbr.cbrpepper.org/). [Register](#) for a live webinar on March 9, 2022, 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) 202202
February 28, 2022

Podiatry: Nail Debridement and Evaluation and Management (E&M) Services

Introduction

CBR202202 focuses on rendering providers with specialty 48 (podiatry) that submitted claims to Medicare Part B for nail debridement services performed in the office (place of service 11). The analysis includes Current Procedural Terminology® (CPT®) codes 11720 and 11721, as well as E&M services for established patients, which are covered by CPT® codes 99211–99215. For the purposes of this document and analysis, CPT® codes 11720 and 11721 will be referred to as “nail debridement” and CPT® codes 99211–99215 will be referred to as “E&M services.”

The CBR analysis was based on claims extracted from the Integrated Data Repository, based on the latest version of claims available on Jan. 17, 2022. The analysis includes claims with dates of service from Jan. 1, 2019, through Dec. 31, 2019. For the trend analysis presented in Figure 1, claims represent dates of service between Jan. 1, 2017, and Dec. 31, 2019. For the trend analysis presented in Figure 2, claims represent dates of service between Jan. 1, 2019, and Dec. 31, 2019.

The [2021 Medicare Fee-for-Service Supplemental Improper Payment Data](#) report reflects an improper payment rate of 10.8% for podiatry providers, which represents \$162,308,133 in improper payments. The types of error that comprise the improper payment rate for Medicare Part B podiatry services include a 90% improper payment rate attributed to insufficient documentation and a 5.3% improper payment rate attributed to incorrect coding. After review of and research into the improper payment rate, this CBR was created to analyze the possible threat associated with podiatry services to the Medicare Trust Fund. The expectation is that providers that perform nail debridement and E&M services on the same date of service will maintain proper documentation and appropriate CPT® code assignment.

The criteria for receiving a CBR are that a provider:

1. Is significantly higher compared to either state or national percentages in any of the four metric calculations (i.e., greater than or equal to the 80th percentile), and
2. Has at least 43 beneficiaries with claims submitted for nail debridement, and
3. Has at least \$3,200 in total allowed charges for nail debridement.

Coverage and Documentation Overview

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

Table 1: CPT® Code Descriptions

CPT® Codes	Description
11720	Debridement of nail(s) by any method(s); 1 to 5
11721	Debridement of nail(s) by any method(s); 6 or more
99211	Minimal medical decision making; 5 minutes
99212	Straightforward medical decision making; 10 minutes
99213	Low medical decision making; 15 minutes

CPT® Codes	Description
99214	Moderate medical decision making; 25 minutes
99215	High medical decision making; 40 minutes

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

Table 2: Summary of Your Utilization of CPT® Codes for Nail Debridement Between Jan. 1, 2019, and Dec. 31, 2019

CPT® Codes	Allowed Charges	Allowed Services	Beneficiary Count
11720	\$220	7	5
11721	\$20,074	460	255
Total	\$20,294	467	260

*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 nail debridement services billed with E&M services with modifier 25
2. Percentage of nail debridement services billed with CPT® code 11721
3. Average nail debridement services, per beneficiary, per calendar year
4. Average minutes, per visit, of E&M services billed with modifier 25 with nail debridement services

The CBR analysis focuses on rendering providers with specialty 48 (podiatry) that submitted claims for nail debridement services performed in the office (place of service 11). 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] 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 80th 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 12,997 rendering providers nationwide that have submitted claims for nail debridement services. The total allowed charges for these claims were over \$256 million during the analysis timeframe.

Metric 1: Percentage of Nail Debridement Services Billed with E&M Services with Modifier 25

Metric 1 is calculated as follows:

- The number of nail debridement services billed with an E&M service with modifier 25 on the same date of service for the same beneficiary is divided by the total number of nail debridement services.

