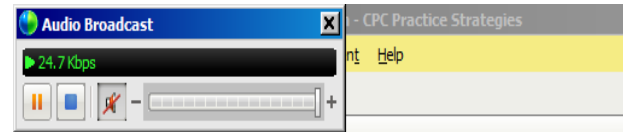


Thank you for joining us!

- 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 736 010 619) (limited to 500 callers).



CBR201910 Different-Day Upper and Lower Endoscopy

September 24, 2019, 3 p.m. ET



About Today's Presentation



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.

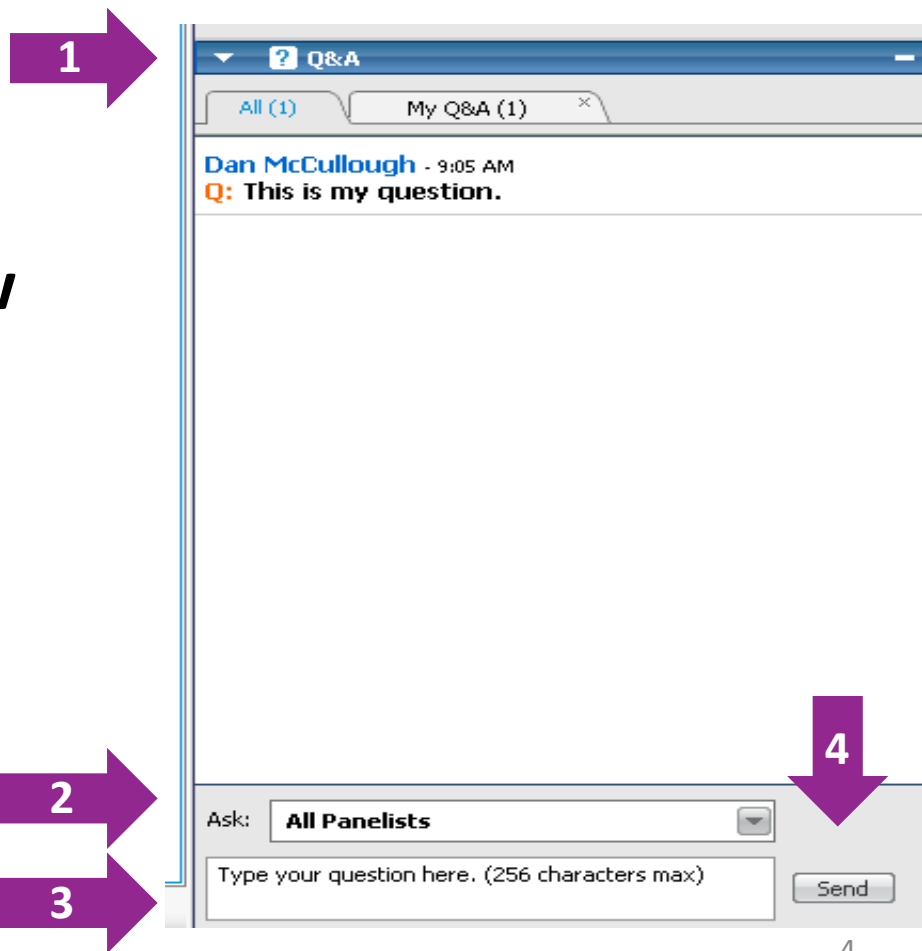


A “Q&A” document will be developed and posted at CBR.CBRPEPPER.org.

To Ask a Question in Split Screen

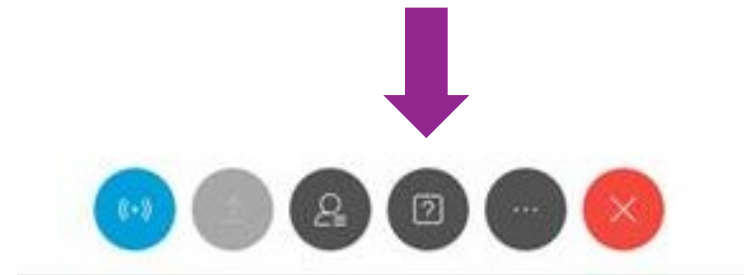
Ask your question in Q&A as soon as you think of it.

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 window to see full screen again.



Webinar Resources



Webinar Slides



Webinar Recording



Webinar Handout



Webinar Q&A will be posted at
[CBR.CBRPEPPER.org](https://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 CBR201910: Different-Day Upper and Lower Endoscopy.
- Gather resources for further questions and inquiries.

