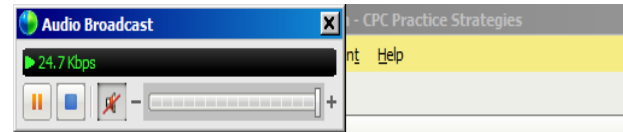


Thank you for joining us!

- 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).





CBR202010: Orthoses Referring Providers

Jan. 6, 2021, 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.

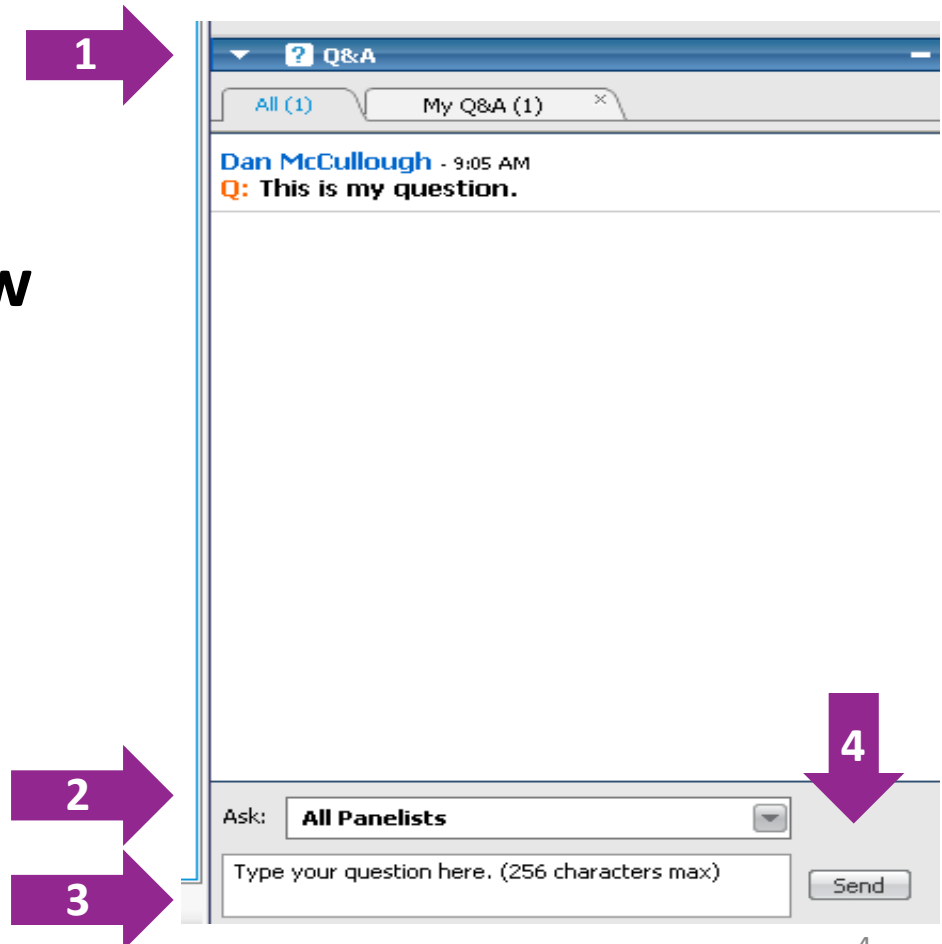


A Q&A document will be developed and posted at CBR.CBRPEPPER.org.

To Ask a Question in Split Screen

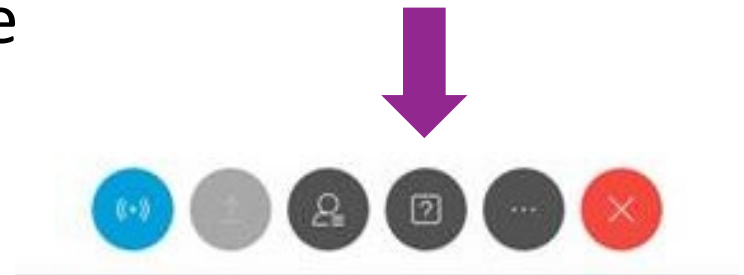
Ask your question in Q&A as soon as you think of it.