Table 3: Percentage of Nail Debridement Services Billed With E&M Services with Modifier 25

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
358	467	76.66%	28.02%	Significantly Higher	22.06%	Significantly Higher

Metric 2: Percentage of Nail Debridement Services Billed with CPT® Code 11721

Metric 2 is calculated as follows:

- The total number of allowed services for CPT® code 11721 is divided by the total number of allowed services for all nail debridement services.

Table 4: Percentage of Nail Debridement Services Billed with CPT® Code 11721

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
460	467	98.50%	92.09%	Higher	77.67%	Higher

Metric 3: Average Nail Debridement Services, per Beneficiary, per Calendar Year

Metric 3 is calculated as follows:

- The total number of allowed nail debridement services is divided by the number of beneficiaries receiving at least one nail debridement service.

Table 5: Average Nail Debridement Services, per Beneficiary, per Calendar Year

Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
467	260	1.80	2.22	Does Not Exceed	2.67	Does Not Exceed

Metric 4: Average Minutes, per Visit, of E&M Services Billed with Modifier 25 with Nail Debridement Services

Metric 4 is calculated as follows:

- Weighted services are calculated as follows: Each CPT® code is assigned a value that corresponds to the time described in the CPT® code for E&M services, as seen in Table 1. This value is multiplied by the allowed services for the E&M CPT® code billed with modifier 25 with nail debridement services to arrive at the total weighted services, per code. If multiple E&M services are allowed for a particular beneficiary and date of service, then these services are added together to get a total weighted value by visit.
- The weighted services is divided by the number of dates of service with at least one E&M service with modifier 25 billed on the same date of service as a nail debridement service.

Table 6: Average Minutes, per Visit, of E&M Services Billed with Modifier 25 with Nail Debridement Services

Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
5,380	358	15.03	16.26	Does Not Exceed	13.74	Significantly Higher

N/A: An outcome of “N/A” indicates a denominator value that is less than 20.

Figure 1 illustrates the number of beneficiaries for whom claim with CPT® codes 11720 and 11721, were submitted.

Year 1, Year 2, and Year 3 are defined as follows:

- **Year 1:** Jan. 1, 2017 – Dec. 31, 2017
- **Year 2:** Jan. 1, 2018 – Dec. 31, 2018
- **Year 3:** Jan. 1, 2019 – Dec. 31, 2019

Figure 1: Total Number of Beneficiaries Who Had Claims Submitted for Nail Debridement Services

