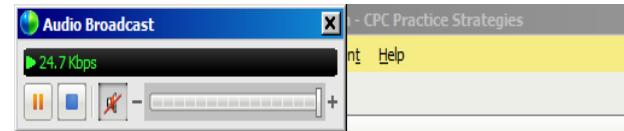


# Thank you for joining us!

- We will start at 3 p.m. EST.
- You will hear silence until the session begins.
- Handout: Available at [CBR.CBRPEPPER.org](http://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 736 631 033) (limited to 500 callers).





# CBR201903 Subsequent Hospital Care

April 11, 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

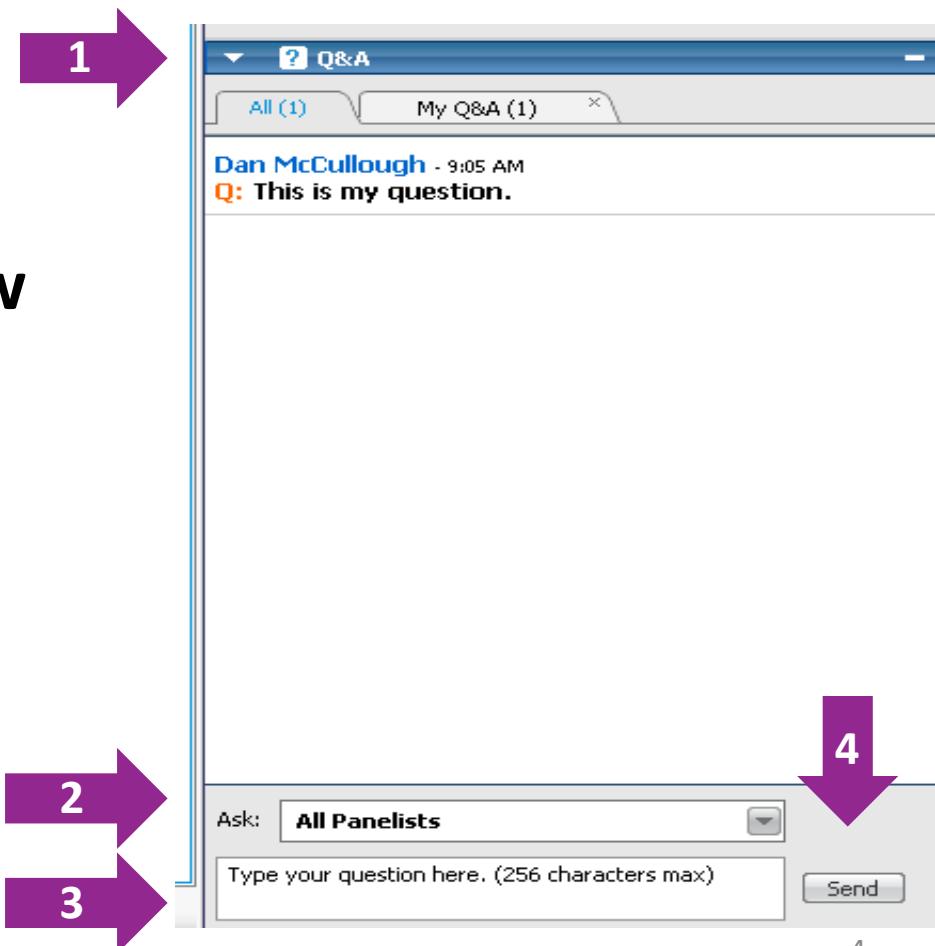


A “Q&A” document will be developed and posted at [CBR.CBRPEPPER.org](http://CBR.CBRPEPPER.org)

# To Ask a Question in Split Screen

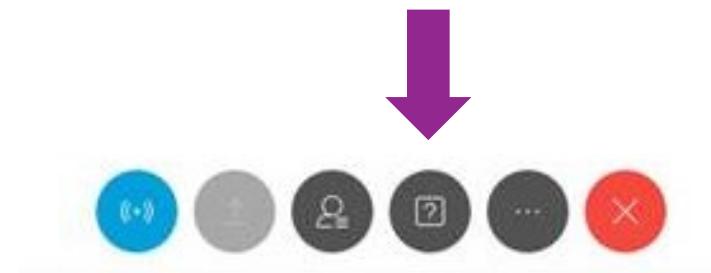
*Ask your question in Q&A as soon as you think of it.*

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 (CBR)
- Comprehend the function of CBR201903, Subsequent Hospital Care
- Gather resources for further questions and inquiries

