



# *CBR202007: Therapeutic Injections and Infusions*



# 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 *CBR202007: Therapeutic Injections and Infusions*.
- Gather resources for further questions and inquiries.

# Webinar Agenda

- What is a CBR?
- How to access your CBR
- Review a sample CBR
- *CBR202007*
- 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.

# 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   
Email   
Confirm Email

**Provider Information**

Provider Name   
Provider City  Provider State / Territory

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>.

# CBR202007 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

# Therapeutic Injections or Infusions Vulnerability

- Submission of injection or infusion services on the same day as evaluation and management (E/M) encounters
  - *National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services* states:
    - “Non-facility based E&M CPT® codes (e.g., 99201-99205, 99212-99215) are separately reportable with modifier 25 if the physician provides a significantly and separately identifiable E&M service.”
  - *Medicare Claims Processing Manual* states:
    - “Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code.”

## ***CBR202007 CBR Provider Focus***

- *CBR202007* analyzes the following:
  - Claims submitted by providers that performed therapeutic injection or infusion services.



## CBR202007 Analysis and Results

- CBR202007 summarizes statistics for services with dates of service from March 1, 2019, through Feb. 29, 2020.
- There were \_\_\_\_\_ rendering providers with combined allowed charges of over \$\_\_\_\_\_ for providers who submitted claims for therapeutic injections or infusions.

## Metrics of *CBR202007*

This report is an analysis of the following metrics:

- Percentage of claims for injections or infusions billed on the same day as an E/M encounter
- Average allowed charge amount for injections or infusions billed with an E/M encounter
- Percentage of beneficiaries who received an injection or infusion code and an E/M encounter on the same day

## Metric 1 of CBR202007

Metric 1 analyzes the following:

- Percentage of claims for injections or infusions billed on the same day as an E/M encounter

## Metric 2 of *CBR202007*

Metric 2 analyzes the following:

- Average allowed charge amount for injections or infusions billed with an E/M encounter

## Metric 3 of *CBR202007*

Metric 3 analyzes the following:

- Percentage of beneficiaries that received an injection or infusion code and E/M encounter on the same day

# The Criteria for Receiving *CBR202007*

The criteria for receiving *CBR202007* 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    total beneficiaries with claims for CPT® codes 96365-96377, and
- Has at least \$       or more in total allowed charges.

## Peer Comparison Outcomes

- **Significantly Higher** — Provider's value is greater than or equal to the 90<sup>th</sup> 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 90<sup>th</sup> 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

## Percentage of Claims for Injections or Infusions Billed on the Same Day as an E/M Encounter

- The count of unique claims where injection or infusion was billed on the same day as an E/M encounter is divided by the count of unique claims for injections or infusions. The result is multiplied by 100.

$$\left( \frac{\text{Claims w/injection or infusion on same day as E/M}}{\text{Claims for injections or infusions}} \right) \times 100$$

## Calculation of Metric 2

### Average Allowed Charge Amount for Injections or Infusions Billed with an E/M Encounter

- The total allowed charge amount for injection or infusion services when an E/M encounter is billed on the same day is divided by the total unique claims when an injection or infusion was billed on the same day as an E/M encounter.

$$\frac{\text{Allowed charge amount injection or infusion services on same day as E/M}}{\text{Total claims injection or infusion on same day as E/M}}$$

