



Transcript for the CBR202002: Anesthesia Modifiers March 19, 2020

It is three o'clock. So again, thank you for joining us today. Welcome to today's webinar where we will be discussing Comparative Billing Reports, or, CBRs and more specifically *CBR202002 Anesthesia Modifiers*. My name is Annie Barnaby, and I work for RELI Group, Inc., who is contracted with the Centers for Medicare & 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 session — that recording will be made available to you as well. We have handouts and of course the Q&A and the CBR help desk are great tools to use if you have any questions. We are here to help, so don't be shy about reaching out to us.

The objectives of today's webinar will be to understand the purpose and the use of comparative billing reports, to explain the function of this specific *CBR202002 Anesthesia Modifiers* and to help you gather resources that will help answer further questions and inquiries.

To accomplish those objectives, our discussion today will cover the following areas: First we will talk about what a Comparative Billing Report is, I will show you how to access a CBR through the portal, I do have a sample CBR that we will review so we can get a good sense of what we are looking at when we review a CBR document, then we will go into a discussion of this CBR and go through the details of topic and the metrics for *CBR202002 Anesthesia Modifiers*. I will show you helpful resources should you have any questions following the webinar and then finally, I will answer any 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 nationwide level and summarizes one provider's claim data statistics for areas that may be at risk for improper Medicare payments, 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, we 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 Patterns Electronic Reports, to put both programs under one contract. So then in 2019, RELI Group partnered with TMF and CGS to create and distribute both the CBRs and PEPPERS. That partnership, of course, continues today.

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 might 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 efforts to protect the Trust Fund.

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 to guide a compliance program that will help to support compliant operations in your own organization. And, taking a look at specific coding guidelines and billing procedures can increase education and improve future billing practices.

You may now be asking why do they receive CBR reports? 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 a nationwide level. The analysis of providers' billing patterns is completed through each CBR topic and each CBR is distributed to providers based on individual provider results for specified metrics within the CBR. The metrics for every CBR are created according to the CBR topic and the potential risk to the trust fund. It is important to always remember that receiving a CBR is not in any way an indication of or precursor to an audit.

At this point I am going to walk through the steps of accessing your report if you received one so we can see exactly how that is done. This page that you see here, cbrfile.cbrpepper.org contains the portal that you'll use to access your CBR. The portal does require that you enter some information and I am actually going to enter — open this page on my screen to show you exactly what it looks like when a CBR is accessed in this way. So here we can see the portal page in its live state. The portal does require that you enter some information, as I said. So, first we'll indicate the role that we play within the healthcare organization for the physician or physicians who received a CBR. I am going to indicate that I am the administrator of the organization and by doing so I am 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 you will see that I have completed the two forms that you see here to indicate the test information, which is my information and provider information. I am of course using this test data, but you will use the correct information here to complete these two forms. Following those forms, we are going to indicate how we heard about the CBR that is available for the physician or physicians. And, 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 this CBR alert.

The first three options on the list indicate that you received an e-mail, fax or letter. These notices are sent to the contact information listed in the Provider Enrollment, Chain and Ownership System that is it completely known as PECOS. We do encourage everyone to confirm their PECOS information and update if necessary, so that we can contact the appropriate person regarding CBR information. Confirming this information several times a year in the system, allows for the contact data to stay up-to-date and lessen any issues that might arise otherwise.

Next to the list is an indication that you saw a tweet that we sent out about the webinar program — or excuse me — about the CBR program. We do tweet about the CBR releases and about these webinars. So, if you saw the tweet and that led to you checkout 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 alongside the groups and the MACs that are so supportive of provider billing and information distribution. 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.

We do have one alternate option, other, and if that option applies, please indicate as such.

At the bottom of the form, it asks for the provider's NPI number. This will be the NPI for the specific provider who received the CBR. So, I am just going to enter a dummy one. And then finally, the validation code. When a provider receives a CBR, a validation code is included with the CBR information, and that validation code should be entered here to access the CBR. Again, I am going to put a dummy test validation code in.

