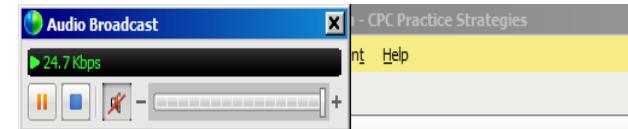


# Thank you for joining us!

- We will start at 3 p.m. ET.
- You will hear silence until the session begins.
- Handout: Available at [CBR.CBRPEPPER.org](http://CBR.CBRPEPPER.org).
- A Q&A document will be posted at the above location within two weeks.
- Please listen in by either:
  - Using your computer speakers (recommended): You automatically join the audio broadcast when entering the meeting (remember to increase your speaker volume; make sure you are not muted).
  - Dialing 1-415-655-0001 (passcode 160 779 1490) (limited to 500 callers).





# *CBR202008:* *Breast Re-Excision*

Sept. 23, 2020, 3 p.m. ET



# About Today's Presentation



Phone lines will be muted the entire duration of the training.



Submit questions pertinent to the webinar using the Q&A panel.



Questions will be answered verbally, as time allows, at the end of the session.

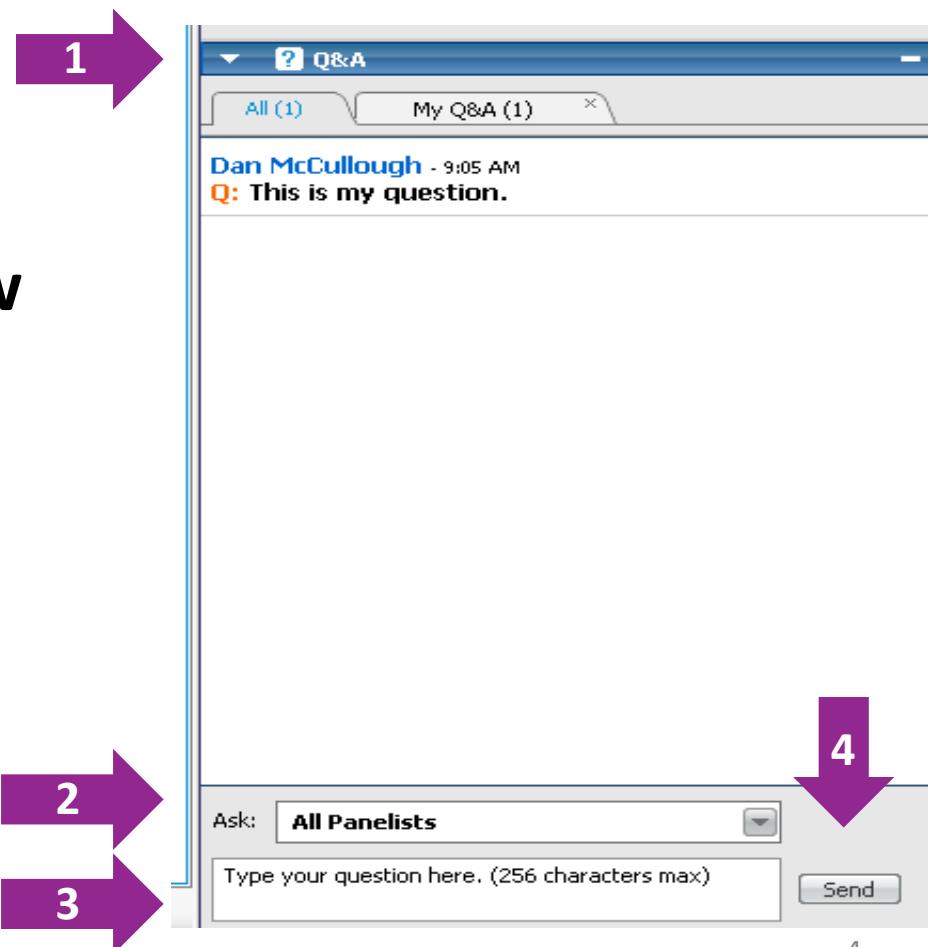


A “Q&A” document will be developed and posted at [CBR.CBRPEPPER.org](http://CBR.CBRPEPPER.org).

