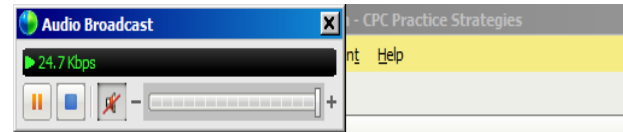


Thank you for joining us!

- 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).





CBR202002: Anesthesia Modifiers

March 19, 2020, 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.

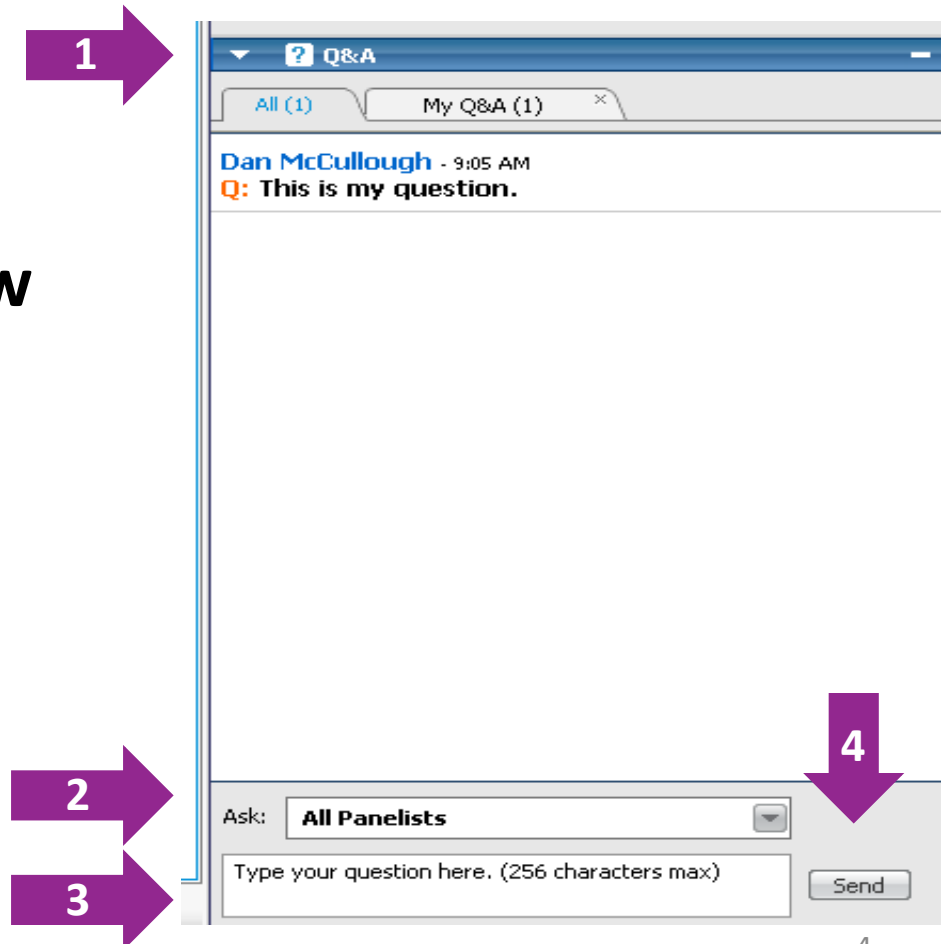


A “Q&A” document will be developed and posted at CBR.CBRPEPPER.org.

To Ask a Question in Split Screen

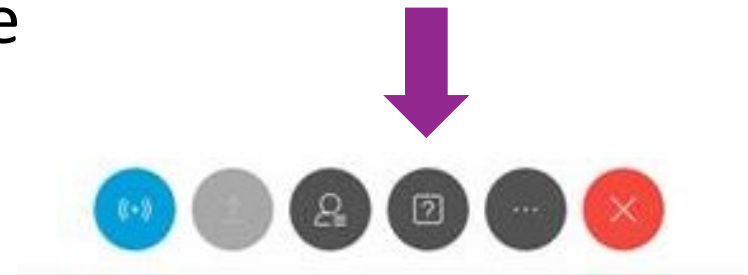
Ask your question in Q&A as soon as you think of it.

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 the window and to see the 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 *CBR202002: Anesthesia Modifiers*.
- Gather resources for further questions and inquiries.

Webinar Agenda

- What is a CBR?
- How to access your CBR
- Review a sample CBR
- *CBR202002*
- 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, 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

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 letter via mail 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)
- ☐ OTHER

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>.

