CBR202109: Drugs of Abuse Testing

CBR Comparative Billing Reports

RELI Group

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 *CBR202109: Drugs of Abuse Testing*.

- Gather resources for further questions and inquiries.

Webinar Agenda

- What is a CBR?

- How to access your CBR

- Review a sample CBR

- *CBR202109*

- 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 *CBR202109*

- Protect the Medicare Trust Fund

- Increase providers' awareness about utilization of drug testing services

- Support providers' internal compliance processes

- Provide coding guidelines and 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

Drugs of Abuse Testing Current Procedural Terminology® (CPT®) Codes

CPT® Codes	Description
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only, includes sample validation when performed, per date of service
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation, includes sample validation when performed, per date of service
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers, chromatography, and mass spectrometry either with or without chromatography, includes sample validation when performed, per date of service

Drugs of Abuse Testing Healthcare Common Procedure Coding System (HCPCS) Codes

HCPCS Codes	Description
G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers, including, but not limited to, GC/MS and LC/MS and excluding immunoassays and enzymatic methods, (2) stable isotope or other universally recognized internal standards in all samples, and (3) method or drug-specific calibration and matric-matched quality control material; qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed

Drugs of Abuse Testing HCPCS Codes

HCPCS Codes	Description
G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers including, but not limited to GC/MS and LC/MS and enzymatic methods, (2) stable isotope or other universally recognized internal standards in all samples, and (3) method or drug-specific calibration and matric-matched quality control material; qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed
G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers including, but not limited to GC/MS and LC/MS and enzymatic methods, (2) stable isotope or other universally recognized internal standards in all samples, and (3) method or drug-specific calibration and matric-matched quality control material; qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed

Drugs of Abuse Testing HCPCS Codes

HCPCS Codes	Description
G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers including, but not limited to GC/MS and LC/MS and enzymatic methods, (2) stable isotope or other universally recognized internal standards in all samples, and (3) method or drug-specific calibration and matric-matched quality control material; qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed

Drugs of Abuse Testing HCPCS Codes

HCPCS Codes	Description
G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers, including but not limited to GC/MS and LC/MS, excluding immunoassays and enzymatic methods, performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes

CBR202109 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 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.

Drug Testing Services Vulnerability

- According to the *2020 Medicare Fee-for-Service Supplemental Improper Payment Data* report:
  - There is a 42.7% improper payment rate for the HCPCS code G0483, which represents over $104 million in improper payment.

Drug Testing Desired Behavior

- Help reduce the possibility of improper payments by taking the following actions:
  - Perform drug tests appropriate to each patient's clinical care and medical necessity.
  - Refer patients to trusted colleagues responsibly.
  - Review CPT® codes and HCPCS codes to ensure correct code assignment.
  - Perform regular internal reviews of documentation and code selection to ensure accuracy and compliance

CBR202109 CBR Provider Focus

- *CBR202109* analyzes the following:
  - Referring and rendering providers that submitted claims to Medicare Part B for drug testing or referred patients for drug testing
  - Submission of claims by providers for CPT® and HCPCS codes for presumptive and definitive drug testing, which includes CPT® codes 80305, 80306, and 80307 and HCPCS codes G0480, G80481, G0482, G0483, and G0659

CBR202109 Analysis and Results

- *CBR202109* summarizes statistics for services with dates of service from March 1, 2020, through Feb. 28, 2021.

- There were 85,183 rendering providers with combined allowed charges of over $629 million for providers that submitted claims for drug testing or referred patients for drug testing.

Metrics of *CBR202109*

This report is an analysis of the following metrics:

1. Average number of presumptive and definitive drug tests, per unique beneficiary

   a. Average number of presumptive drug tests, per unique beneficiary

   b. Average number of definitive drug tests, per unique beneficiary

2. Percentage of definitive drug tests using HCPCS code G0483

The Criteria for Receiving *CBR202109*

- The criteria for receiving *CBR202109* are that a provider:
  - Is significantly higher compared to either state or national percentages in any of the three metric calculations (i.e., greater than or equal to the 90th percentile), and
  - Has at least 31 beneficiaries with claims and at least $24,240 in total allowed charges for Metric 1a, at least 30 beneficiaries with claims and at least $31,870 in total allowed charges for Metric 1b, or at least 16 beneficiaries with claims and at least $6,090 in total allowed charges for Metric 2.

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 1a

Average Number of Presumptive and Definitive Drug Tests, per Unique Beneficiary

- Metric 1a is calculated as follows:
  - The total number of units for presumptive drug testing is divided by the total number of beneficiaries who received at least one presumptive drug test.

Calculation of Metric 1b

Average Number of Definitive Drug Tests, per Beneficiary

- Metric 1b is calculated as follows:
  - The total number of units for definitive drug testing is divided by the total number of beneficiaries who received at least one definitive drug test.

Comparative Billing Reports

Calculation of Metric 2

Percentage of Definitive Drug Tests Using HCPCS Code G0483

- Metric 2 is calculated as follows:
  - The number of allowed units of HCPCS code G0483 is divided by the total number of allowed units for all definitive drug tests.

CBR202109 Provider Trend Figures

- Figure 1: Total Number of Beneficiaries Who Had Claims Submitted or Were Referred for Presumptive Drug Testing

- Figure 2: Total Number of Beneficiaries Who Had Claims Submitted or Were Referred for Definitive Drug Testing

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.

- *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.

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?