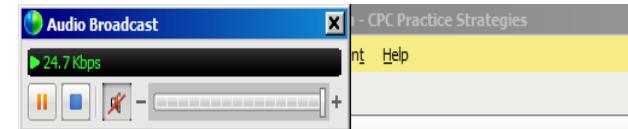


Thank you for joining us!

- 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 180 709 1262) (limited to 500 callers).





CBR202102 Initial Preventive Physical Examinations (IPPEs) and Annual Wellness Visits (AWVs)

March 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.

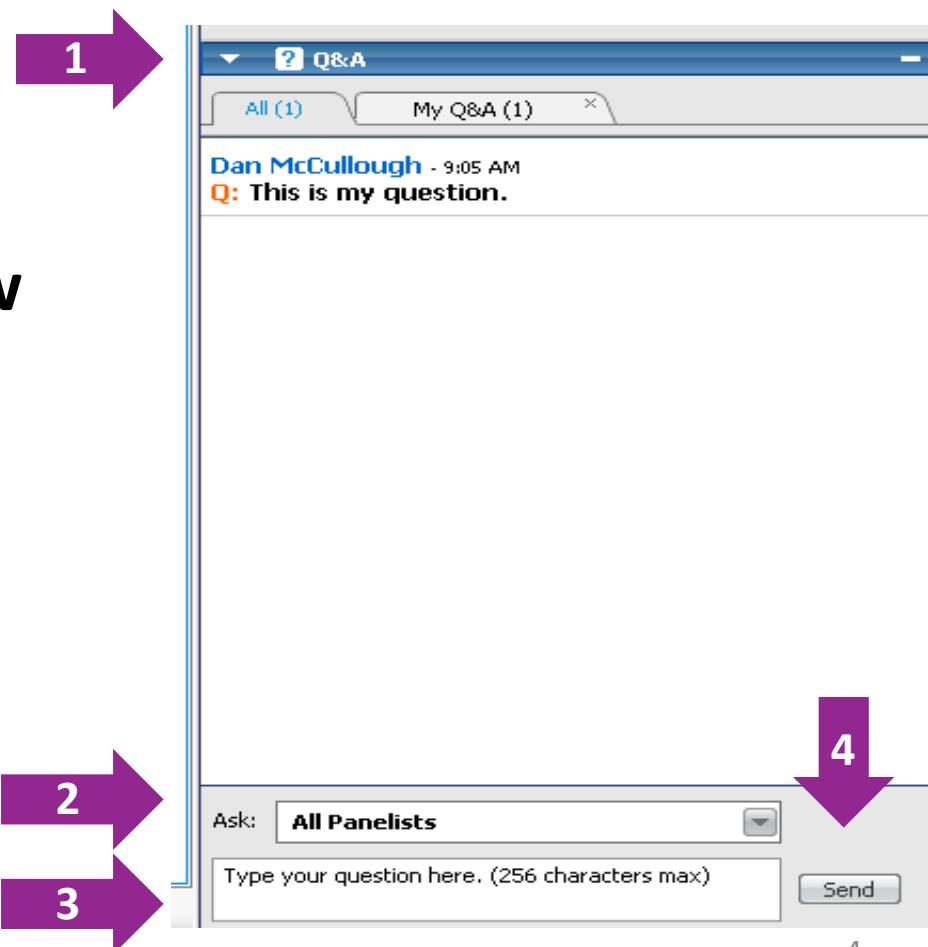


A Q&A document will be developed and posted at CBR.CBRPEPPER.org.

To Ask a Question in Split Screen

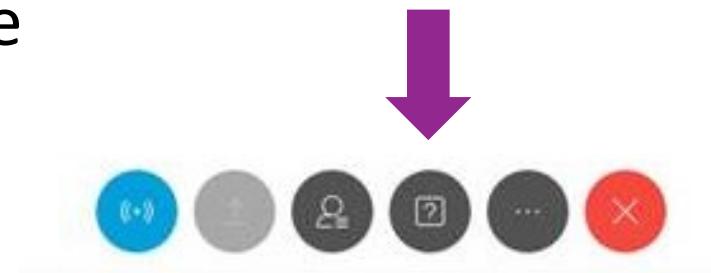
Ask your question in Q&A as soon as you think of it.

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 *CBR202102 Initial Preventive Physical Examinations (IPPEs) and Annual Wellness Visits (AWVs)*.
- Gather resources for further questions and inquiries.

Webinar Agenda

- What is a CBR?
- How to access your CBR
- Review a sample CBR
- *CBR202102*
- 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>.

CBR202102 Terminology

- For the purposes of this analysis and document, the following terms are synonymous with the listed Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology® (CPT®) codes:
 - “IPPE/AWV” and HCPCS codes G0402, G0438, and G0439
 - “Evaluation and management (E/M) services” and CPT® codes 99201-99205 and 99211-99215

IPPE/AWV Vulnerability

- The *2020 Medicare Fee-for-Service Supplemental Improper Payment Data* report reflects an improper payment rate of 29.5% for the HCPCS code G0439, which represents \$192,677,982 in possible improper payments.

IPPE/AWV Desired Behavior

- Proper documentation for services
 - Ensure sufficient documentation to support proper use of IPPE/AWV codes
 - Follow CMS guidance regarding the services that take place during IPPE/AWV encounters

CBR202102 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® 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

CBR202102 Provider Focus

- *CBR202102* focuses on rendering providers that submitted claims to Medicare Part B for IPPEs and AWVs using HCPCS codes G0402, G0438, and G0439.

CBR202102 Analysis and Results

- *CBR202102* summarizes statistics for services with dates of service from Aug. 1, 2019, through July 31, 2020.
- There were 142,598 rendering providers nationwide that have submitted claims for IPPE and AWV services.

