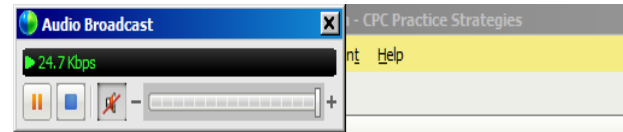


# Thank you for joining us!

- We will start at 3 p.m. ET.
  - 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 your speaker volume; make sure you are not muted).





# CBR201911 Atherectomy

November 6, 2019, 3 p.m. ET



# 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.

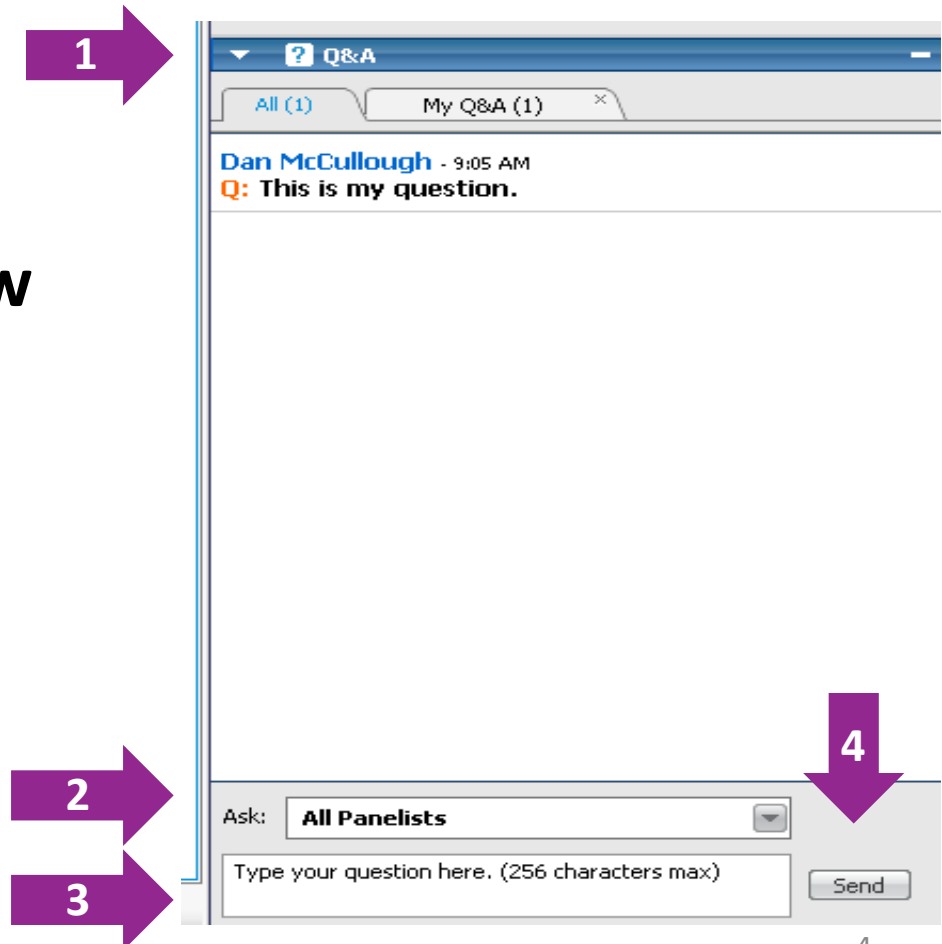


A “Q&A” document will be developed and posted at [CBR.CBRPEPPER.org](http://CBR.CBRPEPPER.org).

# To Ask a Question in Split Screen

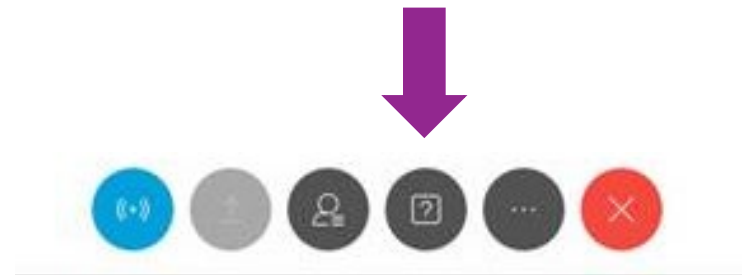
*Ask your question in Q&A as soon as you think of it.*

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 the window and 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 (CBRs).
- Comprehend the function of CBR201911: Atherectomy.
- Gather resources for further questions and inquiries.

