Thank you for joining us!

- We will start at 3 p.m. ET.
- You will hear silence until the session begins.
- Handout: Available at CBR.CBRPEPPER.org.
- A recording of today’s session will be posted at the above location within two weeks.

- Please listen in by either:
  - Using your computer speakers (recommended): You automatically join the audio broadcast when entering the meeting (remember to increase your speaker volume; make sure you are not muted).
  - Dialing 1-415-655-0001 (passcode 738 195 482) (limited to 500 callers).
CBR202001: Shoulder Arthroscopy

February 4, 2020, 3 p.m. ET
Phone lines will be muted the entire duration of the training.

Submit questions pertinent to the webinar using the Q&A panel.

Questions will be answered verbally, as time allows, at the end of the session.

A “Q&A” document will be developed and posted at CBR.CBRPEPPER.org.
To Ask a Question in Split Screen

Ask your question in Q&A as soon as you think of it.

1. Go to the “Q&A” window located on the right side.
2. In the “Ask” box, select “All Panelists.”
3. Type in your question.
4. Click the “Send” button.
To Ask a Question in Full Screen

1. Click on the “Q&A” button to bring up the Q&A window.

2. Type in your question (as in the previous slide).

3. Click the “Send” button.

4. Click “-” to close the window and to see the full screen again.
Webinar Resources

Webinar Slides

Webinar Recording

Webinar Handout

Webinar Q&A will be posted at CBR.CBRPEPPER.org

CBR Help Desk:
https://cbr.cbrpepper.org/Help-Contact-Us
Webinar Objective

• Understand the purpose and use of Comparative Billing Reports (CBRs).

• Comprehend the function of CBR202001: Shoulder Arthroscopy.

• Gather resources for further questions and inquiries.
Webinar Agenda

• What is a CBR?
• How to access your CBR
• Review a sample CBR
• CBR202001
• Helpful resources
• Questions
The CMS Definition of a CBR

• CBRs are free, comparative data reports.
• The Centers for Medicare & Medicaid Services (CMS) defines a CBR as an educational resource and a tool for possible improvement.
History of the National CBR Program

The national CBR program is separate and not related to comparative billing reports that are produced by Medicare Administrative Contractors (MACs) in support of their individual provider education activities.

- **2010**
  - CMS implemented a national program to produce and disseminate CBRs to physicians, suppliers, pharmacies, and other health care providers.

- **2018**
  - CMS combined the CBR and the Program for Evaluating Payment Pattern Electronic Reports (PEPPER) programs into one contract.

- **2019**
  - RELI Group and its partners—TMF Health Quality Institute and CGS—began producing CBRs and PEPPERs.
**Why does CMS issue CBRs?**

CBRs provide value to both CMS and providers.

<table>
<thead>
<tr>
<th>Value to CMS</th>
<th>Value to Providers</th>
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<tbody>
<tr>
<td>• Supports the integrity of claims submission</td>
<td>• Reflects providers’ billing patterns as compared to</td>
</tr>
<tr>
<td>• Summarizes claims data</td>
<td>their peers</td>
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<tr>
<td>• Provides an educational resource for possible improvement by providing</td>
<td>• Provides specific coding guidelines and billing</td>
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<td>coding guidelines information</td>
<td>information</td>
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<tr>
<td></td>
<td>• Informs providers whose billing patterns differ</td>
</tr>
<tr>
<td></td>
<td>from those of their peers</td>
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</tbody>
</table>
Why did I receive a CBR?

• A CBR was issued because your billing patterns differ from your peers’ patterns, based on comparisons on a state, specialty, and/or nationwide level.
  – Receiving a CBR is not an indication of or precursor to an audit.
How to Access Your CBR
https://cbrfile.cbrpepper.org/
How to Access Your CBR
https://cbrpepper.org/
1. **Introduction**
   - Explanation of CBR focus and billing area vulnerability
   - Criteria for receipt of a CBR

2. **Coverage and Documentation Overview**
   - Summary of provider’s utilization

3. **Metrics**
   - List of the metrics and outcomes analyzed with the CBR
   - Definition of state and national peer groups

4. **Methods and Results**
   - Overall analysis results
   - Individualized results comparing CBR recipients to other providers

5. **References and Resources**
   - Resources used for the CBR
Shoulder Arthroscopy Vulnerability

• In the abstract for the study *Cost of Shoulder Surgery*, an assessment of the costs of shoulder surgery is presented.

