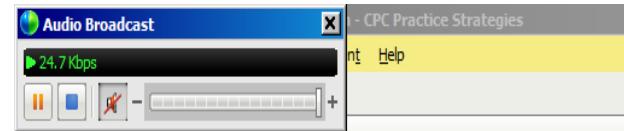


Thank you for joining us!

- We will start at 3 p.m. EST.
- 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 speaker volume; make sure you are not muted).
 - Dialing 1-240-454-0887 (passcode 734 379 575) (limited to 500 callers).





CBR 201901

Intensity-Modulated Radiation Therapy

January 24, 2019, 3 p.m. EST



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

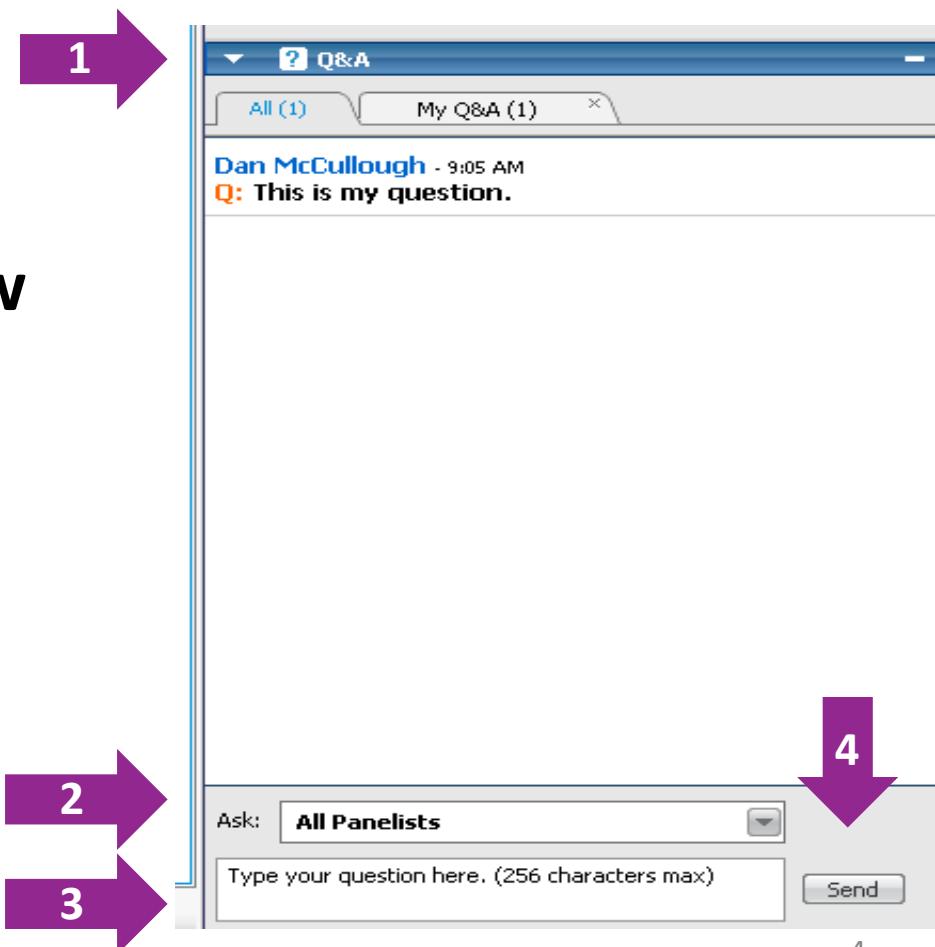


A “Q&A” document will be developed and posted at CBR.CBRPEPPER.org

To Ask a Question in Split Screen

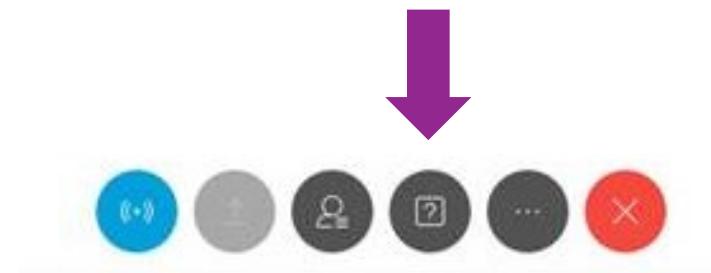
Ask your question in Q&A as soon as you think of it.