# Webinar Agenda

- What is a CBR?
- How to access your CBR
- Review a sample CBR
- CBR201911
- Helpful resources
- Questions



# The CMS Definition of a CBR

- CBRs are free, comparative data reports.
- Centers for Medicare & Medicaid Services (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.

2010

- CMS implemented a national program to produce and disseminate CBRs to physicians, suppliers, pharmacies, and other health care providers.

2018

- CMS combined the CBR and the Program for Evaluating Payment Pattern Electronic Reports (PEPPER) programs into one contract.

2019

- RELI Group and its partners—TMF Health Quality Institute and CGS—begin producing CBRs and PEPPERS.

# 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

# Why did I receive a CBR?

- A CBR was presented because your billing patterns differ from your peers' patterns, based on comparisons on a state or nationwide level.
  - Receiving a CBR is not an indication of or precursor to an audit.





# 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.

### Your Information

First Name	Last Name
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	
Confirm Email	
<input type="text"/>	

### Provider Information

Provider Name	
<input type="text"/>	
Provider City	Provider State / Territory
<input type="text"/>	<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

<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>.

# CBR 201911 Formatting

## 1. Introduction

- Explanation of CBR focus and billing area vulnerability

## 2. Coverage and Documentation Overview

- Identification of CPT® codes and CMS claims processing guidelines

## 3. Metrics

- List of the metrics and outcomes analyzed with the CBR
- Definition of state and national peer groups

## 4. Methods and Results

- Overall analysis results and individualized results comparing CBR recipients to other providers

## 5. References and Resources

- Resources used for the CBR

## Atherectomy Vulnerability

- Based on CMS' and collaborating partners' data analysis, CMS has identified lower extremity atherectomy procedures as a service area potentially vulnerable to improper payments.
- National data suggests that, between the dates of July 1, 2016, and June 30, 2017, over 3,000 providers submitted claims for these services, with over \$236 million in allowed charges.



## CBR201911 CBR Provider Focus

- CBR201911 focuses on rendering providers who performed lower atherectomy procedures, for which a Medicare Part B claim was submitted.



# CBR201911 CBR Code Focus

CPT® Code Set	Descriptor
<b>37229</b>	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
<b>37233</b>	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed
<b>93922</b>	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries
<b>93923</b>	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, three or more levels
<b>93924</b>	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study
<b>93925</b>	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
<b>93926</b>	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
<b>99201–99205</b>	New patient evaluation and management (E&M) visits, levels 1–5
<b>99211–99215</b>	Established patient E&M visits, levels 1–5

## CBR201911 Analysis and Results

- CBR201911 summarizes statistics for services with dates of service from June 1, 2018, through May 31, 2019.
- There were 3,297 rendering providers with combined allowed charges of over \$244.1 million for lower extremity atherectomy procedures.

# Metrics of CBR201911

This report is an analysis of the following metrics:

1. Percent of Lower Extremity Atherectomies Performed Without Arterial Studies by Any Physician Within 90 Days Prior to the Atherectomy
2. Percent of Lower Extremity Atherectomies Performed on the Same Day as an E&M Encounter with Any Physician
3. Percent of Lower Extremity Atherectomies Performed With an E&M Encounter with Any Physician Within 90 Days Prior to the Atherectomy

## Metric 1 of CBR201911

Metric 1 analyzes the following:

- Percent of Lower Extremity Atherectomies Performed Without Arterial Studies by Any Physician Within 90 Days Prior to the Atherectomy

## Metric 2 of CBR201911

Metric 2 analyzes the following:

- Percent of Lower Extremity Atherectomies Performed on the Same Day as an E&M Encounter with Any Physician

