



Transcript for the CBR201908: Breast Re-Excision August 6, 2019

Welcome to today's webinar, where we will be discussing Comparative Billing Reports or CBRs and more specifically CBR201908 Breast Re-Excision. My name is Annie Barnaby and I work for RELI Group, Inc. who is contracted with the Centers for Medicare & Medicaid Services, or CMS, to develop, produce, and distribute CBR reports.

The objective of today's webinar will be to understand the purpose and use of Comparative Billing Reports, or CBRs, to explain the function of this specific Comparative Billing Report, CBR201908 Breast Re-Excision, and help you gather resources that will help answer any questions or further inquiries.

To accomplish those objectives, our discussion today will cover the following areas. First, we'll talk about what a Comparative Billing Report is. I will show you how to access your CBR, I do have a sample CBR that we will review so we can get a good sense of what we're looking at when we review a CBR. Then we'll go through a discussion on the topic of this CBR and go through the details of breast re-excision. I will show you some helpful resources should you have any questions following the webinar. And then finally, I will answer any submitted questions as time allows.

Let's get started. Let's start at the very beginning; what is a CBR? As I said before, CBR stands for Comparative Billing Report. And, 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 and nationwide level, and summarizes one provider's Medicare claims data statistics for areas that may be at risk for improper Medicare payment, primarily in terms of whether the claim was correctly coded and billed, and whether 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, we can see that this program was spearheaded back in 2010. 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 and distribute CBRs and PEPPERS.

Now that we have a sense of the history of the CBR, we can discuss why CMS issues 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 education of providers, early detection through medical review, and data analysis. And CMS considers the CBR process to be an educational tool that supports their effort to protect the trust fund. And CBRs serve several purposes on the provider side as well. The CBR program helps to support the integrity of claim submission and the adherence to coding guidelines, and this helps to encourage correct clinical billing. Early detection of any outliers in your billing processes 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.

If you received a CBR, you may be asking why did I receive this CBR? Well, CBRs are presented to a provider when the analysis of the billing patterns differ from the provider's peers on a state or specialty or on a national level. But it is important to always remember that receiving a CBR is not in any indication or precursor to an audit.

I'm going to walk through the steps of accessing your report, if you received one, so we can see exactly how it is done. This page CBRFILE.CBRPEPPER.ORG contains the portal that you'll use to access your CBR. And the portal does require that you enter some information. I am going to open this page on my screen to show you exactly what it looks like when a CBR is accessed through the portal.

First, we're going to indicate the role we play within the healthcare organization for the physician or physicians who received the CBR. I'm going to indicate I'm an administrator of the organization, and by doing so, I'm indicating that I have the authority to receive the CBR information and that I understand that I am authorized to view this confidential information. Next we'll complete these two forms to indicate our information and the provider's information. To access this test CBR, of course I will use test data to complete these forms but, of course, you will use the correct information here to complete them on your end.

Following these forms, we're going to indicate how we heard about the CBR that is available for the physician or physicians that we're requesting. This section of the access form is most telling to us here at the RELI Group and really helps us know which form of alert is working best to reach the most physicians for their CBR alert. First on the list indicates you received an email or a fax. This would be an email or a fax that came to the account information listed in the NPPES system, that's the National Plan and Provider Enumeration System. We do encourage everyone to go into the NPPES system every once in a while to confirm their information and update that information if necessary so we can contact the appropriate person regarding CBR data. We know that oftentimes an employee email may be listed and sometimes those employees leave the organization or something else happens that causes the email or fax address or other

contact information to become incorrect. So confirming that data several times a year allows for the email to stay up-to-date and lessens any other issues that may arise.

Next on the list is an indication that a tweet that we sent out about the CBR program. We tweet about the CBR releases and about these webinars. So, if you saw the tweet and that led you to check out the CBR program, we would love to know that.

The next two entries, provider or professional association or MAC notice. These are indications of our work alongside the groups and the MACS that are so supportive of the provider billing and information distribution. We are very appreciative whenever the MACs are involved in spreading the word about the CBR program, and similarly when a professional association recognizes the importance of the CBR program and the information that we distribute. We then have the open-door forums, led by CMS. If you heard of the CBRs through one of those forums, please let us know. We do have two alternative options, other or none of the above, and if either of those apply, of course please indicate as such.

I am going to indicate that I received an email notifying you that I had a CBR. At the bottom of the form, we ask for the provider's NPI number. This will be the NPI for the specific provider who received the CBR. If you are in a position of having an inquiry regarding several providers and their CBR access, we can help with that through our help desk system. If you submit a help desk ticket, a representative will contact you to arrange for the data to a longer list of NPI numbers.

I'm going to put in a dummy NPI number. Finally, we arrive at the validation code. When a provider receives an alert that they have a CBR on file, a validation code is included with the alert information. So, again, check the information on the email alert to confirm your validation code. If you are sure that the provider was issued a CBR but you are unsure of the validation code, please submit a help desk ticket and we can assist with that situation. I'm going to complete the form, then hit submit.