# Webinar Agenda

- What is a CBR?
- CBR201903
- Review a sample CBR
- How to access your CBR
- Helpful resources
- Questions

# What is a CBR?

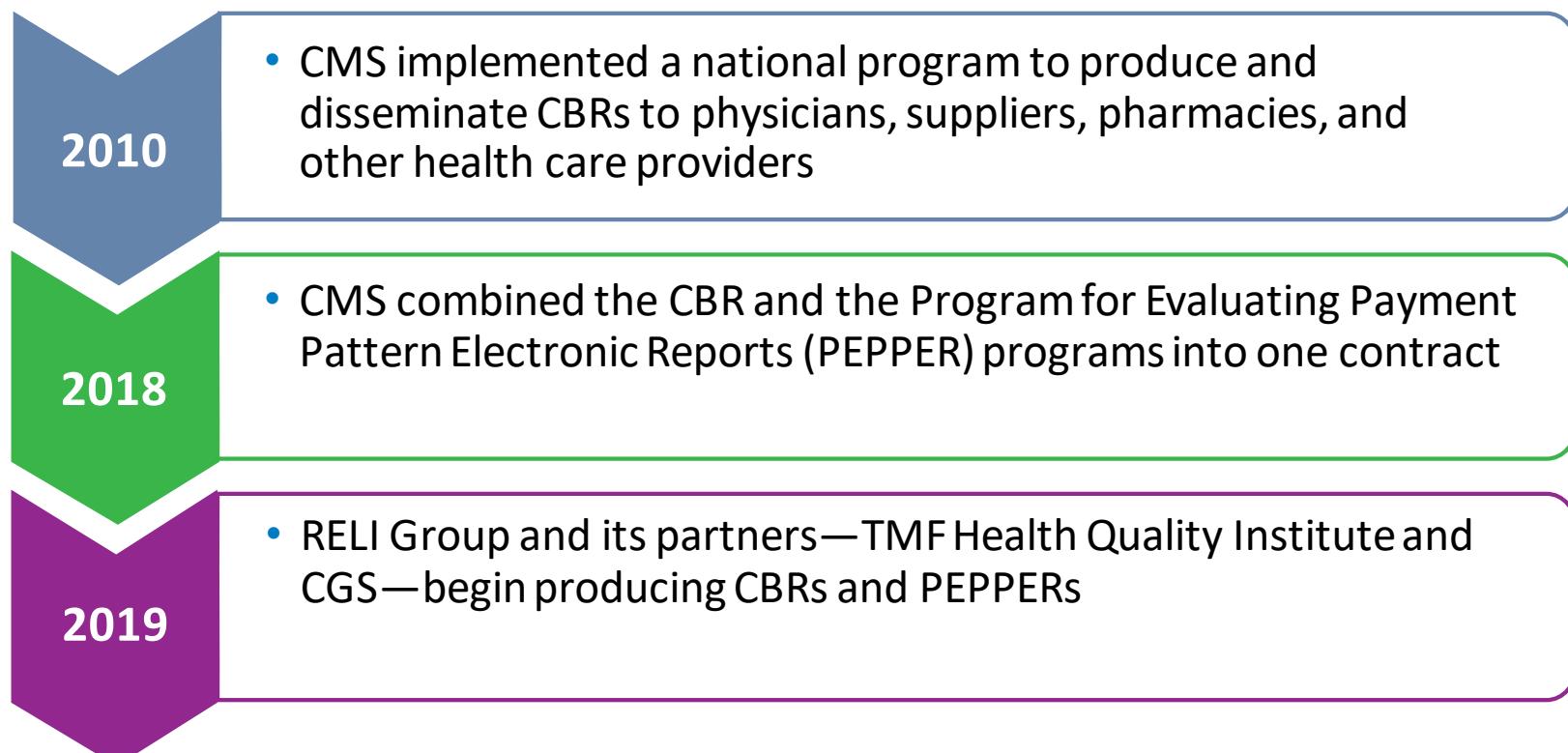
- CBR, as defined by CMS
- History of the National CBR program
- Purpose of CBRs
- Why does CMS issue CBRs?
- CBR formatting

## 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.



# 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

# 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 recipients to other providers

## 6. References and Resources

- Resources used for the CBR

# Subsequent Hospital Care Services

- Inpatient Hospital Visits for Subsequent Care
- Select the service level based on levels of history, exam, and medical decision-making



## CBR201903 CBR Code Focus

- CBR201903 focuses on rendering providers who submitted claims to Medicare Part B for Subsequent Hospital Care
- CPT® codes 99231, 99232, 99233

