



# *CBR202104 Chronic Care Management (CCM)*

May 12, 2021, 3 p.m. ET



## Webinar Objective

- Understand the purpose and use of Comparative Billing Reports (CBRs).
- Comprehend the function of *CBR202104: Chronic Care Management (CCM)*.
- Gather resources for further questions and inquiries.

# Webinar Agenda

- What is a CBR?
- How to access your CBR
- Review a sample CBR
- *CBR202104*
- 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.

<b>Your Information</b>	<b>Provider Information</b>
First Name <input type="text"/>	Provider Name <input type="text"/>
Last Name <input type="text"/>	Provider City <input type="text"/>
Email <input type="text"/>	Provider State / Territory <input type="text"/>
Confirm Email <input type="text"/>	

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>.

## ***CBR202104 Terminology***

- For the purposes of this analysis and document, the following terms are synonymous with the listed Current Procedural Terminology® (CPT®) codes:
  - “CCM” and CPT® codes 99487, 99489, 99490, and 99491

## CCM Vulnerability

- The *2020 Medicare Fee-for-Service Supplemental Improper Payment Data* report reflects an improper payment rate of 67.4% for the CPT® code 99490
  - This represents \$93,486,492 in possible improper payments.
  - 100% of this improper payment rate is attributed to insufficient documentation.

## CCM Desired Behavior

- Proper documentation for services
  - Ensure there is sufficient documentation to support the proper use of CPT® codes and medical necessity
- Correct code assignment
  - Be aware of CPT® and International Classification of Diseases, 10th Revision, Clinical Modification code requirements and services included in CCM services

# CBR202104 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 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

## ***CBR202104 Provider Focus***

- *CBR202104* focuses on rendering providers that submitted claims to Medicare Part B for CCM using CPT® codes 99487, 99489, 99490, and 99491.

## ***CBR202104 Analysis and Results***

- *CBR202104* summarizes statistics for services with dates of service from Dec. 1, 2019, through Nov. 31, 2020.
- There are 21,833 rendering providers nationwide that have submitted claims for CCM.

## Metrics of *CBR202104*

- Percentage of CCM claims billed with zero or only one chronic diagnoses
- Percentage of CCM claims overall
- Percentage of CPT® 99487 with add-on CPT® code 99489

# The Criteria for Receiving *CBR202104*

The criteria for receiving *CBR202104* are that a provider:

1. Is significantly higher compared to either state or national percentages in any of the three metrics (i.e., greater than or equal to the 90th percentile), and
2. Has at least 30 total beneficiaries with claims submitted for CPT® codes 99487, 99489, 99490, and 99491, and
3. Has at least \$5,500 in total allowed charges for CPT® codes 99487, 99489, 99490, and 99491.

## 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 90<sup>th</sup> 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 CCM Claims Billed With Zero or Only One Chronic Diagnoses**

Metric 1 is calculated as follows:

- The count of unique claims for CCM with zero or only one chronic diagnosis codes is divided by the count of unique CCM claims.

# Calculation of Metric 2

## Percentage of CCM Claims Overall

- Metric 2 is calculated as follows:
  - Count of unique CCM claims is divided by the total count of all unique claims.

