CBR202102: *Initial Preventive Physical Examinations (IPPEs) and Annual Wellness Visits (AWVs)*
CBR and Webinar Questions and Answers

<u>GENERAL</u>

Q: What is a Comparative Billing Report (CBR)?
A: A CBR is created to compare providers' billing statistics to those of their peers on a state or specialty level and a nationwide level.

Q: Within an organization, who receives the CBR?
A: Each CBR contains specific guidelines as to how a provider is included in the CBR analyses. If a provider meets the criteria to receive a CBR, a notice is sent using the contact information available in the [Provider Enrollment, Chain, and Ownership System](#) (PECOS) database. The CBR Team uses providers' listed email addresses or fax numbers to send notifications about CBR releases, along with information about how providers can access their report. Physical copies of the CBR are also mailed to providers' mailing addresses.

Q: I received a CBR; am I doing something wrong?
A: CBRs are distributed for educational and comparative purposes, and they do not indicate any wrongdoing. The receipt of a CBR should encourage an internal review of medical records to confirm the correct coding and billing processes — as related to the specific area covered by the CBR analysis — are in place.

Q: Is there a way to receive a list of providers who received CBRs within a group practice or receive information for a large group of providers?
A: The providers who receive a CBR will receive individual notifications via the email address or fax number listed in PECOS. In addition, a physical copy of the CBR will be mailed to each provider's mailing address. If there is a question as to whether or not all notifications were received for a group of providers, our Help Desk can assist with lists of National Provider Identifier (NPI) numbers.

Q: Is the provider who qualified for a CBR the only individual who can obtain the CBR and data?
A: The CBR and validation code information is sent to the contact data listed in PECOS. Those who can access the email or fax receipts will therefore be in a position to view the CBR access information. A physical copy of the CBR is also mailed to the mailing address listed in PECOS.

Q: We did not receive a CBR. Can we request a CBR be sent for our providers or find a CBR on the website, even if our providers were not identified as outliers for this CBR?
A: CBR reports are produced only if a provider meets the criteria for receiving a CBR, and the reports are not produced for providers upon request.

Q: How can I receive emails in regard to the CBR reporting?
A: A link to join our email list can be found on our homepage: cbr.cbrpepper.org/home.

Q: How can I find out if I have a CBR on file for this topic or any past topics?
A: Submit a Help Desk ticket at cbr.cbrpepper.org/help-contact-us; we can provide CBR information that is on file for providers, if any is available.

Q: Is there a list of past CBR topics available?
A: Our homepage (cbr.cbrpepper.org/home) lists the most recent CBR releases, along with the resources that are available for each release.

Q: Where would a CBR be sent if our provider was identified as an outlier? How can I change the contact information regarding where the CBR is sent?
A: If a provider is eligible to receive a CBR using the metrics explained in the webinar, an email is sent to the email address available in PECOS. If a valid email address is not available, the notice is sent via fax to the fax number in PECOS. Providers also receive a physical copy of their CBR to the mailing address listed in PECOS. Please ensure your email address and fax number are updated in PECOS. The CBRs are available in the secure CBR Portal at cbrfile.cbrpepper.org by using the unique validation code that can be found in the mailed CBR as well as the email or fax notification.

Q: Where can I obtain the validation code to obtain my CBR report?
A: The validation code is sent upon distribution of the CBR to the provider by email or fax.

Q: Is there a way to submit suggestions for future CBR topics and metrics?
A: Any suggestions or feedback about future CBRs can be submitted through the "Provide your feedback on CBRs" link found on the CBR homepage: cbr.cbrpepper.org/home.

Q: Can I change the outcome of my CBR?
A: CBR topics are typically analyzed only once; therefore, any changes in your coding and billing process after the release of this CBR could not be analyzed. If an internal review of your coding and billing patterns reflects that an adjustment should be made to meet compliance guidelines, then you should make those adjustments.

Q: Will this CBR lead to an audit?
A: Receipt of a CBR is never an indication of or a precursor to an audit.

DOCUMENTATION AND CODING GUIDELINES

Q: Is it incorrect to submit IPPEs and AWVs on the same day as evaluation and management (E/M) visits?
A: An IPPE and/or AWV can be billed on the same day as an E/M visit as long as the documentation supports each visit, the correct codes are selected, and the proper use of the appropriate modifiers is applied.