And here we have the sample CBR file that appeared. Your CBR will appear in this same fashion, in PDF format, ready for your review. The page that you see here, CRBPEPPER.ORG, this is another page to use to access your CBR. If you click on the access your CBR button highlighted here with the purple arrow, you will be directed to the page that we just reviewed and to the portal and you can begin the steps that we just covered to access your report.

So we've seen how to access our CBR report, let's now take a closer look at the sample document so we can fully understand the breast re-excision CBR, its outcomes and comparisons. The results shown on this CBR will of course differ from those on your CBR if you received one, but the formatting and the sections will be consistent with the layout of this sample CBR.

A CBR is formatted into six sections which help to focus on the process and the results of the

CBR. The introduction is a brief explanation of the specific billing area and billing data addressed in the CBR. You can see here information discussing the re-excision procedure rates and the results of a national data analysis reviewing the submitted charges for re-excisions.

The coverage and documentation overview, the next section identifies the definition of excision as it is referred to in this CBR, along with the clinical specialties that were the focus of this analysis.

In the next section covering basic coding guidelines, we're provided with a more detailed description of the CPT codes used in the analysis. Table 1 of this CBR, as you can see here, and table 2, underneath it, are summaries of the provider's utilization in terms of allowed charges, allowed services and the beneficiary count for the excision CPT codes. And then, up in table 1, you can see a more thorough description of the CPT codes that are used in the CBR.

The metrics section of the CBR listed and explains the metrics used for the report, the definitions for the specialty and national peer groups and the possible outcomes for the CBR metric analyses. These are the outcomes. They start here. And are continued here on this next page. We'll go into greater detail in -- all of the detail that we see on this sample CBR in our slides in just a moment.

To continue with the overview of the sample set up CBR. The methods and results section is next. This section is a review of the CBR results and individualized results comparing the CBR recipients to other providers. And as we scroll through, we can see each metric is explained. The calculation of the metric is described. And then the results for the provider for each metric is shown in table form. So, you can see here for metric one, we have the description, the calculation, and then the table with the results is shown on this next page. The same goes for metric two, and then the third and final metric, again, we have the same information. Now, this section also provides a graph displaying the trend over time for the provider. We will discuss this table in more detail, again, later on in the webinar slides. You can see that table here on your screen.

Finally, the references and resources section begins at the bottom of this page and is continued here at the top of the next page. This is a list of reports and documents used for the creation of the CBR and those created to help you as you have questions about the CBR and the analysis.

Let's take a look now at the vulnerability of breast re-excision payments and how that plays into CMS's protection of the trust fund. An article in the Journal of American College of Surgeons printed the results of an analysis of re-excision procedure rates. And that showed between 2012 and 2018, the physician-level rate of re-excision procedures reached 91 percent. With 17 percent of providers showing a re-excision rate over the generally accepted threshold of 30 percent. So we can see from the results of that analysis in that article, that there is a potential issue with those high percentage of re-excision rates.

To tackle that issue and that topic, the CBR201908 was created to review statistics for rendering providers who performed breast excision or mastectomy services for which a Medicare Part B claim was submitted. This analysis included the CPT codes 19120, 19301, 19302, 19303, and 19304.

This slide expands on the information regarding the CPT codes included in the CBR. And as you can see, again, we have the definitions for each of the CPT codes listed here, as was shown on the CBR as well.

To create this CBR201908 we used detailed information for again rendering providers who performed breast excision or mastectomy services during the CBR summary year of March 1, 2017, through March 28, 2018. The statistics and analysis showed over 10,000 rendering providers who provided services to over 83,000 beneficiaries. With a total allowed charges exceeding \$73 million. These figures are based on claims extracted for the date range as of June 24, 2019.

I would like to take a closer look, at this time, to see what we mean when we talk about excisions and re-excisions. For the purposes of this CBR, a re-excision is an excision that was performed within 365 days of a prior excision. The prior excisions that we are referencing in this case are excisions performed between March 1, 2017, and March 28, 2018. Looking at the graphic on this slide, our analysis period was from March 1, 2017, through February 2019. A re-excision would be any excision, even multiple excisions, performed within 365 days of the date within that excision period, March 1, 2017, through February 28, 2018. And these excisions are also not specific to one breast. So, the rare occurrence that the excisions are performed on both the right and left breast, the second excision would still be considered a re-excision.

As an example, let's say that a provider performs an excision code 19301 on June 30, 2017, and another excision, let's say 19303 on April 1, 2018. Because that second excision took place within 365 days of the first excision, we would consider this to be a re-excision for the purposes of the CBR analysis. On the other hand, if the first excision, code 19301, was submitted on—or excuse me—was performed on April 1, 2017, and the second excision, the code 19303 was submitted February 1, 2019, we would not consider that a re-excision for the purposes of this analysis, because more than 366 days are between the two service dates.

So understanding exactly what the term re-excision means, in this CBR is very important. Because it plays into not only the entire analysis, but it also determines the criteria set for the distribution of a CBR to a provider. For CBR201908, the criteria for receiving a CBR is that the provider's re-excision rate was greater than 30%.