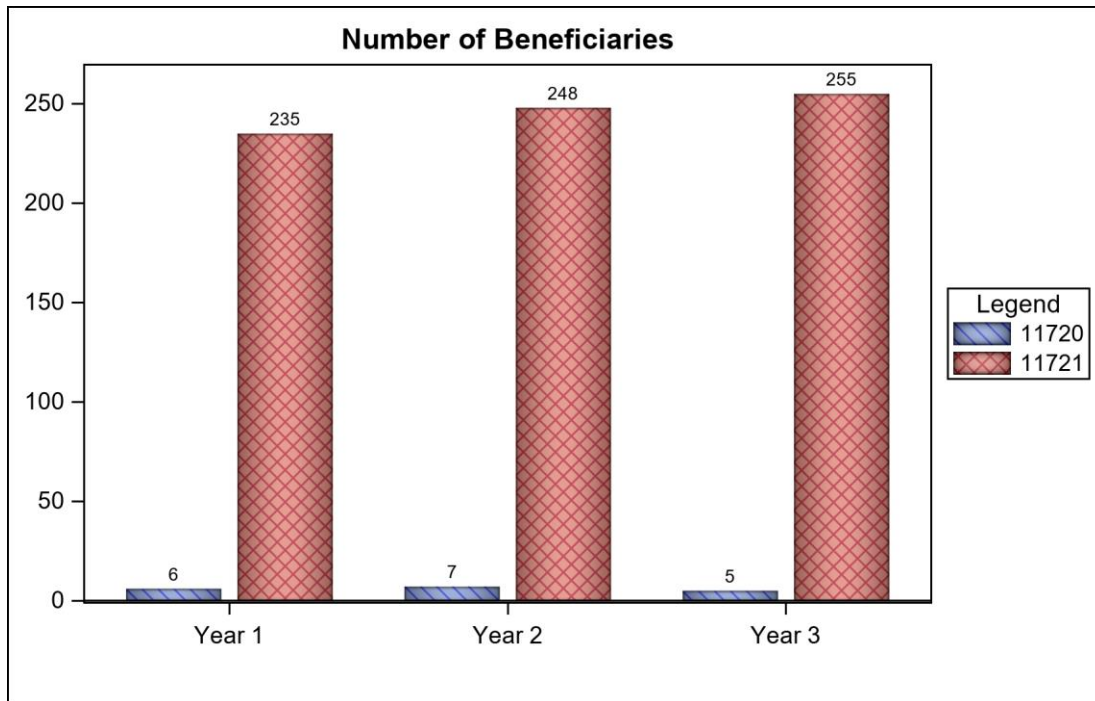
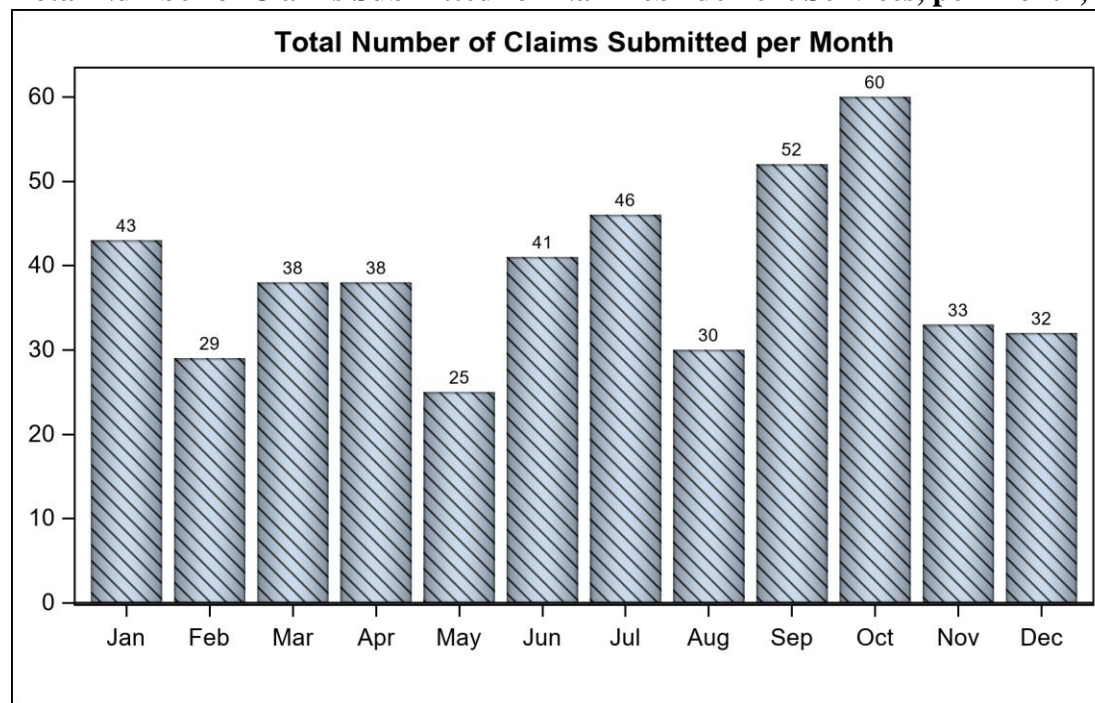


Figure 2 illustrates the number of claims for CPT® codes 11720 and 11721 per month that were submitted in Year 3.

Figure 2: Total Number of Claims Submitted for Nail Debridement Services, per Month, for Year 3



References and Resources

CPT® 2021 Professional Edition. American Medical Association.

[*2021 Medicare Fee-for-Service Supplemental Improper Payment Data*](#). U.S. Department of Health and Human Services (HHS). CMS.gov.