CBR202007: Therapeutic Injection and Infusions
CBR and Webinar Questions and Answers

GENERAL

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: 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: 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: 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: 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: cbr.cbrpepper.org/home.

DOCUMENTATION AND CODING GUIDELINES

Q: Which Current Procedural Terminology® (CPT®) codes are included in this CBR analysis?
A: This CBR analysis reflects submission of codes for infusion or injection services (CPT® codes 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96372, 96374, 96375, 96376, 96377).

Q: I don't perform infusions. Why am I receiving this report?
A: This CBR includes claims submitted with infusions and injections, which includes routine injections submitted with CPT® code 96372.

Q: How is modifier 25 defined?
A: The *CPT® 2020 Professional Edition* describes the use of modifier 25 as proper when a "[s]ignificant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service."

REPORT SPECIFICS

Q: Am I being compared to only providers in my clinical specialty?
A: This CBR focuses on providers that performed infusion and injection services on the same day as an evaluation and management encounter.

Q: How are "peers" defined within the CBR?
A: For the purpose of this report, the state and national peer groups are defined as follows:

- The state peer group is defined as all rendering Medicare providers practicing in the individual provider's state or territory with allowed charges for the procedure codes included in this study.
- The national peer group is defined as all rendering Medicare providers in the nation with allowed charges for the procedure codes included in this study.

Q: Am I doing something wrong? Should I change my clinical care to lower my metric outcomes?
A: A CBR is not an indication of wrongdoing and does not suggest any change in clinical behavior. Provider outcomes can vary for many reasons, according to the services you provide, your region, and your patient population.

Q: What should I do with the results of my report?
A: CBRs reflect providers' claims billing patterns as compared to their peers for a coding and billing area that is vulnerable to improper payments. Providers are encouraged to use the report as a support to their internal audit and compliance efforts. Since the code set has been identified as vulnerable to improper payments, it is recommended that a separate audit or review of the documentation and code assignment is performed so that providers can confirm that all documentation supports the selection of all codes and modifiers.

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 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 wrongdoing 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 provider's summarized data is presented in an individualized CBR.