Q: What do the metric outcomes represent?
A: Each metric analyzes an area of the provider's claims for IPPE and AWV services:
- Metric 1 analyzes the submission of E/M visits on the same day as an IPPE/AWV service.
- Metric 2 analyzes the submission all Medicare Part B services on the same day as IPPE/AWV service, per patient.

Q: What does the term "all Medicare Part B services" refer to in Metric 2?
A: The data for the Metric 2 analysis looks at each patient seen by the provider for an IPPE/AWV service. Any Medicare Part B services provided for that patient on that day are included in the analysis.

REPORT SPECIFICS

Q: Why was this CBR created?
A: Following reports and information that suggested possible overpayments, this CBR was created to allow providers to self-review their charts and claims to confirm the compliance of their internal coding and billing.

Q: I received an outcome of "Significantly Higher" for one or more of the metric analyses. Is this "bad"?
A: The outcomes for the metrics reflect that your billing patterns differ from those of your peers. There is a high possibility of improper payments for this code set, and we encourage you to review your internal records to confirm that your coding and billing processes are compliant.

Q: Why is this report focused on the specific Healthcare Common Procedure Coding System (HCPCS) codes G0402, G0438, and G0439 codes listed in the CBR?
A: These codes were selected because of the possibility of improper payments and an analysis of prior incorrect payments, as referenced in the introduction of the CBR.

Q: What does the term "allowed amount" refer to?
A: The allowed amount is taken from the Centers for Medicare & Medicaid Services (CMS) fee schedule for the Current Procedural Terminology® and HCPCS codes involved in this analysis.

Q: Is this CBR limited to a certain specialty?
A: This CBR focuses on all providers who submitted claims for IPPEs and AWVs using HCPCS codes G0402, G0438, and G0439.

Q: Are CBRs sent to facilities or group NPIs?
A: CBRs are created for individual providers, and they are based on paid Medicare Part B claims that contain the provider's NPI.

Q: How are "peers" defined within the CBR?
A: For the purpose of this report, the state and national peer groups are defined as follows:
- The state peer group is defined as all rendering Medicare providers practicing in the individual provider's state or territory with allowed charges for the procedure codes included in this study.
- The national peer group is defined as all rendering Medicare providers in the nation with allowed charges for the procedure codes included in this study.

Q: What should I do with the results of my report?
A: CBRs reflect providers' claims billing patterns as compared to their peers for a coding and billing area that is vulnerable to improper payments. Providers are encouraged to use the report as a support to their internal audit and compliance efforts. Since the code set has been identified as vulnerable to improper payments, it is recommended that a separate audit or review of the documentation and code assignment is performed so that providers can confirm that all documentation supports the selection of all codes and modifiers.

Q: Is it possible for us to receive a detailed list of the patients and dates of service that were included in the analysis for this CBR?
A: The CBR Team is not able to provide a listing of claims/patients included in the CBR analysis. Providers may be able to identify those claims/patients by using the same claims inclusion/exclusion criteria that are specified in the CBR.

Q: After receipt of a CBR, is there follow-up provided to re-review any changes in claims submission that may have taken place?
A: The CBR Team does not conduct follow-up assessments of claims data to determine whether providers' billing patterns have changed after a CBR release. Please note: The CBR is not intended to suggest wrongdoing or improper activities, and receipt of a CBR does not require response or follow-up from a provider. While it is possible that a CBR topic may be repeated at some point in the future, there are no plans to do so for this CBR topic at this time.

Q: How does RELI Group, Inc., receive the Medicare Part B claims data for the CBR analysis?
A: RELI Group, Inc., has access to the Medicare claims data through its contract with the CMS. The CBR Team downloads the claims data from CMS' Integrated Data Repository. The claims

data is analyzed during CBR production, and each provider's summarized data is presented in an individualized CBR.

WEBINAR SPECIFICS

Q: I would like to view this webinar again; how can I find the slide handout, recording, and transcript for the webinar?
A: The webinar slide handout, recording, and transcript are posted on the CBR homepage: cbr.cbrpepper.org/home.

Q: I was not able to ask a question during the webinar. Where can I find assistance?
A: To request assistance or submit questions, please contact the CBR Help Desk at cbr.cbrpepper.org/help-contact-us or call 1-800-771-4430, M–F, 9 a.m.–5 p.m. ET (please note the Help Desk line is currently experiencing high call volume; creating a Help Desk ticket for your inquiry is advised).