



CBR2004: Peripheral Vascular Intervention (PVI) for Claudication



Webinar Resources



Webinar Slides



Webinar Recording



Webinar Handout



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 *CBR202004: Peripheral Vascular Intervention (PVI) for Claudication*.
- Gather resources for further questions and inquiries.

Webinar Agenda

- What is a CBR?
- How to access your CBR
- Review a sample CBR
- *CBR202004*
- 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>.

***CBR202004* 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®) and International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) 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

Vascular Intervention Vulnerability

The results listed in the *2019 Medicare Fee-for-Service Supplemental Improper Payment Data* report indicate the following:

- Vascular surgery:
 - 10.5% projected improper payment rate, representing \$45,255,338
 - Insufficient documentation accounted for 64.1% of vascular surgery improper payments

***CBR202004* CBR Provider Focus**

- *CBR202004* analyzes the following:
 - Claims submitted by rendering providers that perform PVI procedures on patients with intermittent claudication (IC) without first attempting conservative measures.



***CBR202004* Analysis and Results**

- *CBR202004* summarizes statistics for services with dates of service from Dec. 1, 2018, through Nov. 30, 2019.
- There were 9,575 rendering providers with combined allowed charges of \$922.9 million for PVI procedures.

Metrics of *CBR202004*

This report is an analysis of the following metrics:

- Percent of claims for PVI performed on beneficiaries with IC without supervised exercise therapy (SET)
- Average allowed amount per beneficiary with IC
- Average number of SET claims per beneficiary with IC with PVI

Metric 1 of *CBR202004*

Metric 1 analyzes the following:

- Percent of claims for PVI performed on beneficiaries with IC without SET

Metric 2 of *CBR202004*

Metric 2 analyzes the following:

- Average allowed amount per beneficiary with IC

Metric 3 of *CBR202004*

Metric 3 analyzes the following:

- Average number of SET claims per beneficiary with IC with PVI

The Criteria for Receiving *CBR202004*

The criteria for receiving *CBR202004* are that the provider:

- Is significantly higher compared to either state or national percentages for Metric 1 or to the state or national average for Metric 2 (greater than or equal to the 90th percentile) or is significantly lower compared to either the state or national average for Metric 3 (less than or equal to the 10th percentile),
- Has at least 15 beneficiaries with PVI CPT[®] codes (37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231), and
- Has at least \$6,000 or more in total allowed charges for PVI CPT[®] codes.

Peer Comparison Outcomes

- **Significantly Higher or Lower** — Provider's value is greater than or equal to the 90th percentile from the state or national mean ("Significantly Higher" for Metrics 1 and 2), or provider's value is less than or equal to the 10th percentile from the state or national mean ("Significantly Lower" for Metric 3 only).
- **Higher or Lower** — Provider's value is greater than the state or national mean ("Higher" for Metrics 1 and 2), or provider's value is less than the state or national mean ("Lower" for Metric 3 only).
- **Does Not Exceed or Is Not Below** — Provider's value is less than or equal to the state or national mean ("Does Not Exceed" for Metrics 1 and 2), or provider's value is greater than or equal to the state or national mean ("Is Not Below" for Metric 3 only).
- **Not Applicable (N/A)** — Provider does not have sufficient data for comparison.

About the 90th/10th 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" for Metric 1 and/or an outcome of "Significantly Lower" for Metric 3.
- These results look very different from the results of providers' peers on a state or national level.



Calculation of Metric 1

Percent of Claims for PVI Performed on Beneficiaries with IC Without SET

- The total claims for PVI performed on beneficiaries with IC without SET (numerator) is divided by the total PVI claims for beneficiaries with IC (denominator). The result is multiplied by 100.

$$\left(\frac{\text{Total claims for PVI performed on beneficiaries with IC without SET}}{\text{Total PVI claims for beneficiaries with IC}} \right) \times 100$$

Calculation of Metric 2

Metric 2: Average Allowed Amount per Beneficiary with IC

- The sum of the allowed amount for beneficiaries with IC (numerator) is divided by the count of beneficiaries with IC (denominator).

$$\frac{\text{Allowed amount for beneficiaries with IC}}{\text{Beneficiaries with IC}}$$

