CBR202006: Office Visits, New and Established Patients by Nurse Practitioners

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 *CBR202006: Office Visits, New and Established Patients by Nurse Practitioners*.

- Gather resources for further questions and inquiries.

Webinar Agenda

- What is a CBR?

- How to access your CBR

- Review a sample CBR

- *CBR202006*

- Helpful resources

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.

![CBR - Comparative Billing Reports]

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 Comparative Billing Reports]

How to Access Your CBR
https://cbrpepper.org/

![CBR Comparative Billing Reports — PEPPER Program for Evaluating Payment Patterns Electronic Report]

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

PEPPERs: Go to help desk or phone 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.

CBR202006 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

Evaluation and Management (E/M) Services Vulnerability

- The results listed in the *2019 Medicare Fee-for-Service Supplemental Improper Payment Data* report indicate the following:
    - A 15.3% improper payment rate for CPT® code 99204, representing over $203 million in projected improper payments
    - An 18.8% improper payment rate for CPT® code 99205, representing over $93 million in projected improper payments
    - A 5.0% improper payment rate for CPT® code 99214, representing over $423 million in projected improper payments
    - A 9.9% improper payment rate for CPT® code 99215, representing over $108 million in projected improper payments

CBR202006 CBR Provider Focus

- *CBR202006* analyzes the following:
  - Claims submitted by rendering nurse practitioners that perform new and established E/M services.

CBR202006 Analysis and Results

- *CBR202006* summarizes statistics for services with dates of service from Feb. 1, 2019, through Jan. 31, 2020.

- There were 121,484 rendering providers with combined allowed charges of over $1.8 billion for E/M services submitted by nurse practitioners.

Metrics of *CBR202006*

This report is an analysis of the following metrics:

- Percentage of allowed units for new and established patient E/M levels 4 and 5 CPT® codes 99204, 99205, 99214, 99215

- Percentage allowed amount for new and established patient E/M levels 4 and 5 CPT® codes 99204, 99205, 99214, 99215

- Percentage of beneficiaries that received CPT® codes 99204, 99205, 99214, 99215

Metric 1 of CBR202006

Metric 1 analyzes the following:

- Percentage of allowed units for new and established patient E/M levels 4 and 5 CPT® codes 99204, 99205, 99214, 99215

Metric 2 of *CBR202006*

Metric 2 analyzes the following:

- Percentage allowed amount for new and established patient E/M levels 4 and 5 CPT® codes 99204, 99205, 99214, 99215

Metric 3 of *CBR202006*

Metric 3 analyzes the following:

- Percentage of beneficiaries that received CPT® codes 99204, 99205, 99214, 99215

The Criteria for Receiving *CBR202006*

The criteria for receiving *CBR202006* are that the provider:

- Is significantly higher compared to either state or national averages in any of the three metrics (i.e., greater than or equal to the 90th percentile), and

- Has at least 10 total beneficiaries with claims submitted for new patient CPT® codes or at least 120 total beneficiaries with claims submitted for established patient CPT® codes, and

- Has at least $1,200 in total allowed charges for new patient CPT® codes or $18,000 in total allowed charges for established patient CPT® codes.

Peer Comparison Outcomes

- **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" for any 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, New Patient E/M CPT® Codes

Percentage of Allowed Units for New Patient E/M Levels 4 and 5 CPT® Codes 99204 and 99205

- The total number of allowed units for CPT® code 99204 (numerator) is divided by the allowed units for CPT® codes 99201-99205 (denominator). The result is multiplied by 100.

- The total number of allowed units for CPT® code 99205 (numerator) is divided by the allowed units for CPT® codes 99201-99205 (denominator). The result is multiplied by 100.

Calculation of Metric 1, Established Patient E/M CPT® Codes

Percentage of Allowed Units for Established Patient E/M Levels 4 and 5 CPT® Codes 99214 and 99215

- The total number of allowed units for CPT® code 99214 (numerator) is divided by the allowed units for CPT® codes 99211-99215 (denominator). The result is multiplied by 100.

- The total number of allowed units for CPT® code 99215 (numerator) is divided by the allowed units for CPT® codes 99211-99215 (denominator). The result is multiplied by 100.

Calculation of Metric 2, New Patient E/M CPT® Codes

Percentage Allowed Amount for New Patient E/M Levels 4 and 5 CPT® Codes 99204 and 99205

- The total allowed amount for CPT® code 99204 (numerator) is divided by the total allowed amount for CPT® codes 99201-99205 (denominator). The result is multiplied by 100.

- The total allowed amount for CPT® code 99205 (numerator) is divided by the total allowed amount for CPT® codes 99201-99205 (denominator). The result is multiplied by 100.

Calculation of Metric 2, Established Patient E/M CPT® Codes

Percentage Allowed Amount for Established Patient E/M Levels 4 and 5 CPT® Codes 99214 and 99215

- The total allowed amount for CPT® code 99214 (numerator) is divided by the total allowed amount for CPT® codes 99211-99215 (denominator). The result is multiplied by 100.

