



CBR201912: Drug Units in Excess of MUE Webinar Questions and Answers

December 4, 2019

Q: What is a CBR?

A: A CBR is a Comparative Billing Report, and it is created to compare providers' billing statistics to those of their peers on a state or specialty level and a nationwide level.

Q: Within an organization, who receives the CBR?

A: Each CBR contains specific guidelines as to how a provider is included in the CBR analysis. If a provider meets the criteria to receive a CBR, a notice is sent using the contact information available in the [Provider Enrollment, Chain, and Ownership System](#) (PECOS) database. The CBR team uses providers' listed email addresses or fax numbers to send notifications about CBR releases, along with information about how providers can access their report. Physical copies of the CBR are also mailed to providers' mailing addresses.

Q: Is there a way to receive a list of providers who received CBRs within a group practice or receive information for a large group of providers?

A: The providers who receive a CBR will receive individual notifications via the email address or fax number listed in PECOS. In addition, a physical copy of the CBR will be mailed to each provider's mailing address. If there is a question as to whether or not all notifications were received for a group of providers, our Help Desk can assist with lists of National Provider Identifier (NPI) numbers.

Q: How can I receive emails in regard to the CBR reporting?

A: A link to join our email list can be found on our home page: <https://cbr.cbrpepper.org/home>.

Q: Where would a CBR be sent if our provider was identified as an outlier? How can I change the contact information regarding where the CBR is sent?

A: If a provider is eligible to receive a CBR using the metrics explained in the webinar, an email is sent to the email address available in PECOS. If a valid email address is not available, the notice is sent via fax to the fax number in PECOS. Providers also receive a physical copy of their CBR to the mailing address listed in PECOS. Please ensure your email address and fax number

are updated in PECOS. The CBRs are available in the secure CBR Portal at cbrfile.cbrpepper.org by using the unique validation code that can be found in the mailed CBR as well as the email or fax notification.

Q: Where can I obtain the validation code to obtain my CBR report?

A: The validation code is sent upon distribution of the CBR to the provider by email or fax.

Q: I would like to view this webinar again; how can I find the recording, slides, and handout for the webinar?

A: The webinar slides, handout, recording, and transcript are posted on the CBR homepage: <https://cbr.cbrpepper.org>.

Q: Is the provider who qualified for a CBR the only individual who can obtain the CBR and data?

A: The CBR and validation code information is sent to the contact data listed in PECOS. Those who can access the email or fax receipts will therefore be in a position to view the CBR access information. A physical copy of the CBR is also mailed to the mailing address listed in PECOS.

Q: We did not receive a CBR. Can we request a CBR be sent for our providers or find a CBR on the website, even if the providers do not meet all the listed qualifications?

A: CBR reports are produced only if a provider meets the criteria for receiving a CBR, and the reports are not produced for providers upon request.

Q: Is it possible for us to receive a detailed list of the patients and dates of service that were included in the analysis for this CBR?

A: The CBR team is not able to provide a listing of claims/patients included in the CBR analysis. Providers may be able to identify those claims/patients by using the same claims inclusion/exclusion criteria that are specified in the CBR.

Q: What does the term “allowed amount” represent?

A: The “allowed amount” refers to the allowed dollar amount that is assigned to each CPT® code in the Medicare Fee Schedule. Due to the variance in billed amounts submitted by providers, use of the allowed amount creates a dollar amount that is comparable for all providers.

Q: After receipt of a CBR, is there follow-up provided to re-review any changes in claims submission that may have taken place?

A: The CBR team does not conduct follow-up assessment of claims data to determine whether providers' billing patterns have changed after a CBR release. Please note: The CBR is not intended to suggest wrong-doing or improper activities, and receipt of a CBR does not require response or follow-up from a provider. While it is possible that a CBR topic may be repeated at some point in the future, there are no plans to do so for this CBR topic at this time.

Q: How does RELI Group, Inc., receive the Medicare Part B claims data for the CBR analysis?

A: RELI has access to the Medicare claims data through our contract with The Centers for Medicare & Medicaid Services. The CBR team downloads the claims data from the Integrated Data Repository. These claims data are analyzed during CBR production, and each providers' summarized data are presented in an individualized CBR.

Q: Does this analysis include drugs submitted through durable medical equipment (DME) claims, drugs that are included in the C-series of the Healthcare Common Procedure Coding System (HCPCS) codes, or drugs that are submitted on a UB-04 claim form?

A: The data used for the report was drawn from codes submitted for Medicare Part B claims for the HCPCS codes within the series J0000 – J9999 that have an assigned Medically Unlikely Edit (MUE) that is greater than or equal to one.

Q: Does this report analyze the number of units submitted for the codes J0000 – J9999 or the National Drug Code (NDC) quantity listed on the claim?

A: The CBR analyzed data according to the number of units submitted for each HCPCS code.

Q: If a provider administers drug units that exceed the assigned MUE, should the claim reflect the MUE unit amount instead of the units administered?

A: No. The claim information should always reflect the units administered according to the correct coding guidelines.

Q: Why was the choice made to provide public information regarding some MUEs, though others other MUE information was kept confidential between the Centers for Medicare & Medicaid Services (CMS) and the Medicare Administrative Contractors (MACs)?

A: CMS works internally and with MACs to create the public and private MUE listings. These lists can change in status from public to private, depending on the decisions made internally at CMS.

Q: Where can we find information regarding MUE unit guidelines?

A: Current MUE information can be found on CMS' website:
<https://www.cms.gov/Medicare/Coding/NationalCorrectCodeInitiative/MUE.html>

Q: Will payment for a claim deny if the claim is submitted with HCPCS codes that are in excess of an MUE that is not publicly available? How can a provider avoid submitting units in excess of an MUE for which they do not have public information?

A: Yes. A claim can still deny for exceeding the MUE assignment, even if the MUE is not publicly listed. In this scenario, a provider can contact its MAC to access claims information and discuss resubmission.

Q: Is information available regarding the specific beneficiaries who received the J-codes included in this analysis?

A: The CBR team is not able to provide specific beneficiary information.

Q: Does this CBR take into account the growth of a provider's patient base, administration of specific therapy, or use of specific drugs?

A: The CBR analysis presents results based on the claims data. Each provider should review the CBR, taking into account their patient population, referral sources, specialty procedures, or other factors that could affect their statistics. If the analytical results in a provider's CBR do not reflect what would be expected, the provider may consider coordinating internally to review a sample of claims to determine whether any concerns exist.

Q: Does the chart in Figure 1 represent the total units submitted or the total J-code submissions?

A: The total J-code submissions are represented in Figure 1.

Q: If a resubmitted claim contains a J-code, would that J-code be counted once or twice in the CBR analysis?

A: If the code was submitted with units in excess of the assigned MUE, then the code would be counted twice in the analysis. Because the CBR analyzes submitted claims, any submission of a code that is included in the data set would be used in the analysis.