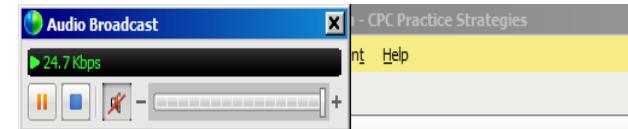


Thank you for joining us!

- We will start at 3 p.m. ET.
- You will hear silence until the session begins.
- Handout: Available at CBR.CBRPEPPER.org.
- 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).
 - Dialing 1-415-655-0001 (passcode 734 015 294) (limited to 500 callers).





CBR201912: Drug Units in Excess of Medically Unlikely Edit (MUE)

December 4, 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.

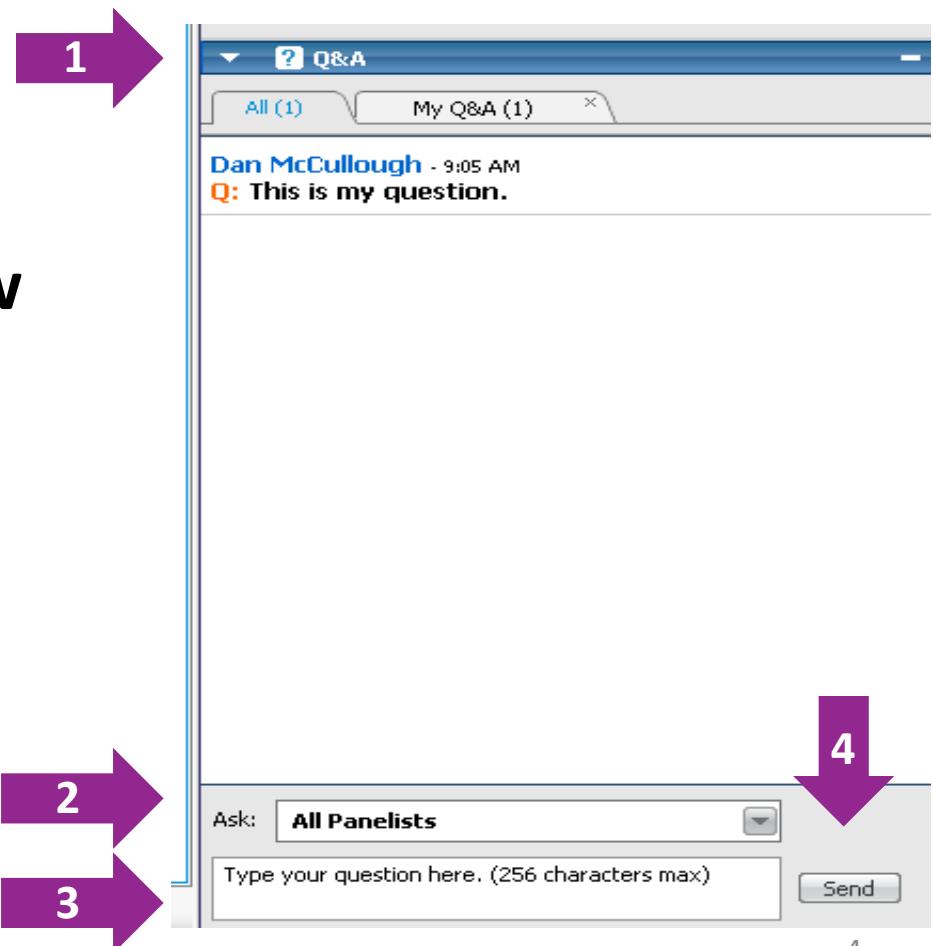


A “Q&A” document will be developed and posted at CBR.CBRPEPPER.org.

To Ask a Question in Split Screen

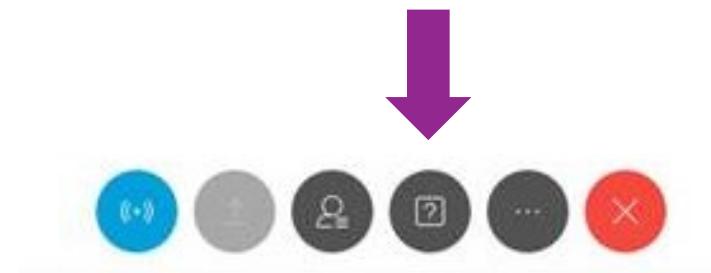
Ask your question in Q&A as soon as you think of it.

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



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 *CBR201912: Drug Units in Excess of Medically Unlikely Edit (MUE)*.
- Gather resources for further questions and inquiries.

Webinar Agenda

- What is a CBR?
- How to access your CBR
- Review a sample CBR
- *CBR201912*
- Helpful resources
- Questions

The CMS Definition of a CBR

- CBRs are free, comparative data reports.
- The 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—began 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 issued because your billing patterns differ from your peers' patterns, based on comparisons on a state, specialty level, and/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	Provider Information
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="button" value="▼"/>

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

CBR201912 Formatting

1. Introduction

- Explanation of CBR focus and billing area vulnerability

2. Coverage and Documentation Overview

- Identification of Current Procedural Terminology (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

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>.