- The total allowed amount for CPT® code 99215 (numerator) is divided by the total allowed amount for CPT® codes 99211-99215 (denominator). The result is multiplied by 100.

Calculation of Metric 3, New Patient E/M CPT® Codes

Percentage of Beneficiaries that Received E/M Levels 4 and 5 CPT® Codes 99204 and 99205

- The total number of beneficiaries for CPT® code 99204 (numerator) is divided by the total number of beneficiaries for CPT® codes 99201-99205 (denominator). The result is multiplied by 100.

- The total number of beneficiaries for CPT® code 99205 (numerator) is divided by the total number of beneficiaries for CPT® codes 99201-99205 (denominator). The result is multiplied by 100.

Calculation of Metric 3, Established Patient E/M CPT® Codes

Percentage of Beneficiaries that Received E/M Levels 4 and 5 CPT® Codes 99214 and 99215

- The total number of beneficiaries for CPT® code 99214 (numerator) is divided by the total number of beneficiaries for CPT® codes 99211-99215 (denominator). The result is multiplied by 100.

- The total number of beneficiaries for CPT® code 99215 (numerator) is divided by the total number of beneficiaries for CPT® codes 99211-99215 (denominator). The result is multiplied by 100.
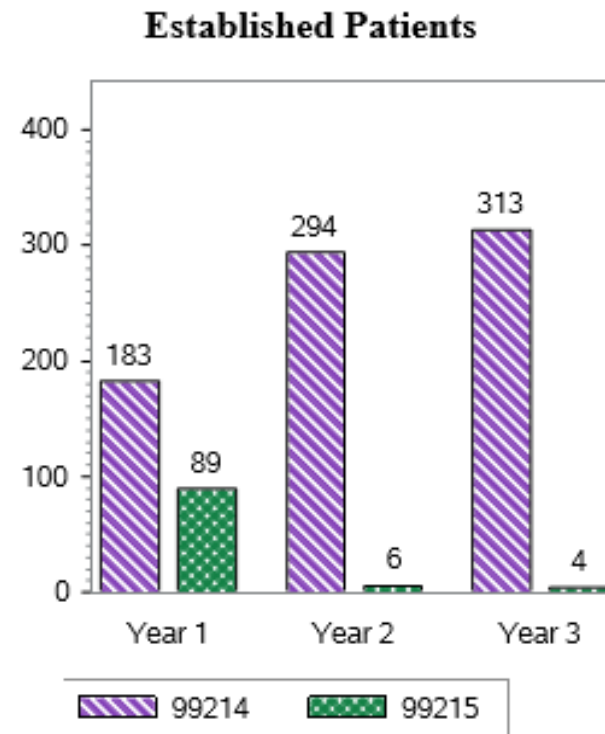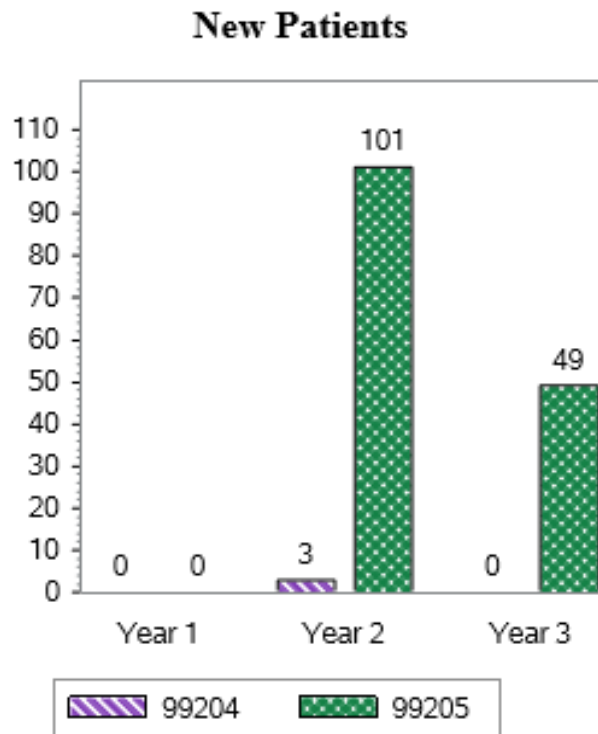
![Comparative Billing Reports logo: CBR]

Provider Trends

Figure 1: Total Number of Beneficiaries at Service Levels 4 and 5, Trend Over Time

New Patients

	Year 1	Year 2	Year 3
99204	0	3	0
99205	0	101	49

Established Patients

	Year 1	Year 2	Year 3
99214	183	294	313
99215	89	6	4

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.

- *[2019 Medicare Fee-for-Service Supplemental Improper Payment Data](#)*. U.S. Department of Health and Human Services. CMS.gov.

- *[Evaluation and Management Services Guide](#)*. CMS. CMS.gov.

- *[Medicare Claims Processing Manual, "Chapter 30, Section 6.1."](#)* CMS. CMS.gov.

Comparative Billing Reports

CBR — Comparative Billing Reports

Home   About CBR ⌄   FAQ   Help/Contact Us ⌄

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