Webinar Agenda

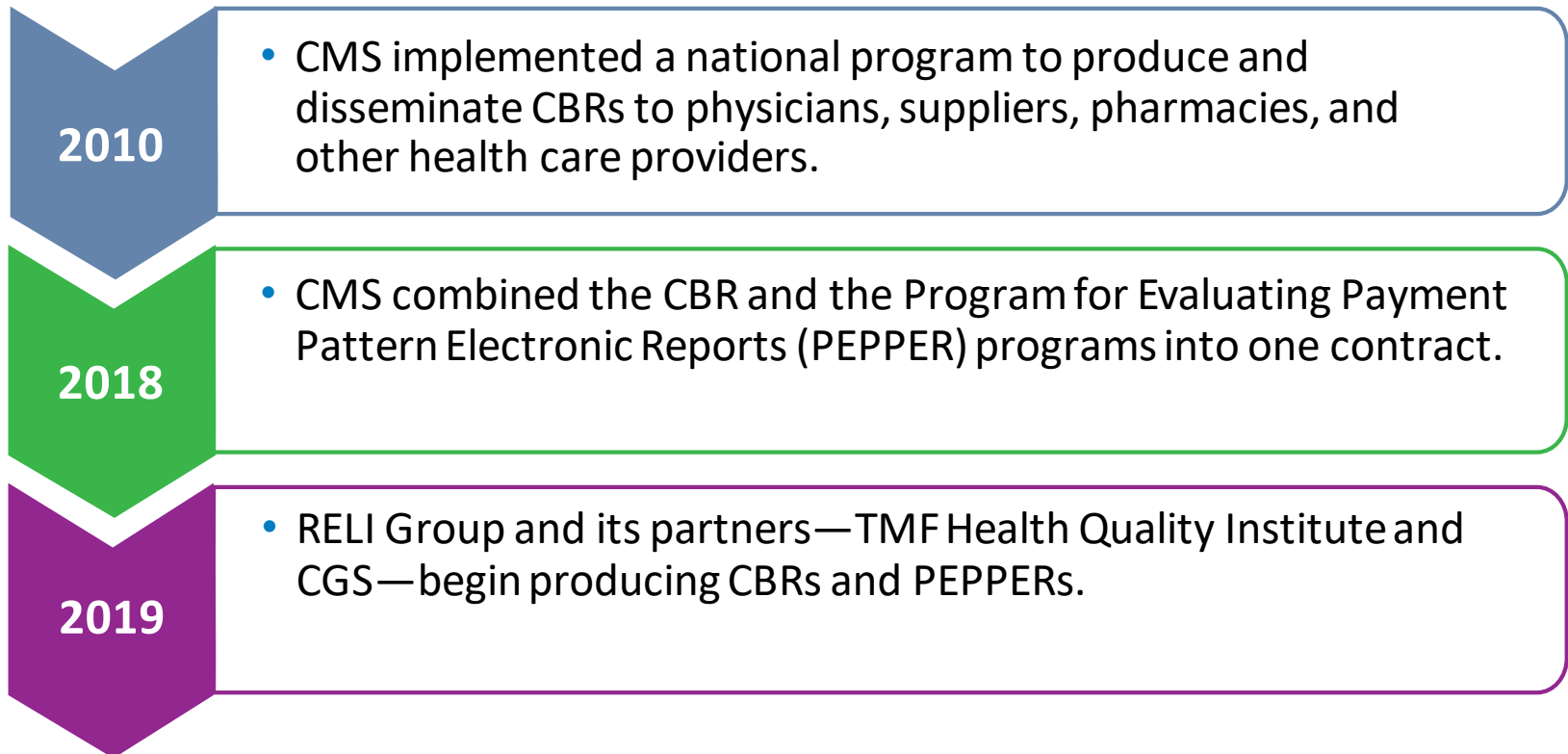
- What is a CBR?
- How to access your CBR
- Review a sample CBR
- CBR201910
- Helpful resources
- Questions

The CMS Definition of a CBR

- CBRs are free, comparative data reports.
- 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.



Why does CMS issue CBRs?

CBRs provide value to both CMS and providers.