## CBR201903 CBR Provider Focus

- The CBR team identified the clinical specialties in which the highest number of providers submitted claims for CPT® codes 99231, 99232, and 99233
- Claims were submitted during the time period between Nov. 1, 2017, and Oct. 31, 2018

# CBR201903 CBR Provider Focus, cont'd

- The “Top Specialties” are:
  - Nurse Practitioner
  - Family Practice
  - Cardiology
  - Physician Assistant
  - General Surgery
  - Hospitalist
  - Gastroenterology
  - Orthopedic Surgery
  - Neurology
  - Pulmonary Disease

\*Specialties Internal Medicine and Psychiatry were not analyzed

# Subsequent Hospital Care Codes

- CPT codes 99231–99233
- Submitted for Subsequent Hospital Care, per day, according to:
  - History
  - Exam
  - Medical decision-making
- Code description also includes:
  - Patient response to therapy
  - Typical amount of time spent with the patient

# Subsequent Hospital Care Vulnerability

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



Improper payment rate of:

- 21.6 percent for code 99231
- 7.9 percent for code 99232
- 19.1 percent for code 99233



Over \$621 million in projected improper  
Medicare payments

# CBR201903



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



158,159 rendering providers in the “Top Specialties” billed allowed charges for Subsequent Hospital Care codes

## CBR201903 Analysis and Focus

- Analysis of rendering providers in the “Top Specialties” who billed CPT® codes 99231, 99232, and 99233 on Medicare Part B claims was extracted from the Integrated Data Repository, based on the latest version of claims as of March 1, 2019

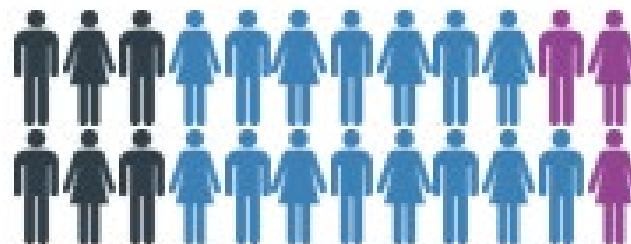
# Why did I receive a CBR?

- A CBR is presented because your billing patterns differ from your peers' patterns, based on comparisons on a specialty 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** — A provider's value is above the 95th percentile from the peer specialty or national mean
  - **Higher** — A provider's value is greater than the peer specialty or national mean
  - **Does Not Exceed** — A provider's value is not higher than the peer specialty or national mean
  - **N/A** — A provider does not have sufficient data for comparison



# About the 95th Percentile

- Statistics were calculated for each provider, in three metrics, and all providers in the nation. Each provider's values are compared to his/her peer specialty 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 95th percentile from the peer specialty or national mean.
- These results look very different from the results of peers on a specialty or national level.



# Why Did I Receive a CBR?

*The criteria for receiving a CBR is that the provider:*

Is significantly higher, at or above the 95th percentile, as compared to either specialty or national percentile in any one of the metrics

Has at least ten beneficiaries with claims submitted for any of these codes: 99231, 99232, 99233

Has total allowed charges of \$2,000 or more for claims submitted for any of these codes: 99231, 99232, 99233

# Review of Sample 0201903 CBR

- Metrics
- Findings
- Methods and Results
- Provider Findings

## Metrics of Sample CBR

This report is an analysis of the following metrics:

1. Percentage of beneficiaries discharged within one day of a CPT® code 99233 service
2. Average allowed minutes per encounter
3. Percentage of total services billed as CPT® code 99233

## Calculation of Metric 1

- If a beneficiary had a CPT® code 99233 service within one day of a discharge code, CPT® codes 99238 or 99239, and the beneficiary did not have a death date on file, the beneficiary was flagged.
- The number of unique beneficiaries flagged is divided by the total number of unique beneficiaries who received services of CPT® code of 99233.

Number of Unique Beneficiaries Flagged  
All Unique Beneficiaries with CPT® code 99233

## Calculation of Metric 2

- Each CPT® code is assigned a value that corresponds to the typical minutes described in the CPT® code description. This value is multiplied by the total allowed services for the code to arrive at the total weighted services.
- The sum of all the weighted services is divided by the total number of encounters:

$$\frac{\text{Total Weighted Services}}{\text{Total Number of Encounters}}$$

## Calculation of Metric 3

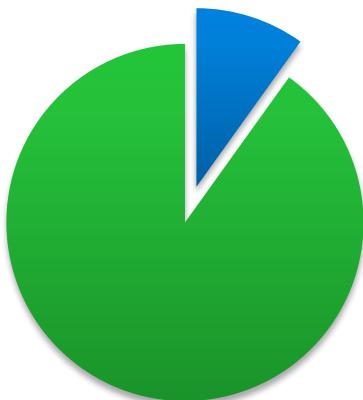
- The number of unique beneficiaries with CPT® code 99233 is divided by all unique beneficiaries with all Subsequent Hospital Care CPT® codes: 99231–99233.

