



CBR202110: Critical Care Evaluation and Management (E/M) Services



Webinar Resources



Webinar slides



Webinar recording



Webinar handout



Webinar Q&A will be posted at
[CBR.CBRPEPPER.org](https://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 *CBR202110: Critical Care Evaluation and Management (E/M) Services*.
- Gather resources for further questions and inquiries.

Webinar Agenda

- What is a CBR?
- How to access your CBR
- Review a sample CBR
- *CBR202110*
- 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>.

Critical Care Defined

- In the *Current Procedural Terminology*® (*CPT*®) *2020 Professional Edition*, critical care is defined as follows:
 - “The direct delivery by a physician(s) or other qualified health care professional of medical care for a critically ill or critically injured patient. A critical illness or injury acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient’s condition.”

Critical Care Codes

Total Duration of Critical Care	Codes
Less than 30 minutes	99232 or 99233 or other appropriate E/M code
30 – 74 minutes	99291 x 1
75 – 104 minutes	99291 x 1 and 99292 x 1
105 – 134 minutes	99291 x1 and 99292 x 2
135 – 164 minutes	99291 x 1 and 99292 x 3
165 – 194 minutes	99291 x 1 and 99292 x 4
194 minutes or longer	99291 - 99292 as appropriate (per the above illustrations)

Modifier 25 Definition and Use

- The *CPT® 2021 Professional Edition* defines modifier 25 as follows:
 - “Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service.”
 - “A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported.”

CBR202110 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.

Critical Care Services Vulnerability

- According to the *2020 Medicare Fee-for-Service Supplemental Improper Payment Data* report:
 - 9.7% improper payment rate for Medicare Part B critical care providers, representing over \$21 million
 - 22.9% of this improper payment rate is due to insufficient documentation
 - 72.2% of this improper payment rate is due to incorrect coding
 - 19.7% improper payment rate for CPT® code 99291

Critical Care Desired Behavior

- Proper documentation for critical care
 - Medical necessity
 - Critical illness or injury, with acute impairment to one or more vital organ systems
 - High-complexity decision-making
 - Time spent in critical care
- Proper use of modifier 25
 - Confirm that a significant, separately identifiable E/M service took place

***CBR202110* CBR Provider Focus**

- *CBR202110* analyzes the following:
 - Rendering providers nationwide that have submitted claims for critical care services
 - Submission of claims by providers for CPT® codes for critical care services, which includes CPT® codes 99291 and 99292



CBR202110 Analysis and Results

- *CBR202110* summarizes statistics for services with dates of service from July 1, 2020, through June 30, 2021.
- There were 91,884 rendering providers with combined allowed charges of over \$1.1 billion for providers that submitted claims for critical care services.

Metrics of *CBR202110*

- This report is an analysis of the following metrics:
 - Percentage of services submitted with modifier 25
 - Average number of visits, per beneficiary
 - Average allowed charges, per beneficiary

The Criteria for Receiving *CBR202110*

- The criteria for receiving *CBR202110* are that the provider:
 - Is significantly higher compared to either state or national averages in any of the three metrics (i.e., greater than or equal to the 90th percentile), and
 - Has at least 30 total beneficiaries with claims for either CPT® code 99291 or 99292, and
 - Has at least \$20,000 in total allowed charges for critical care E/M CPT® codes, and
 - Is in the top 5% of recipients of CBR202105

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 Services Submitted with Modifier 25

- Metric 1 is calculated as follows:
 - The count of critical care services submitted with modifier 25 is divided by the count of critical care services submitted with or without modifier 25.

$$\left(\frac{\text{Critical care services submitted with modifier 25}}{\text{Critical care services submitted with or without modifier 25}} \right) \times 100$$

Calculation of Metric 2

Average Number of Visits (Distinct Dates of Service), per Beneficiary

- Metric 2 is calculated as follows:
 - The count of unique critical care visits is divided by the count of unique beneficiaries who had a critical care service.

$$\frac{\text{Unique critical care visits}}{\text{Unique beneficiaries who had a critical care service}}$$

Calculation of Metric 3

Average Allowed Charges, per Beneficiary

- Metric 3 is calculated as follows:
 - The sum of the total allowed charges for critical care services is divided count of unique beneficiaries who had a critical care service.