***CBR202002* Formatting**

1. Introduction

- Explanation of CBR focus and billing area vulnerability
- Criteria for receipt of a CBR

2. Coverage and Documentation Overview

- Identification of Current Procedural Terminology® (CPT®) codes
- Summary of provider's utilization

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
- Individualized results comparing CBR recipients to other providers

5. References and Resources

- Resources used for the CBR

Anesthesia Modifiers Vulnerability

- *According to the 2019 Medicare Fee-for-Service Supplemental Improper Payment Data report*
 - Anesthesia services improper payment rate:
 - 7.3%, representing \$156,137,236.
 - Anesthesia provider improper payment rate:
 - 7.1%, representing \$123,590,626.
 - Of those, 79.6% were due to insufficient documentation.
- *According to the 2018 Medicare Fee-for-Service Supplemental Improper Payment Data report*
 - Anesthesia improper payment rate:
 - 2.0%, representing \$36,427,656 projected improper Medicare payments.

***CBR202002* CBR Provider Focus**

- *CBR202002* analyzes the following:
 - Claims submitted by rendering providers who perform anesthesia services submitted with CPT® codes 00100-01999, with a focus on providers who submit anesthesia services with modifiers AA and AD.



Anesthesia Modifiers

Modifier	Description
AA	Anesthesia services performed personally by anesthesiologist
AD	Medical supervision by a physician; more than four concurrent anesthesia procedures
G8	Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedures
G9	Monitored anesthesia care for patient who has a history of severe cardio-pulmonary condition
QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
QS	Monitored anesthesia care service
QX	Qualified non-physician anesthetist with medical direction by a physician
QY	Medical direction of one qualified non-physician anesthetist by an anesthesiologist
QZ	Certified registered nurse anesthetists (CRNA) without medical direction by a physician

CBR202002 Analysis and Results

- *CBR202002* summarizes statistics for services with dates of service from Oct. 1, 2018, through Sept. 30, 2019.
- There were 92,583 rendering providers with combined allowed charges of over \$2.7 billion for anesthesia services.

Metrics of *CBR202002*

This report is an analysis of the following metrics:

- The percent of anesthesia services allowed with AA or AD modifiers
- The average allowed amount per claim for anesthesia services
- The average number of anesthesia units of service allowed per claim with an AA or AD modifier

Metric 1 of *CBR202002*

Metric 1 analyzes the following:

- The percent of anesthesia services allowed with AA or AD modifiers

Metric 2 of *CBR202002*

Metric 2 analyzes the following:

- The average allowed amount per claim for anesthesia services

Metric 3 of *CBR202002*

Metric 3 analyzes the following:

- The average number of anesthesia units of service allowed per claim with an AA or AD modifier

The Criteria for Receiving *CBR202002*

The criteria for receiving *CBR202002* is that the provider:

- Is significantly higher compared to either state or national averages or percentages in any of the three metrics (greater than or equal to the 90th percentile), and
- Has at least 50 beneficiaries with claims for CPT® codes 00100-01999, and
- Has at least \$20,000 or more in total allowed charges.

Peer Comparison Outcomes

- There are four possible outcomes for the CBR comparisons:
 - **Significantly Higher** — Provider's value is greater than or equal to the 90th percentile from the state or national mean.
 - **Higher** — Provider's value is greater than the state or national mean.
 - **Does Not Exceed** — Provider's value is less than or equal to the state or national mean.
 - **Not Applicable (N/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 one of the three metrics.
- These results look very different from the results of providers' peers on a state or national level.



Calculation of Metric 1

Metric 1: Percent of Anesthesia Services Allowed with AA or AD Modifiers

- The total number of allowed claims for anesthesia services with an AA or AD modifier (numerator) is divided by the total number of allowed claims for anesthesia services (denominator). The result is multiplied by 100.

$$\left(\frac{\text{Allowed claims for anesthesia services with an AA or AD modifier}}{\text{Allowed claims for anesthesia services}} \right) \times 100$$

Calculation of Metric 2

Metric 2: Average Allowed Amount per Claim for Anesthesia Services

- The total allowed amount for claims for anesthesia services (numerator) is divided by the total number of claims for anesthesia services (denominator).

$$\frac{\text{Total allowed amount for claims for anesthesia services}}{\text{Total number of claims for anesthesia services}}$$