Number of Allowed Services with CPT® code 99233

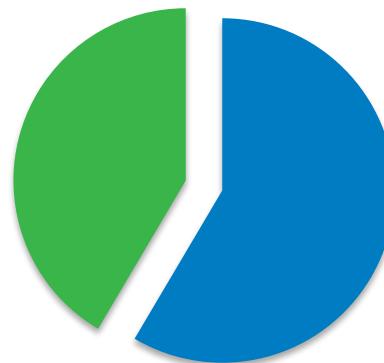
Number of Allowed Services with 99231–99233

# Top Specialties Utilization of Subsequent Hospital Care Codes

**Code 99231**  
was billed in  
9.95 percent  
of claims



**Code 99232**  
was billed in  
58.54 percent  
of claims



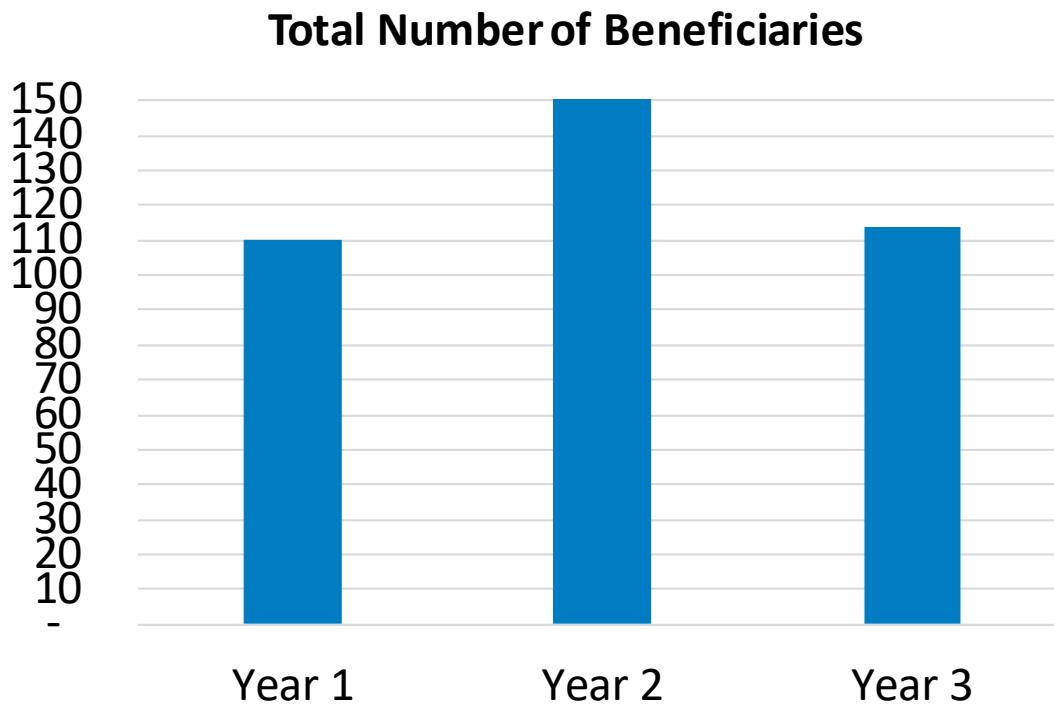
**Code 99233**  
was billed in  
31.51 percent  
of claims



# Provider Trends

- Figure 1: Trend Over Time Analysis of Total Number of Beneficiaries with CPT codes 99321, 99232, 99233

**Figure 1:**



## Year 1

- Nov. 1, 2015 – Oct. 31, 2016

## Year 2

- Nov. 1, 2016 – Oct. 31, 2017

## Year 3

- Nov. 1, 2017 – Oct. 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.

<b>Your Information</b>	<b>Provider Information</b>
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](#)
- [Medicare Claims Processing Manual, Chapter 12, Chapter 30.6.9.1](#)
- [Medicare Program Integrity Manual, Section 3.6.2.2](#)



## 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

## 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?