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 (CBR)
- Comprehend the function of the Comparative Billing Report CBR201901, Intensity-Modulated Radiation Therapy
- Gather resources for further questions and inquiries

Webinar Agenda

- What is a CBR?
- Intensity-Modulated Radiation Therapy (IMRT)
- Review a sample IMRT CBR
- How to access your CBR
- Helpful resources
- Questions

What is a CBR?

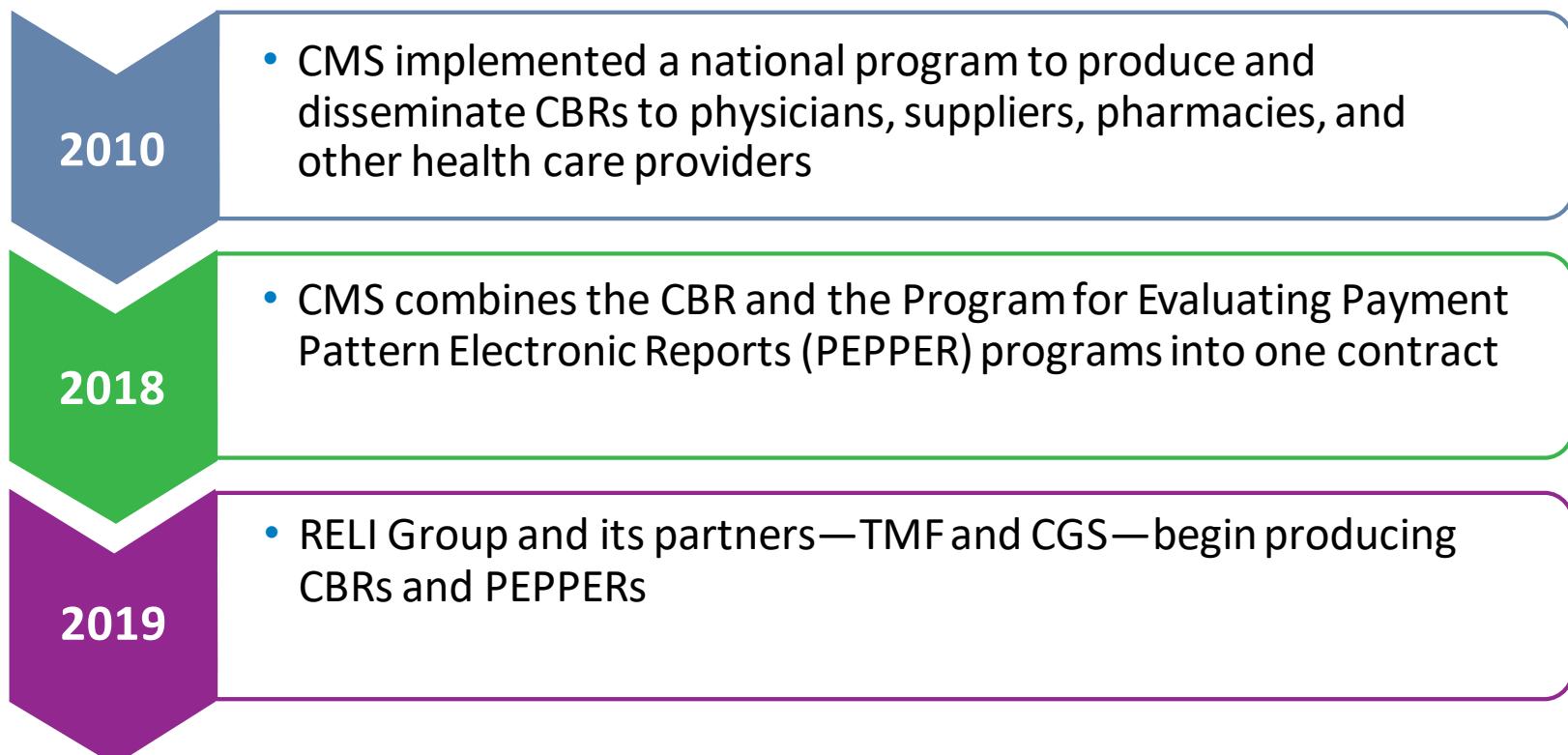
- CBR, as defined by CMS
- History of the National CBR program
- Purpose of CBRs
- Why does CMS issue CBRs?
- CBR formatting

