



CBR202203: Lipid Panel Testing



Webinar Resources



Webinar slides



Webinar recording and handout



Coding guidance document



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 Objectives

- Understand the purpose and use of Comparative Billing Reports (CBRs).
- Comprehend the function of *CBR202203: Lipid Panel Testing*.
- Gather resources for further questions and inquiries.

Webinar Agenda

- What is a CBR?
- How to access your CBR
- Review a sample CBR
- *CBR202203*
- 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

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

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

The Purpose of *CBR202203*

- Protect the Medicare Trust Fund
- Increase providers' awareness about utilization of lipid panel testing
- Support providers' internal compliance processes
- Provide coding guidelines and requirements

Lipid Panel Testing Vulnerability

- According to the *2021 Medicare Fee-for-Service Supplemental Improper Payment Data* report:
 - There is a 23.7% improper payment rate for clinical laboratories, which represents over \$907 million in improper payment.
 - 90% of this improper payment rate is attributed to insufficient documentation.
 - 8.0% of this improper payment rate is attributed to incorrect coding.

***CBR202203* Outline**

1. Introduction

- Explanation of CBR focus and billing area vulnerability
- Criteria for receipt of a CBR

2. Coverage and Documentation Overview

- Identification of Current Procedural Terminology® (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

***CBR202203* CBR Provider Focus**

- *CBR202203* analyzes the following:
 - Referring providers on Medicare Part B claims for lipid panel testing, cholesterol testing, and direct low-density lipoprotein (LDL) cholesterol testing
 - Submission of claims by providers for CPT® codes for lipid panel testing, which includes CPT® codes 80061, 82465, and 83721

Lipid Panel Testing CPT® Codes

CPT® Codes	Description
80061	Lipid panel
82465	Cholesterol, serum or whole blood, total
83721	Lipoprotein, direct measurement; LDL cholesterol

CBR202203 Analysis and Results

- *CBR202203* summarizes statistics for services with dates of service from Jan. 1, 2019, through Dec. 31, 2019.
- There were 300,125 rendering providers with combined allowed charges of over \$294 million for providers that submitted claims for lipid panel testing.

Lipid Panel Testing Desired Behavior

- Help reduce the possibility of improper payments by taking the following actions:
 - Order lipid panel testing responsibly and appropriate to each patient's clinical care and medical necessity.
 - Review documentation and code selection on a recurring schedule to ensure accuracy and compliance.
 - Avoid ordering direct LDL tests in addition to lipid panel tests unless absolutely medical necessary.

Metrics of *CBR202203*

This report is an analysis of the following metrics:

1. Percent of lipid panels with direct LDL cholesterol test on the same day
2. Percent of beneficiaries receiving greater than one lipid panel in a rolling year
3. Percent of beneficiaries receiving greater than three LDL cholesterol tests in a rolling year
4. Percent of beneficiaries receiving greater than three total cholesterol tests in a rolling year

The Criteria for Receiving *CBR202203*

- The criteria for receiving *CBR202203* are that a provider:
 - Is significantly higher compared to either state or national percentages in any of the four metric calculations (i.e., greater than or equal to the 90th percentile), and
 - Has at least 200 total beneficiaries with claims submitted for CPT® 80061, 82465, 83721, and
 - Has at least \$5,300 in total allowed charges for lipid panel testing

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

Percent of Lipid Panels with Direct LDL Cholesterol Test on the Same Day

- Metric 1 is calculated as follows:
 - The number of claims for a lipid panel (CPT® 80061) billed with an LDL cholesterol test (CPT® 83721) on the same date of service for the same beneficiary is divided by the number of claims for a lipid panel (CPT® 80061) billed with an LDL cholesterol test (CPT® 83721) within 30 days for the same beneficiary.

Calculation of Metric 2

Percent of Beneficiaries Receiving Greater Than One Lipid Panel in a Rolling Year

- Metric 2 is calculated as follows:
 - The total number of beneficiaries with greater than one date of service with a claim for a lipid panel (CPT® 80061) within a rolling year is divided by the number of beneficiaries with at least one claim for a lipid panel (CPT® 80061).

Calculation of Metric 3

Percent of Beneficiaries Receiving Greater Than Three LDL Cholesterol Tests in a Rolling Year

- Metric 3 is calculated as follows:
 - The number of beneficiaries with greater than three dates of service with a claim with an LDL cholesterol test (CPT® 83721) within a rolling year is divided by the number of beneficiaries with at least one claim for an LDL cholesterol test (CPT® 83721).

Calculation of Metric 4

Percent of Beneficiaries Receiving Greater Than Three Total Cholesterol Tests in a Rolling Year

- Metric 4 is calculated as follows:
 - The number of beneficiaries with greater than three dates of service with a claim with a lipid panel (CPT® 80061) or a total cholesterol test (CPT® 82465) within a rolling year is divided by the number of beneficiaries with at least one claim with a lipid panel (CPT® 80061) or a total cholesterol test (CPT® 82465).

CBR202203 Provider Trend Figure 1

- Figure 1: Total Number of Beneficiaries Who Had Claims Submitted with Lipid Panel Testing by CPT® Code, Trend Over Time
- The years for the graph are defined as follows:
 - Year 1: Jan. 1, 2017 – Dec. 31, 2017
 - Year 2: Jan. 1, 2018 – Dec. 31, 2018
 - Year 3: Jan. 1, 2019 – Dec. 31, 2019

CBR202203 Provider Trend Figure 2

- Figure 2: Total Number of Claims Submitted for Lipid Panel Testing, per Month, for Year 3
- Each month for the analysis year (i.e., 2019) is displayed for lipid panel 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.
- [2021 Medicare Fee-for-Service Supplemental Improper Payment Data](#). U.S. Department of Health and Human Services (HHS). CMS.gov.
- [Medicare Could Have Saved up to \\$20 Million Over 5 Years if CMS Oversight Had Been Adequate To Prevent Payments for Medically Unnecessary Cholesterol Blood Tests](#). OIG. OIG.HHS.gov.
- *National Coverage Determination (NCD), “[Lipid Testing: 190.23](#).”* 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?