Drug Units in Excess of MUE Vulnerability

- A study from the Office of the Inspector General, which was released in July 2015, noted the following:
 - “Medicare contractors nationwide paid providers \$11.5 billion for 26 million claim line items for outpatient drugs. Previous Office of Inspector General reviews of outpatient services found that Medicare contractors overpaid providers by more than \$122.4 million for selected outpatient drugs.”

MUE Creation and Use

- What is an MUE for a Healthcare Common Procedure Coding System (HCPCS) code?
 - The maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service
- Used by MACs to reduce the rate of Part B improper payments
- Not all HCPCS codes have an MUE
- Some MUE values are published by CMS, and some are confidential

CBR201912 CBR Provider Focus

- *CBR201912* focuses on the following:
 - Rendering providers who consistently submitted claims with units of drugs in excess of an established MUE for those drugs with an assigned MUE that is greater than or equal to one
 - J codes J0000 – J9999 for drugs with an assigned MUE of greater than equal to one



CBR201912 Analysis and Results

- *CBR201912* summarizes statistics for services with dates of service from July 1, 2018, through June 30, 2019.
- There were 323,865 rendering providers with combined allowed charges of over \$21.5 billion for claims submitted for drugs with an assigned MUE of greater than or equal to one.

Metrics of *CBR201912*

This report is an analysis of the following metrics:

1. Percent of submitted units for HCPCS codes J0000 – J9999 with $MUE \geq 1$ that were submitted in excess of the assigned MUE
2. Percent of total allowed amount for HCPCS codes J0000 – J9999 with $MUE \geq 1$ and claims submitted with units in excess of the assigned MUE
3. Percent of beneficiaries with claims submitted for HCPCS codes J0000 – J9999 with $MUE \geq 1$ in excess of the assigned MUE

Metric 1 of *CBR201912*

Metric 1 analyzes the following:

- The percent of submitted units for HCPCS codes J0000 – J9999 with MUE ≥ 1 that were submitted in excess of the assigned MUE

Metric 2 of *CBR201912*

Metric 2 analyzes the following:

- The percent of total allowed amount for HCPCS codes J0000 – J9999 with MUE ≥ 1 and claims submitted with units in excess of the assigned MUE

Metric 3 of *CBR201912*

Metric 3 analyzes the following:

- The percent of beneficiaries with claims submitted for HCPCS codes J0000 – J9999 with $MUE \geq 1$ in excess of the assigned MUE

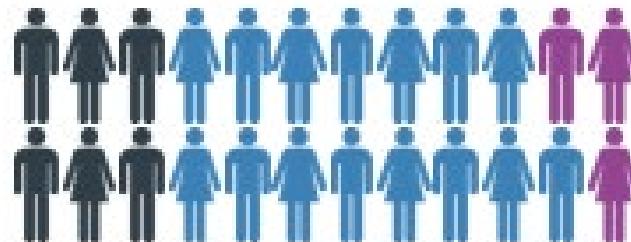
The Criteria for Receiving *CBR201912*

The criteria for receiving *CBR201912* is that the provider:

- Is significantly higher compared to either state or national percentages or rates in any of the three metrics, and
 - Greater than the 90th percentile for Metrics 1 and 3
 - Greater than the 95th percentile for Metric 2
- Has at least 10 claims submitted with units of J0000 – J9999 that have an MUE of ≥ 1 and were billed in excess of MUE

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 or 95th 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 and 95th 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 Submitted Units for HCPCS codes J0000 – J9999 with MUE ≥ 1 that were Billed in Excess of the Assigned MUE

- The sum of all submitted units of J0000 – J9999 that have an MUE of ≥ 1 and were billed in excess of MUE (numerator) is divided by the sum all submitted units of J0000 – J9999 that have an MUE of ≥ 1 (denominator). The result is multiplied by 100.

$$\left(\frac{\text{Sum of all submitted units of J0000-J9999 which have an MUE of } > 1 \text{ and were billed in excess of MUE}}{\text{Sum of all submitted units of J0000-J9999 which have an MUE of } \geq 1} \right) \times 100$$

Calculation of Metric 2

Metric 2: Percent of Total Allowed Amount for HCPCS Codes J0000 – J9999 with MUE ≥ 1 Submitted with Units in Excess of the Assigned MUE

- The sum of allowed amount for HCPCS codes J0000 – J9999 with an MUE of ≥ 1 and allowed in excess of the assigned MUE (numerator) is divided by the sum of the dollar allowed for all units of J0000 – J9999 that have an MUE ≥ 1 (denominator). The result is multiplied by 100.

$$\left(\frac{\text{Sum of all allowed amount for J0000-J9999 with an MUE } > 1 \text{ and allowed in excess of the assigned MUE}}{\text{Sum of dollar allowed for all units of J0000-J9999 which have an MUE } \geq 1} \right) \times 100$$