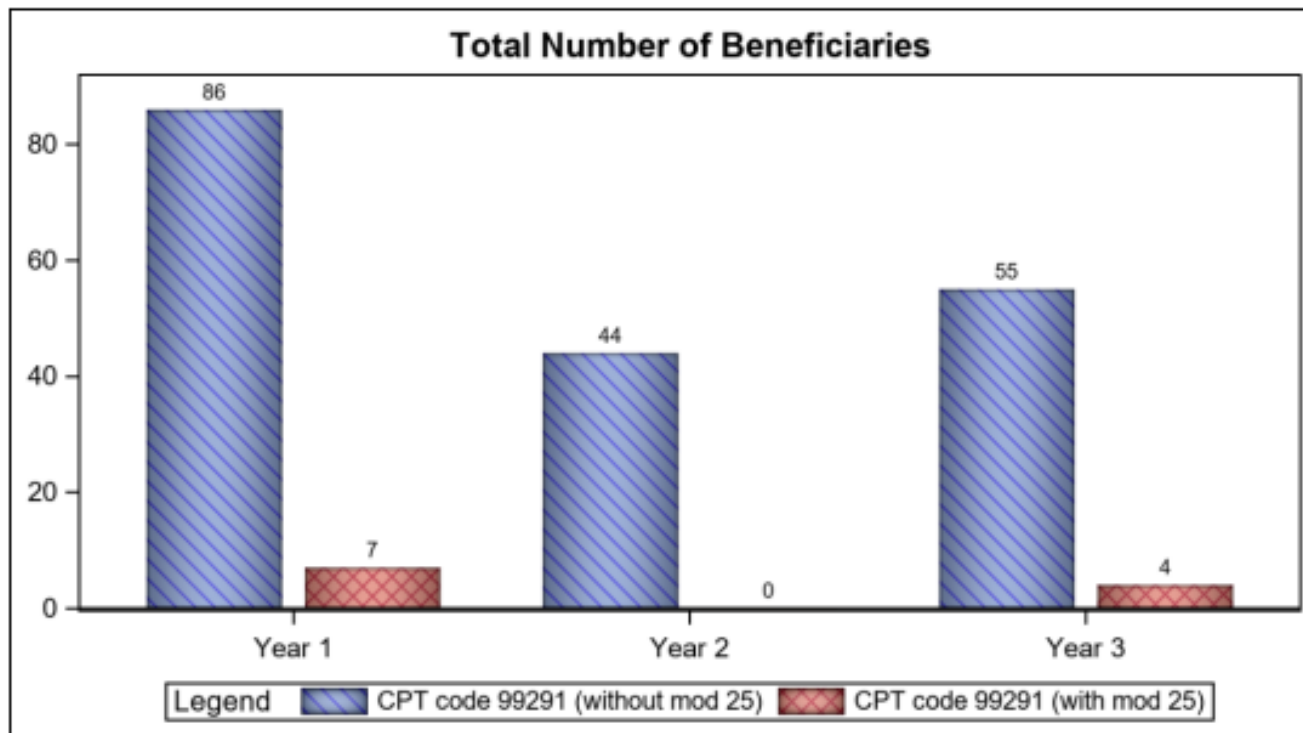
$$\frac{\text{Total allowed charges for critical care services}}{\text{Unique beneficiaries who had a critical care service}}$$

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 critical care and modifier 25 documentation and code assignment.