## Calculation of Metric 3

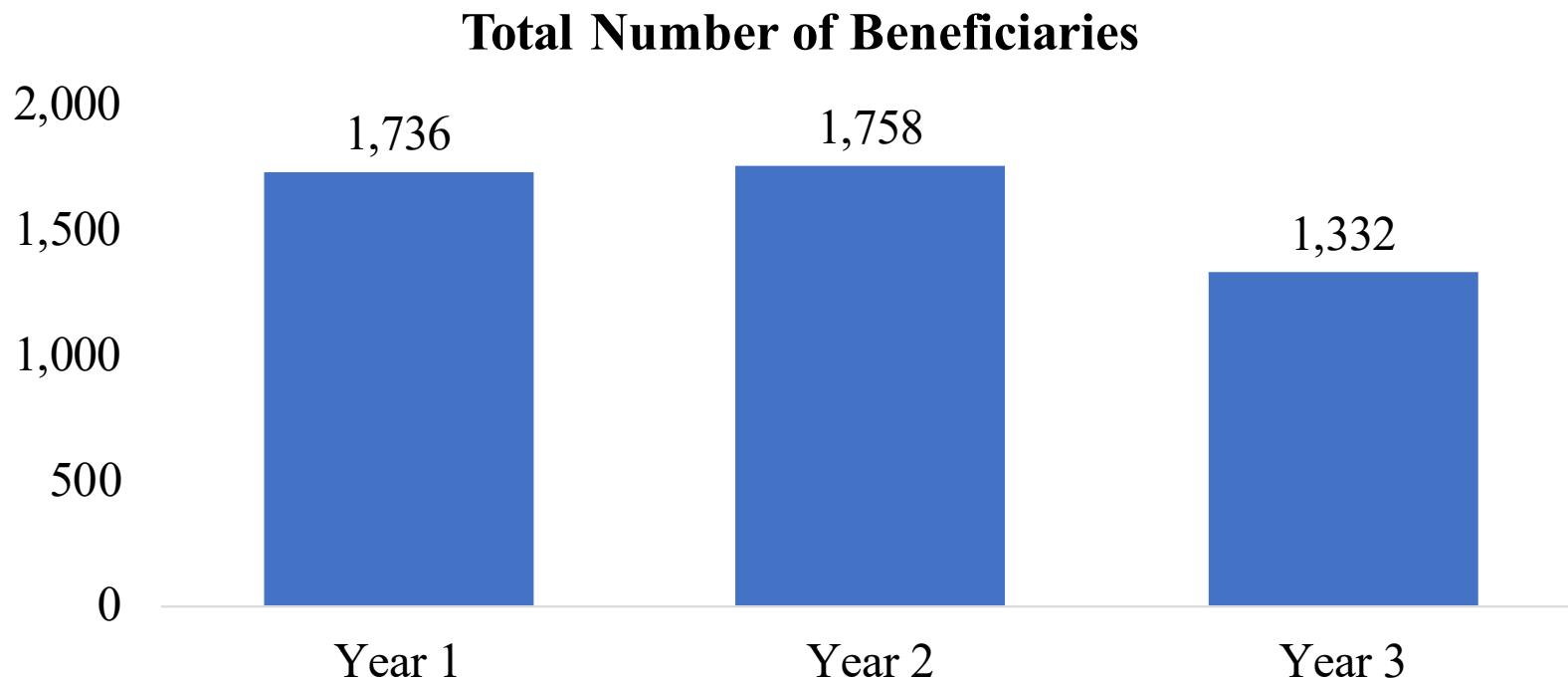
**Percentage of Beneficiaries that Received an Injection or Infusion Code and E/M Encounter on the Same Day**

- The number of unique beneficiaries who received an injection or infusion on the same day as an E/M encounter is divided by the total number of unique beneficiaries who received an injection or infusion service. The result is multiplied by 100.

$$\left( \frac{\text{Beneficiaries w/ injection or infusion on same day as E/M}}{\text{Total beneficiaries w/ injection or infusion service}} \right) \times 100$$

# Provider Trends

**Figure 1: Trend Over Time Analysis of Total Number of Beneficiaries for Whom CPT® Codes 96365-96377 Were Submitted**



# 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.
- *NCCI Policy Manual for Medicare Services, “Chapter XI: Medicine Evaluation and Management Services.”* CMS
- *Medicare Claims Processing Manual, “Chapter 30, Section 6.1.”* CMS. CMS.gov.
- *Evaluation and Management Services Guide.* 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:**

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