Value to CMS

- Supports the integrity of claims submission
- Summarizes claims data
- Provides an educational resource for possible improvement by providing coding guidelines information

Value to Providers

- Reflects providers' billing patterns as compared to their peers
- Provides specific coding guidelines and billing information
- Informs providers whose billing patterns differ from those of their peers

Why did I receive a CBR?

- A CBR was presented because your billing patterns differ from your peers' patterns, based on comparisons on a state 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/>



CBR Portal

Our Team is committed to ensuring and maintaining the confidentiality of each provider's Comparative Billing Report (CBR). All CBR recipients are expected to maintain and safeguard the confidentiality of privileged data or information.

I certify that I am the CEO President Administrator Compliance Officer Owner/Healthcare Provider and that I have the actual authority to receive this CBR and all other confidential information concerning this health care provider. If a provider does not have a management position with any of these titles, the person who has the authority to make decisions on behalf of the provider should check the box for the title that best describes their position.

Your Information

First Name Last Name

Email

Confirm Email

Provider Information

Provider Name

Provider City Provider State / Territory

How did you learn about your CBR?

- Received an email notifying me that I had a CBR
- Received a fax notifying me that I had a CBR
- Received a tweet from CMS that prompted me to check for a CBR
- From my national or state provider/professional association
- Received a notice from my Medicare Administrative Contractor (MAC)
- Heard an announcement on a recent CMS Open Door Forum
- OTHER
- None of the above

CMS National Provider Identifier (NPI)

Optional: [Search for an NPI at the NPI Registry](#)

Validation code

SUBMIT



How to Access Your CBR

<https://cbrpepper.org/>



Welcome to CBR PEPPER

Welcome to the new combined website for Comparative Billing Reports (CBRs) and the Program for Evaluating Payment Patterns Electronic Reports (PEPPERS). CBRs and PEPPERS are educational tools made available by the Centers for Medicare & Medicaid Services (CMS) for providers' use in support of their efforts to protect the Medicare Trust Fund.

About CBR

CBR Comparative Billing Reports (CBRs) are disseminated to the Medicare provider community to provide insight into Medicare policy and regional billing trends.

[Learn More About CBRs](#)

[Access Your CBR](#)



About PEPPER

PEPPER The Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) summarizes provider-specific Medicare claims data statistics for Medicare Part A discharges and services that have been identified as vulnerable to improper Medicare payments.

[Learn More About PEPPERS](#)

[Access Your PEPPER](#)

Need Assistance?

CBRs: Go to help desk or [1-800-771-4430](tel:1-800-771-4430)

PEPPERS: Go to help desk or phone [1-800-771-4430](tel:1-800-771-4430)

This website is developed and maintained by RELI Group, under contract with the Centers for Medicare & Medicaid Services.

For information about the availability of auxiliary aids and services, please visit: <http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

CBR 201910 Formatting

1. Introduction

- Explanation of CBR focus and billing area vulnerability

2. Coverage and Documentation Overview

- Identification of CPT® codes and CMS claims processing guidelines

3. Basic Coding Guidelines

- Itemization of CPT® codes and provider data

4. Metrics

- List of the metrics and outcomes analyzed with the CBR
- Definition of state and national peer groups

5. Methods and Results

- Overall analysis results and individualized results comparing CBR recipients to other providers

6. References and Resources

- Resources used for the CBR

Upper and Lower Endoscopy Vulnerability

- As indicated in the 2018 Comprehensive Error Rate Testing (CERT) report:
 - Upper endoscopy procedures had an improper payment amount of \$6,485,888 in 2018.
- As indicated in the National Center for Biotechnology Information’s “Bundling in Medicare Patients Undergoing Bidirectional Endoscopy. How Often Does it Happen?”:
 - 30% of bidirectional endoscopy procedures were performed on different dates of service.

CBR201910 CBR Provider Focus

- CBR201910 focuses on rendering providers who performed upper and lower endoscopy procedures, for which a Medicare Part B claim was submitted.



CBR201910 CBR Code Focus

CPT® Code/HCPCS Code Set	Descriptor
43235 – 43259, 43210, 43233, 43270	Endoscopic Procedures: Esophagogastroduodenoscopy (Upper)
43191 – 43229, 43211-43214	Endoscopic Procedures: Esophagus (Upper)
45300-45350, 45346	Flexible Sigmoidoscopy Procedures (Lower)
45378 – 45398, 45388, 45390, 45398	Flexible and Rigid Colonoscopy Procedures (Lower)
G0105	Colorectal Cancer Screening; Individual at High Risk (Lower)
G0121	Colorectal Cancer Screening; Individual Not Meeting Criteria for High Risk (Lower)

CBR201910 Analysis and Results

- CBR201910 summarizes statistics for services with dates of service from May 1, 2018, through Apr. 30, 2019.
- There were 13,403 rendering providers with combined allowed charges of over \$51 million for upper and lower endoscopy procedures.

