



Transcript for the CBR201904: Vitamin D Testing

May 7, 2019

Good afternoon, everyone. I'm going to go ahead and get started with this afternoon's presentation.

Welcome to today's webinar, where we'll be discussing Comparative Billing Reports or CBRs, and more specifically CBR 201904, Vitamin D testing. My name is Annie Barnaby, and I work for RELI Group, Inc., who is contracted with the Centers for Medicare and Medicaid Services, CMS, to develop, produce, and distribute CBR reports.

The object objective of today's webinar will be to understand the purpose and use of the Comparative Billing Reports, to explain the function of this specific Comparative Billing Report, Vitamin D testing, and to help you gather resources that will help answer further questions and inquiries. So let's get started.

Taking a look at our agenda, our discussion today will cover the following areas. First we'll talk about what a Comparative Billing Report is. Then we'll go into a discussion of the CBR and go through the details of the CBR topic, Vitamin D testing. I do have a sample CBR that we will review so that we can get a good sense of what we're looking at when we look at a CBR. I'll show you how to access your CBR, I will show you some helpful resources should you have questions following the webinar and then, as I mentioned, I will answer any submitted questions as time allows.

Let's start at the very beginning. What is a CBR?

Well, a CBR is a Comparative Billing Report, and first we'll see how CMS defines a CBR. According to the CMS definition, a CBR is a free, comparative data report that can be used as an educational resource and a tool that providers can use for possible improvement. A CBR is truly just what the title says, a report that compares providers on a state or specialty or – and nationwide level, and summarizes one provider's claims data statistics for areas that may be at risk for improper Medicare payment, primarily in terms of whether the claim was coded correctly and billed and whether the treatment provided to the patient was necessary and in line with Medicare payment policy.

A CBR cannot identify improper payments, but it can alert providers if their billing statistics look unusual as compared to their peers.

Taking a look at the history of the CBR process, we can see that this program was spearheaded in 2010 and then in 2018 CMS combined the CBR program with the PEPPER program, which is the Program for Evaluating Payment Pattern Electronic Reports, to put both programs under

one contract. And then in 2019 RELI Group has partnered with TMF and CGS to create, distribute CBRs and PEPPERS.

Why does CMS issue CBRs? Well, CMS is mandated and required by law to protect the trust fund from any improper payments or anything else that may compromise the trust fund. CMS employs a number of strategies to meet this goal, which include educational providers, early detection through medical review, and data analysis.

CMS considers the CBR process to be an educational tool that supports their efforts to protect the trust fund.

CBR serves several purposes on the provider side as well. The CBR program helps to support the integrity of claims submission and the adherence to coding guidelines. And this helps to encourage correct clinical billing. Early detection of any outliers in your own billing practices can help guide a compliance program that will help to support compliant operations in your own organization. And taking a closer look at specific coding guidelines and billing procedures can increase education and improve future billing practices.

A CBR is formatted into six sections, which help to focus on the process and the results of the CBR. And I do have a sample CBR, as I discussed, for us to take a look, so let me switch over to that.

Get to the first page here. Here we go. As you see here, the introduction of the CBR is a brief explanation of the specific billing area addressed in the CBR, and it is a description of the findings of the CBR. So you can see that here.

The coverage and documentation overview identifies claims – identifies claims data and reviews basic CPT® code information. You can see here that Vitamin D testing and office visits were analyzed, and this section goes into detail about the clinical specialties, the CPT® codes, and the ICD codes that were involved in the analysis and the data pull guidelines. Scroll so you can see that information here.

Then we move on to the basic coding guidelines section. And in this section we're provided with a more detailed description of the CPT® and in this case ICD codes that are used in the reporting.

The metrics section of the CBR lists – sorry, here we go--starts on page 3 and moves on to page 4, but the metrics section listed the metrics used for the analysis within the CBR and then the possible outcomes of the comparisons for each metric, and you can see those outcomes listed here.

