Thank you for joining us!
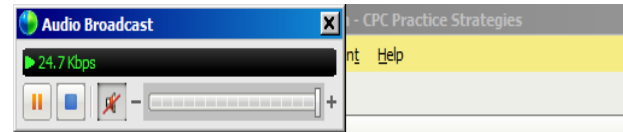
- We will start at 3 p.m. ET.
- You will hear silence until the session begins.
- Handout: Available at CBR.CBRPEPPER.org.
- A Q&A document will be posted at the above location within two weeks.

- 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 172 831 4092) (limited to 500 callers).

CBR202009: Critical Care Evaluation and Management (E/M) Services

Nov. 11, 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.
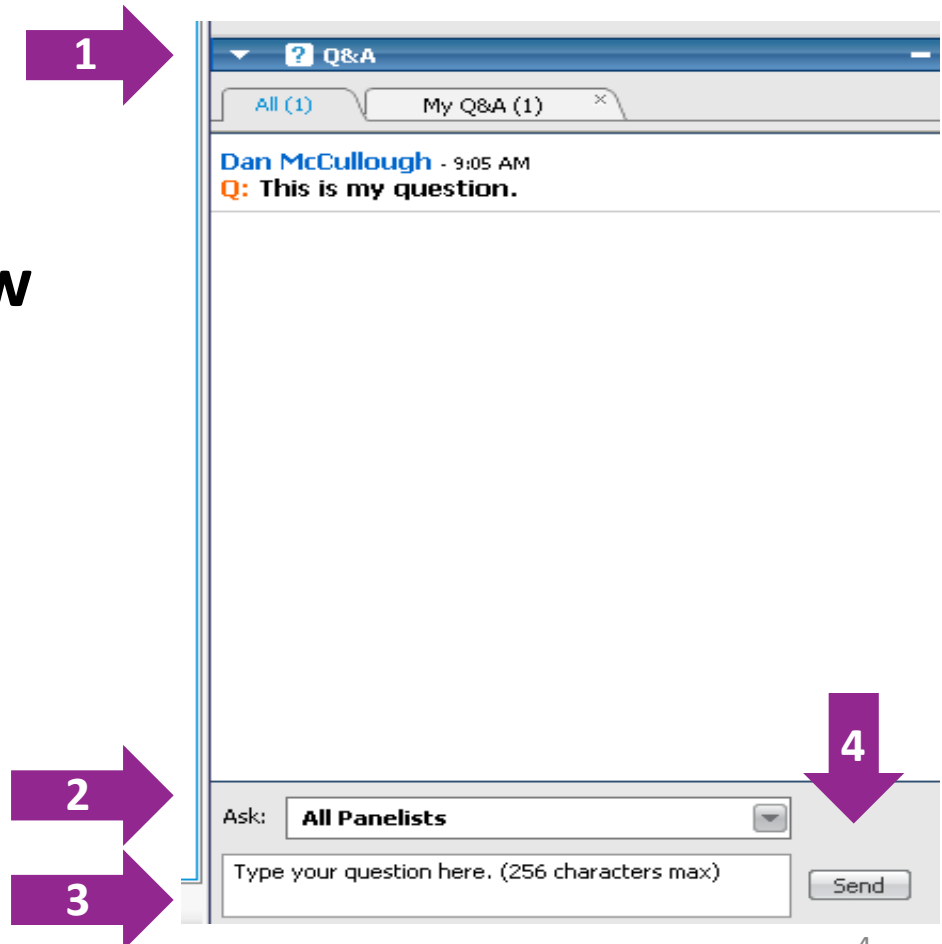
A "Q&A" document will be developed and posted at CBR.CBRPEPPER.org.
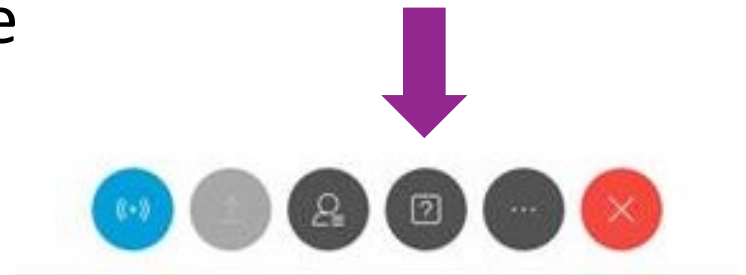
To Ask a Question in Split Screen

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.

1

2

3

4

Q&A

All (1)   My Q&A (1)

Dan McCullough - 9:05 AM
Q: This is my question.