• The study evaluated four groups of 50 patients representing four arthroscopy treatment interventions and found the following:
  – Patients’ lengths of stay spanned between zero days and five days.
  – The average cost of the treatment was between $7,246 and $16,323.
Cost of Shoulder Arthroscopy

• In *The Costs Associated with the Evaluation of Rotator Cuff Tears Before Surgical Repair*, a study printed in the *Journal of Shoulder and Elbow Surgery*, the following data was compiled for a group of 92,688 patients:
  – “A total of $161,993,100 was charged during the preoperative period, for an average of $1,748 per patient.”
Shoulder Arthroscopy Complications

• The abstract for the study *Complications Associated with Arthroscopic Shoulder Surgery* says the following:
  – “Shoulder arthroscopy presents increased risk of complications over knee arthroscopy in regard to vascular and neurologic injury, fluid extravasation, stiffness, iatrogenic tendon injury, and equipment failure.”
CBR202001 CBR Provider and Beneficiary Focus

• CBR202001 analyzes the following:
  – Claims submitted by rendering providers for shoulder arthroscopy
  – Claims for beneficiaries treated for shoulder complaints who also underwent a shoulder arthroscopy procedure to determine whether conservative treatments of physical therapy and sub-acromial injections were performed first for diagnoses that reflected shoulder complaints
CBR202001 Analysis and Results

• CBR202001 summarizes statistics for services with dates of service from Sept. 1, 2018, through Aug. 31, 2019.

• There were 17,154 rendering providers with combined allowed charges of over $254.4 million for claims submitted for shoulder arthroscopy.
Metrics of *CBR202001*

This report is an analysis of the following metrics:

- The percent of beneficiaries who had shoulder arthroscopy without conservative treatment within 12 weeks prior to shoulder arthroscopy
- The average allowed amount per beneficiary who had shoulder arthroscopy without conservative treatment within 12 weeks prior to shoulder arthroscopy
- The average number of physical rehabilitation claims per beneficiary by any physician within 12 weeks prior to shoulder arthroscopy
Metric 1 of *CBR202001*

Metric 1 analyzes the following:

- The percent of beneficiaries who had shoulder arthroscopy without conservative treatment within 12 weeks prior to shoulder arthroscopy
Metric 2 of CBR202001

Metric 2 analyzes the following:

• The average allowed amount per beneficiary who had shoulder arthroscopy without conservative treatment within 12 weeks prior to shoulder arthroscopy
Metric 3 of CBR202001

Metric 3 analyzes the following:

• The average number of physical rehabilitation claims per beneficiary by any physician within 12 weeks prior to shoulder arthroscopy
The Criteria for Receiving *CBR202001*

The criteria for receiving *CBR202001* is that the provider:

- Is significantly higher compared to either state or national percentages for Metric 1 (greater than or equal to the 90th percentile), or is significantly lower compared to either state or national percentages for Metric 3 (less than or equal to the 10th percentile), and

- Has at least five beneficiaries with CPT® codes 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, or 29828, and

- Has at least $600 or more in total allowed charges for claims with CPT® codes 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, or 29828.
Peer Comparison Outcomes

• There are four possible outcomes for the CBR comparisons:
  – 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 Metric 1 only), 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 Metric 1 only), 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 — Provider’s value is less than or equal to the state or national mean ("Does Not Exceed" for Metric 1 only), 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) — Provider does not have sufficient data for comparison.
About the 90th/10th Percentile

• Statistics were calculated for each provider in three metrics, as well as for all providers in the nation. Each provider’s values were compared to his/her peer state group’s values, as well as the national values.

• Providers receiving a CBR have an outcome of “Significantly Higher” for Metric 1, and/or an outcome of “Significantly Lower” for Metric 3.

• These results look very different from the results of providers’ peers on a state or national level.
Calculation of Metric 1

Metric 1: Percent Of Beneficiaries Who Had Shoulder Arthroscopy Without Conservative Treatment Within 12 Weeks Prior to Shoulder Arthroscopy

• The count of beneficiaries treated for shoulder complaints who had shoulder arthroscopy without a conservative treatment within 12 weeks prior to the shoulder arthroscopy procedure is divided by the count of beneficiaries treated for shoulder complaints who had shoulder arthroscopy. The result is multiplied by 100.

\[
\left( \frac{\text{Beneficiaries with shoulder arthroscopy without conservative treatment}}{\text{Beneficiaries with shoulder arthroscopy}} \right) \times 100
\]
Calculation of Metric 2

Metric 2: Average Allowed Amount per Beneficiary Who Had Shoulder Arthroscopy Without Conservative Treatment Within 12 Weeks Prior to Shoulder Arthroscopy