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.



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 *CBR202010: Orthoses Referring Providers*.
- Gather resources for further questions and inquiries.

Webinar Agenda

- What is a CBR?
- How to access your CBR
- Review a sample CBR
- *CBR202010*
- 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

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>.

Orthoses Healthcare Common Procedure Coding System (HCPCS) Codes

- *CBR202010* focuses on HCPCS codes for off-the-shelf and custom-fitted prefabricated orthoses products
 - HCPCS codes L0642, L0648, L0650, L1820, L1833, L1851, L1971, L2397, L3170, L3660, L3760, L3761, L3908, L3916, and L3960
 - These codes are referred to as “target codes”

Orthoses Vulnerability

- According to the *2019 Medicare Fee-for-Service Supplemental Improper Payment Data* report:
 - There is a 26.3% improper payment rate for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
 - 78.5% of the improper payments are due to insufficient documentation
 - 12% of the improper payments are due to medical necessity errors

CBR202010 Outline

1. Introduction

- Explanation of CBR focus and billing area vulnerability
- Criteria for receipt of a CBR

2. Coverage and Documentation Overview

- Identification of HCPCS codes
- Summary of referrals for target codes

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

Orthoses Referrals Desired Behavior

- Proper documentation for orthoses
 - Sufficient documentation to support medical necessity
- Responsible referrals
 - Referrals for orthoses to a low number of suppliers
 - Products referred for patients in need of each orthosis

***CBR202010* CBR Provider Focus**

- *CBR202010* analyzes the following:
 - Referring providers on claims for off-the-shelf and custom-fitted prefabricated orthoses products using the HCPCS target codes



***CBR202010* Analysis and Results**

- *CBR202010* summarizes statistics for services with dates of service from June 1, 2019, through May 31, 2020.
- There were 126,684 rendering providers nationwide that were listed as referring providers on claims for the target codes; over \$353 million was paid for these claims.

Metrics of *CBR202010*

- This report is an analysis of the following metrics:
 - Percentage of beneficiaries referred for target codes
 - Percentage of paid amount for target codes
 - Percentage of suppliers for target codes

The Criterion for Receiving *CBR202010*

The criterion for receiving *CBR202010* is that a provider must have been listed as a referring provider on claims with at least \$50,000 or more in total paid charges for L-codes L0642, L0648, L0650, L1820, L1833, L1851, L1971, L2397, L3170, L3660, L3760, L3761, L3908, L3916, and L3960.

Peer Comparison Outcomes

- **Significantly Higher** — Provider's value is greater than or equal to the 80th 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 80th 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 Beneficiaries Referred for Target Codes

- Metric 1 is calculated as follows:
 - The number of unique beneficiaries with claims submitted for any of the target codes is divided by the number of unique beneficiaries with claims submitted with any L-code.

$$\left(\frac{\text{Unique beneficiaries with claims for target codes}}{\text{Unique beneficiaries with claims for any L-code}} \right) \times 100$$

Calculation of Metric 2

Percentage of Paid Amount for Target Codes

- Metric 2 is calculated as follows:
 - The total paid amount for claims with any of the target codes is divided by the total paid amount for claims submitted with any L-codes.

$$\left(\frac{\text{Paid amount for claims with target codes}}{\text{Paid amount for claims with any L-code}} \right) \times 100$$

Calculation of Metric 3

Percentage of Suppliers for Target Codes

- Metric 3 is calculated as follows:
 - The number of unique suppliers who submitted claims with any of the target codes is divided by the unique suppliers who submitted claims with any of the L-codes.