Ask: **All Panelists**

Type your question here. (256 characters max)   Send

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

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 *CBR202009: Critical Care Evaluation and Management (E/M) Services*.

- Gather resources for further questions and inquiries.

Webinar Agenda

- What is a CBR?

- How to access your CBR

- Review a sample CBR

- *CBR202009*

- 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

13

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

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.

Critical Care Defined

- In the *Current Procedural Terminology® (CPT®) 2020 Professional Edition*, critical care is defined as follows:
  - "The direct delivery by a physician(s) or other qualified health care professional of medical care for a critically ill or critically injured patient. A critical illness or injury acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's condition."

Critical Care Codes

Total Duration of Critical Care	Codes
Less than 30 minutes	99232 or 99233 or other appropriate E/M code
30 – 74 minutes	99291 x 1
75 – 104 minutes	99291 x 1 and 99292 x 1
105 – 134 minutes	99291 x1 and 99292 x 2
135 – 164 minutes	99291 x 1 and 99292 x 3
165 – 194 minutes	99291 x 1 and 99292 x 4
194 minutes or longer	99291 - 99292 as appropriate (per the above illustrations)

Critical Care Guidelines

- Use of critical care codes
  - Critical care involves high-complexity decision-making to assess, manipulate, and support vital system functions(s) to treat single or multiple vital organ system failures and/or to prevent further life-threatening deterioration of the patient's condition
  - Medical care provided to a critically ill, injured, or post-operative patient qualifies as a critical care service only if both the illness or injury and the treatment being provided meet the above requirements
  - Critical care services must be medically necessary and reasonable

Modifier 25 Definition and Use

- The *CPT® 2020 Professional Edition* defines modifier 25 as follows:
    - "Significant, 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."
    - "A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported."

Bundled Services

Service Description	CPT® Codes
Interpretation of Cardiac Output Measurements	93561, 93562
Chest X-Rays, Professional Component	71010, 71015, 71020
Blood Draw for Specimen	36415
Blood Gases, and Information Data Stored in Computers	99090
Gastric Intubation	43752, 91105
Pulse Oximetry	94760, 94761, 94762
Temporary Transcutaneous Pacing	92953
Ventilator Management	94002-94004, 94660, 94662
Vascular Access Procedures	36000, 36410, 36415, 36591, 36600

CBR202009 Outline

1. **Introduction**
   – Explanation of CBR focus and billing area vulnerability
   – Criteria for receipt of a CBR

2. **Coverage and Documentation Overview**
   – Identification of 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

Critical Care Services Vulnerability

- According to the *2019 Medicare Fee-for-Service Supplemental Improper Payment Data* report:
  - 9.0% improper payment rate for Medicare Part B critical care providers, representing over $18 million
    - 31.5% improper payment rate due to insufficient documentation
    - 68.5% improper payment rate due to incorrect coding
  - 18.3% improper payment rate for CPT® code 99291

Critical Care Desired Behavior

- Proper documentation for critical care
  - Medical necessity
  - Critical illness or injury, with acute impairment to one or more vital organ systems
  - High-complexity decision-making
  - Time spent in critical care

- Proper use of modifier 25
  - Confirm that a significant, separately identifiable E/M service took place

CBR202009 CBR Provider Focus

- *CBR202009* analyzes the following:
  - Rendering providers nationwide that have submitted claims for critical care services
  - Submission of claims by providers for CPT® codes for critical care services, which includes CPT® codes 99291 and 99292

CBR202009 Analysis and Results

- *CBR202009* summarizes statistics for services with dates of service from March 1, 2019, through Feb. 29, 2020.

- There were 91,065 rendering providers with combined allowed charges of over $996 million for providers that submitted claims for critical care services.

Metrics of *CBR202009*

This report is an analysis of the following metrics:

- – Percentage of services submitted with modifier 25
- – Average number of visits per beneficiary
- – Average allowed charges per beneficiary

The Criteria for Receiving *CBR202009*

The criteria for receiving *CBR202009* is 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 30 total beneficiaries with claims for either CPT® code 99291 or 99292, and

- Has at least $20,000 in total allowed charges for critical care E/M 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 the provider's 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 services submitted with modifier 25

- Metric 1 is calculated as follows:

  – The count of critical care services submitted with modifier 25 is divided by the count of critical care services submitted with or without modifier 25.

$$\left(\frac{\text{Critical care services submitted with modifier 25}}{\text{Critical care services submitted with or without modifier 25}} \right) \times 100$$

Calculation of Metric 2

Average Number of Visits (Distinct Dates of Service) per Beneficiary

- Metric 2 is calculated as follows:

  – The count of unique critical care visits is divided by the count of unique beneficiaries who had a critical care service.