As we mentioned before, the CBR process is used to help providers compare their billing patterns to those of their peers. And when we talk about comparing your billing patterns, there

are four outcomes that can come of the analysis and comparison results. Those are significantly higher, higher, does not exceed and NA. The outcomes of the higher and does not exceed outcomes are relatively self-explanatory and the definitions are provided here on this slide for your review as well. The NA outcome represents that the provider does not have sufficient data for the comparison. However, the outcome of significantly higher requires more explanation. The significantly higher outcome indicates that the provider's value is above the 90th percentile from the peers specialty or national mean. In order to talk about exactly how we calculate and arrive at that 90th percentile, let's go to our next slide.

Because it really is important to understand the true meaning of the 90th percentile, and I think the visual on this slide can help us accomplish that understanding. In order to identify the providers who are above the 90th percentile, we calculated percentages for all providers for each metric in each comparison group. We then order all of the provider's percent values from highest to lowest. And if you use the ladder visual here as a reference, imagine that the highest percentages are listed at the top of the ladder, and then going down the ladder in descending order so that the smallest percentages are at the bottom rung. Next we identified the percent value below which 90 percent of the providers values fall. This is the 90th percentile mark represented above on the ladder visual by the black line. Any outcome for a metric in which the provider's percentage falls above that point, would therefore have the outcome of significantly higher.

You will see here a list of the metrics analyzed within the CBR. This CBR reviewed the percentage of re-excisions, the percent allowed for re-excision, and the percent of beneficiaries receiving a re-excision. We'll breakdown how each of the metrics is calculated so we can have a deeper understanding of the statistics that are listed on each CBR.

First we have metric 1, the percent of re-excision. This metric was calculated by dividing the number of re-excisions by the total number of excisions. The result is then multiplied by 100 to arrive at a percentage.

Let's take a look at the sample figures on the CBR for metric 1. Here we are at table 3. You can see from this table that the provider had a result of 37.5 percent. The provider's specialty peer group had a percent of around 17. And the national percent was around 16 percent. So this provider had an outcome of significantly higher for both the specialty and national comparison for this metric.

Next we have metric 2, the percent allowed amount for re-excision. To analyze this data we divided the allowed amount for re-excisions by the total allowed amount for all excisions. Again, we multiplied that by 100 to arrive at a percentage. And when we say "allowed amount" we are referring to the allowed amount assigned to each CPT code by the Medicare fee schedule. So our result here tells us of all the billing dollars for the excision codes, what percent

is represented by re-excisions. So with that in mind, let's see where the sample provider fell with their results. Going back to the sample CBR. Here on table 4. This provider had 38 percent of the allowed amount attributed to the re-excision submission. The specialty percent is listed at almost 17 percent and the national percent is close to that at about 16.5. So these results yielded a significantly higher outcome for this provider for both of these comparisons, specialty and national.

Finally we arrive at metric 3, the percent of beneficiaries receiving re-excision. This metric was calculated by dividing the number of beneficiaries with re-excision by the total of number of beneficiaries with an excision. Again, multiplied by one hundred to get to the percentage. So let's go back to table 5 on the sample CBR, to take a look at the sample figures. This provider had an average of 40 percent, and with the specialty and national percent both around 19 percent, this provider, again, ends up with a significantly higher outcome for this metric for both the specialty and national comparisons.

As we saw in the sample CBR in our review earlier in the webinar, the CBR includes a graph that represents the providers billing trends over the three years, 2016 to 2019 for the number of beneficiaries who received services for CPT codes 19120, 19301, 19302, 19303, and 19304. Again, the CPT codes that were analyzed in this CBR report. This provider, you can see here, particularly had a spike in year three for CPT code 19303, and while that is something that jumps out at us right away, there is a wealth of information provided in this graph and after the detail of the metrics and the analysis, it is nice to have a graph like this that takes a step back and reviews an overall analysis for that three-year time period.

At this point, I want to review the resources that we have available to you if you received a CBR, or if you would like further information about the process. We have helpful resources page which is CBR.CRBPEPPER.ORG/Help-Contact-Us. And on this page, you will find a frequently asked question link, and a link to submit a new 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 answer your inquiry.

Here is a closer look at the frequently asked questions page. Which is CBR.CRBPEPPER.ORG/FAQ. This page contains the list of frequently asked questions and has links to answers to various questions that you can see here. Simply click on the question and the answer will populate. This list has proven helpful to many people who have questions about the CBR process.

These helpful resources, again, are the documentation and reporting that the CBR team used in the creation and analysis of the CBR. You will see the CPT manual and the article from the Journal of American College of Surgeons that we touched on towards the beginning of the webinar.

This is a screen shot of the home page, CBR.CRBPEPPER.ORG/home. There are sections for each of the CBRs that we have released in 2019. And for each CBR topic and release, we provide links to a sample CBR, the training materials, the dataset and a link to access to your CBR. This page also contains a link to our mailing list to stay up-to-date on any announcements, a link to provide feedback on the CBRs, and link to submit a CBR success story. We would love to hear how the CBR process worked for you and your organization if you would be willing to submit that success story.