Calculation of Metric 3

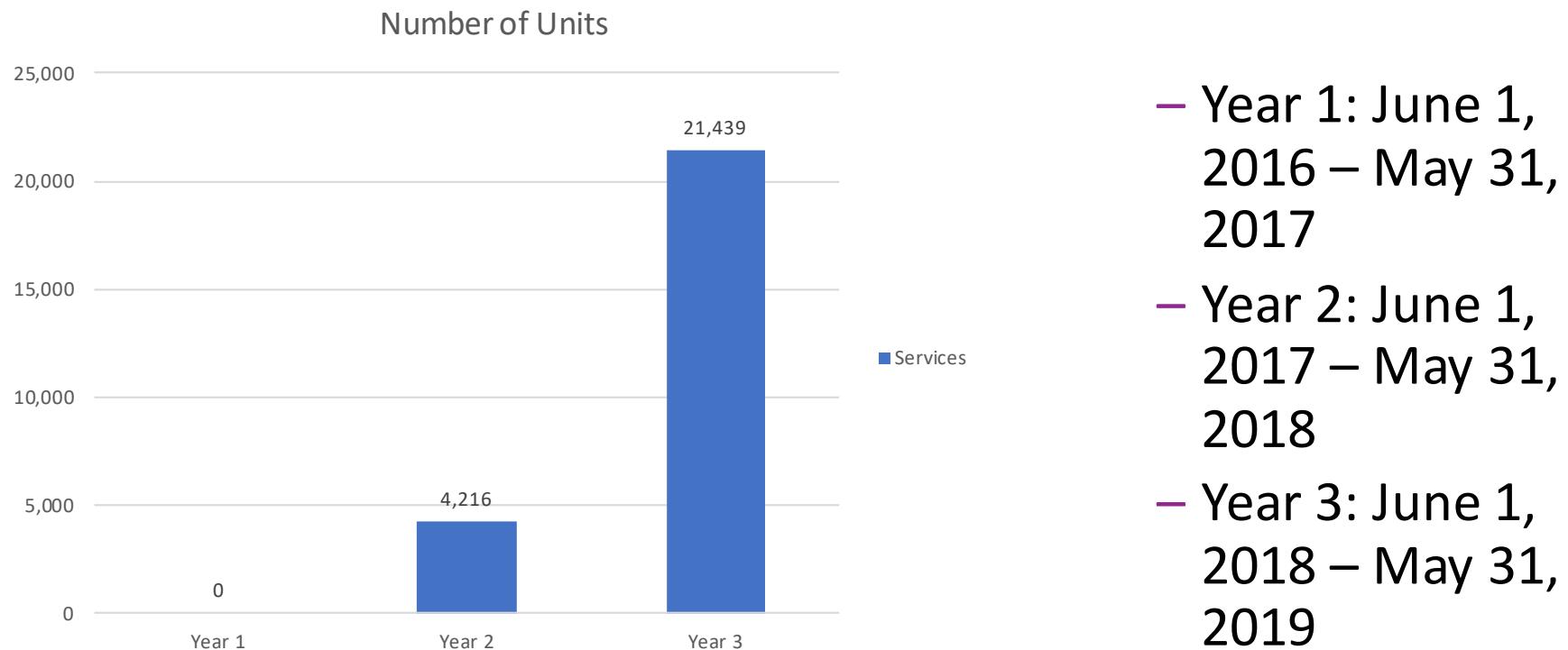
Metric 3: Percent of Beneficiaries with Claims Submitted for HCPCS codes J0000 – J9999 with MUE ≥ 1 in Excess of the Assigned MUE

- The number of beneficiaries with claims submitted with J0000 – J9999 that have an MUE of ≥ 1 (numerator) is divided by the total number of beneficiaries with claims submitted with J0000-J9999 that have an MUE of ≥ 1 (denominator). The result is multiplied by 100.

$$\left(\frac{\text{Beneficiaries with claims submitted with J0000-J9999 which have an MUE of } > 1 \text{ and submitted in excess of MUE}}{\text{Total number of beneficiaries with claims submitted with J0000-J9999 which have an MUE of } \geq 1} \right) \times 100$$

Provider Trends

**Figure 1: Trend Over Time of Submitted Services
(HCPCS codes J0000 – J9999)**



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

- *Medicare Part B Overpaid Millions for Selected Outpatient Drugs, Office of Inspector General*
- *2020 HCPCS Level II Expert*, American Academy of Professional Coders (AAPC)
- *National Correct Coding Initiative (NCCI) Manual, CMS*

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 201908:

Breast Re-Excision

- 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 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 201907:

Modifier 25: Dermatology

- Sample CBR: Mock Provider Data (PDF)
- Training: [Recording and Handouts](#)
- National/State 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 201909:

Venipuncture

- 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 201903:

Subsequent Hospital Care

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

Questions?