The methods and results section is an overall analysis of the CBR results and individualized results comparing the CBR recipient to other providers. This is several pages long, and you can see here there's an overall kind of guideline analysis of the metrics, and then we have metric 1,

the explanation and the calculation, and then the sample provider's results. The same for metric 2, here we have an explanation, the calculation, and then the results. And then metric 3, same thing. We have the explanation, the calculation, and then a table with the results.

So finally at the end of the CBR we have the references and resources section, and this lists, reports and documents used for the creation of the CBR and those created to help you, should you have any questions about this or other CBRs.

To begin our more in-depth review of those sections of this CBR, let's discuss the very basis of the topic, Vitamin D testing. Let's take a closer look at the specific focus of this CBR and of the specific codes that we just saw that are analyzed within the CBR report. The focus of this CBR is a review of statistics for providers who ordered Vitamin D testing for which a Medicare Part B claim was then submitted and paid. These providers will be labeled as "referring providers" for the remainder of the presentation, and they are labeled as such in the CBR as well. The CBR also analyzed identified providers who ordered Vitamin D test claims in conjunction with E&M visits so this slide does contain just a brief review of the evaluation and management code sets for office visits.

The CBR team identified the clinical specialties for inclusion in the CBR analysis for submitted claims between November 1, 2017, and October 31, 2018. Those clinical specialties were selected and named "top specialties," excuse me, within the CBR, and then also within this presentation. And those clinical specialties that were analyzed, those top specialties, are listed here.

There are some diagnoses for which a Vitamin D test is generally acceptable and appropriate. Those – these diagnoses are listed here, as you can see. For some calculation and data pulls for this CBR analysis, the Vitamin D testing submitted with these diagnoses were excluded. Therefore, this list has been labeled "excluded diagnoses," so when you hear reference to "excluded diagnoses," this is the list to which we are referring.

Now that we've reviewed the code sets provided in Vitamin D testing and ICD codes, let's talk numbers, payment numbers to be exact. The 2018 Medicare fee for service supplemental improper payment data report showed that lab tests were among the top 20 service types that had the highest level of improper payments for part B claims. Now, these top 20 services had an estimated – 29.8 percent improper payment rate, which represents 981 million dollars in improper payments. Even though that payment and percentage numbers represents all lab tests, Vitamin D testing is included in those payments and that improper payment dollar figure is really hard to ignore. Also, a 2017 OIG report had similar findings. The OIG report found that Vitamin D was among the top five billed laboratory tests and these top five billed laboratory tests represented payments of 2.2 billion dollars in 2017 alone.

So, again, you can understand why this is an area that CMS would want to explore, given the

high number of payments that go toward laboratory testing.

In order to get detailed information for those referring providers ordering Vitamin D tests, the CBR201904 was performed. Again, the CBR summarizes the years of dates of service, November 1, 2017, through October 31, 2018. The statistics and analysis showed over 217,000 referring providers with allowed charges for CPT® code 82306, which is the Vitamin D testing, and new and established patient office visits. Identifying a specific date range and a specific CPT® code or code set for the office visits can isolate these services and help to get granular detail about that portion of the over 981 million dollars in improper payments.

So we've drilled down to identify the top specialties that we reviewed and a specific date range of claims data. The CBR201904 analyzes that data based on the version of claims as of February 28, 2019.

Now that we're familiar with the analysis that was completed within this CBR, let's take a look at why you may have received a CBR for this analysis. A CBR is presented to a provider when the analysis of their billing patterns differs from the provider's peers in their state or on a nationwide level. Excuse me. It is important to remember, always remember, that receiving a CBR is not in any way an indication of or precursor to an audit.

And when we talk about comparing your billing patterns to those of your peers, there are four outcomes that can come of that analysis. A significant – excuse me, an outcome of significantly higher indicates that the provider's value is above the 95th percentile from the state peer or national mean and we'll talk a little more about what that 95th percentile means exactly on our next slide.