If you are in the position of having several providers for whom you would like to gain information regarding CBRs on file, and the validation codes that go with them, we can help through our help desk ticket system to provide that information. If you are sure that an individual provider was issued a CBR, but you are unsure of the validation code, please submit a help desk ticket for this instance as well and we can assist.

So I completed the form, I am going to hit submit. I forgot to mark how we heard about the program. The most important part. Now I am going to hit submit. And, here we are. This is the

sample CBR in the file that it appears. Your CBR will appear in this same fashion in PDF format ready for your review.

This page, cbrpepper.org, is another one you can 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, the portal, and you can begin the steps that we just covered.

So, we've seen how to access the CBR report. Let's now take a closer look at the sample document so we can fully understand the Anesthesia Modifiers CBR, its metrics, outcomes and comparisons. Now, the results shown on this sample CBR will, of course, differ from those on your CBR if you received one. But the formatting and the sections on this CBR will be consistent with the layout of the sample document.

This CBR is formatted into five sections, which helps to focus on the process and the results of the CBR. I am going to pull it up here. There is a welcome letter at the top here, and here starts the actual CBR. And of course we start with the introduction. The introduction is a brief explanation of the specific clinical area addressed in the CBR: In this case, it is anesthesia services and the corresponding modifiers. You can see here, also, information regarding projected improper payments, and information from the National Correct Coding Initiative Manual. The introduction also contains criteria for receiving a CBR which we'll go into much more detail and discussion about that later on in the webinar.

So, moving on to the coverage and documentation overview. This section identifies the CPT® codes and modifiers which were analyzed in the report. You can see also see here items from the Medicare Claims Processing Manual in this section. Table one and table two are listed in this section. Table one contains detailed descriptions of the modifiers for anesthesia. And table two contains the information for the sample provider for the allowed charges, allowed units and the beneficiary count during the analysis time frame.

Next, we have the metrics section. The metrics of the CBR section — that section — lists and explains the metrics used for the CBR. It also contains the definitions for the state and national peer group and the possible outcomes for the CBR metric analyses. You can see here at the top of this page now are those outcomes.

The method and result section is a review of the results of the CBR analysis followed by individualized results comparing the recipient to other providers. We have an explanation of the dates of service included in the report analysis and the total rendering providers who had allowed charges for anesthesia services. Following that information, each metric is explained, the calculation for each metric is described, and then the results for the providers for each metric is shown in table form. This section also provides a graph displaying the trend over time for the provider; we will discuss that graph in a little bit more detail and we will see that in a second. But first I want to just scroll through and show you how, each metric, you can see here

for metric number one we have a description, we have the calculation for the metric, and then we have the sample provider results. The same for Metric 2, we have a description, a calculation, and then the results are here in table four. And then finally, of course Metric 3, we have the description, the calculation, and then the results here in table five. And here you can see that graph that I referenced and again we will talk about that in a little bit more detail later on.

Finally, we have the references and resources section. Which lists the reports and documents used for the CBR creation and those created to help you as you have questions about the CBR.

Let's take a look now at the vulnerability of correct payments for anesthesia services and how it plays into CMS's protection of the Trust Fund. We saw information in the introduction regarding projected payment rates. So, let's review that information now. You will see here on this slide results from two years of the Medicare Fee-for-Service Supplemental Improper Payment Data report. In 2019, the projected improper payment rate for anesthesia as a service type was 7.3%, representing over \$156 million. Also, as a provider type, anesthesiologists showed a projected improper payment rate of 7.1% representing over \$123 million. This is all still in 2019. So, of those projected payments, 79.6% were due to insufficient documentation.

And also the data shown here shows that the projected improper payment rates and dollar amounts, they represent a considerable increase from 2018 to 2019. You can see that in 2018, the projected improper payments for anesthesiology were only at 2%, which represents a little bit over \$36 million in projected improper Medicare payments.