## Metric 3 of CBR201911

Metric 3 analyzes the following:

- Percent of Lower Extremity Atherectomies Performed With an E&M Encounter with Any Physician Within 90 Days Prior to the Atherectomy

# The Criteria for Receiving a CBR201911

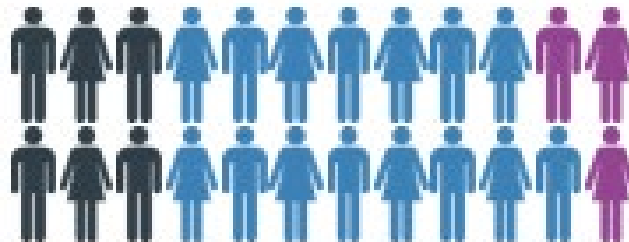
The criteria for receiving a CBR201911 is that the provider:

- Is significantly higher compared to either state or national percentages or rates in any of the three metrics, and
- Has at least 10 beneficiaries with CPT® codes 37229 and 37233, and
- Has at least \$7,200 or more in total allowed charges.



# 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 90th percentile from the peer state or national mean.
  - **Higher** — A provider's value is greater than the peer state or national mean.
  - **Does Not Exceed** — A provider's value is not higher than the peer state or national mean.
  - **N/A** — A provider does not have sufficient data for comparison.



# About the 90th Percentile

- Statistics were calculated for each provider in three metrics, as well as for all providers in the nation. Each provider's values were compared to his/her peer state group's values, as well as the national values.
- Providers receiving a CBR have an outcome of "Significantly Higher" in any of the metrics.
- These results look very different from the results of peers on a state or national level.



# Calculation of Metric 1

## **Metric 1: Percent of Lower Extremity Atherectomies Performed Without Arterial Studies by Any Physician Within 90 Days Prior to the Atherectomy**

- The number of times lower extremity atherectomy is performed without lower extremity arterial studies by any physician within 90 days prior to the atherectomy is divided by the total number of lower extremity atherectomies. The result is multiplied by 100.

$$\left( \frac{\text{Total LE atherectomies performed without LE arterial studies w/in 90 days prior to the atherectomy}}{\text{Total number of LE atherectomies}} \right) \times 100$$

## Calculation of Metric 2

### **Percent of Lower Extremity Atherectomies Performed on the Same Day as an E&M Encounter with Any Physician**

- The number of times lower extremity atherectomy is performed on the same day as an E&M encounter with any physician is divided by the total number of lower extremity atherectomies. The result is multiplied by 100.

$$\left( \frac{\text{Number of times LE atherectomy is performed on the same day as an E\&M encounter}}{\text{Total number of LE atherectomies}} \right) \times 100$$