The CMS Definition of a CBR

- CBRs are free, comparative data reports
- 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?

- Support the integrity of claims submission and coding guidelines
- Summarize claims data, according to specific coding areas
- Provide an educational resource and tool for possible improvement
 - Provide coding guidelines
 - Compare claims submission data to peers, nationally and statewide



Purpose of CBRs

1

Compare Billing Practices

- A CBR reflects providers' billing patterns as compared to peers providing care in the same specialty, on a statewide and nationwide basis

2

Provider Education

- CBRs provide specific coding guidelines and billing information
- CBRs are available for providers whose billing patterns differ from those of their peers

3

Enhance Accurate Billing Practices

- The provision of CBRs supports CMS' program of integrity activities



CBR Formatting

1. Introduction

- Explanation of billing area and description of findings of the CBR

2. Coverage and Documentation Overview

- Identification of claims data and CPT code information

3. Basic Coding Guidelines

- Itemization of CPT codes and details of billing processes

4. Metrics

- Explanation of the data and analysis used for the CBR
- Detailed list of CPT codes and the effect that the billing guidelines have on the CBR results

5. Methods and Results

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

6. References and Resources

- Resources used for the CBR

Intensity-Modulated Radiation Therapy (IMRT)

- IMRT is a computer-based method of planning for and delivery of generally narrow, patient-specific, spatially and often temporally modulated beams of radiation to solid tumors within a patient



IMRT CBR Focus

- CBR201901 focuses on rendering providers who submitted claims to Medicare Part B for IMRT
- Code 77301 (IMRT Planning) is typically reported only once per course of IMRT

IMRT Codes

- 77301 intensity-modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
 - Report CPT® code 77301 once per course of therapy, even if there is a planned “cone-down” treatment feature or change in field size. If this occurs, coding for conventional treatment should be used
 - A second unit may be submitted only if there are changes in patient anatomy during treatment that requires a repeat CT scan
- 77014 computed tomography guidance for placement of radiation therapy fields

IMRT Codes, cont'd

- G6015, G6016 intensity-modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
- Evaluation and Management codes detailed in Table 2, on the next slide

Table 2: Evaluation and Management CPT® Codes

CPT® Code	Abbreviated Description
99201-99215	Office or Other Outpatient Services
99217-99226	Hospital Observation Services
99221-99239	Hospital Inpatient Services
99281-99288	Emergency Department Services
99291-99292	Critical Care Services
99354-99416	Prolonged Services
99366-99368	Case Management Services
99441-99449	Non-face-to-face Services
99450-99456	Special Evaluation and Management Services
99483	Cognitive Assessment and Care Plan Services
99484	General Behavioral Health Integration Care Management
99487-99490	Care Management Evaluation and Management Services
99492-99494	Psychiatric Collaborative Care Management Service
99495-99496	Transitional Care Evaluation and Management Services
99497-99498	Advancing Care Planning Evaluation and Management Services
99499	Other Evaluation and Management Services

CPT® codes and descriptors are copyright 2016/2017 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.

