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

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.

- **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—begin producing CBRs and PEPPERs.
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/
How to Access Your CBR

https://cbrpepper.org/
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

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

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

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.

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<thead>
<tr>
<th>CBR 201908:</th>
<th>CBR 201907:</th>
<th>CBR 201906:</th>
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<tr>
<td>Bread Re-Excision</td>
<td>Modifier 25: Dermatology</td>
<td>Emergency Department Services</td>
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<tr>
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<td>• Training: Recording and Handouts</td>
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<tr>
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Questions?