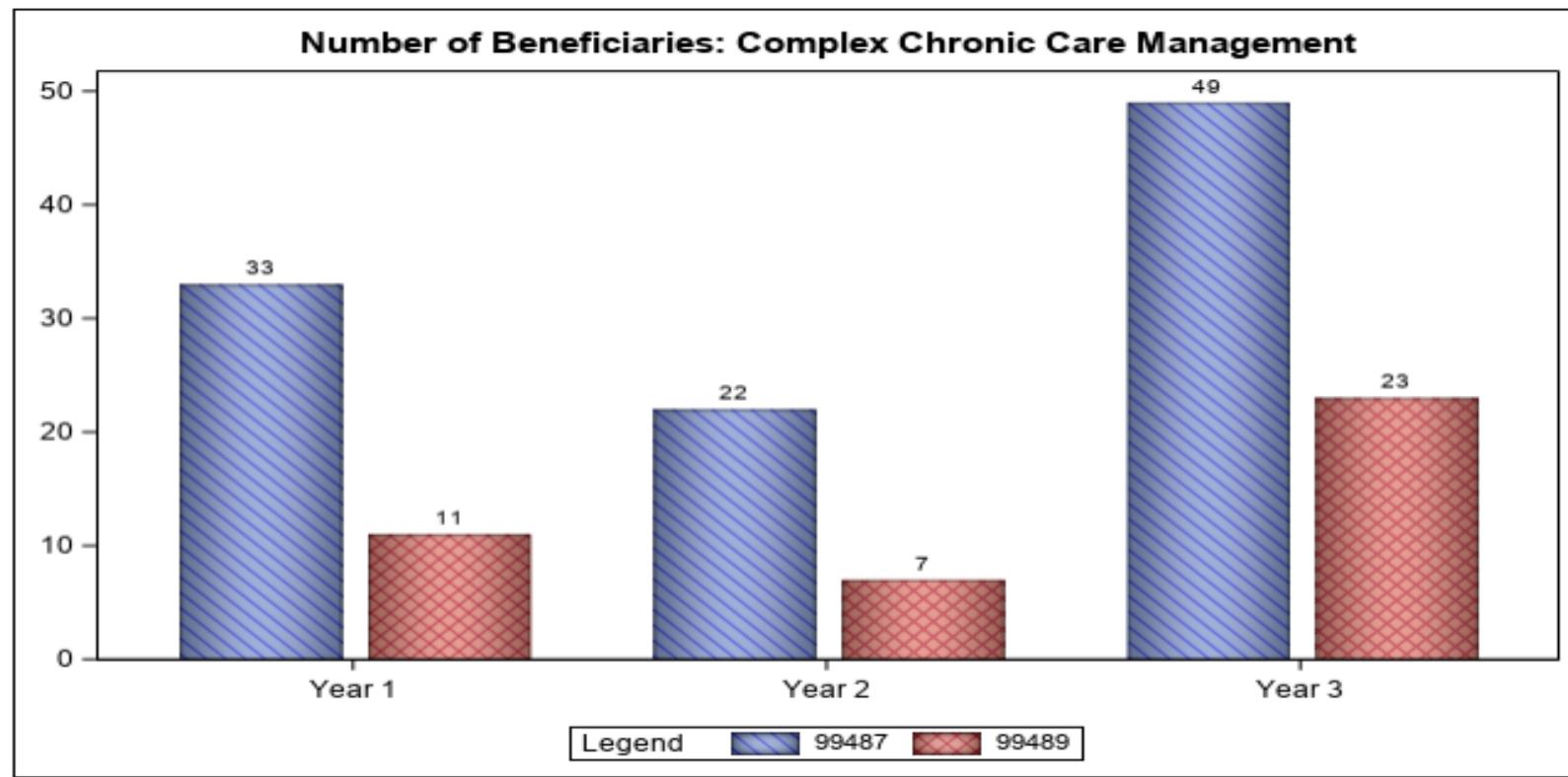
## Calculation of Metric 3

### Percentage of CPT® 99487 with Add-On CPT® Code 99489

- Metric 3 is calculated as follows:
  - The count of unique claims for CPT® code 99487 that are submitted with an add-on CPT® code 99489 is divided by the count of unique claims for CPT® code 99487.