IMRT Vulnerability

2018 Medicare Fee-for-Service Supplemental Improper Payment Data Report



Improper payment rate of 10.3 percent for oncology radiation therapy



Over \$112 million in projected improper Medicare payments



Cause for these improper payments was “Insufficient Documentation”

CBR201901 IMRT



Summarizes statistics for services with dates of service from Sept. 1, 2017, through Aug. 31, 2018



4,158 rendering providers nationwide who billed allowed charges **for CPT® code 77301**

CBR201901 IMRT Analysis and Focus

- Analysis of rendering providers who billed CPT® code 77301 on Medicare Part B claims was extracted from the Integrated Data Repository, based on the latest version of claims as of Dec. 18, 2018
- Focused on cancer-related diagnoses, as identified by an ICD-10-CM diagnosis code of:
 - Prostate cancer (C61)
 - Breast cancer (C50.0 – C50.9)
 - Lung cancer (C34.0 – C34.9)
 - Brain cancer (C71.0 – C71.9)

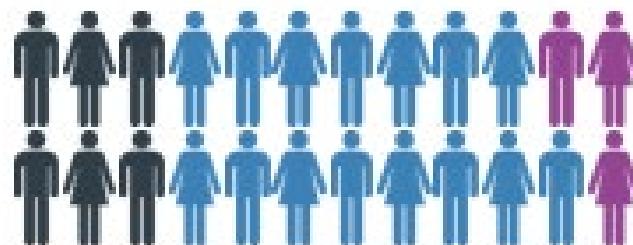
Why did I receive a CBR?

- A CBR is presented because your billing patterns differ from your peers' patterns on a statewide or nationwide level
 - Receiving a CBR is not an indication of or precursor to an audit



Peer Comparison Outcomes

- There are four possible outcomes for the comparisons between the provider and his/her peer groups:
 - **Significantly Higher** — Provider's value is above the 95th percentile from the state peer or national mean
 - **Higher** — Provider's value is greater than the state peer or national mean
 - **Does Not Exceed** — Provider's value is not higher than the state peer or national mean
 - **N/A** — Provider does not have sufficient data for comparison



About the 95th Percentile

- Statistics were calculated for each provider, in five metrics, and all providers in the nation. Each provider's values are compared to his/her state peer group's values as well as the national values.
- Providers receiving a CBR have an outcome of "Significantly Higher" in any of the five metrics.
- "Significantly Higher" means that a provider's value is above the 95th percentile from the state peer or national mean.
- These results look very different from the results of peers on a state or national level.



Why Did I Receive a CBR?

The criteria for receiving a CBR is that the provider

- Has at least 10 beneficiaries who had claims submitted with IMRT planning services, code 77301
- Is significantly higher, above or greater than the 95th percentile, as compared to either state or national average in any one of the five metrics
- Has at least \$18,000 in total allowed IMRT charges

Review of Sample IMRT CBR

- Metrics
- Findings
- Methods and Results
- Provider Findings

Metrics of Sample IMRT CBR

This report is an analysis of the following metrics:

1. Average number of IMRT planning services (CPT® code 77301) billed, per beneficiary
2. Average allowed charges for the first instance of IMRT planning code 77301, per beneficiary
3. Average number of CT scans for therapy guide (CPT® code 77014) billed 0 – 14 days prior to or up to 60 days after the first instance of CPT® code 77301, per beneficiary

Metrics of Sample IMRT CBR, cont'd

This report is an analysis of the following metrics:

4. Average number of intensity modulated treatment delivery (HCPCS® codes G6015 or G6016 [intensity-modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session]) billed 0 – 14 days prior to or up to 60 days after the first instance of CPT® code 77301, per beneficiary
5. Average number of evaluation and management CPT® codes (see Table 2) billed 0 – 14 days prior to or up to 60 days after the first instance of CPT® code 77301, per beneficiary

