



Transcript for the CBR201909: Venipuncture September 5, 2019

CBR201909, venipuncture. 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.

We have developed various resources to accompany this webinar, and those resources are listed here for your convenience. We do have the webinar slides available to you. As I mentioned before, we are recording this session, and that recording will be made available to you as well. We have handouts and of course the Q&A and CBR help desk are great tools to use if you have any questions. Don't hesitate. We are here to help.

The objectives of today's webinar will be to understand the purpose and use of Comparative Billing Reports, to explain the function of this specific Comparative Billing report, CBR201909, Venipuncture, and to help you gather resources that will help you answer any further questions or inquiries you might have.

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 you can get a good sense of what we're looking at when we review the document. Then we'll go into a discussion of this CBR and go through the details of the topic, venipuncture. 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. So, let's get started.

Let's start at the very beginning. What is a CBR? Well, 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 what the title says, a report that compares providers on a state or specialty and nationwide level, and summarizes one provider's Medicare claim 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 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 the 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, and they put both programs under

one contract. And then in 2019, RELI Group has partnered with TMF and CGS to create and distribute both the CBR and PEPPER reports.

Now that we have a sense of the history of the CBR program, we can discuss why CMS issues CBRs. 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 support — excuse me, 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 adherence to the adherence to coding guidelines. This helps to encourage correct clinical billing. Early detection of any outliers in your billing processes can help to guide a compliance program that will help to support compliant operations in your own organization. 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 report? Well, a CBR is presented to a provider when the analysis of their billing patterns differs from the provider's peers on a state or specialty or nationwide level. It's always important to remember that receiving a CBR is not in any way an indication of or a precursor to an audit.

So, to access your CBR for review of the analysis of your billing patterns, you'll go to the CBR portal, which is located at cbrfile.cbrpepper.org. I'm going to walk through the steps of accessing a CBR report, and if you received one you can then see exactly how that's done. And this is the page that you see here that contains the portal that you'll use to access your CBR. This is actually a screenshot but I'm going to go to the actual page here.

Okay. The portal does require that you enter some information, and I'm going to enter that as we talk through it here. First we're going to indicate the role that we play within the health care organization for the physician or the physicians who received a CBR. I'm going to indicate that I am an administrator of the organization, and by doing so I'm indicating that I have the authority to receive the CBR information and I understand that I am authorized to view this confidential information.

So next I'll complete these two forms to indicate my information and the provider's information. To access the CBR of course I'll use test data, but you'll use the correct information when you're accessing your own forms. So just the email, first and last name, provider information here, the state, the city. And we have those two forms completed.

So following these forms we're going to indicate how we heard about the CBR that is available for the physician or physicians. This section of the access form is most telling to us and really helps us to know which form of alert is working best to reach the most physicians for their CBR

alerts.

First on the list indicates that you received an email or a fax. This would be an email or a fax that came to the account information that is listed in the NPPS system, which is the National Plan and Provider Enumeration System. We do encourage everyone to confirm the NPPES system information and update it if necessary several times a year so we can contact the appropriate person regarding CBR information. We know that oftentimes an employee email may be used as that contract information and sometimes those employees leave the organization or something else happens that causes the email address or other contact information to become incorrect. So, again, confirming this information several times a year allows for the email and fax information to stay up-to-date and lessens any issues that may arise otherwise.

Next on the list is an indication that you saw a tweet that we sent out about the CBR program. We do 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, are indications of our work along sides the groups and MACs that are so supportive of our provider billing and information distribution, and we are very appreciative whenever 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.

And we have the open-door policy — or, excuse me — open door forum led by CMS. If you heard about the CBRs through one of those forums, please let us know.

And we do have an alternative option, other, and if that one applies to you, of course please indicate as such.

I'm going to write that I received an email. At the bottom of the form we do ask for the provider's NPI number. This will be the NPI for the specific provider who received the CBR.

Again, I'm using the test data.

Finally we have 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 emailed alert to confirm your validation code. If you are sure that a provider was issued a CBR but you're unsure of the validation code, please submit a help desk ticket and we can assist with that.

And if you are in the position of having several providers who received a CBR for which you need validation infor — validation code information, we can help with longer lists of NPI numbers through our help desk ticket system as well. You can submit a help desk ticket and a representative will contact you to arrange for access to that longer list of validation codes.

I'm going to complete this form and then hit "submit."

And here we are. We have the sample CBR file that appears. And your CBR will appear in that same fashion in pdf format, ready for your review. As I said before, we are going to review the actual CBR a little bit later on in the webinar.

This page that you see here, cbrpepper.org is another page that you can use to access the CBR portal. If you click on the access your CBR button highlighted here with the purple arrow, you'll be directed to the portal page that we just reviewed and you can begin the steps that we just covered to access your CBR.