## Calculation of Metric 3

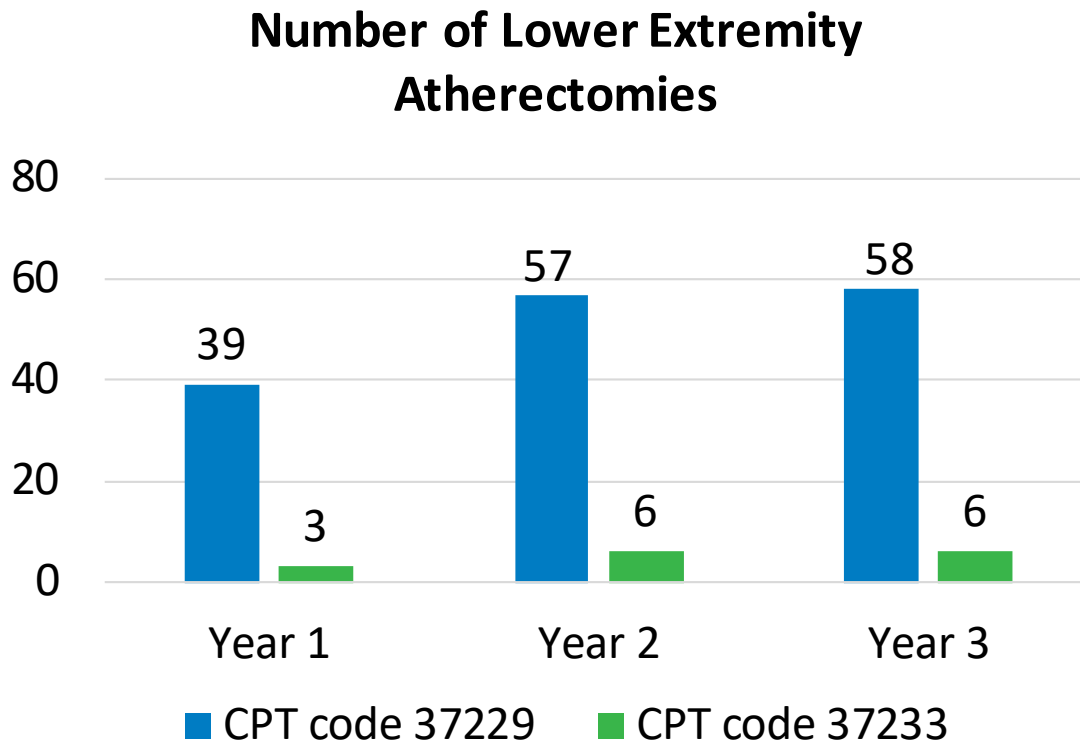
### **Percent of Lower Extremity Atherectomies Performed With an E&M Encounter with Any Physician Within 90 Days Prior to the Atherectomy**

- The total number of lower extremity atherectomies performed with an E&M encounter with any physician within 90 days prior to the atherectomy is divided by the total number of lower extremity atherectomies performed. The result is multiplied by 100.

$$\left( \frac{\text{Total number of LE atherectomies performed with an E\&M encounter w/in 90 days prior to the atherectomy}}{\text{Total number of lower extremity atherectomies}} \right) \times 100$$

# Provider Trends

**Figure 1: Trend Over Time of the Number of Lower Extremity Atherectomies**



- Year 1: June 1, 2016 – May 31, 2017
- Year 2: June 1, 2017 – May 31, 2018
- Year 3: June 1, 2018 – May 31, 2019

# CBR Help Desk

<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**

# 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?



## Helpful Resources

- *CPT® 2017 Professional Edition*
- [LCD: Non-Invasive Vascular Studies \(L34045\)](#)

## 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](#)

### Upcoming Event: CBR 201911 Atherectomy Only as Initial Intervention

**When:** Wednesday, November 6, 2019  
3:00 - 4:00 p.m. EDT

**Topic:** This session will review the Comparative Billing Report (CBR) 201911 on Atherectomy Only as Initial Intervention, released October 28, 2019

[REGISTER](#)

#### CBR 201911:

##### Atherectomy Only as Initial Intervention

• Training: [Register](#)

**When:** Wednesday, November 6, 2019  
3:00 - 4:00 p.m. EDT

#### CBR 201910:

##### Upper and Lower Endoscopy on Different Dates of Service

- Training: Recording Coming Soon
- Download Handouts
- Sample CBR: Mock Provider Data (PDF)
- National/State Data (XLSX)
- [Access Your CBR](#)

#### CBR 201909:

##### Venipuncture

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/State Data (XLSX)
- [Access Your CBR](#)

#### CBR 201908:

##### Breast Re-Excision

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/Specialty Data (XLSX)
- [Access Your CBR](#)

#### CBR 201907:

##### Modifier 25: Dermatology

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/State Data (XLSX)
- [Access Your CBR](#)

#### CBR 201906:

##### Emergency Department Services

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/State Data (XLSX)
- [Access Your CBR](#)

#### CBR 201905:

##### Air Ambulance Transports

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/Regional Data (XLSX)
- [Access Your CBR](#)

#### CBR 201904:

##### Vitamin D Testing

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/Specialty Data (XLSX)
- [Access Your CBR](#)

#### CBR 201903:

##### Subsequent Hospital Care

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/Specialty Data (XLSX)
- [Access Your CBR](#)

# Questions?

