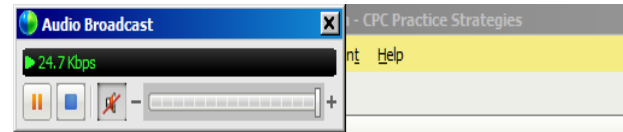# Thank you for joining us!

- 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 172 161 4354) (limited to 500 callers).

CBR202101 Intensity-Modulated Radiation Therapy (IMRT)

Feb. 10, 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.
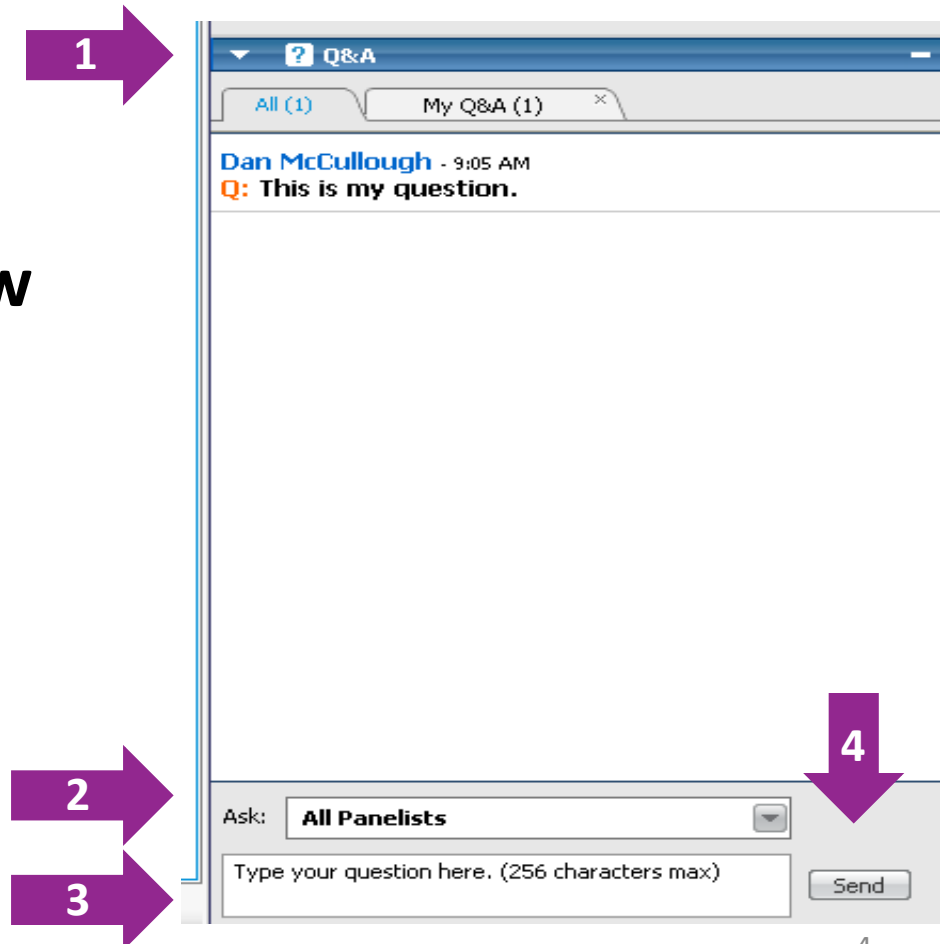
A Q&A document will be developed and posted at CBR.CBRPEPPER.org.
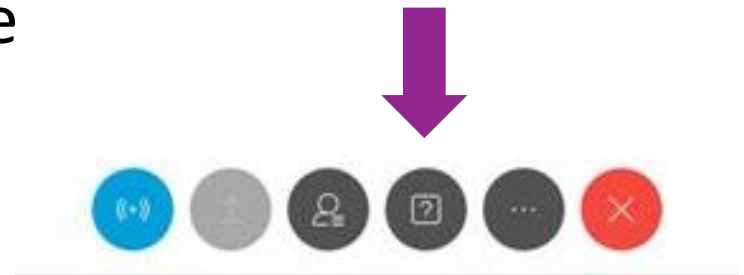
To Ask a Question in Split Screen

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 *CBR202101: Intensity-Modulated Radiation Therapy (IMRT)*.

- Gather resources for further questions and inquiries.

Webinar Agenda

- What is a CBR?

- How to access your CBR

- Review a sample CBR

- *CBR202101*

- 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/

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.