<div align="center">

Unique critical care visits
———————————————————————
Unique beneficiaries who had a critical care service

</div>

Calculation of Metric 3

Average Allowed Charges per Beneficiary

- Metric 3 is calculated as follows:

  – The sum of the total allowed charges for critical care services is divided count of unique beneficiaries who had a critical care service.
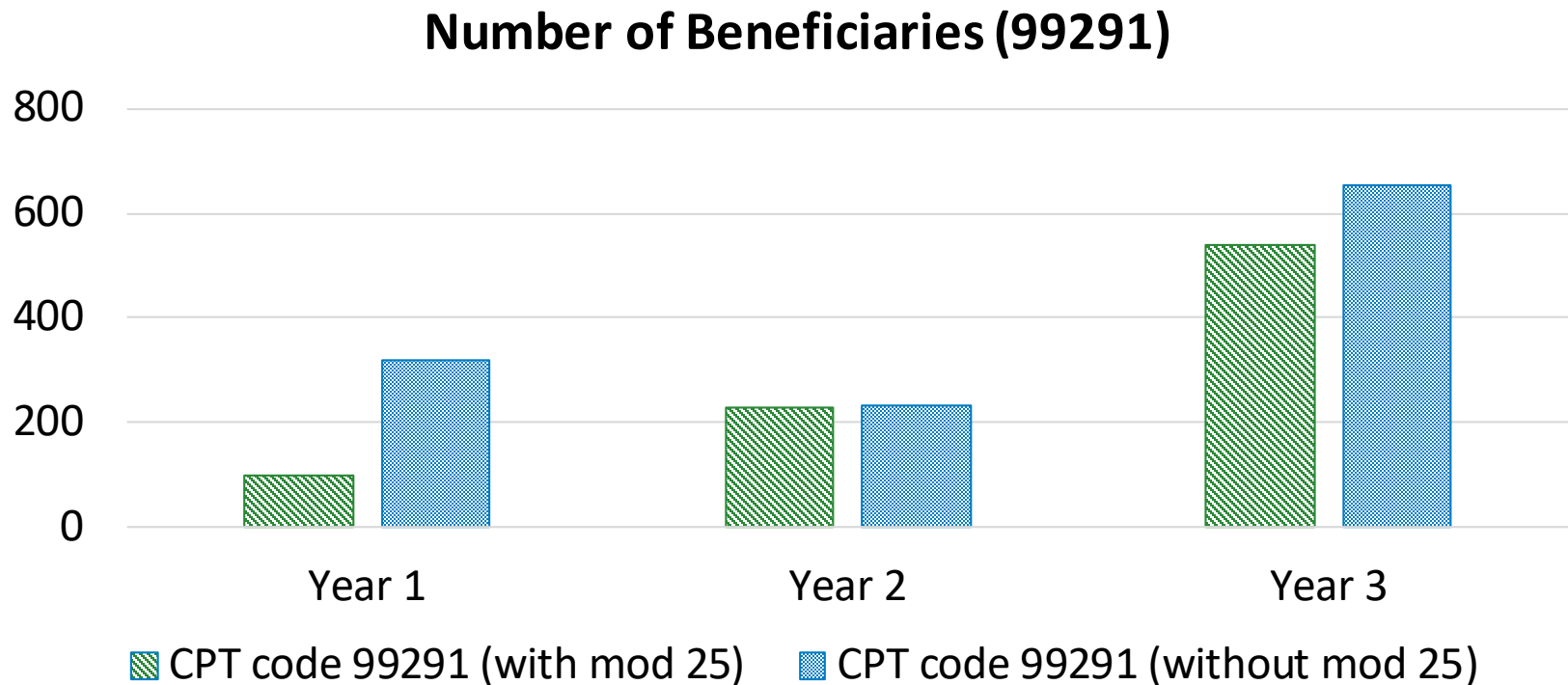
  $$\frac{\text{Total allowed charges for critical care services}}{\text{Unique beneficiaries who had a critical care service}}$$

The Importance of the CBR Outcomes

- CBRs are educational and comparative tools for providers.