# To Ask a Question in Split Screen

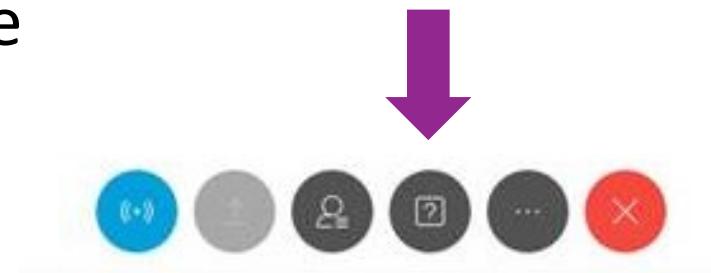
*Ask your question in Q&A as soon as you think of it.*

1. Go to the “Q&A” window located on the right side.
2. In the “Ask” box, select “All Panelists.”
3. Type in your question.
4. Click the “Send” button.



# To Ask a Question in Full Screen

1. Click on the “Q&A” button to bring up the Q&A window.
2. Type in your question (as in the previous slide).
3. Click the “Send” button.
4. Click “-” to close the window and to see the full screen again.



# Webinar Resources



Webinar Slides



Webinar Recording



Webinar Handout



Webinar Q&A will be posted at  
[CBR.CBRPEPPER.org](https://CBR.CBRPEPPER.org)



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 *CBR202008: Breast Re-Excision*.
- Gather resources for further questions and inquiries.

# Webinar Agenda

- What is a CBR?
- How to access your CBR
- Review a sample CBR
- *CBR202008*
- 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>.

# CBR202008 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

## Breast Re-Excision Vulnerability

- According to an April 2019 article published in the *Journal of American College of Surgeons*:
  - The physician-level rate of re-excision procedures reached 91.7% between 2012 and 2018
  - 17.5% of providers had a breast re-excision rate greater than the expert consensus threshold of 30% re-excision rate

## ***CBR202008 CBR Provider Focus***

- *CBR202008* analyzes the following:
  - Rendering providers that perform breast excision or mastectomy services
  - Submission of claims by providers for CPT® codes for breast excision procedures, which includes CPT® codes 19120, 19301, 19302, 19303, 19304



## ***CBR202008 Specialties***

- *CBR202008* summarizes claims for the following provider specialties:
  - General Surgery (02)
  - Physician Assistant (97)
  - Surgical Oncology (91)
  - Plastic and Reconstructive Surgery (24)
  - Nurse Practitioner (50)

## **CBR202008 Analysis and Results**

- *CBR202008* summarizes statistics for services with dates of service from March 1, 2018, through Feb. 29, 2020.
- There were 10,655 rendering providers with combined allowed charges of over \$73.4 million for providers that submitted claims for breast excision services.

# Definition of Re-Excision

To identify re-excisions:

- The CBR Team identified excisions performed between Mar. 1, 2018, and Feb. 28, 2019 (base time period),
- For each excision during the base time period, any subsequent excision(s) performed by the same provider through Feb. 29, 2020, were identified, and
- Any excision that was performed within 365 days of a prior excision was identified as a re-excision. If a provider performed multiple excision procedures on a beneficiary, each was identified as a re-excision if there were less than 366 days between procedure dates

## Metrics of *CBR202008*

This report is an analysis of the following metrics:

- Percent of re-excisions
- Percent of allowed amount for re-excisions
- Percent of beneficiaries receiving a re-excision

## Metric Analyses of *CBR202008*

- Metric 1 analyzes:
  - Percent of re-excisions
- Metric 2 analyzes:
  - Percent of allowed amount for re-excisions
- Metric 3 analyzes:
  - Percent of beneficiaries receiving a re-excision

# The Criterion for Receiving *CBR202008*

- The criterion for receiving *CBR202008* is that a provider's re-excision rate was greater than 30%

## Peer Comparison Outcomes

- **Significantly Higher** — Provider's value is greater than or equal to the 90<sup>th</sup> percentile from the specialty or national mean.
- **Higher** — Provider's value is greater than the specialty or national mean.
- **Does Not Exceed** — Provider's value is less than or equal to the specialty 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 specialty 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 specialty or national level.