Metrics of *CBR202102*

- Percentage of IPPE/AWV services submitted with E/M service on the same date of service, by HCPCS code
- Average allowed charge amount for all Medicare Part B services by the same provider on the same date of service, per beneficiary

The Criteria for Receiving *CBR202102*

The criteria for receiving *CBR202102* are that a provider:

1. Is significantly higher compared to either state or national averages or percentages in any of the two metrics (i.e., greater than or equal to the 90th percentile), and
2. Has at least eight beneficiaries with claims and at least \$1,300 in total allowed charges for HCPCS code G0402, or at least 13 beneficiaries with claims and at least \$2,000 in total allowed charges for G0438, or at least 94 beneficiaries with claims and at least \$10,000 in total allowed charges for G0439.

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 IPPE/AWV Services Submitted with E/M Service on the Same Date of Service, by HCPCS Code

- Metric 1 is calculated as follows:
 - The total number of IPPE/AWV services performed on the same date of service as an E/M visit is divided by the total number of IPPE/AWV services.

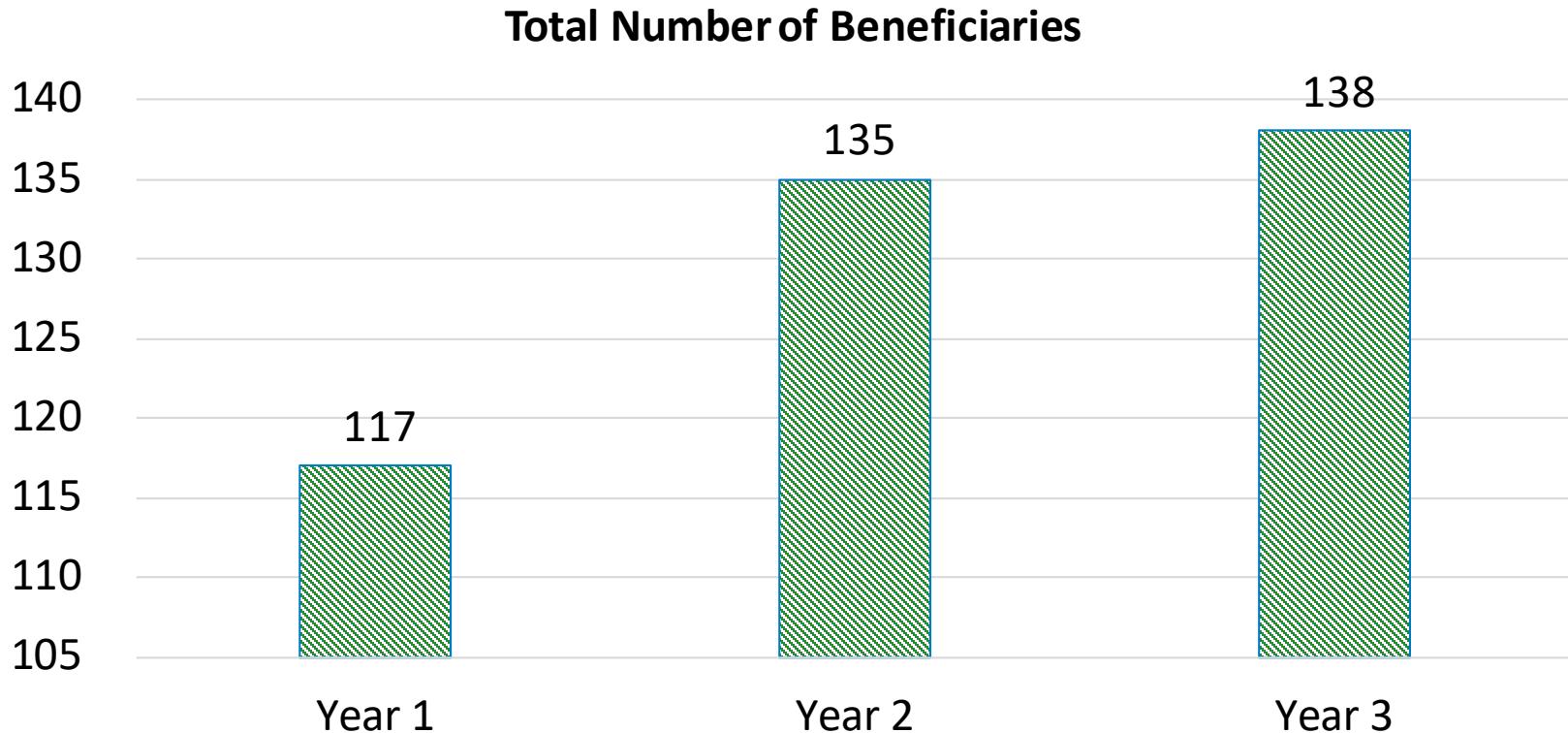
Calculation of Metric 2

Average Allowed Charge Amount for All Medicare Part B Services by the Same Provider on the Same Date of Service, per Beneficiary

- Metric 2 is calculated as follows:
 - The total allowed charges for all Medicare Part B services for a beneficiary performed on the same date of service as an IPPE/AWV service by the same provider is divided by the total number of unique beneficiaries for IPPE/AWV services.

Provider Trends

Figure 1: Total Number of Beneficiaries Who Received IPPE/AWV Services



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.

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.
- *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.
- [*Medicare Claims Processing Manual, “Chapter 18.”*](#) CMS. CMS.gov.
- [*Medicare Wellness Visits*](#). MLN®, Number MLN6775421. HHS, CMS. CMS.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?

