



CBR202002: Anesthesia Modifiers Webinar Questions and Answers

March 19, 2020

Q: What is a Comparative Billing Report (CBR)?

A: A CBR 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 analyses. 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 homepage: <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 slide handout, recording, and transcript for the webinar?

A: The webinar slide 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 our providers were not identified as outliers for this CBR?

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 Current Procedural Terminology® (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 assessments 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 Group, Inc., has access to the Medicare claims data through its contract with the Centers for Medicare & Medicaid Services (CMS). The CBR team downloads the claims data from CMS' Integrated Data Repository. The claims data is analyzed during CBR production, and each providers' summarized data is presented in an individualized CBR.

Q: Why would a provider see an outcome of 100% for Metric 1?

A: Metric 1 calculates the percentage of claims submitted with an AA or AD modifier. If a provider personally performs all anesthesia services, correct claims submission for all of the provider's services would require the use of the AA modifier, which would result in an outcome of 100% for Metric 1.

Q: Is the result for Metric 3 a representation of base units or time units for anesthesia service CPT® codes?

A: A distinction between base units and time units was not made in the calculation of Metric 3.

Q: Does this analysis consider the use of multiple modifiers for anesthesia service submission?

A: The CBR metric analyses and results reflect the use of AA and AD modifiers in conjunction with CPT® codes 00100 – 01999 for anesthesia services only. Any additional modifiers do not affect the analysis or outcomes.

Q: I personally perform all anesthesia services, and my CBR reflects high outcomes, especially for Metric 1. Should I be concerned about the implications of these results?

A: If providers feel their billing is correct and in accordance with their clinical services and Medicare payment policy, they should not be concerned when they review a CBR.

Q: Are CBR analyses beneficial to hospitals or insurance entities?

A: While the national and state-level analyses can provide insight to hospitals and insurance organizations, CBRs are intended to offer analysis and results to support individual providers, based on claims submitted from individual provider National Provider Identifier (NPI) numbers.

Q: Is there a way to submit suggestions for future CBR topics and metrics?

A: Any suggestions or feedback about future CBRs can be submitted through the “[Provide your feedback on CBRs](#)” link found on the CBR homepage: <https://cbr.cbrpepper.org.>