# 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).
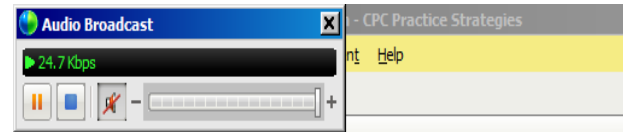
  – Dialing 1-240-454-0887 (passcode 733 437 067) (limited to 500 callers).

CBR201902
Office Visits, New and Established Patients, Family Practice

February 28, 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
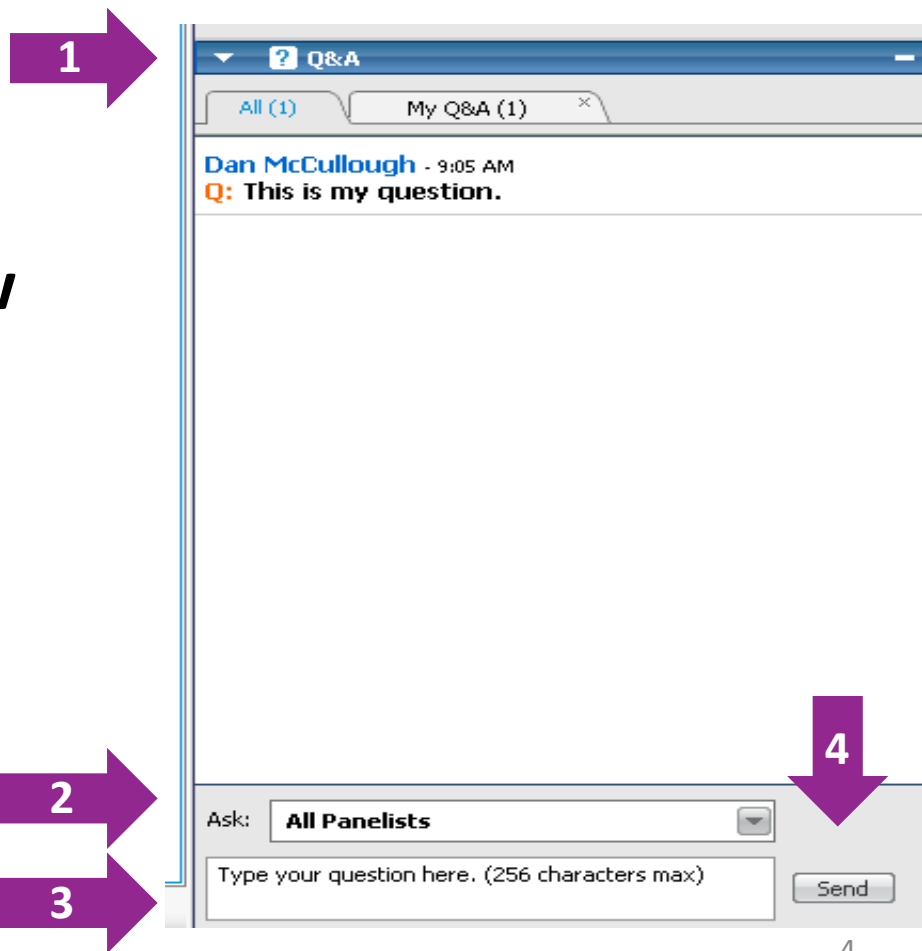
A "Q&A" document will be developed and posted at CBR.CBRPEPPER.org

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

4

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
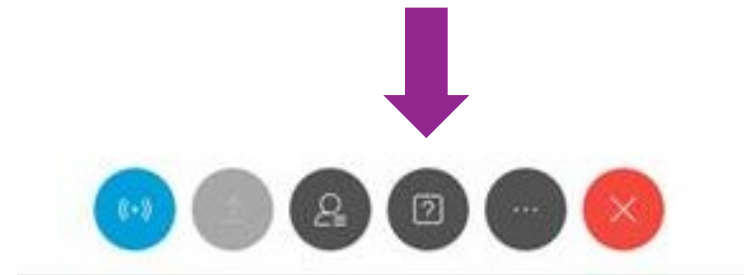
Webinar Resources

Webinar Slides

Webinar Recording

Webinar Handout

Webinar Q&A (to be posted at
CBR.CBRPEPPER.org)

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

Webinar Objectives

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

- Convey the function of the Comparative Billing Report CBR201902: Office Visits, New and Established Patients, Family Practice

- Gather resources for further questions and inquiries

Webinar Agenda

- What is a CBR?