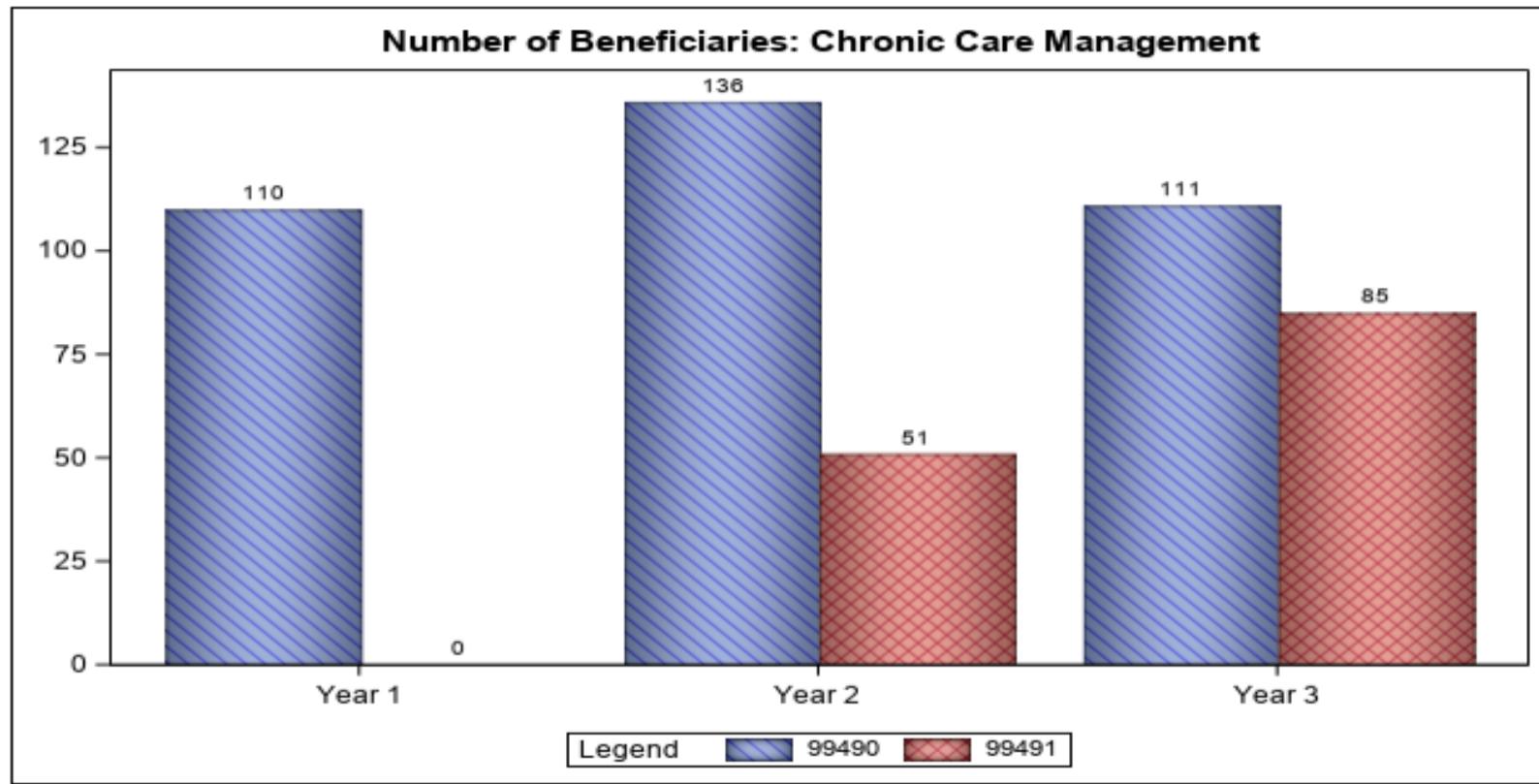
# Provider Trends

**Figure 1: Total Number of Beneficiaries Who Had Claims Submitted for CPT® Codes 99487 and 99489; Trend Over Time**



## Provider Trends

**Figure 2: Total Number of Beneficiaries Who Had Claims Submitted for CPT® Codes 99490 and 99491; Trend Over Time**



# 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® 2021 Professional Edition*. American Medical Association.
- *2020 Medicare Fee-for-Service Supplemental Improper Payment Data*. U.S. Department of Health and Human Services (HHS). CMS.gov.
- *Medicare Made Hundreds of Thousands of Dollars in Overpayments for Chronic Care Management Services*. OIG, HHS. oig.hhs.gov.
- *CBR202104 Diagnosis Code List*

## CBR 202103:

### Comprehensive Eye Examinations

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

## CBR 202102:

### Initial Preventive Physical Examinations and Annual Wellness Visits

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

## CBR 202101:

### Intensity-Modulated Radiation Therapy

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

## CBR 202010:

### Orthoses Referring Providers

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

## CBR 202009:

### Critical Care

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

## 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](#)

# Questions?