Calculation of Metric 3

Metric 3: Average Number of SET Claims per Beneficiary with IC with PVI

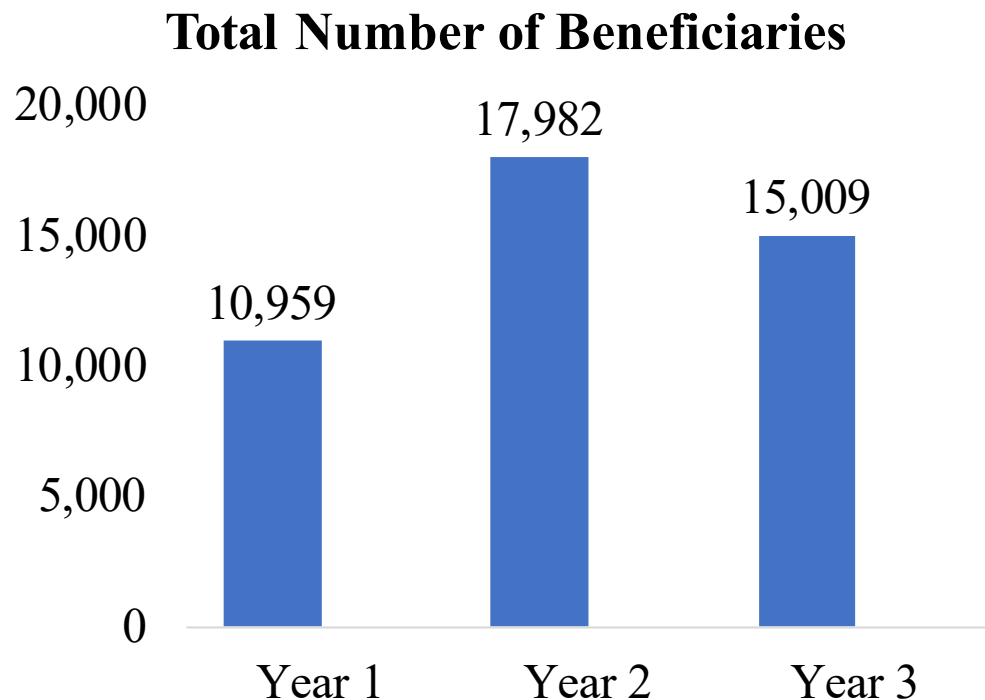
- The count of SET claims for beneficiaries with IC with PVI (numerator) is divided by the total beneficiaries with IC with PVI (denominator).

$$\frac{\text{SET claims for beneficiaries with IC with PVI}}{\text{Beneficiaries with IC with PVI}}$$

Provider Trends

Figure 1: Trend Over Time Analysis of Number of Beneficiaries for Whom Claims with PVI Procedures Were Submitted

- Year 1: Dec. 1, 2016 – Nov. 30, 2017
- Year 2: Dec. 1, 2017 – Nov. 30, 2018
- Year 3: Dec. 1, 2018 – Nov. 30, 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.
- *ICD-10 Expert, 2020*. American Academy of Professional Coders.
- [2019 Medicare Fee-for-Service Supplemental Improper Payment Data](#). U.S. Department of Health and Human Services (HHS). CMS.gov.
- [Endovascular Intervention for Peripheral Artery Disease](#). Thukkani, Kinlay. *Circulation Research*, vol. 116,9 (2015): 1599-613. The National Center for Biotechnology Information. NCBI.nlm.nih.gov.
- [Medical Therapy in Peripheral Artery Disease](#). Berger, Jeffrey, Hiatt, William. *Circulation*, vol. 126,4 (2012). American Heart Association. AHAJournals.org.
- [Supervised Exercise Therapy \(SET\) for Symptomatic Peripheral Artery Disease \(PAD\)](#). *MLN Matters®*, Number MM10295. HHS, CMS. CMS.gov.
- [Medicare National Coverage Determinations Manual, “Chapter 1, Part 1, Section 20.35.”](#) CMS. CMS.gov.
- [Medicare Claims Processing Manual, “Chapter 32, Section 390.”](#) CMS. CMS.gov.



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: 202002 on Anesthesia Modifiers

When: Thursday, March 19, 2020
3:00 - 4:00 p.m. EDT

Topic: This session will review the Comparative Billing Report (CBR) 202002 on Anesthesia Modifiers, released March 9, 2020

[REGISTER](#)[HANDOUTS](#)

CBR 202002:

Anesthesia Modifiers

- Sample CBR: Mock Provider Data (PDF)
- Training: March 19, 2020
 - [Register](#)
 - [Download Handouts](#)
- National/State Data (XLSX)
- Access Your CBR

CBR 202001:

Shoulder Arthroscopy

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

CBR 201913:

Mohs Microsurgery

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and 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

Thank you for joining us!

**Please submit any questions
to our Help Desk:**

<https://cbr.cbrpepper.org/Help-Contact-Us>