- New and Established Office Visits for Family Practices

- Review a sample CBR

- How to access your CBR

- Helpful resources
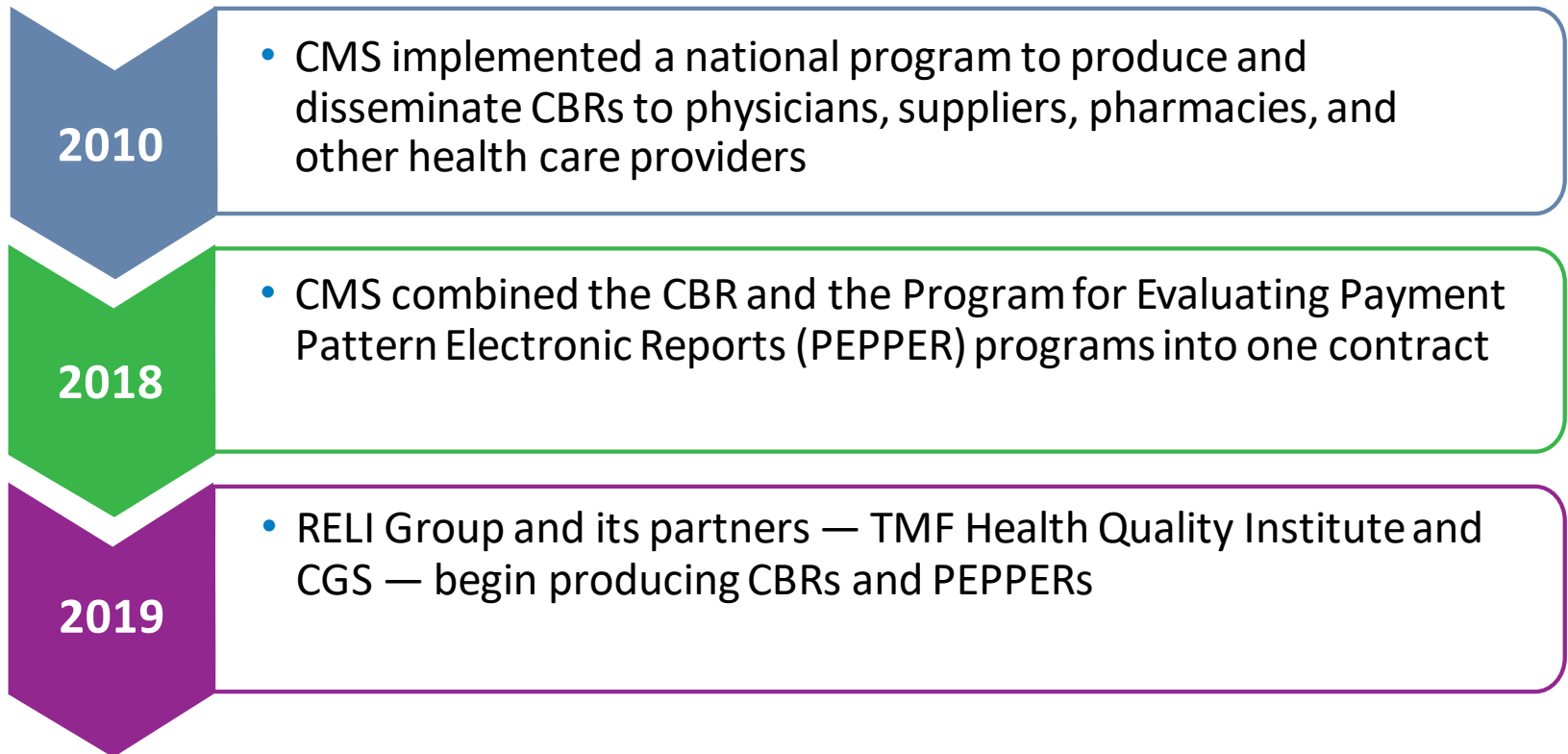
- Questions

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.