An outcome of higher shows that the provider's value is greater than the mean, the two means. An outcome of does not exceed indicates that the provider's value is not higher. And then an N/A outcome represents that the provider does not have sufficient data for comparison.

Now let's discuss what being above the 95th percentile actually means because it is important to understand the true meaning so that you can fully understand the meaning of the outcomes listed in your CBR. The other outcomes really are relatively self-explanatory, but the significantly higher outcome is a bit more involved than the others. So in order to identify the providers who were above the 95th percentile we first calculated percentiles for all providers for each of the metrics in each comparison group. To order the percentiles we first order all of the providers percent values from highest to lowest, and if you use this ladder visual that's on the slide, you can envision that the highest percentile values are listed there up at the top of the ladder, and then in descending order down the ladder so that the lowest percentile value is down near that bottom rung.

Next we identify the percent value below which 95 percent of the provider's values fall. This is the 95th percentile mark represented, again, above on the ladder visual by that black line. Any

providers whose percent value is above that point are above the 95th percentile, and are identified as being significantly higher for that metric in their CBR as compared to their state specialty or the nation. And we send the reports to allow for comparison among your peers and to offer an opportunity to see that your results in one of those metrics varied greatly from those of your peers.

So why did I receive a CBR? Well, the criteria for receiving a Vitamin D testing CBR is that the provider has paid claims for office visits and appear as the referring provider for Vitamin D claims. They have at least ten paid claims for CPT® code 82306 with claims submitted for 82306, excluding diagnoses on the excluded diagnoses list. They have at least ten unique beneficiaries with claims submitted for 82306, again, excluding those diagnoses on the excluded diagnoses list. And they have a total allowed charges of \$300 or more.

To help us fully understand the Vitamin D testing CBR, its outcomes and comparisons let's take another closer look at the sample CBR. We'll look at the metrics, findings, methods and results and the provider findings for this CBR. The results of this CBR will of course differ from those on your CBR if you received one, but the formatting and the sections on your CBR will be consistent with the layout of this sample CBR. Excuse me.

So you'll see first here a list of the metrics that were analyzed in the CBR. The CBR – this CBR reviewed the ratio of Vitamin D testing to office visits, the percentage of beneficiaries with Vitamin D tests for other diagnoses, the average number of Vitamin D tests per beneficiary. We'll break down how each of the metrics is calculated so that we can have a deeper understanding of the statistics that are listed on each CBR.

So first metric 1, the ratio of Vitamin D tests to office visits. Now, this metric was calculated in three steps. First the CBR team identified claim lines with a CPT® code of 82306 that were submitted with diagnoses codes that did not appear on that excluded diagnoses list. These claim lines were identified as flagged claim lines.

Next the CBR team identified claim lines submitted with a new or established patient office visit code that contained diagnoses, again, other than those on the excluded diagnoses list. And these were identified as flagged office visits.

Using these flagged claim line data, finally the CBR team completed the calculation shown here at the bottom of the slide. We divided the number of flagged claim lines by the number of flagged office visits, and this calculation shows us the ratio of Vitamin D testing to office visits for each provider. So let's take a look at the sample figures on the CBR for metric 1. For that we're going to go to page 5. Table 3. Again, we saw when we looked at the CBR earlier that the explanation of the calculation that we just saw on the slide is listed above here, and then if we look at table 3, you can see here that this provider had a ratio of .1512. The provider's specialty ratio is .02 and the national ratio is .07. Which brings the comparison outcome for this provider

to be significantly higher within the specialty and then only higher for the nationwide comparison.

Moving on to metric 2, the percentage of beneficiaries with Vitamin D tests for other diagnoses. This metric showed the percentage of beneficiaries who had a claim submitted with a Vitamin D test that showed a diagnoses other than those on the excluded diagnoses list in relation to beneficiaries that have a claim with a Vitamin D test submitted with all diagnoses.

