



# *CBR202301: Chiropractic Manipulative Treatment (CMT) of the Spine*



# 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 *CBR202301: Chiropractic Manipulative Treatment (CMT) of the Spine*
- Gather resources for further questions and inquiries

# Webinar Agenda

- What is a CBR?
- How to access your CBR
- Review a sample CBR
- *CBR202301*
- 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

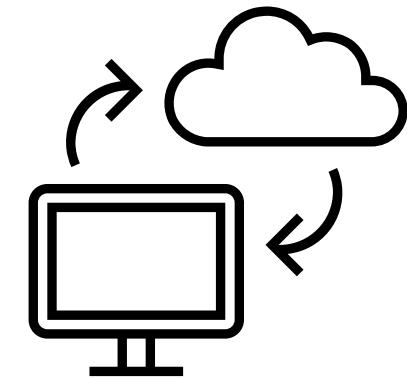
# Why did I receive a CBR?

- 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.

<b>Your Information</b>	<b>Provider Information</b>
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 *CBR202301*

- Protect the Medicare Trust Fund
- Increase providers' awareness about CMT of the spine services
- Support providers' internal compliance processes
- Provide coding guidelines and requirements

## Vulnerability for Chiropractic Services

- According to the *2022 Medicare Fee-for-Service Supplemental Improper Payment Data* report:
  - There is a 31.3% improper payment rate for chiropractic services, which represents over \$161 million in improper payments
    - 88.5% of this improper payment rate is attributed to insufficient documentation
    - 4.1% of this improper payment rate is attributed to medical necessity errors

# CBR202301 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

## ***CBR202301 Analysis and Results***

- *CBR202301* summarizes statistics for services with dates of service from July 1, 2021, through June 30, 2022
- There were 43,790 rendering providers with combined allowed charges of over \$677 million for rendering providers on claims for CMT of the spine

## 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 *CBR202301*

This report is an analysis of the following metrics:

1. Average allowed services, per beneficiary
2. Percentage of allowed services of CMT of the spine billed with CPT® code 98942
3. Percentage of claims billed with modifier AT

# The Criteria for Receiving *CBR202210*

- The criteria for receiving *CBR202310* are that a provider:
  1. Is significantly higher compared to either state or national average or percentages in any of the three metric calculations (i.e., greater than or equal to the 90th percentile), and
  2. Has at least 60 beneficiaries with paid claims submitted for CMT of the spine, and
  3. Has at least \$20,000 in total charges for CMT of the spine.

## 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 90<sup>th</sup> 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 either 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 Allowed Services, per Beneficiary

- Metric 1 is calculated as follows:
  - The total number of allowed services for CMT of the spine is divided by the number of unique beneficiaries for whom allowed services for CMT of the spine were submitted

## Calculation of Metric 2

### Percentage of Allowed Services of CMT of the Spine Billed with CPT® Code 98942

- Metric 2 is calculated as follows:
  - The total number of allowed services for CPT® code 98942 is divided by the total number of allowed services for all claims for CMT of the spine

# Calculation of Metric 3

## Percentage of Claims Submitted with Modifier AT

- Metric 3 is calculated as follows:
  - The total number of unique claims submitted for CMT of the spine with modifier AT is divided by the total number of unique claims submitted for all claims for CMT of the spine

## CBR202301 Provider Trend Figure 1

- Figure 1: Total Number of Beneficiaries Who Had Claims Submitted for CMT of the Spine With Modifier AT, Trend Over Time
- The years for the graph are defined as follows:
  - **Year 1:** July 1, 2019 – June 31, 2020
  - **Year 2:** July 1, 2020 – June 31, 2021
  - **Year 3:** July 1, 2021 – June 31, 2022

## **CBR202301 Provider Trend Figure 2**

- Figure 2: Total Number of Beneficiaries Who Had Claims Submitted With CMT of the Spine Without Modifier AT, Trend Over Time

## **CBR202301 Provider Trend Figure 3**

- Figure 3: Total Number of Paid Claims Submitted for CMT of the Spine, per Month, for Year 3
- Each month of the analysis year is displayed for paid claims submitted for CMT of the spine

# 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 Healthcare Common Procedure Coding System (HCPCS) Level II Expert*. American Academy of Professional Coders.
- *2022 Medicare Fee-for-Service Supplemental Improper Payment Data*. U.S. Department of Health and Human Services (HHS). CMS.gov.

# CBR Homepage

- Located at <https://cbr.cbrpepper.org/Home>
- Join the email list to receive information about future CBR releases
- Resources for the most recent CBR releases, along with links to previous CBR releases
- Each CBR topic and release provides resources:
  - Sample CBR
  - Peer group specialty/state and national data
  - Link to CBR portal
  - Recorded webinar, transcript, and slides
  - Guidance and Considerations document
  - Q&A document
- Provide your feedback on CBRs
- CBR Success Stories

# Questions?