So we've seen how to access the CBR report. Now let's take a look at the actual sample document. Again, so we can fully understand the venipuncture CBR, its outcomes and comparisons. And the results shown on the sample CBR will of course differ from those on your CBR if you received one, but the forming and the sections on your CBR will be consistent with the layout of this sample document.

A CBR is formatted into six sections, which you can see here. And these sections help to focus on the process and results of the CBR process.

You can see here the venipuncture sample CBR, and first we have the introduction. The Introduction is a brief explanation of the specific area and billing data addressed in the CBR. And you can see here information discussing the CBR focus of billing a venipuncture code with specific laboratory codes and information about the possible improper payments for laboratory testing.

Next, the Coverage and Documentation Overview identifies the laboratory codes that were analyzed in this report, and references the Medicare Claims Processing Manual and its guidance regarding code 36415, the venipuncture code.

In the next section covering coding—excuse me— Basic Coding Guidelines, we're provided with a more detailed description of CPT® codes used in the analysis. In Table 1, as you can see here, of this CBR has expanded information on the CPT® definitions and then moving further down Table 2 is the summary of the provider's utilization in terms of the allowed charges, allowed services and beneficiary accounts for the reviewed CPT® codes.

The next section is the Metrics of the CBR, and the metrics of the CBR lists and explains the metrics used for the CBR, the definitions for the state and national peer groups, and the possible outcomes for the CBR metric analyses. So you can see here this is a list of the metrics that was reviewed. Here you have those definitions. And then here are the outcomes. And we are going to discuss the outcomes in a little bit more detail a little bit later on.

The Methods and Results section is a review of the CBR results and individualized results comparing the CBR recipient to other providers. And as we scroll through, each metric is

explained, the calculations for the metric is described, and then the results for the provider for each metric is shown in table form.

So if we scroll through, we can see metric 1. And we have a description, a calculation, and then Table 3 shows the results. And that's repeated then for metric 2. And metric 3. This section also provides a graph displaying the trend over time for the provider and, again, we'll discuss this table and this graph later on in the webinar in more detail.

And then finally we have the References and Resources section that lists reports and documents used for the creation of the CBR and those created to help you as you have questions about this CBR.

Let's take a look now at the vulnerability of venipuncture payments and how that plays into CMS's protection of the trust fund. The 2019 Comprehensive Error Rate Testing, or CERT, report reflected an improper payment amount of over \$392 million for laboratory testing. And venipuncture billing and submission certainly — come into play in that analysis, and in fact routine venipuncture procedures accounted for 12.9% of laboratory testing errors and 15.8% of claim lines with venipuncture procedures contained errors. So we can see from the results of this analysis that there is a potential issue with a high percentage of errors in submission and billing of venipuncture and laboratory testing.

So, to tackle the issue, the CBR201909 was created to review statistics for rendering providers who performed laboratory testing services, including venipuncture services for which a Medicare Part B claim was submitted. This analysis included the CPT® codes 36415 for venipuncture, and CPT® codes for laboratory services, 80047 through 80081, 82009 through 84999, 85002 through 85999 and 89049 through 89240.

This slide expands on the information regarding the CPT® codes listed in the CBR. As you can see we have the definitions for each of the CPT® codes listed here. Organ and disease testing, chemistry, hematology and then other pathology services.

To create the CBR201909, we used detailed information for rendering providers who performed venipuncture and laboratory services for the CPT® codes that we just reviewed, during the CBR summary year of April 1, 2018, through March 31, 2019. The results were based on claims extracted for that date range as of July 18, 2019.

The statistics and analysis results showed over 90,000 rendering providers who provided services with a combined total allowed charges exceeding \$638 million.

Using the results of the analysis, the CBR team created criteria to select the providers who will receive a CBR201909. That criteria is that the provider had at least 423 total visits with one or more laboratory codes billed for CPT® code 36415.

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 to those of your peers for the metrics within the CBR, there are four outcomes that can come of the analysis results. Those would be significantly higher, higher, does not exceed, and NA. The outcomes of higher and does not exceed are relatively self-explanatory and the definitions are provided here for your review as well. The NA outcome represents that the provider does not have sufficient data for comparison. However, the outcome of significantly higher requires a little bit more explanation. The significantly higher outcome indicates that the provider's value is above the 90th percentile from the peer, state or national mean.

And in order to talk about exactly how we calculate that 90th percentile, take a look at this slide that's on the screen now. And it is important to truly understand that 90th percentile and I think that the visual on this slide can help us to accomplish that understanding. So, in order to identify the providers who were above the 90th percentile, we calculated percentages for all providers for each of the metrics in each comparison group, the peer, state or the nation. We then ordered all of the providers' 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 in a list in descending order down the length of the ladder so the smallest — excuse me, the smallest percentages are at the bottom rung.

Next we identify the percent value below which 90% of the providers' values fall, and this is the 90th percentile mark. Now, that's represented above on the ladder visual by the black line. So, any outcome for a metric in which the provider's percentage falls above that point would therefore have an outcome of significantly higher. And when we send reports to allow for comparison among your peers and to offer opportunity to see results in one of the metrics you'll see that they varied greatly from those of your peers.