# Calculation of Metric 1

## Percent of Re-Excisions

- Metric 1 is calculated as follows:
  - The number of re-excisions is divided by the total number of excisions. The result is multiplied by 100.

$$\left[ \frac{\text{Number of re-excisions}}{\text{Number of excisions}} \right] \times 100$$

# Calculation of Metric 2

## Percent Allowed Amount for Re-Excisions

- Metric 2 is calculated as follows:
  - The allowed amount for re-excisions is divided by the total allowed amount for all excisions. The result is multiplied by 100.

$$\left[ \frac{\text{Allowed amount for re-excisions}}{\text{Allowed amount for all excisions}} \right] \times 100$$

# Calculation of Metric 3

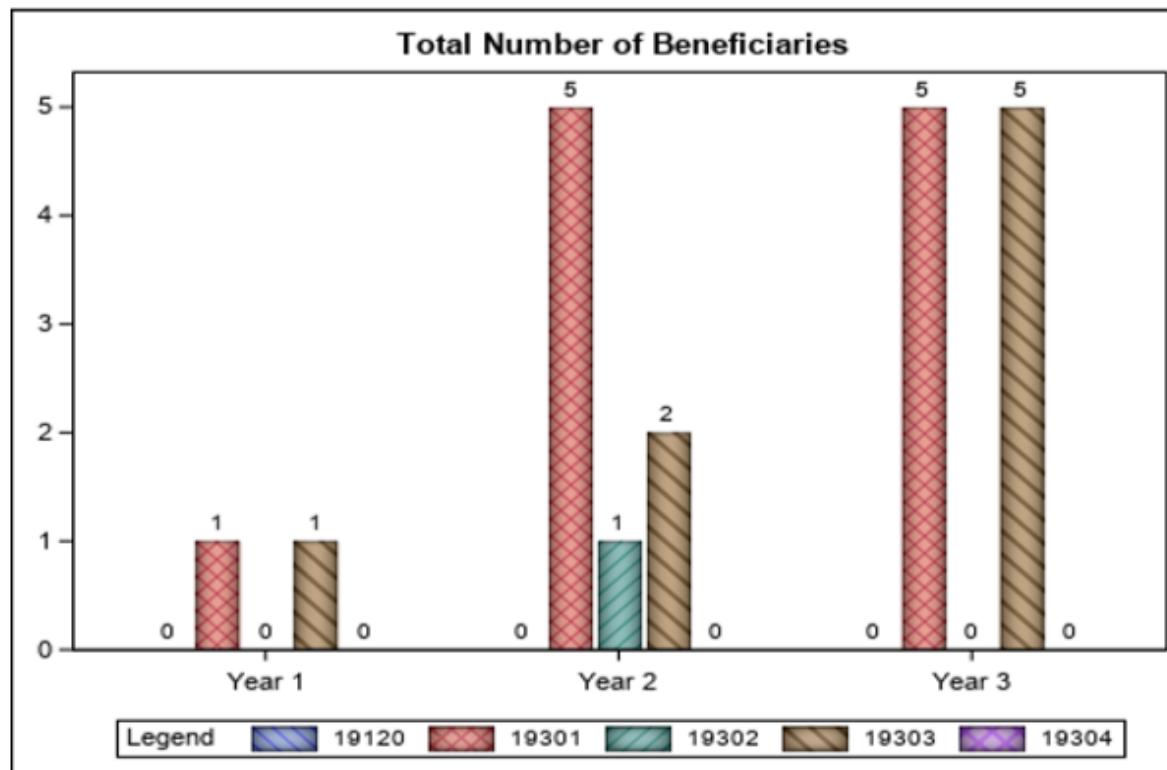
## Percent of Beneficiaries Receiving Re-Excision

- Metric 3 is calculated as follows:
  - The number of unique beneficiaries who had at least one re-excision is divided by the total number of unique beneficiaries who had an excision. The result is multiplied by 100.

$$\left( \frac{\text{Beneficiaries with at least one re-excision}}{\text{Beneficiaries who had an excision}} \right) \times 100$$

# Provider Trends

**Figure 1: Trend Over Time Analysis of Number of Beneficiaries for Whom CPT® Codes 19120, 19301, 19302, 19303, 19304 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.
- *Surgeon Re-Excision Rates after Breast-Conserving Surgery: A Measure of Low-Value Care*, Kaczmarks, Katerina, et al., *Journal of the American College of Surgeons*, April 2019, Volume 228, Issue 4, P504-512.E2. [Journalacs.org](http://Journalacs.org).



## 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](#)

CBR 202005:

**Subsequent Nursing Facility E&M Services**

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

CBR 202004:

**Peripheral Vascular Intervention for Claudication**

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

CBR 202003:

**Lower Extremity Joint Replacement**

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

CBR 202002:

**Anesthesia Modifiers**

- [Sample CBR: Mock Provider Data \(PDF\)](#)
- [Training: Recording and 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](#)

# Questions?

