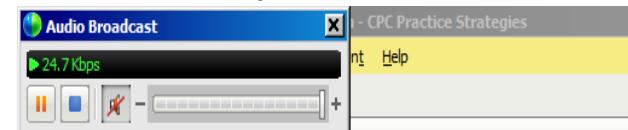


Thank you for joining us!

- 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 172 185 3919) (limited to 500 callers).





CBR202107: Wound Debridement

August 11, 2021



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.

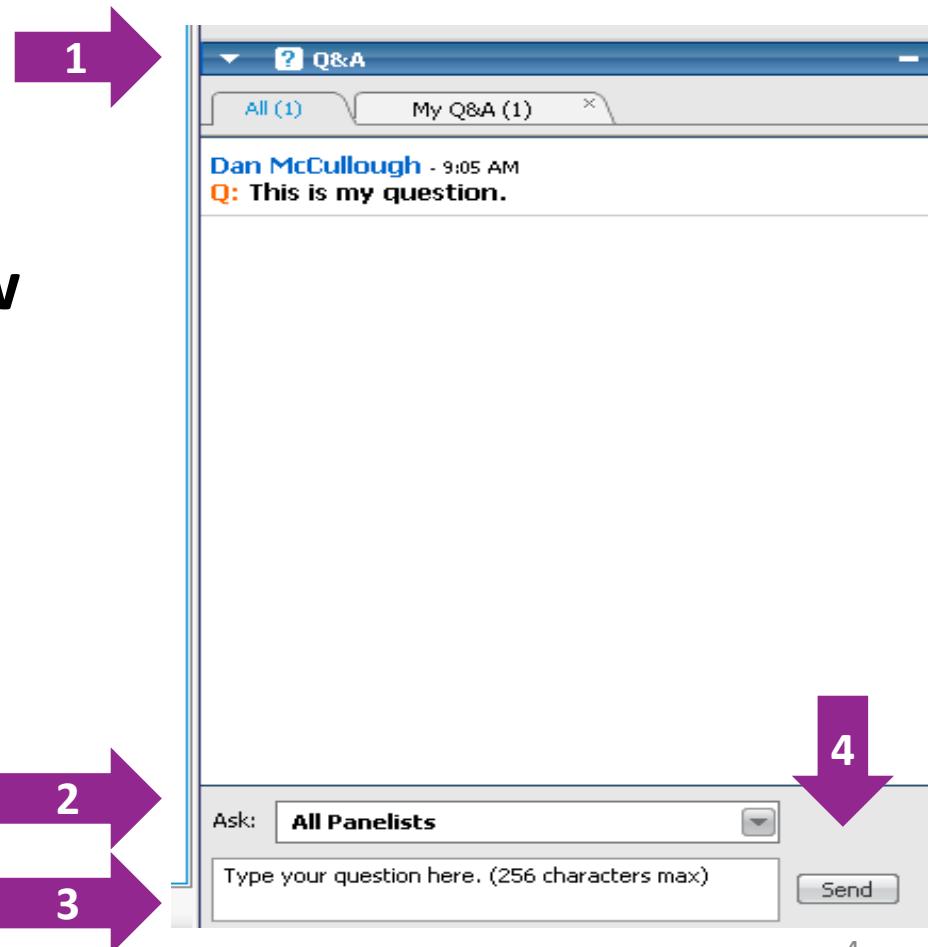


A “Q&A” document will be developed and posted at CBR.CBRPEPPER.org.

To Ask a Question in Split Screen

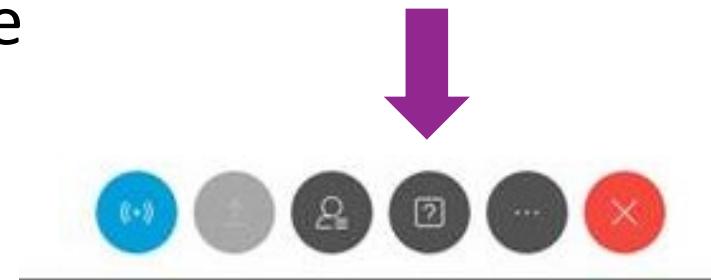
Ask your question in Q&A as soon as you think of it.

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 and handout



Coding guidance document



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 *CBR202107: Wound Debridement*.
- Gather resources for further questions and inquiries.

Webinar Agenda

- What is a CBR?
- How to access your CBR
- Review a sample CBR
- *CBR202107*
- 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 information about vulnerabilities to the Medicare Trust Fund
- Informs providers whose billing patterns differ from those of their peers

The Purpose of *CBR202107*

- Protect the Medicare Trust Fund
- Increase providers' awareness about utilization of wound debridement services
- Support providers' internal compliance processes
- Provide coding guidelines and Current Procedural Terminology® (CPT®) requirements

Five Things a CBR Is Not

**An indication of
wrongdoing**

An audit

**A medical review
CBR**

**A prompt to
change your
clinical care**

**A request for a
response**

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.