Let's take a look at the list of the metrics analyzed within this CBR. The CBR reviewed the percent of visits with laboratory codes billed with CPT® code 36415. The percent of the total allowed amount for routine venipuncture in conjunction with a laboratory code, and the percent of visits billed with CPT® code 36415 where multiple units of 36415 were billed. We'll break down how each of these metrics is calculated so we can have a deeper understanding of the statistics that are listed on each CBR.

Looking first at metric 1, the percent of visits with laboratory codes billed with CPT® code 36415. Now, this metric was calculated by dividing the total visits with one or more laboratory codes billed with code 36415 by the total number of visits with laboratory codes billed. And then the result of that calculation is multiplied by one hundred to arrive at a percentage.

When we look at the results of this metric we're asking ourselves during the year of all the patient visits that had a laboratory procedure, what percentage of those had a venipuncture code billed along with that laboratory code? So when we think of it that way, the percent

results of this metric will show us how often that happened.

Let's take a look at the sample figures for the — excuse me for metric 1 on the sample CBR. You can go to Table 3. And you can see here that this provider had a result of 99%. Meaning that this provider billed laboratory codes with a code 36415 99% of the time when submitting laboratory codes. The provider's state peer group had a percent of 60%, and the national percent was 62, slightly higher. So, this provider had an outcome of significantly higher for the state comparison and higher for the national comparison.

Next we have metric 2, the percent of the total allowed amount for routine venipuncture in conjunction with a laboratory code. This metric concentrates on the monetary side of the analysis for these codes and to analyze the data for the metric we divided the total allowed amount for 36415 and laboratory codes when billed together by the total allowed amount for laboratory codes with or without CPT® code 36415. Again, the result is multiplied by one hundred 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.

Now, the result of this metric represents the amount of money billed when a laboratory code was submitted with venipuncture, as compared to the total amount of money that was billed when a laboratory was — code was submitted whether or not a code 36415 was billed with the laboratory code. So, we can get a sense of the amount of money that's involved when the laboratory and venipuncture codes are submitted together.

So with that in mind let's see where the sample provider fell with their results.

Looking here at table 4, we can see the allowed amount used in the calculation for this metric on the far left-hand side of this table. And it's good to associate a dollar figure with the calculations because I feel that really does put the results in perspective, as far as the possible improper payments for Medicare. And it puts a number with a percentage, a dollar amount with a percentage.

This provider had over 99% of their allowed amount contributed to when a 36415 was billed together with a laboratory code. The state percent is 67 and the national percent is close at 68%. So, these results yielded a significantly higher outcome for this provider for the state comparison and, again, a higher result for the national level comparison.

Finally we arrive at metric 3. The percent of visits billed with CPT® code 36415 where multiple units of CPT® 36415 were billed. This metric was calculated by dividing the total number of visits where more than one 36415 code was billed per beneficiary, per date of service by the total number of visits for code 36415. So, this metric is looking not only at claims billed with a venipuncture procedure, but when multiple venipuncture codes are submitted for a patient on a particular date of service. So, we're seeing out of all the visits that had a venipuncture procedure, what percentage were actually billed with more than one venipuncture service.

Let's see the sample figures for metric 3 to get a sense of the numeric value here and the comparison values. Those values are listed here on table 5. This provider had an average of 51.5%, and with the state percent at 58 and the national percent, again, close by at 62, this provider actually has an outcome of does not exceed for both of these metric comparisons.

As I mentioned before when we were looking — first looking at the sample CBR, the CBR includes a graph that represents the provider's billing trend over three years. Those three years being 2016 to 2019. This graph represents the number of beneficiaries who received services for CPT® code 36415. And this particular provider held pretty steady in their number of beneficiaries who had a submission for the code 36415. And after the details of the metrics and the analysis and the comparisons, it's nice to have this graph that kind of takes a step back and reviews an overall analysis for that three-year time period.

At this point I would like to review the resources that we have available to you if you received a CBR or even if you would just like further information about the process. We have a helpful resources page, which is cbr.cbrpepper.org/help-contact-us. On this page you'll find frequently asked questions 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's a closer look at that frequently asked questions page that can be found at cbr.cbrpepper.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 really has proven helpful to many people who have questions about the CBR process.

These helpful resources are the documentation and reporting that the CBR team used in creation and analysis of the CBR.

And here you have a screenshot of our home page, cbr.cbrpepper.org/home. There are sections for each of the CBRs we have released in 2019 and for each CBR topic and release we do provide links to a sample CBR, the training materials, the data set, and a link to access your CBR. This page also contains a link to join our mailing list to stay up to date on any announcements, a link to provide feedback on the CBRs, and a link to provide a — excuse me, a link to submit a CBR success story. We would love to hear how the CBR process worked for you and for your organization.