Thank you for joining us!

• We will start at 3 p.m. ET.
• You will hear silence until the session begins.
• Handout: Available at CBR.CBRPEPPER.org.
• A Q&A document will be posted at the above location within two weeks.

• Please listen in by either:
  – Using your computer speakers (recommended): You automatically join the audio broadcast when entering the meeting (remember to increase your speaker volume; make sure you are not muted).
  – Dialing 1-415-655-0001 (passcode 160 779 1490) (limited to 500 callers).
CBR202008: Breast Re-Excision

Sept. 23, 2020, 3 p.m. ET
About Today’s Presentation

Phone lines will be muted the entire duration of the training.

Submit questions pertinent to the webinar using the Q&A panel.

Questions will be answered verbally, as time allows, at the end of the session.

A “Q&A” document will be developed and posted at CBR.CBRPEPPER.org.
To Ask a Question in Split Screen

Ask your question in Q&A as soon as you think of it.

1. Go to the “Q&A” window located on the right side.

2. In the “Ask” box, select “All Panelists.”

3. Type in your question.

4. Click the “Send” button.
To Ask a Question in Full Screen

1. Click on the “Q&A” button to bring up the Q&A window.

2. Type in your question (as in the previous slide).

3. Click the “Send” button.

4. Click “-” to close the window and to see the full screen again.
Webinar Resources

- Webinar Slides
- Webinar Recording
- Webinar Handout

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 CBR202008: Breast Re-Excision.

• Gather resources for further questions and inquiries.
Webinar Agenda

• What is a CBR?
• How to access your CBR
• Review a sample CBR
• CBR202008
• 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/
How to Access Your CBR

https://cbrpepper.org/
Introduction
- Explanation of CBR focus and billing area vulnerability
- Criteria for receipt of a CBR

Coverage and Documentation Overview
- Summary of provider’s utilization

Metrics
- List of the metrics and outcomes analyzed with the CBR
- Definition of state and national peer groups

Methods and Results
- Overall analysis results
- Individualized results comparing CBR recipients to other providers

References and Resources
- Resources used for the CBR
Breast Re-Excision Vulnerability

• According to an April 2019 article published in the *Journal of American College of Surgeons*:
  – The physician-level rate of re-excision procedures reached 91.7% between 2012 and 2018
  – 17.5% of providers had a breast re-excision rate greater than the expert consensus threshold of 30% re-excision rate
**CBR202008 CBR Provider Focus**

- *CBR202008* analyzes the following:
  - Rendering providers that perform breast excision or mastectomy services
  - Submission of claims by providers for CPT® codes for breast excision procedures, which includes CPT® codes 19120, 19301, 19302, 19303, 19304
CBR202008 Specialties

• CBR202008 summarizes claims for the following provider specialties:
  – General Surgery (02)
  – Physician Assistant (97)
  – Surgical Oncology (91)
  – Plastic and Reconstructive Surgery (24)
  – Nurse Practitioner (50)
CBR202008 Analysis and Results

• *CBR202008* summarizes statistics for services with dates of service from March 1, 2018, through Feb. 29, 2020.

• There were 10,655 rendering providers with combined allowed charges of over $73.4 million for providers that submitted claims for breast excision services.
Definition of Re-Excision

To identify re-excisions:

- The CBR Team identified excisions performed between Mar. 1, 2018, and Feb. 28, 2019 (base time period),
- For each excision during the base time period, any subsequent excision(s) performed by the same provider through Feb. 29, 2020, were identified, and
- Any excision that was performed within 365 days of a prior excision was identified as a re-excision. If a provider performed multiple excision procedures on a beneficiary, each was identified as a re-excision if there were less than 366 days between procedure dates.
Metrics of CBR202008

This report is an analysis of the following metrics:

– Percent of re-excisions
– Percent of allowed amount for re-excisions
– Percent of beneficiaries receiving a re-excision
Metric Analyses of CBR202008

• Metric 1 analyzes:
  – Percent of re-excisions

• Metric 2 analyzes:
  – Percent of allowed amount for re-excisions

• Metric 3 analyzes:
  – Percent of beneficiaries receiving a re-excision
The Criterion for Receiving *CBR202008*

- The criterion for receiving *CBR202008* is that a provider’s re-excision rate was greater than 30%
Peer Comparison Outcomes

- **Significantly Higher** — Provider’s value is greater than or equal to the 90th percentile from the specialty or national mean.
- **Higher** — Provider’s value is greater than the specialty or national mean.
- **Does Not Exceed** — Provider’s value is less than or equal to the specialty 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 his/her peer specialty 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 specialty or national level.
Calculation of Metric 1

Percent of Re-Excisions

• Metric 1 is calculated as follows:

  – The number of re-excisions is divided by the total number of excisions. The result is multiplied by 100.

\[
\left( \frac{\text{Number of re-excisions}}{\text{Number of excisions}} \right) \times 100
\]
Calculation of Metric 2

Percent Allowed Amount for Re-Excisions

• Metric 2 is calculated as follows:

  - The allowed amount for re-excisions is divided by the total allowed amount for all excisions. The result is multiplied by 100.

\[
\left( \frac{\text{Allowed amount for re-excisions}}{\text{Allowed amount for all excisions}} \right) \times 100
\]
Calculation of Metric 3

Percent of Beneficiaries Receiving Re-Excision

• Metric 3 is calculated as follows:

\[
\left( \frac{\text{Beneficiaries with at least one re-excision}}{\text{Beneficiaries who had an excision}} \right) \times 100
\]
Provider Trends

Figure 1: Trend Over Time Analysis of Number of Beneficiaries for Whom CPT® Codes 19120, 19301, 19302, 19303, 19304 Were Submitted
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.

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Frequently Asked Questions
Frequently Asked Questions

https://cbr.cbrrpepper.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


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.
Questions?