Calculation of IMRT Metrics 1 and 2

Metric	Calculation
Average number of IMRT planning services (CPT® code 77301) billed per beneficiary	<u>NUMERATOR:</u> Number of IMRT planning services billed during the period <u>DENOMINATOR:</u> Number of beneficiaries with at least one IMRT planning code 77301 billed during the period
Average allowed charges for the first instance of IMRT planning code 77301, per beneficiary	<u>NUMERATOR:</u> Sum of allowed charges for IMRT planning services (77301) <u>DENOMINATOR:</u> Number of IMRT planning services billed during the period

Calculation of IMRT Metrics 3, 4, and 5

Metric	Calculation
Average number of CT scans for therapy guide (CPT® code 77014) billed*	NUMERATOR: Number of CT scans (77014) billed* DENOMINATOR: Number of beneficiaries with at least one CT scan billed
Average number of intensity-modulated treatment delivery, HCPCS® codes G6015 or G6016	NUMERATOR: Number of G6015 or G6016 codes billed* DENOMINATOR: Number of beneficiaries with at least one G6015 or G6016 codes billed*
Average number of Evaluation and Management CPT® codes (see Table 2) billed*	NUMERATOR: Number of E&M visits billed* DENOMINATOR: Number of beneficiaries with at least one E&M visit billed

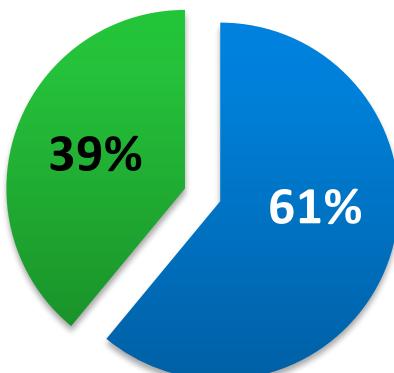
*Billed 0 – 14 days prior to or up to 60 days after the first instance of CPT code 77301, per beneficiary

IMRT CBR Findings

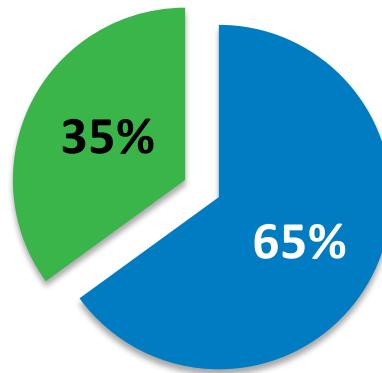
- The CBR team identified the frequency of billing of services that were submitted within 14 days prior to or within 60 days after the first instance that IMRT planning code 77301 was billed

IMRT Code Findings

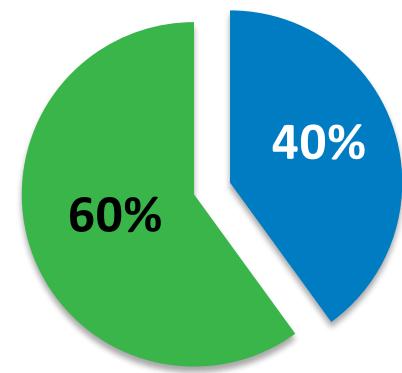
Code 77014 was billed in 61.7 percent of claims



Codes G6015 or G6016 were billed in 35.4 percent of claims



E&M codes were billed in 40.0 percent of claims



Individual Provider Findings, Table 3

- Table 3 (Metric 1) shows your average number of IMRT planning services, per beneficiary
- Calculated by dividing the total number of IMRT planning services you billed during the time period by the number of beneficiaries that had at least one IMRT planning code (77301) billed during the time period
- Your comparison with the average number of IMRT planning services, per beneficiary, in your state and in the nation is presented in Table 3

Table 3: Your Average Number of IMRT Planning Services (Code 77301) Billed, per Beneficiary — Sept. 1, 2017, through Aug. 31, 2018

Beneficiaries with 1+ IMRT Planning Service	IMRT Planning Services billed	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
81	81	1.00	1.03	Does Not Exceed	1.06	Does Not Exceed