To look at the level of claims and the allowable amounts submitted for anesthesia services, the *CBR202002* was created. The CBR analysis reviews statistics for rendering providers who submitted claims for anesthesia services. And the specific focus of the analysis was on providers who submit anesthesia services using modifiers AA and AD.

No, let's take a closer look at the specifications for the anesthesia modifiers that were included in the CBR analysis. The modifiers are listed here with a description for each modifier, and this is included in the CBR as well. We see here that the AA modifier indicates that the anesthesia services were performed personally by an anesthesiologist. And the modifier AD indicates that medical supervision by a physician with more than four concurrent anesthesia procedures. And as I mentioned, this CBR does concentrate on those two AA and AD modifiers.

So, to create the *CBR202002* and the metrics within the report, we used detailed information for that data using the CBR summary year of October 1, 2018 through September 30, 2019. The results were based on claims extracted for that date range as of January 30th, 2020. Those results showed that a little over 92,000 providers submitted these claims which represents over two billion dollars in allowed charges. And when we talk about allowed charges, we are referencing the allowed charges listed in the Medicare fee schedule. This lets us compare

similar charge figures across all providers and claims submission regardless of the submitted or the paid amount.

This is a list of the metrics analyzed within the CBR. Each metric was created to take a more detailed look at the submission of anesthesia and the submission of anesthesia modifiers AA and AD. The metrics are one, the percent of anesthesia services allowed with AA or AD modifiers. Two, the average allowed amount per claim for anesthesia services. And three average number of anesthesia units of service allowed per claim with an AA or an AD modifier. We will breakdown how each of these metrics is calculated later on in the presentation. But first let's take a look at each metric to understand why each analysis was selected and analyzed.

Metric 1 looks at the percent of anesthesia services allowed with AA or AD modifiers. So, this metric tells us, of all the anesthesia services during the analysis year, what percentage of those services had an AA or AD modifier attached to the anesthesia services. And we've seen the specific requirements for the use of AA and AD modifiers, and we've also seen that there is a high potential for improper documentation for the use of these modifiers. So, this metric allows us to take a look at the anesthesia services for the analysis year and the frequency of the use of those AA and AD modifiers.

Metric 2 looks at the average allowed amount per claim for anesthesia services. This metric helps us to put a dollar amount to the claims for anesthesia services. Taking a look at how the allowed amounts play in the claim submission helps us see how it plays into the \$2 billion that were submitted for anesthesia services and the dollar amount involved in the possible improper payments that were in the 2019 Medicare Fee-for-Service Supplement Improper Payment report that we talked about a little bit earlier in the webinar.

Metric 3 looks at the average number of anesthesia units of service allowed per claim with an AA or an AD modifier. Now, this final metric takes a look at the anesthesia services and specifically at the units of service. The outcome of this metric tells us with the submission of anesthesia services what is the average number of units for the service that are submitted with the AA the or the AD modifiers.

So, the in-depth review of the metrics and their role in the CBR topic helps us to understand the criteria for receiving a *CBR202002*. Using all of the data and research, the CBR team created criteria to select the providers who will receive the CBR. The criteria is listed here and the criteria is that the provider is significantly higher compared to either state or national averages or percentages in any of the three metrics, that would be greater than or equal to the 90th percentile. And has at least 50 beneficiaries with claims for the CPT® codes 00100 through 01999 and those are of course the anesthesia codes. And has at least \$20,000 or more in total allowed charges. Following our discussion of each metric, you can see that now that the criteria is directly related to the outcomes of all three of the metrics. Now, the criteria states that the

provider must be significantly higher in any of the three metrics. So, what does the term above the 90th percentile mean and what are some of the other outcomes for the metrics?

Well, all four outcomes for the metrics are listed here. These outcomes are the basis of the comparisons made regarding the provider's billing patterns to those of their peers. The four outcomes that can come of each metric analysis are 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 comparison. However, the outcome of significantly higher requires a little bit more explanation. The significantly higher outcome indicates that the provider's values is above 90th percentile from the peer state or national mean. So, in order to talk about how exactly we calculate that 90th percentile, let's go to our next slide.