The Importance of Downloading Your CBR

- Download your CBR from the CBR Portal:
<https://cbrfile.cbrpepper.org/>.
- Guarantee the availability of the CBR to any department or employee tasked with reviewing it.
- Provide easy access for compliance reviews.

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	Provider Information
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

Wound Debridement Guidelines

- In the CPT® 2020 Professional Edition, the guidance for wound debridement is as follows:
 - “Wound debridements are reported by depth of tissue that is removed and by surface area of the wound. These services may be reported for injuries, infections, wounds, and chronic ulcers. When performing debridement of a single wound, report depth using the deepest level of tissue removed. In multiple wounds, sum the surface area of those wounds that are at the same depth, but do not combine sums from different depths.”

Wound Debridement Codes

CPT® Codes	Description
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
+11045	Each additional 20 sq cm, or part thereof
11043	Debridement, muscle and/or fascia (includes epidermis and dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
+11046	Each additional 20 sq cm, or part thereof
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
+11047	Each additional 20 sq cm, or part thereof

CBR202107 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 provider's 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

CBRs and the Public Health Emergency (PHE)

- This CBR provides data regarding your claims submission, as compared to other providers' claims submission within your state and in the nation.
- The report is offered to facilitate an analysis of your billing submissions during a timeframe that occurred during the PHE.
- Please consider how your billing practices have changed during the PHE when you review the data within this report.

Wound Debridement Services Vulnerability

- According to the *2020 Medicare Fee-for-Service Supplemental Improper Payment Data* report:
 - There is a 9.1% improper payment rate for Medicare Part B “ambulatory procedures – skin,” representing over \$169 million
 - 95.7% of this improper payment rate is attributed to insufficient documentation

Wound Debridement

Desired Behavior

- Proper documentation for wound debridement code assignment”
 - “Wound debridements are reported by depth of tissue that is removed and by surface area of the wound. These services may be reported for injuries, infections, wounds, and chronic ulcers. When performing debridement of a single wound, report depth using the deepest level of tissue removed. In multiple wounds, sum the surface area of those wounds that are at the same depth, but do not combine sums from different depths.”

Source: *CPT® 2021 Professional Edition*. American Medical Association.

CBR202107 CBR Provider Focus

- *CBR202107* analyzes the following:
 - Rendering providers nationwide that have submitted claims for wound debridement
 - Submission of claims by providers for CPT® codes for wound debridement, which includes CPT® codes 11042, 11045, 11043, 11046, 11044, and 11047



CBR202107 Analysis and Results

- *CBR202107* summarizes statistics for services with dates of service from Feb. 1, 2020, through Jan. 31, 2021.
- There were 27,882 rendering providers with combined allowed charges of over \$332 million for providers that submitted claims for wound debridement services.

Metrics of *CBR202107*

This report is an analysis of the following metrics:

1. Percentage of claims billed with add-on codes
2. Percentage of allowed charge amount from add-on codes
3. Average number of units per claim line with an add-on code

The Criteria for Receiving *CBR202107*

- The criteria for receiving *CBR202107* are that the provider:
 - Is significantly higher compared to either specialty or national values in any of the three metrics (i.e., greater than or equal to the 90th percentile), and
 - Has at least five total beneficiaries with claims submitted for CPT® codes 11042, 11045, 11043, 11046, 11044, 11047, and
 - Has at least \$1,500 in total allowed charges for CPT® codes 11042, 11045, 11043, 11046, 11044, 11047.

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 Claims Billed with Add-On Codes

- Metric 1 is calculated as follows:
 - The count of unique claims with an add-on code is divided by the count of unique claims with a base code only, a base code and an add-on code, or an add-on code only.

Calculation of Metric 2

Percentage of Allowed Charge Amount from Add-On Codes

- Metric 2 is calculated as follows:
 - The total allowed charge amount for add-on codes is divided by the total allowed charge amount for claims with a base only, a base and add-on code, or add-on code only.

Calculation of Metric 3

Average Number of Units per Claim Line with an Add-On Code

- Metric 3 is calculated as follows:
 - The count of units from claim lines with an add-on code is divided by the total number of unique claim lines with an add-on code.

CBR202107 Provider Trend Figures

- Figure 1: Total Number of Beneficiaries Who Had Claims Submitted with CPT® Codes for Subcutaneous Wound Debridement; Trend Over Time
- Figure 2: Total Number of Beneficiaries Who Had Claims Submitted with CPT® Codes for Muscle/Fascia Wound Debridement; Trend Over Time
- Figure 3: Total Number of Beneficiaries Who Had Claims Submitted with CPT® Codes for Bone Wound Debridement; 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 the importance of proper documentation and code assignment.

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.
- *An Economic Evaluation of the Impact, Cost, and Medicare Policy Implications of Chronic Nonhealing Wounds*. Nussbaum, Samuel; Carter, Marissa; Fife, Caroline; DaVanzo, Joan; Haught, Randall; Nusgart, Marcia; Cartwright, Donna. *Value in Health: The Journal of the International Society for Pharmacoeconomics and Outcomes Research*, 2017. valueinhealthjournal.com.

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?