This metric takes a deeper look into why the Vitamin D tests were ordered using the diagnoses code information. As we discussed earlier, there are a set of diagnoses for which it is generally considered acceptable to submit a Vitamin D test. This metric lets us look at the percentage of Vitamin D tests that were submitted with diagnoses that were not on that list. Now, to perform those calculations, we took the number of unique beneficiaries with eight – CPT® code 82306, excluding the excluded diagnoses and divided that by the total unique beneficiaries with CPT® code 82306, and that's for all diagnoses. And going back to that sample CBR to take a look at the results, we'll review table 4 for this sample provider. So these calculations that we just went over for the sample provider shows that they submitted 82 percent of Vitamin D testing with diagnoses that are not on the excluded list. This specialty has a submission rate of 34 percent, almost 35 percent, and the nation has a 27 percent submission rate. And these calculations place the provider with a higher outcome for both the specialty and nationwide comparison.

Finally we arrive at metric 3, the average number of claims with CPT® code 82306. To calculate this metric the number of claims with CPT® code 82306 is divided by the number of beneficiaries with submissions for CPT® code 82306. This is really a rather straightforward calculation and the results tell us how many Vitamin D tests on average each beneficiary receives for each provider – from each provider. And looking at the table for this metric in the CBR, we can see that this provider has an average of 1.35 Vitamin D tests per beneficiary. The specialty average and the nationwide average are right around 1.16 tests per beneficiary so the comparison for each of these is a higher outcome.

Here you can see a graph that displays the trend over time of total number of claims with CPT® code 82306. This particular provider had a steady increase in claims submissions over these three years you can see, from 2015 through 2018. And taking a step back like this and really looking at the overall claims submission without going into granular detail that's on the CBR can really help to just get an overall view of the claims submission for Vitamin D testing.

So let's talk about how you can access your CBR if you received one. You can go to the page listed here, cbrfile.cbrpepper.org, again, you'll see a screenshot of this page on this slide. When you go there you'll be asked to input some information. We do ask that you certify your role in your organization, that you input your information, the provider's information, how you learned about your CBR, and the provider's NPI number. When you receive notification that you

have a CBR on file, a validation code is given to you. So you'll input that validation code there at the bottom and when you click "submit" a file of your CBR will come up.

This page on this slide is cbrpepper.org is another page that you can go to, to access your CBR. If you click on the access your CBR button highlighted here with a purple arrow you'll be directed to the page that we just reviewed and you can begin the steps that we just covered so this page is another way for you to navigate to the CBR access page.

We do have some helpful resources and that's on our helpful resources page, cbr.cbrpepper.org/Help-Contact-Us. On this page you'll find a frequently asks questions link to submit a help desk request. I always encourage people to review the frequently asked questions before submitting a help desk ticket because those frequently asked questions may be able to help answer your inquiry without having to submit a ticket.

Here you can see a list of the documents that we reviewed; these are the helpful resources that are on the CBR. And on this page the – listed here, cbr.cbrpepper.org/home, there is a sample CBR, we have training materials, there's resources and references, you can join our email list, you can provide feedback on CBRs, and we would love to hear from you if you have a success story involving the CBR process. We'd love to hear how the CBR process has worked for you.

And that home page is listed here. So you can see we have the former CBR releases down here at the bottom of the slide and at the bottom of the page. And you can see all the links that I just went through, excuse me, for subsequent hospital care, but after this webinar we'll have them up for the Vitamin D testing, and you can see those links that I just went over, and this is a really great page, this is our home page, but it has a wealth of knowledge and a wealth of information if you ever have any questions.

The frequently asked questions page, cbr.cbrpepper.org/FAQ, again, has a list of frequently asked questions about the CBR process, about who you can contact if you have a question. You can see some of the questions listed there. So, again, I encourage you to review these frequently asked questions. They are – could be an answer to your inquiry listed here, and you just click on the question and the answer will populate.