I think that the visual on this slide can help us to understand the true meaning of the 90th percentile, and that is very important as it does contribute to the criteria for the receipt of a CBR. In order to identify the providers who are above the 90th percentile we calculate percentages and values for all providers for each of the metrics in each comparison group. That will be the peer state or the nation. We then order all of the providers' values from highest to lowest. And, if you use the ladder visual as reference, imagine that the highest values listed at the top of the ladder and then in a list in descending order down the length of the ladder so that the smallest are at that bottom rung. Next, we identify the value below which 90% of provider's values fall. This is the 90th percentile mark and it is represented above on the ladder visual by that 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.

So, let's look at each metric individually and the outcomes or the sample provide back on our sample CBR. Looking first at Metric 1, the percent of anesthesia services allowed with an AA or AD modifier. This is calculated by dividing the total number of allowed claims for anesthesia services with an AA or AD modifier by the total number of allowed claims for anesthesia services. Then that result is multiplied by 100 to get the percentage result. So, let's go back to our sample CBR. And take a look at the sample figures for this sample provider. And we can find those here on page 6, table three. You can see that this provider has a percentage result of 100% which means that all of the anesthesia services submitted had an AA or AD modifier. With the state percentage falling at around 37% and the national percentage a bit lower, just over 25%, the outcome for this metric for this sample provider is significantly higher for both the state and national comparisons.

Next, we have Metric 2, which as we recall is the average allowed amount per claim for anesthesia services. Now, Metric 2 is calculated by dividing the total allowed amount for claims for anesthesia services by the total number of claims for anesthesia services. So, with that calculation in mind, let's see where the sample provider fell with their results. Those results are

on table four. And you can see that this provider's average is a little under \$323. The state average is very close, with \$321 and the national average is lower, coming in at about \$186. So, these results produced an outcome of higher for this provider with the state comparison and significantly higher for this provider for the national comparison.

Finally, we arrive at Metric 3, the average number of anesthesia units of services allowed per claim with an AA or AD modifier. Now, this final metric was calculated by dividing the total number of allowed units for claims for anesthesia services, with an AA or an AD modifier, by the total number of claims for anesthesia services with an AA or AD modifier. So, let's see the sample figures on the CBR for Metric 3. They are here on the next page in table five. This provider had an outcome of 5.28 for this final metric and the state average is 2.53 and the national average is 1.58. So, with these outcomes, this provider had an outcome of higher for both the state and the national comparison.

I did mention a graph that's included in the CBR and this is a picture of that graph from the CBR and it represents the provider's billing trend over three years, from 2016 to 2019. And that trend is for the total number of beneficiaries who received anesthesia service claims submitted with the CPT® codes 00100-01999 which, again, of course, are the anesthesia service CPT® codes. And after the detail of the metrics and the analysis, it is nice to have this graph that kind of takes a step back and reviews an overall analysis for that three-year time period. And as we can see, this provider had a pretty steady growth in their number of beneficiaries over those three years.

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 program. We have a helpful resources page which is cbr.cbrpepper.org/Help-Contact-Us. 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 request 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.cbrpepper.org/FAQ. This page contains the list of the frequently asked questions and has links answers to various questions that you can see here. Simply click on the question and the answer will populate. This list has truly proven helpful to many people who have questions about the CBR process and program.

These helpful resources are the documentation and reporting that the CBR team used in the creation and the analysis of the CBR. You will see the CPT® manual listed, the NCCI manual, the CMS claims processing data and then those two Medicare fee-for-service reports that we discussed in the introduction and throughout the webinar.

Here we have a screen shot of our homepage, CBR.CBRPEPPER.org/home. There are sections for each of the CBRs that have been released in 2019 and 2020. And, for each CBR topic and release, we provide links to a sample CBR, the training materials, the data set and a link to access your CBR through the portal. 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 submit a CBR success story. We would love to hear how the CBR process worked for you and for your organization.