- The sum of allowed amounts for beneficiaries treated for shoulder complaints who had a shoulder arthroscopy procedure without conservative treatment within 12 weeks prior to the procedure is divided by the count of beneficiaries treated for shoulder complaints who also had shoulder arthroscopy without conservative treatment within 12 weeks prior to the procedure.

\[
\frac{\text{Sum of allowed amount for beneficiaries w/ shoulder arthroscopy w/o conservative treatment}}{\text{Count of beneficiaries with shoulder arthroscopy without conservative treatment}}
\]
Calculation of Metric 3

Metric 3: Average Number of Physical Rehabilitation Claims per Beneficiary by Any Physician Within 12 Weeks Prior to Shoulder Arthroscopy

- The sum of physical rehabilitation claims per beneficiary within 12 weeks prior to shoulder arthroscopy is divided by the number of beneficiaries who had shoulder arthroscopy.
Provider Trends

Figure 1: Analysis of Trends Over Time for Total Number of Beneficiaries with Submitted Claims for Shoulder Arthroscopy Procedures

- **Year 1**: Sept. 1, 2016 – Aug. 31, 2017
- **Year 2**: Sept. 1, 2017 – Aug. 31, 2018
- **Year 3**: Sept. 1, 2018 – Aug. 31, 2019

![Bar chart showing total number of beneficiaries for Shoulder Arthroscopy Procedures CPT® codes over three years.](chart_image)
Welcome to our support page. View a list of frequently asked questions or click on the button below to submit your question.

Prior to submitting a request for assistance, to reduce the possibility that email replies from our help desk are blocked due to tightened email security (strong spam filters), please add our email Internet domain @tmf.org to your email Safe Senders List.
Frequently Asked Questions

https://cbr.cbrpepper.org/FAQ

Frequently Asked Questions

The following questions represent frequently asked questions (FAQs) from the provider community about Comparative Billing Reports (CBRs) and the CBR project in general. FAQs pertaining to a specific CBR release/topic are available with the resources specific to each CBR release/topic.

- What is a CBR?
- Why am I getting this report?
- I have a question about the CBR I received. Who should I contact?
- Can I get specific claim data related to this report?
- I have a question about my claims. Who should I contact?
- I did not receive a CBR. Can I request one?
- How will I know if I have a CBR available?
- Is there a sample CBR that I can view?
Helpful Resources


- **Complications Associated with Arthroscopic Shoulder Surgery**. National Center for Biotechnology Information.


- **Costs of Shoulder Surgery**. National Center for Biotechnology Information.
Welcome to CBR Resources
This is the official site for information, training and support related to Comparative Billing Reports (CBRs).

CBRs are disseminated to the Medicare provider community to provide insight into Medicare policy and regional billing trends. The CBRs that are distributed to the provider community contain an analysis of billing practices across geographic and service areas. Medicare Administrative Contractors (MACs) have been producing and disseminating comparative billing reports to providers in their jurisdiction as part of their provider education efforts for many years. The Centers for Medicare & Medicaid Services (CMS) has formalized and expanded the program to the national level.

A CBR will present the results of statistical analyses that compare an individual provider’s billing practices for a specific billing code or policy group with the billing practices of that provider’s peer groups and national averages. Each CBR is unique to a single provider and is only available to that individual provider. CBRs are not publicly available.

CBR 201913
Mohs Microsurgery
- Sample CBR Mock Provider Data (PDF)
- Training: Register
- When: Tuesday, January 7, 2020
- Handouts
  - National/State Data (OLSX)
  - Access Your CBR

CBR 201912
Drug Units in Excess of MUE
- Sample CBR Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/State Data (OLSX)
- Access Your CBR

CBR 201911
Atherectomy Only as Initial Intervention
- Sample CBR Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/State Data (OLSX)
- Access Your CBR

CBR 201910
Upper and Lower Endoscopy on Different Dates of Service
- Sample CBR Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/State Data (OLSX)
- Access Your CBR

CBR 201909
Varyupuncture
- Sample CBR Mock Provider Data (updated 10/31/19)
- Training: Recording and Handouts
- National/State Data (OLSX)
- Access Your CBR

CBR 201908
Breast Re-Excision
- Sample CBR Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/State Data (OLSX)
- Access Your CBR

CBR 201907
Modifier 25 Dermatology
- Sample CBR Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/State Data (OLSX)
- Access Your CBR

CBR 201906
Emergency Department Services
- Sample CBR Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/State Data (OLSX)
- Access Your CBR

CBR 201905
Air Ambulance Transports
- Sample CBR Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/Regional Data (OLSX)
- Access Your CBR

Success stories: How your peers have used CBRs
Go to Success Stories
Questions?