



## **CBR201903: Subsequent Hospital Care**

### **Webinar Questions and Answers**

**April 11, 2019**

---

#### **Q: What is a CBR?**

A: A CBR is a Comparative Billing Report, and it is created to compare providers' billing statistics to those of their peers on a state or specialty, and nationwide level.

---

#### **Q: Within an organization, who receives the CBR?**

A: Each CBR contains specific guidelines as to how a provider is included in the CBR analysis. If a provider meets the criteria to receive a CBR, the CBR information is sent to the email address filed in the [Provider Enrollment, Chain, and Ownership System](#) (PECOS) and [National Plan and Provider Enumeration System](#) (NPPES) system.

---

#### **Q: Is there a way to receive a list of providers who received CBRs within a group practice or receive information for a large group of providers?**

A: The providers who receive a CBR will receive individual notifications via the email address or fax number listed in PECOS. If there is a question as to whether or not all notifications were received for a group of providers, our Help Desk can assist with lists of National Provider Identifier (NPI) numbers.

---

#### **Q: How can I receive emails in regard to the CBR reporting?**

A: A link to join our email list can be found on our home page, <https://cbr.cbrpepper.org/home>.

---

#### **Q: Where would a CBR be sent if our provider was identified as an outlier? How can I change the contact information regarding where the CBR is sent?**

A: If a provider is eligible to receive a CBR using the metrics explained in the webinar, an email is sent to the email address available in the NPPES database. If a valid email address is not available, the notice is sent via fax to the fax number in the NPPES database. Providers that do not have a valid email address or fax number in NPPES received their notification in hard-copy through the mail. Please ensure your email address and fax number are updated in the NPPES and the PECOS. The CBRs are not sent out; rather, they are available in the secure CBR Portal at

[cbrfile.cbrpepper.org](http://cbrfile.cbrpepper.org) by using the unique validation code included in the email, fax, or mail notification.

---

**Q: Where can I obtain the validation code to obtain my CBR report?**

A: The validation code is sent with the distribution of the CBR to the provider by email, fax, or regular mail.

---

**Q: I would like to view this webinar again; how can I find the recording, slides, and handout for the webinar?**

A: The webinar slides, handout, recording, and transcript are posted on the CBR homepage: <https://cbr.cbrpepper.org>.

---

**Q: Is the provider who qualified for a CBR the only individual who can obtain the CBR and data?**

A: The CBR and validation code information is sent to the contact data listed in the NPPES system. Those who can access the email, fax receipts, or mail will therefore be in a position to view the CBR access information. However, at this time, the Help Desk is authorized to provide the validation code information only to the provider with the assigned NPI from the CBR report.

---

**Q: We did not receive a CBR. Can we request a CBR be sent for our providers or find a CBR on the website, even if the providers do not meet all the listed qualifications?**

A: CBR reports are produced only if a provider meets the criteria for receiving a CBR, and the reports are not produced for providers upon request.

---

**Q: Would this seminar benefit coders? Are Continuing Education Units (CEUs) attached to the presentation?**

A: The information in the presentation does reflect on basic coding guidelines and would benefit coders who are involved in Subsequent Hospital Care coding. No CEUs are assigned to the presentation at this time.

---

**Q: Each CBR is being sent by email to each of our 30 providers. Is there a way for the practice administrator to receive copies of this by notification?**

A: The notification that a CBR is available and the validation code necessary to access the CBR is sent to the contact data listed in the NPPES system. If the Practice Administrator can access the email in the NPPES system, he or she will have access to the CBR(s).

---

**Q: Does improper payment for 99231 represent underpayments?**

A: Yes; the improper payments represent both overpayments and underpayments. The concern is focused on improper payments and code selection, whether that is the result of under- or over-representation of services provided.

---

**Q: Why didn't you include 99291 as a level of service in your analysis?**

A: Code 99291 is a Critical Care code, and this CBR and analysis was focused solely on Subsequent Hospital Care codes.

---

**Q: Is the status described in each Subsequent Hospital Care code the dominator criteria for code selection?**

A: The codes in this set are assigned as all Evaluation and Management codes are assigned: through review of the History, Exam, and Medical Decision Making that is documented for the service. The code descriptors were created to give an overall view of the health status of the patient but are not used specifically in the code selection process.

---

**Q: Would the transfer of patients to another facility trigger a CBR, if a charge for 99233 was billed the day before the discharge to the alternative facility?**

A: An isolated instance will not trigger the receipt of a CBR. However, if this situation occurs frequently, it may trigger a CBR. In the case that these actions do trigger a CBR, the provider should analyze their code submission, transfers, and other Subsequent Hospital Care codes.

---

**Q: Time is only utilized when counseling and coordination of care is used to determine the level of service. Why is the time used in the code descriptors used in this analysis?**

A: Definitive time is used for code selection only when specific documentation describing counseling and coordination of care is used. However, the time spent with the patient works with

the description of the patient status in code descriptors, and it can be a good indication of the approximate amount of time spent with a patient.