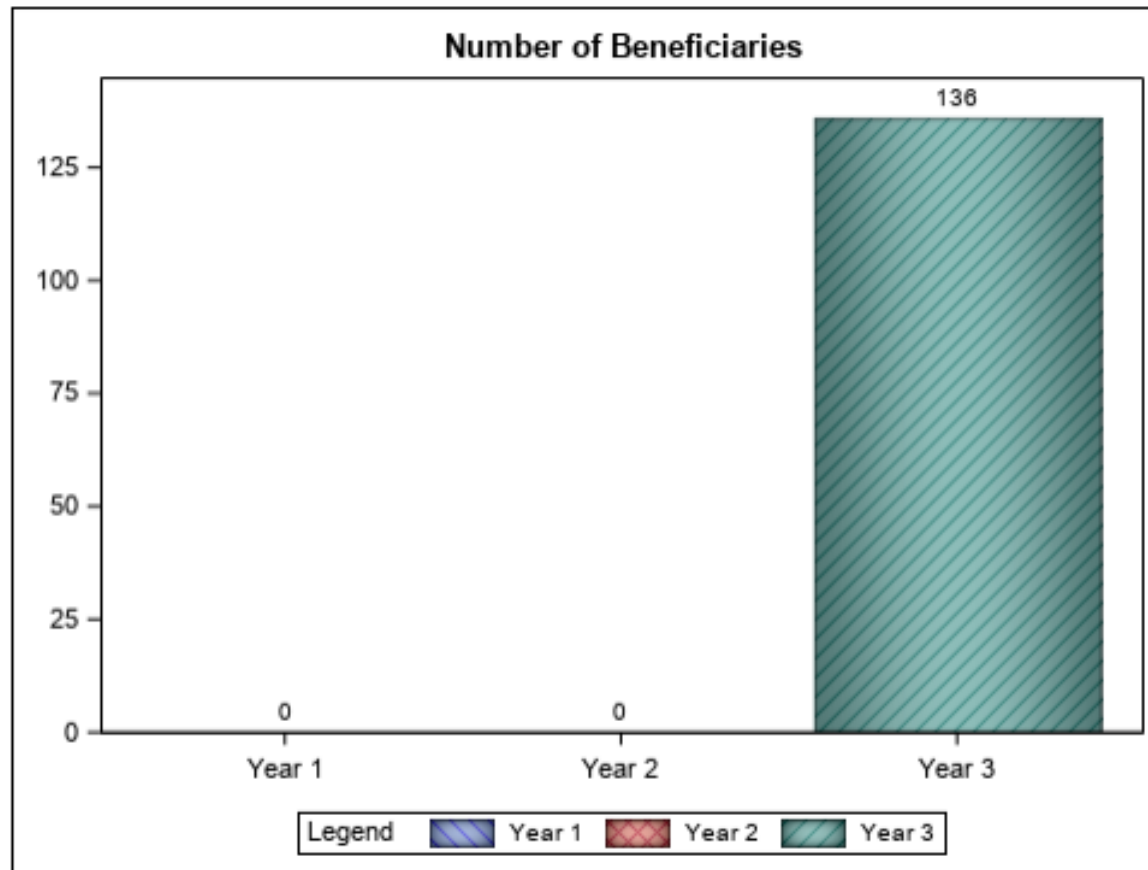
$$\left(\frac{\text{Unique suppliers who submitted claims target codes}}{\text{Unique suppliers who submitted claims with any L-code}} \right) \times 100$$

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 proper documentation and medical necessity standards.

Provider Trends

Figure 1: Trend Over Time Analysis of Number of Beneficiaries You Referred for Target Codes



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

- *HCPCS Level II Expert*. American Academy of Professional Coders.
- [*2019 Medicare Fee-for-Service Supplemental Improper Payment Data*](#). U.S. Department of Health and Human Services. CMS.gov.
- [*Medicare Allowable Amounts for Certain Orthotic Devices Are Not Comparable With Payments Made by Select Non-Medicare Payers*](#). OIG. oig.hhs.gov.
- [*Nationwide Brace Scam*](#). OIG. oig.hhs.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: CBR 202009 Critical Care

When: Wednesday, November 11, 2020

3:00 - 4:00 p.m. EDT

Topic: This session will review the Comparative Billing Report (CBR) 202009 Critical Care

[REGISTER](#)

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?

