



CBR202209: Initial Nursing Facility Evaluation and Management (E&M) Visits



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 Objectives

- Understand the purpose and use of Comparative Billing Reports (CBRs)
- Comprehend the function of *CBR202209: Initial Nursing Facility Evaluation and Management (E&M) Visits*
- Gather resources for further questions and inquiries

Webinar Agenda

- What is a CBR?
- How to access your CBR
- Review a sample CBR
- *CBR202209*
- 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

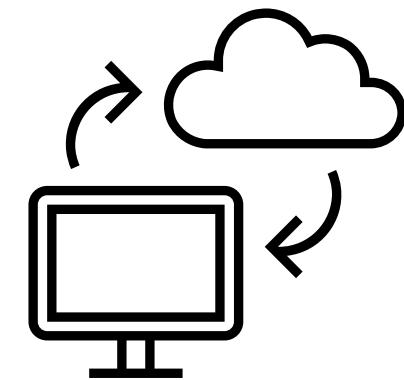
Why did I receive a CBR?

- 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	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

The Purpose of *CBR202209*

- Protect the Medicare Trust Fund
- Increase providers' awareness about utilization of initial nursing facility E&M visits
- Support providers' internal compliance processes
- Provide coding guidelines and requirements

Nursing Facility Visits Vulnerability

- According to the *2021 Medicare Fee-for-Service Supplemental Improper Payment Data* report:
 - There is a 14.1% improper payment rate for nursing home visits, which represents over \$341 million in improper payments
 - 37.1% of this improper payment rate is attributed to insufficient documentation
 - 54.9% of this improper payment rate is attributed to incorrect coding

CBR202209 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

CBR202209 Analysis and Results

- *CBR202209* summarizes statistics for services with dates of service from June 1, 2021, through May 31, 2022
- There were 39,212 rendering providers with combined allowed charges of over \$334 million for providers that submitted claims for initial nursing facility E&M visits

Provider Desired Behavior

- Help reduce the possibility of improper payments by taking the following actions:
 - Review CPT® codes to ensure correct code assignment
 - Perform regular internal reviews of documentation and code selection to ensure accuracy and compliance

Metrics of *CBR202209*

This report is an analysis of the following metrics:

1. Average weighted services billed, per day
2. Percentage of beneficiaries with more than one allowed service
3. Percentage of total Medicare Part B allowed amount submitted for initial nursing facility E&M visits

The Criteria for Receiving *CBR202209*

- The criteria for receiving *CBR202209* are that a provider:
 - Is significantly higher compared to either peer group or national percentages in any of the three metric calculations (i.e., greater than or equal to the 90th percentile), and
 - Has at least 40 total beneficiaries with claims submitted for CPT® codes 99304, 99305, and 99306, and
 - Has at least \$7,000 in total allowed charges.

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 are calculated for each provider in all 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

Average Weighted Services Billed, per Day

- Metric 1 is calculated as follows:
 - Weighted services are calculated as follows: Each CPT® code is assigned a value that corresponds to the time described in the CPT® code for E&M services, as seen in Table 1. This value is multiplied by the allowed services for each E&M CPT® code to arrive at the weighted services, per code. These values are then summed for the weighted service value.
 - The weighted services are divided by the number of distinct dates of service for any initial nursing facility E&M visits during the analysis year

Calculation of Metric 2

Percentage of Beneficiaries with More Than One Allowed Service

- Metric 2 is calculated as follows:
 - The number of beneficiaries with more than one allowed service is divided by the total number of unique beneficiaries with at least one allowed service

Calculation of Metric 3

Percentage of Medicare Part B Allowed Amount Submitted for Initial Nursing Facility E&M Visits

- Metric 3 is calculated as follows:
 - The total allowed amount for initial nursing facility E&M visits is divided by the total allowed amount of all Medicare Part B claims

CBR202209 Provider Trend Figure 1

- Figure 1: Total Number of Beneficiaries for Whom Claims Were Submitted with CPT® Codes 99304, 99305, and 99306
- The years for the graph are defined as follows:
 - Year 1: June 1, 2019 – May 31, 2020
 - Year 2: June 1, 2020 – May 31, 2021
 - Year 3: June 1, 2021 – May 31, 2022

CBR202209 Provider Trend Figure 2

- Figure 2: Total Number of Claims Submitted for Initial Nursing Facility E&M Visits, per Month, for Year 3
- Each month of the analysis year is displayed for initial nursing facility E&M visits

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.

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?