Individual Provider Findings, Table 4

- Table 4 (Metric 2) shows your average allowed charges billed during an IMRT treatment period (for the first instance of the IMRT planning service code 77301), per beneficiary
- Calculated by dividing the sum of allowed charges for the first instance of 77301 by the total number of beneficiaries billed during the time period
- Your comparison with the average allowed charges, per IMRT planning service, per beneficiary, in your state and in the nation is presented in Table 4

Table 4: Your Average Allowed Charges per Beneficiary for the First Instance of 77301 — Sept. 1, 2017, through Aug. 31, 2018

Number of Beneficiaries	Allowed Charges	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
81	\$162,185.17	\$2,002.29	\$774.20	Higher	\$921.01	Higher

Individual Provider Findings, Table 5

- Table 5 (Metric 3) shows your average number of CT scans (code 77014) billed within 0 – 14 days prior to or up to 60 days after the first instance of the IMRT planning service code 77301, per beneficiary
- Calculated by dividing the total number of CT scans you billed by the total number of your beneficiaries that had at least one CT scan billed during the time period
- Your comparison with the state and national averages is presented in Table 5

Table 5: Your Average Number of CT Scans (Code 77014) Billed 0 – 14 Days Prior to or up to 60 Days After for the First Instance of 77301, per Beneficiary

Beneficiaries with 1+ CT Scans*	Number of CT Scans	Your Average	Your State's Average	Comparison with Your State	National Average	Comparison with National Average
80	2,698	33.73	15.51	Significantly Higher	17.25	Higher

Individual Provider Findings, Table 6

- Table 6 (Metric 4) shows your average number of intensity-modulated treatment delivery services (codes G6015 or G6016) billed within 0 – 14 days prior to or up to 60 days after the first instance of the IMRT planning service code 77301, per beneficiary
- Calculated by dividing the total number of intensity-modulated treatment delivery services you billed by the total number of your beneficiaries that had at least one intensity-modulated treatment delivery service billed during the time period
- Your comparison with the state and national averages is presented in Table 6

Table 6: Your Average Number of Intensity-Modulated Treatment Delivery (HCPCS® Code G6015 or G6016) Billed 0 – 14 Days Prior to or up to 60 Days After for the First Instance of 77301, per Beneficiary — Sept. 1, 2017, through Aug. 31, 2018

Beneficiaries with 1+ service*	Number of Services	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with Nation
80	2,697	33.71	20.32	Higher	21.67	Higher

Individual Provider Findings, Table 7

- Table 7 (Metric 5) shows your average number of visits (see E&M codes in Table 2) billed within 0 – 14 days prior to or up to 60 days after for the first instance of the 77301 IMRT planning service, per beneficiary
- Calculated by dividing the total number of visits you billed by the total number of your beneficiaries that had at least one visit billed during the time period
- Your comparison with the state and national averages is presented in Table 7