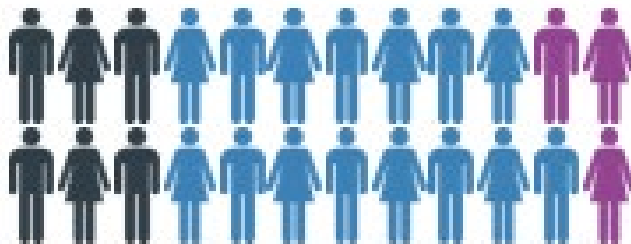
The Criteria for Receiving a CBR201910

The criteria for receiving a CBR201910 is that the provider:

- Is significantly higher compared to either state or national percentages or rates in any of the four metrics (greater than the 90th percentile), and
- Has at least 30 beneficiaries with both Upper and Lower (U/L) endoscopies performed on the same day or within 90 days, and
- Has at least \$10,000 or more in total allowed charges.

Peer Comparison Outcomes

- There are four possible outcomes for the comparisons between the provider and his/her peer groups:
 - **Significantly Higher** — A provider’s value is above the 90th percentile from the peer state or national mean.
 - **Higher** — A provider’s value is greater than the peer state or national mean.
 - **Does Not Exceed** — A provider’s value is not higher than the peer state or national mean.
 - **N/A** — A provider does not have sufficient data for comparison.



About the 90th 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" in any of the metrics.
- "Significantly Higher" means that a provider's value is above the 90th percentile from the peer state or national mean.
- These results look very different from the results of peers on a state or national level.



Metrics of CBR201910

This report is an analysis of the following metrics:

1. Percent of claims billed for upper/lower endoscopies performed on different dates of service
2. Percent of allowed dollars for upper/lower endoscopies performed on different dates of service
3. Rate of upper/lower endoscopies performed on different dates of service per beneficiary
4. Percent of beneficiaries with upper/lower endoscopies performed on different dates of service

Calculation of Metric 1

Percent of Claims Billed for Upper/Lower Endoscopies Performed on Different Dates of Service

- The number of claims for upper/lower endoscopies performed on different dates of service is divided by the total number of claims for upper/lower endoscopies performed on the same or different dates of service. The result is multiplied by 100.

$$\left(\frac{\text{Claims for upper/lower endoscopies performed on different dates of service}}{\text{Claims for upper/lower endoscopies performed on the same or different dates of service}} \right) \times 100$$

Calculation of Metric 2

Percent of Allowed Dollars for Upper/Lower Endoscopies Performed on Different Dates of Service

- The total allowed amount for an upper/lower endoscopies performed on different dates of service is divided by the total allowed amount for upper/lower endoscopies performed on the same or different dates of service. The result is multiplied by 100.

$$\left(\frac{\text{Total allowed amount for upper/lower endoscopy performed on different dates of service}}{\text{Total allowed amount for upper/lower endoscopy performed on the same different dates of service}} \right) \times 100$$

Calculation of Metric 3

Rate of Upper/Lower Endoscopies Performed on Different Dates of Service per Beneficiary

- The number of claims for upper/lower endoscopies performed on different dates of service is divided by the number of beneficiaries with upper/lower endoscopies performed on different dates of service.

$$\left(\frac{\text{Claims for upper/lower endoscopies performed on different dates of service}}{\text{Beneficiaries with upper/lower endoscopies performed on different dates of service}} \right)$$