- A CBR can help providers:
  - Ensure claims are correctly submitted to Medicare,
  - Complete self audits for compliance purposes, and
  - Review and confirm critical care and modifier 25 documentation and code assignment.
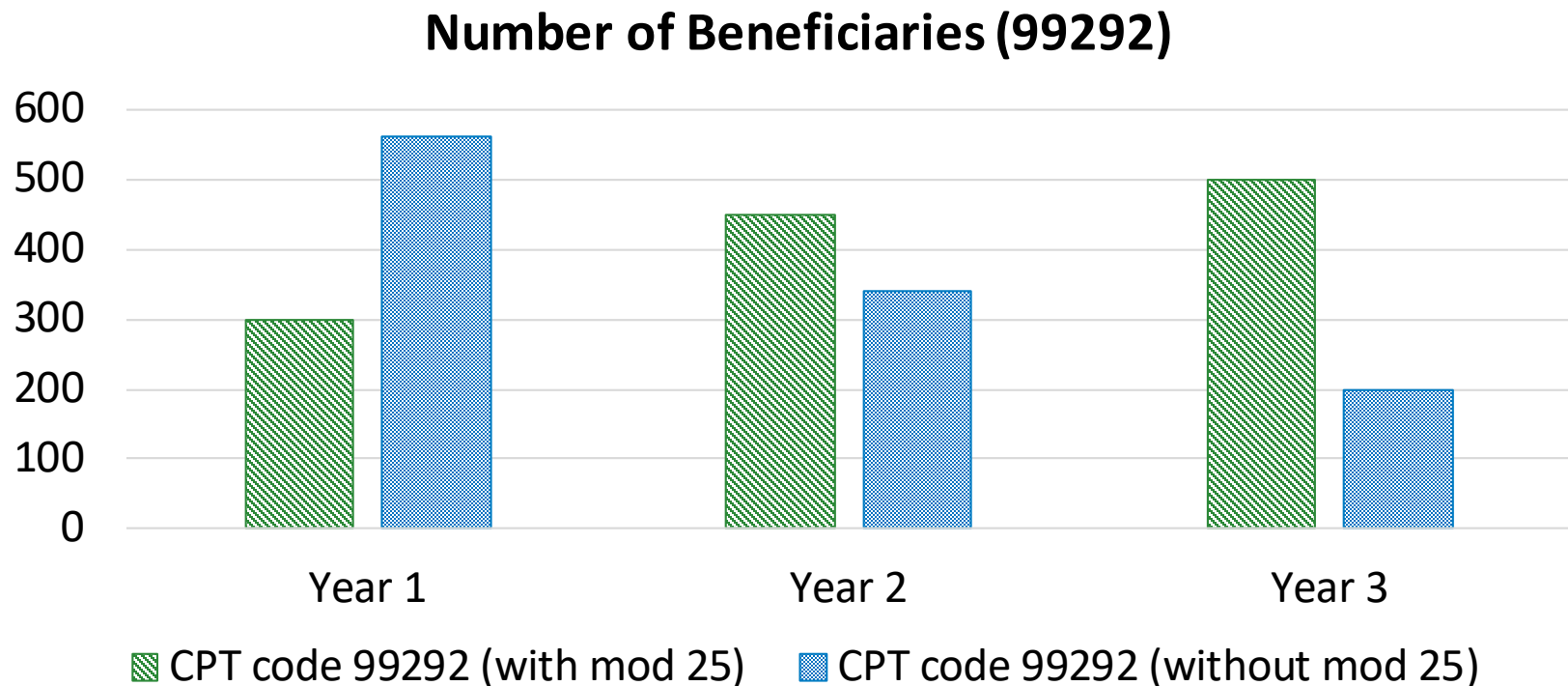
Provider Trends

Figure 1: Trend Over Time Analysis of Total Number of Beneficiaries for Whom CPT® Code 99291 Was Submitted

Number of Beneficiaries (99291)

Legend: CPT code 99291 (with mod 25) / CPT code 99291 (without mod 25)

Provider Trends

Figure 2: Trend Over Time Analysis of Total Number of Beneficiaries for Whom CPT® Code 99292 Was Submitted

Number of Beneficiaries (99292)

Legend: CPT code 99292 (with mod 25) ▥ CPT code 99292 (without mod 25) ▥

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® 2020 Professional Edition*. American Medical Association.

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

- *Medicare Claims Processing Manual*, "Chapter 30, Section 6.1." CMS. CMS.gov.

- *NCCI Policy Manual for Medicare Services*, "Chapter XI: Medicine Evaluation and Management Services." CMS. CMS.gov.

CBR Comparative Billing Reports

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

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CBR 202008:

Breast Re-Excision

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

CBR 202007:

Therapeutic Injections and Infusions

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

CBR 202006:

Office Visits, New and Established Patients by Nurse

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

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

Questions?