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 and tool for possible improvement

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

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

Evaluation and Management Services, New and Established Patients

- Office Visits, New and Established Patients, Family Practice, Specialty Code 08

- Select the code for the service based upon:
  - New or established patients
  - The content of the service

CBR201902 CBR Focus

- CBR201902 focuses on rendering providers who submitted claims to Medicare Part B for new and established patient visits (CPT® codes 99201 – 99205 and 99211 – 99215)

- Codes for Evaluation and Management Services are chosen based on the level of care provided to the patient

Evaluation and Management Office Visit Codes

- New patients
  - Billed when a patient has not received services from the rendering provider within the last three years
  - Codes 99201 – 99205

- Established patients
  - Billed when a patient has received services from the rendering provider within the last three years
  - Codes 99211 – 99215

- Selected based on level of History, Exam, and Medical Decision Making

Vulnerability for New and Established Patient Office Visits

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

- The projected improper payments for new and established patient encounters totals $1,394,936,462

- Most of these improper payments were due to "Incorrect Coding"

  – 86.0% of improper payments for new patient encounters

  – 66.4% of improper payments for established patient encounters

Vulnerability for the Family Practice Specialty

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

- The projected improper payment rate for family practice claims is 13.6%

- The total projected improper payments for family practice totals is $727,702,654

- Most of these improper payments were due to "Incorrect Coding" and "Insufficient Documentation"
  - "Incorrect Coding": 27.5%
  - "Insufficient Documentation": 61.7%

CBR201902

Summarizes statistics for services with dates of service from Oct. 1, 2017, through Sept. 30, 2018

Nationwide, 80,636 rendering providers billed allowed charges **for CPT® codes 99201 – 99205 and 99211 – 99215**

CBR201902 Analysis and Focus

- Focused on high-level Evaluation and Management Codes for new and established patient visits
  - New patient codes 99204 and 99205
  - Established patient codes 99214 and 99215

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 90th 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 90th Percentile

- Statistics were calculated for each provider, in five metrics, and for 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 90th 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 50 beneficiaries with claims submitted for 99201 – 99205 **or** at least 50 beneficiaries with claims submitted for 99211 – 99215, **and**	Is significantly higher, above, or greater than the 90th percentile, as compared to either state or national averages in any one of the twelve metrics , **and**	Has at least $10,000 in total allowed charges per type of visit (new or established).

Review of the Sample 201902 CBR

- Findings

- Metrics

- Methods and results

- Provider findings

CBR Findings

- The CBR team identified
  - 80,636 rendering providers nationwide with allowed charges for CPT® codes 99201 – 99205, and 99211 – 99215
  - A combined allowed amount of $3,414,683,042 during the timeframe

Metrics of Sample CBR

This report is an analysis of the following metrics:

1. Percentage of allowed units for New and Established Patient Evaluation and Management Levels 4 and 5 CPT® codes: 99204, 99205, 99214, and 99215

2. Percentage of the allowed amount for New and Established Patient Evaluation and Management Levels 4 and 5 CPT® codes: (99204, 99205) and (99214, 99215)

3. Percentage of beneficiaries that received Level 4 and 5 service codes for both new and established patients

Individual Provider Findings, Metric 1

- Allowed Units
  - The percentage of allowed units for New and Established Patient Evaluation and Management Levels 4 and 5 CPT® codes: 99204, 99205, 99214, and 99215