Calculation of Metric 4

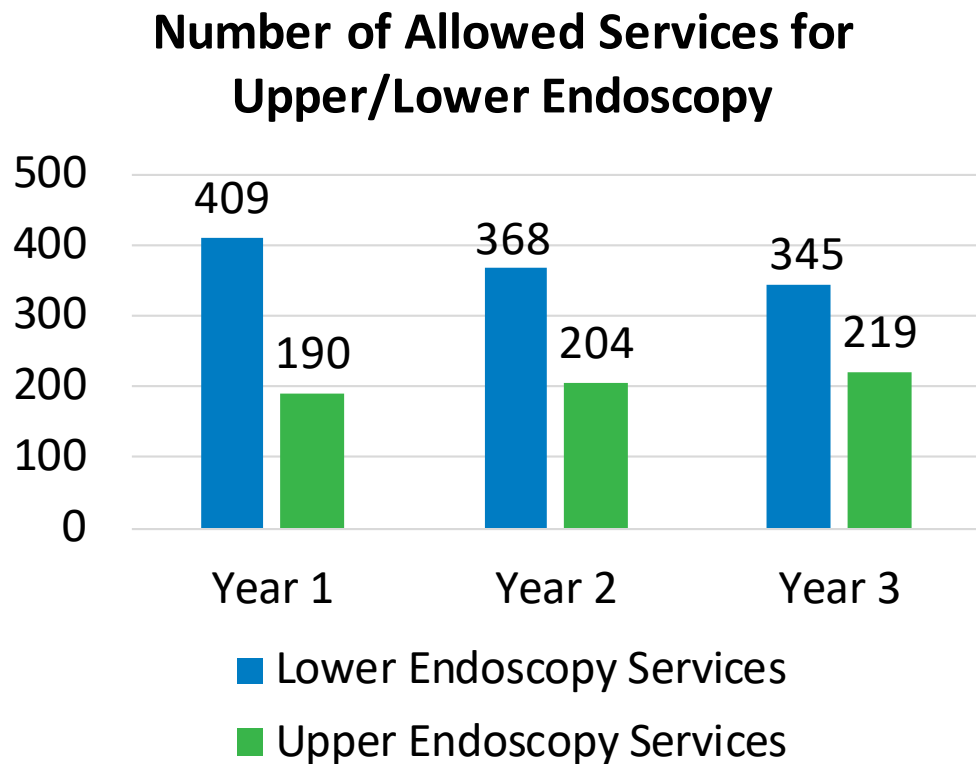
Percent of Beneficiaries with Upper/Lower Endoscopies Performed on Different Dates of Service

- The number of beneficiaries with upper/lower endoscopies performed on different dates of service is divided by the number of beneficiaries with upper/lower endoscopies performed on the same day or different dates of service. The result is multiplied by 100.

$$\left(\frac{\text{Beneficiaries with upper/lower endoscopies performed on different dates of service}}{\text{Beneficiaries with upper/lower endoscopies performed on the same or different dates of service}} \right) \times 100$$

Provider Trends

Figure 1: Trend Over Time of the Number of Allowed Services for Upper/Lower Endoscopy



- Year 1: May 1, 2016 – Apr. 30, 2017
- Year 2: May 1, 2017 – Apr. 30, 2018
- Year 3: May 1, 2018 – Apr. 30, 2019

CBR Help Desk

<https://cbr.cbrpepper.org/Help-Contact-Us>

CBR Help Desk

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.



Submit a New Help Desk Request



Frequently Asked Questions

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

- CPT® 2017 Professional Edition
- [2018 Comprehensive Error Rate Testing \(CERT\)](#)
- Hashem B. El-Serag, MD, MPH; Fang Xu, PhD; Prachi Biyani, MD; and Gregory S. Cooper, MD; “Bundling in Medicare Patients Undergoing Bidirectional Endoscopy. How Often Does it Happen?”, *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.

Success stories: How your peers have used CBRs.

[Go to Success Stories](#)



CBR 201908:

Breast Re-Excision

- Sample CBR: Mock Provider Data (PDF)
- Registration coming soon
- National/Specialty Data (XLSX)
- Access Your CBR

CBR 201907:

Modifier 25: Dermatology

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/State Data (XLSX)
- Access Your CBR

CBR 201906:

Emergency Department Services

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/State Data (XLSX)
- Access Your CBR

CBR 201905:

Air Ambulance Transports

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/Regional Data (XLSX)
- Access Your CBR

CBR 201904:

Vitamin D Testing

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/Specialty Data (XLSX)
- Access Your CBR

CBR 201903:

Subsequent Hospital Care

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/Specialty Data (XLSX)
- Access Your CBR

CBR 201902:

Office Visits, New and Established, Family Practitioners

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/State Data (XLSX)
- Access Your CBR

CBR 201901:

Intensity-Modulated Radiation Therapy

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/State Data (XLSX)
- Access Your CBR

Questions?