CBR202101 Terminology

- For the purposes of this analysis and document, the following terms are synonymous with the listed Current Procedural Terminology® (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes:
  - "IMRT planning" and CPT® code 77301
  - "Computerized Tomography (CT) scans for therapy guide" and CPT® code 77014
  - "Intensity-modulated treatment delivery" and HCPCS codes G6015 or G6016

IMRT Vulnerability

- According to the *2020 Medicare Fee-for-Service Supplemental Improper Payment Data* report:
  - There is a 5.6% improper payment rate for the service type of oncology-radiation
  - There is a 5.7% improper payment rate for radiation oncology providers
    - 7.4% of the improper payments are attributed to no documentation
    - 91.5% of the improper payments are attributed to insufficient documentation
    - 1.1% of the improper payments are attributed to incorrect coding

CBR202101 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®, International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and 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

IMRT Desired Behavior

- Proper documentation for services
  - Sufficient documentation to support medical necessity
- Avoid bundled payments
  - Correct claim submissions to avoid submitting for services bundled in CPT® code 77301

CBR202101 Provider Focus

- *CBR202101* focuses on rendering providers that submitted claims to Medicare Part B for IMRT and the relation of IMRT services and evaluation and management (E/M) visits surrounding IMRT planning services.

CBR202101 Claims Focus

- The CBR analysis reflects the submission of claims for CPT® code 77301 for IMRT planning services.

- The CBR analysis reflects the submission of claims with ICD-10-CM codes:
  - C61: Malignant neoplasm of prostate
  - C50.0-C50.9: Malignant neoplasm of breast
  - C34.0-C34.9: Malignant neoplasm of bronchus and lung
  - C71.0-C71.9: Malignant neoplasm of brain

CBR202101 Analysis and Results

- *CBR202101* summarizes statistics for services with dates of service from June 1, 2019, through May 31, 2020.

- There were 4,276 rendering providers nationwide that have submitted claims for IMRT planning services.

Metrics of *CBR202101*

- Average number of IMRT planning billed, per beneficiary

- Average allowed charges for the first instance of IMRT planning, per beneficiary

- Average number of CT scans for therapy guide performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning by any provider, per beneficiary

- Average number of intensity-modulated treatment delivery performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning by any provider, per beneficiary

- Average number of E/M services performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning by the same provider, per beneficiary

The Criteria for Receiving *CBR202101*

The criteria for receiving *CBR202101* are that a provider:

1. Has at least 10 beneficiaries with IMRT planning services CPT® code 77301, and

2. Is significantly higher compared to either state or national averages in any one of the five metrics (95th percentile), and

3. Has at least $18,000 in total allowed IMRT planning services for the first case of CPT® code 77301 per beneficiary.

Peer Comparison Outcomes

- **Significantly Higher** — Provider's value is greater than or equal to the 95th 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 95th 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

Average Number of IMRT Planning Billed, per Beneficiary

- Metric 1 is calculated as follows:
  - The total number of IMRT planning billed is divided by the unique beneficiaries.

Calculation of Metric 2

Average Allowed Charges for the First Instance of IMRT Planning, per Beneficiary

- Metric 2 is calculated as follows:
  - The sum of allowed charges for the first instance of IMRT planning is divided by the total number of unique beneficiaries.

Calculation of Metric 3

Average Number of CT Scans for Therapy Guide Performed 0 – 14 Days Prior to or up to 60 Days After the First Instance of IMRT Planning, per Beneficiary

- Metric 3 is calculated as follows:
  - The total number of CT scans for therapy guide performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning is divided by the total number of unique beneficiaries that had at least one CT scan billed.

Calculation of Metric 4

Average Number of Intensity-Modulated Treatment Delivery Submitted 0 – 14 Days Prior to or up to 60 Days After the First Instance of IMRT Planning, per Beneficiary

- Metric 4 is calculated as follows:
  - The total number of intensity-modulated treatment delivery performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning is divided by the number of unique beneficiaries that had at least one intensity modulated therapy delivery service.