Individual Provider Findings, Metric 1, CPT® codes 99204 and 99205

The number of units allowed for CPT® code 99204 is divided by the number of units allowed for combined CPT® codes 99201 – 99205

$$\frac{\text{Allowed Units for 99204}}{\text{Allowed Units for 99201 – 99205}}$$

The number of units allowed for CPT® code 99205 is divided by the number of units allowed for combined CPT® codes 99201 – 99205

$$\frac{\text{Allowed Units for 99205}}{\text{Allowed Units for 99201 – 99205}}$$

Individual Provider Findings, Metric 1, CPT® codes 99214 and 99215

The number of units allowed for CPT® code 99214 is divided by the number of units allowed for combined CPT® codes 99211 – 99215

$$\frac{\text{Allowed Units for 99214}}{\text{Allowed Units for 99211} - 99215}$$

The number of units allowed for CPT® code 99215 is divided by the number of units allowed for combined CPT® codes 99211 – 99215

$$\frac{\text{Allowed Units for 99215}}{\text{Allowed Units for 99211} - 99215}$$

Individual Provider Findings, Metric 2

- Allowed Amount:
  - The percentage of allowed amount for New and Established Patient Evaluation and Management Levels 4 and 5 CPT® codes: 99204, 99205, 99214, and 99215

Individual Provider Findings, Metric 2, CPT® codes 99204 and 99205

The allowed amount of CPT® code 99204 is divided by the allowed amount for all new patient visit Evaluation and Management codes, 99201 – 99205

$$\frac{\text{Allowed Amount for 99204}}{\text{Allowed Amount for 99201 – 99205}}$$

The allowed amount of CPT® code 99205 is divided by the allowed amount for all new patient visit Evaluation and Management codes, 99201 – 99205

$$\frac{\text{Allowed Amount for 99205}}{\text{Allowed Amount for 99201 – 99205}}$$

Individual Provider Findings, Metric 2, CPT® codes 99214 and 99215

The allowed amount of CPT® code 99214 is divided by the allowed amount for all established patient visit Evaluation and Management codes 99211 – 99215

$$\frac{\text{Allowed Amount for 99214}}{\text{Allowed Amount for 99211 – 99215}}$$

The allowed amount of CPT® code 99215 is divided by the allowed amount for all established patient visit Evaluation and Management codes, 99211 – 99215

$$\frac{\text{Allowed Amount for 99215}}{\text{Allowed Amount for 99211 – 99215}}$$

Individual Provider Findings, Metric 3

- Number of Beneficiaries:
  - The percentage of beneficiaries that received Level 4 and 5 service codes for both new and established patients

Individual Provider Findings, Metric 3, CPT® codes 99204 and 99205

The number of beneficiaries with CPT® code 99204 is divided by all beneficiaries with all new patient visit Evaluation and Management codes, 99201 – 99205

$$\frac{\text{Number of Beneficiaries with 99204}}{\text{Number of Beneficiaries with 99201} - 99205}$$

The number of beneficiaries with CPT® code 99205 is divided by all beneficiaries with all new patient visit Evaluation and Management codes, 99201 – 99205

$$\frac{\text{Number of Beneficiaries with 99205}}{\text{Number of Beneficiaries with 99201} - 99205}$$

Individual Provider Findings, Metric 3, CPT® codes 99214 and 99215

The number of beneficiaries with CPT® code 99214 is divided by all beneficiaries with all established patient visit Evaluation and Management CPT® codes, 99211 – 99215.

$$\frac{\text{Number of Beneficiaries with 99214}}{\text{Number of Beneficiaries with 99211 – 99215}}$$

The number of beneficiaries with CPT® code 99215 allowed is divided by all beneficiaries with all established patient visit Evaluation and Management CPT® codes, 99211 – 99215.

$$\frac{\text{Number of Beneficiaries with 99215}}{\text{Number of Beneficiaries with 99211 – 99215}}$$