Calculation of Metric 3

Metric 3: Average Number of Anesthesia Units of Service Allowed per Claim with an AA or AD Modifier

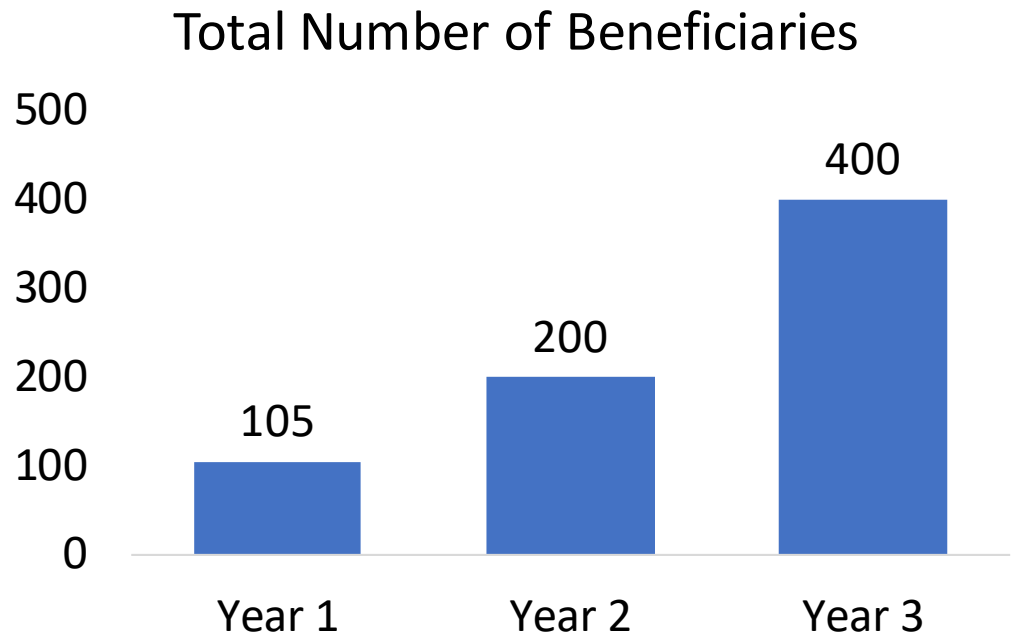
- The total number of allowed units for claims for anesthesia services with an AA or AD modifier (numerator) is divided by the total number of claims for anesthesia services with an AA or AD modifier (denominator).

$$\frac{\text{Total number of allowed units for claims for anesthesia services with an AA or AD modifier}}{\text{Total number of claims for anesthesia services with an AA or AD modifier}}$$

Provider Trends

Figure 1: Total Number of Beneficiaries Who Received Anesthesia Services Claims Submitted with CPT® Codes 00100-01999

- **Year 1:** Sept. 1, 2016 – Aug. 31, 2017
- **Year 2:** Sept. 1, 2017 – Aug. 31, 2018
- **Year 3:** Sept. 1, 2018 – Aug. 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® Professional Edition*, American Medical Association.
- [National Correct Coding Initiative Policy Manual for Medicare Services, Chapter II, Anesthesia Services](#), CMS
- [Medicare Claims Processing Manual, Chapter 12, Section 50](#), CMS
- [CMS Manual System Pub. 100-04 Medicare Claims Processing Change Request 8180](#), CMS
- [2019 Medicare Fee-for-Service Supplemental Improper Payment Data](#), CMS
- [2018 Medicare Fee-for-Service Supplemental Improper Payment Data](#), 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: CBR201913 Mohs Microsurgery

When: Tuesday, January 7, 2020

3:00 - 4:00 p.m. EDT

Topic: This session will review the Comparative Billing Report (CBR) 201913 on Mohs Microsurgery, released December 20, 2019

[REGISTER](#)
[Handouts](#)

CBR 201913:

Mohs Microsurgery

- Sample CBR: Mock Provider Data (PDF)
- Training: Register
- **When:** Tuesday, January 7, 2020
- Handouts
- National/State Data (XLSX)
- Access Your CBR

CBR 201912:

Drug Units in Excess of MUE

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

CBR 201911:

Atherectomy Only as Initial Intervention

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

CBR 201910:

Upper and Lower Endoscopy on Different Dates of Service

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

CBR 201909:

Venipuncture

- Sample CBR (Mock Provider Data) (updated 10/31/19) (PDF)
- Training: Recording and Handouts (updated 10/31/19)
- 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

Questions?