Calculation of Metric 5

Average Number of E/M Services Performed 0 – 14 Days Prior to or up to 60 Days After the First Instance of IMRT Planning, per Beneficiary
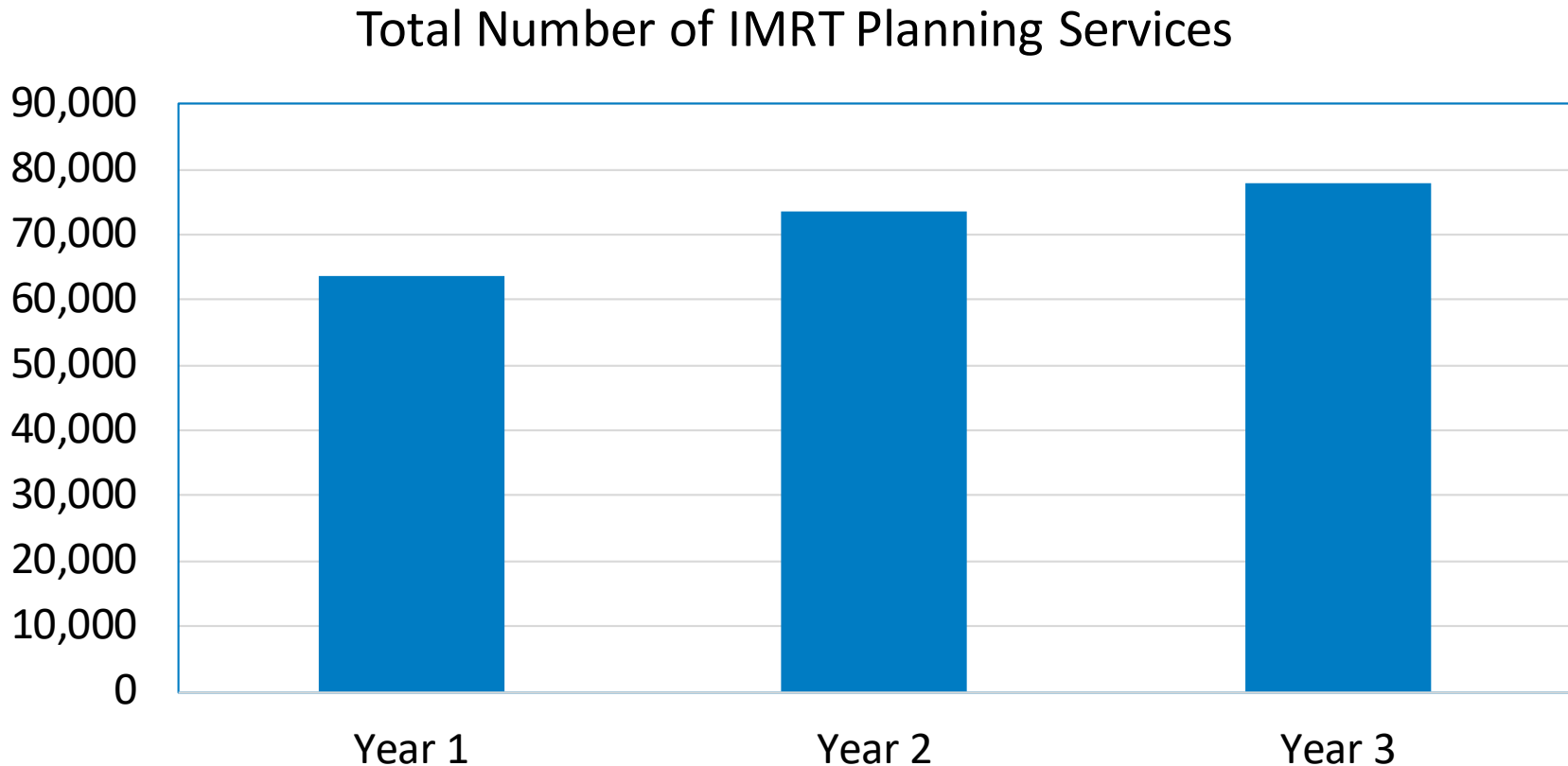
- Metric 5 is calculated as follows:
  - The total number of E/M services performed 0 – 14 days prior to or up to 60 days after the first instance of IMRT planning is divided by the total number of unique beneficiaries with at least one E/M visit.

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: Total Number of IMRT Planning Services

Total Number of IMRT Planning Services

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.

- *ICD-10 Expert, 2021.* American Academy of Professional Coders.

- *HCPCS Level II Expert.* American Academy of Professional Coders.

- *[2020 Medicare Fee-for-Service Supplemental Improper Payment Data](#).* U.S. Department of Health and Human Services (HHS). CMS.gov.

- *[Intensity-Modulated Radiation Therapy (IMRT) Planning Services Editing](#).* MLN Matters®, Number SE18013. HHS, CMS. CMS.gov.

- *[July 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS)](#).* MLN Matters®, Number MM9658. HHS, 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

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?