Provider Trends

Figure 1: Percentage of Beneficiaries at Service Levels 4 and 5, Trending Over Time
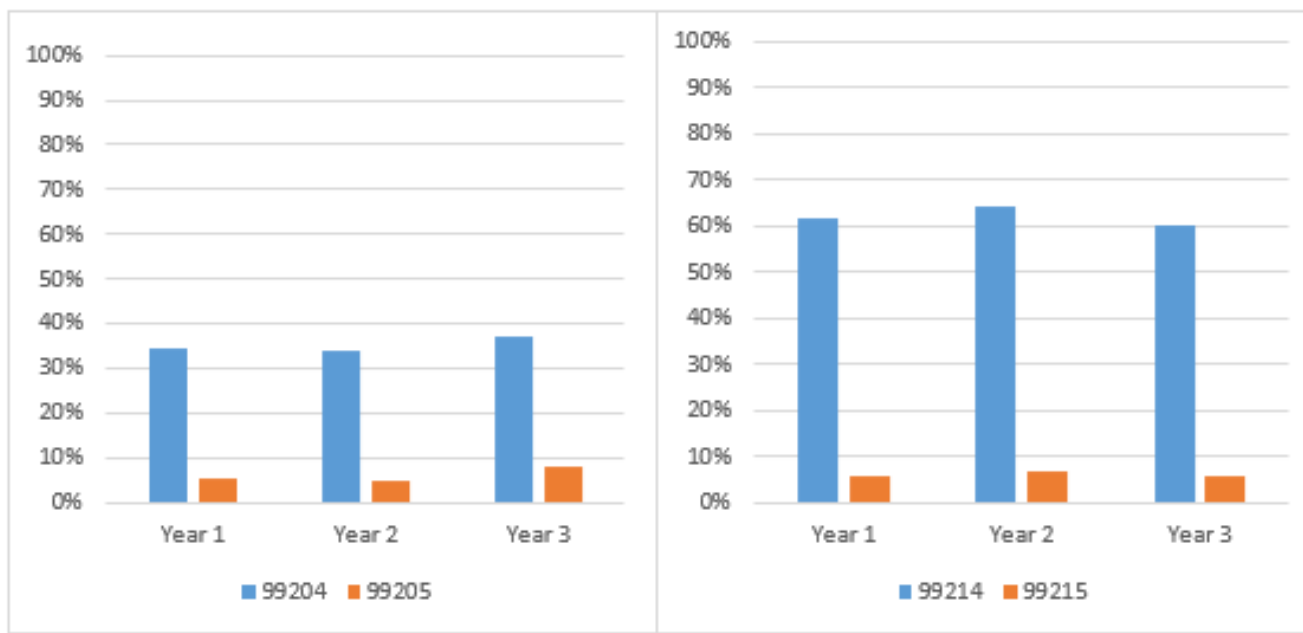
- Year 1 represents claims between Oct. 1, 2015 – Sept. 30, 2016

- Year 2 represents claims between Oct. 1, 2016 – Sept. 30, 2017

- Year 3 represents claims between Oct. 1, 2017 – Sept. 30, 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

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

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, Continued

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

- CMS Evaluation and Management Services Manual

- Claims Processing Manual: Chapter 12, Section 30.6

Helpful Resources, 3

https://cbr.cbrpepper.org/home

- Sample CBR

- Training materials

- Resources and references

- Join our email list

- Provide feedback on CBRs

- Submit a CBR success story

CBR Comparative Billing Reports

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

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CBR 201902 Office Visits, New and Established, Family Practitioners

- Sample CBR: Mock Provider Data (PDF)
- Training (Register for 2/28/19 Webinar)
- National/State Data (XLSX)
- Get Your CBR

CBR 201901: IMRT

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

Upcoming Event: CBR 201902 Office Visits, New and Established, Family Practitioners

When: Thursday February 28, 3 – 4 p.m. EST
Topic: This session will review CBR 201902 on Office Visits, New and Established for Family Practitioners, released Feb. 15, 2019.

REGISTER

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

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?