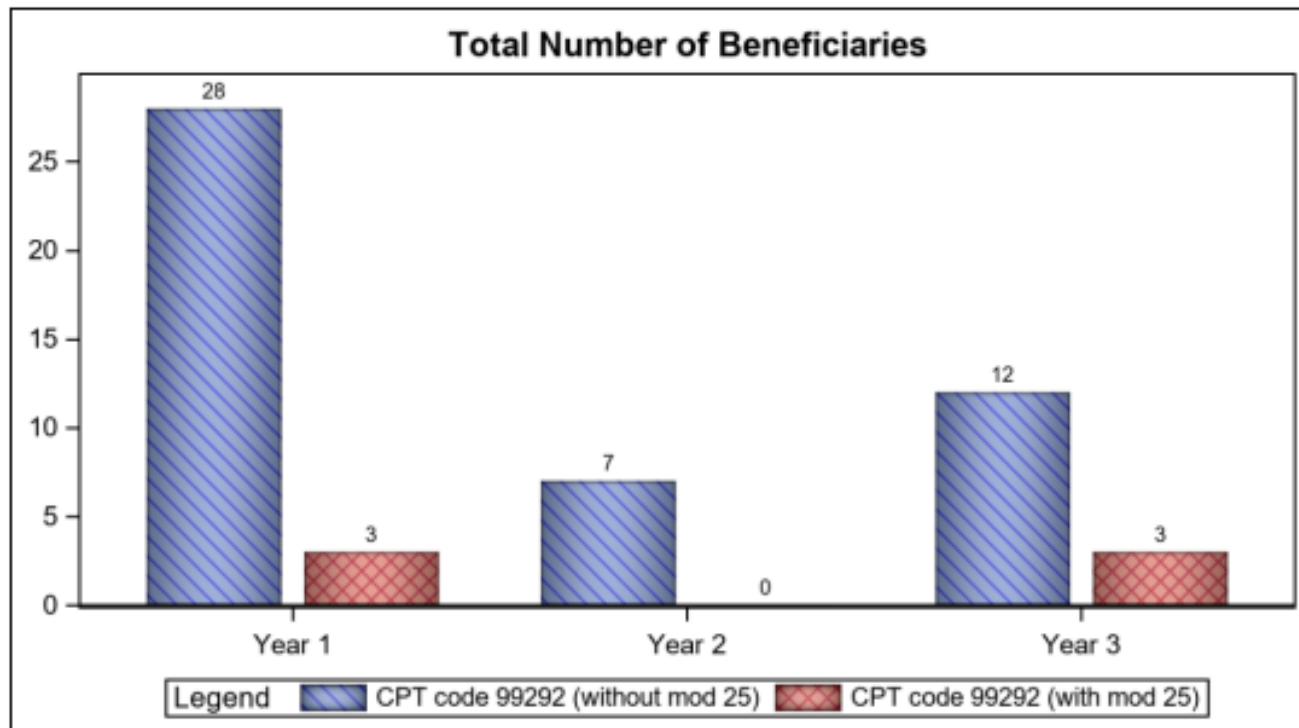
Provider Trends

Figure 1: Trend Over Time Analysis of Total Number of Beneficiaries for Whom CPT® Code 99291 Was Submitted



Provider Trends

Figure 2: Trend Over Time Analysis of Total Number of Beneficiaries for Whom CPT® Code 99292 Was Submitted



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. CMS.gov.
- [NCCI Policy Manual for Medicare Services, “Chapter XI: Medicine Evaluation and Management Services.”](#) CMS. CMS.gov.



Welcome to CBR Resources

This is the official site for information, training and support related to Comparative Billing Reports (CBRs).

The CBR program was created by The Centers for Medicare & Medicaid Services (CMS) as an educational tool for providers, intended to enhance accurate billing and/or prescribing practices and support providers' internal compliance activities. A CBR reflects a specific provider's billing and/or prescribing patterns as compared to his/her peers' patterns within a service area that may be prone to improper Medicare Part B payments. Each CBR is unique to a single provider, is disseminated only to that individual provider, and is not publicly available. Receiving a CBR is not an indication of or precursor to an audit, and it requires no response on a provider's part.

CARES Act

Please note: Policy guidance cited in published CBRs and PEPPERS are based on non-public health emergency Medicare rules. Please check with your Medicare Administrative Contractor to determine if a particular service or supply is impacted by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act, published in March 2020, addresses Medicare flexibilities related to the COVID-19 crisis.

CBR Analysis During the Public Health Emergency (PHE)

A CBR provides data regarding your claims submission, as compared to other providers' claims submissions. The report is offered to facilitate an analysis of your billing submissions during a timeframe that may include the PHE. Please consider the changes that took place to your billing practices during the PHE when you review the data within this report.

Success stories: How your peers have used CBRs.

[Go to Success Stories](#)

Upcoming Event: CBR 20210 Critical Care

When: Wednesday, December 1, 2021

3:00 - 4:00 p.m. EST

Topic: This session will review the Comparative Billing Report (CBR) 20210 Critical Care

[REGISTER](#)

CBR 202109:

Drugs of Abuse Testing

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- National/Specialty Data (XLSX)
- Access Your CBR

CBR 202108:

Impact of the Public Health Emergency (PHE) on Telehealth

- Sample CBR: Mock Provider Data (PDF)
- Training: Recording and Handouts
- Specialty/National Data (XLSX)
- Access Your CBR

CBR 202107:

Wound Debridement

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

CBR 202106:

Orthoses Referring Providers

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

CBR 202105:

Critical Care Evaluation and Management Services

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

CBR 202104:

Chronic Care Management

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

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

Questions?