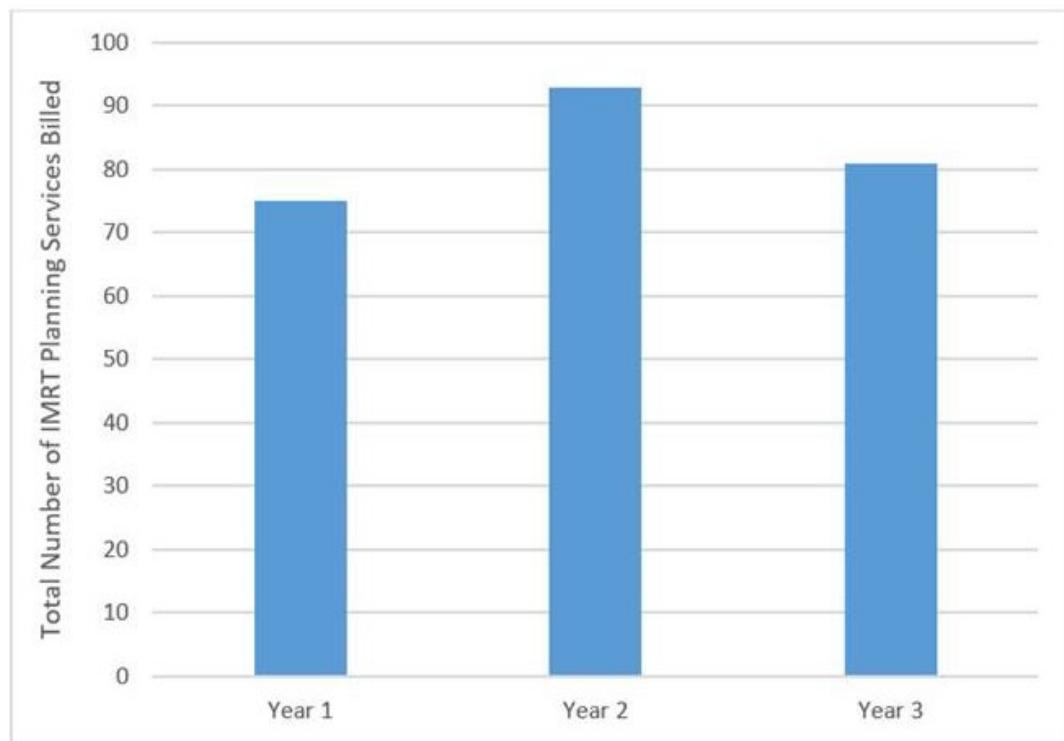
Table 7: Your Average Number of Evaluation and Management CPT® Codes (see Table 2) Billed 0 – 14 Days Prior to or up to 60 Days After for the First Instance of 77301, per Beneficiary — Sept. 1, 2017, through Aug. 31, 2018

Beneficiaries with 1+ Visit*	Number of Visits	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with Nation
13	13	1.00	1.05	Does Not Exceed	1.07	Does Not Exceed

Provider Trends

- Figure 1 illustrates your trend in the total number of IMRT planning services (77301) billed over the most recent three years

Figure 1: Your Total Number of IMRT Services Billed, Trend over Time



Year 1

- Claims Sept. 1, 2015 – Aug. 31, 2016

Year 2

- Claims Sept. 1, 2016 – Aug. 31, 2017

Year 3

- Claims Sept. 1, 2017 – Aug. 31, 2018

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	Provider Information
First Name <input type="text"/>	Last Name <input type="text"/>
Email <input type="text"/>	Provider Name <input type="text"/>
Confirm Email <input type="text"/>	Provider City <input type="text"/>
	Provider State / Territory <input type="text"/>

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, cont'd

<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



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



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>.

Helpful Resources

<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

Helpful Resources, 2

- [2018 Medicare Fee-for-Service Supplemental Improper Payment Data](#)
- [CMS Publication 100-04, Chapter 13: Radiology Services and Other Diagnostic Procedures](#)



Helpful Resources, 3

- Local Coverage Determinations related to IMRT:
 - First Coast Services (FL)
 - Novitas (CO, NM, OK, TX, AR, LA, MS, DE, DC, MD, NJ, PA)
 - Noridian (AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY)

Helpful Resources, 4

<https://cbr.cbrpepper.org/home>

- Sample CBR
- Statistical debrief
- Training materials
- Resources and references
- Join our email list
- Provide feedback on CBRs
- Submit a CBR success story

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 201901: IMRT

- [Sample CBR: Mock Provider Data \(PDF\)](#)
- [Statistical Debriefing \(PDF\)](#)
- [Training \(Register for 1/24/19 Webinar\)](#)
- [National/State Data \(XLSX\)](#)
- [Access Your CBR](#)

Upcoming Event: CBR 201901 Intensity-Modulated Radiation Therapy

When: Thursday January 24, 3 to 4 p.m. EST

Topic: A review of the most recent CBR 201901: IMRT

Registration is required.

[REGISTER](#)

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?

Questions?

