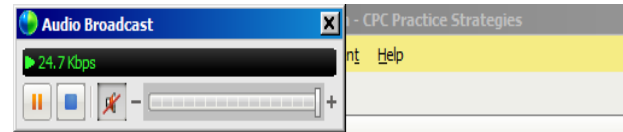


Thank you for joining us!

- We will start at 3 p.m. ET.
 - You will hear silence until the session begins.
 - Handout: Available at CBR.CBRPEPPER.org.
 - A recording of today's session 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 739 530 094) (limited to 500 callers).



CBR201909

Venipuncture

September 5, 2019, 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.

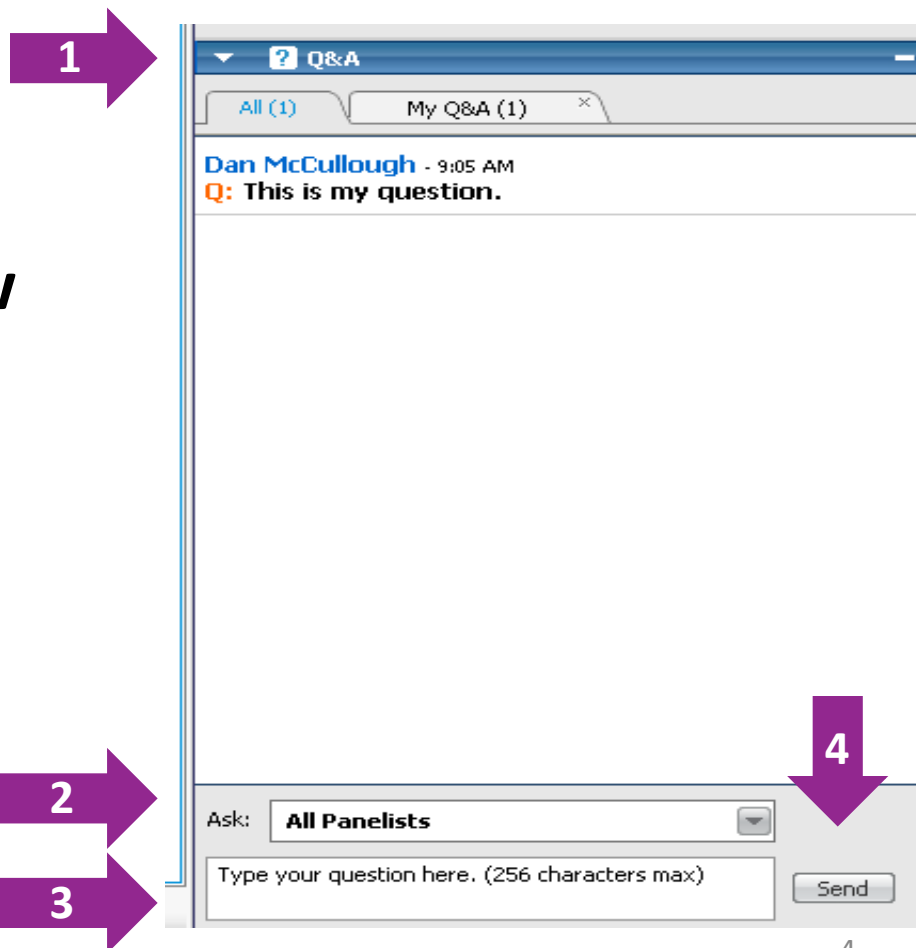


A “Q&A” document will be developed and posted at CBR.CBRPEPPER.org.

To Ask a Question in Split Screen

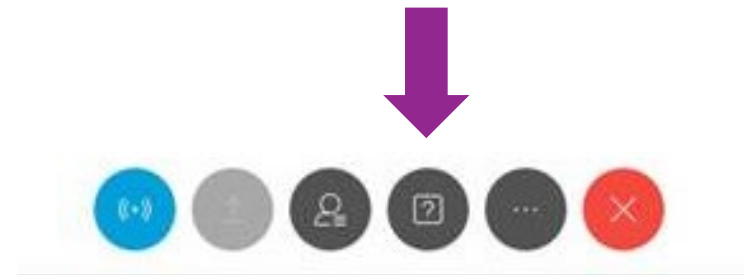
Ask your question in Q&A as soon as you think of it.

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 window to see full screen again.



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 CBR201909: Venipuncture.
- Gather resources for further questions and inquiries.

Webinar Agenda

- What is a CBR?
- How to access your CBR
- Review a sample CBR
- CBR201909
- Helpful resources
- Questions

The CMS Definition of a CBR

- CBRs are free, comparative data reports.
- 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—begin 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 presented because your billing patterns differ from your peers' patterns, based on comparisons on a state 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	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 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)
- Heard an announcement on a recent CMS Open Door Forum
- OTHER
- None of the above

CMS National Provider Identifier (NPI)

Optional: [Search for an NPI at the NPI Registry](#)

Validation code

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](tel:1-800-771-4430)

PEPPERS: Go to help desk or phone [1-800-771-4430](tel: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>

CBR 201909 Formatting

1. Introduction

- Explanation of CBR focus and billing area vulnerability

2. Coverage and Documentation Overview

- Identification of CPT® codes and CMS claims processing guidelines

3. Basic Coding Guidelines

- Itemization of CPT® codes and provider data

4. Metrics

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

5. Methods and Results

- Overall analysis results and individualized results comparing CBR recipients to other providers

6. References and Resources

- Resources used for the CBR

Venipuncture Vulnerability

2018 Comprehensive Error Rate Testing (CERT) report:

- Laboratory tests had an improper payment amount of \$392,674,133 in 2018.
- Routine venipuncture procedures, submitted with CPT[®] code 36415, accounted for 12.9 percent of laboratory testing errors
- 15.8 percent of claim lines with venipuncture procedures contained errors.

CBR201909 CBR Code Focus

- CBR201909 focuses on rendering providers who performed laboratory testing services, including venipuncture services, for which a Medicare Part B claim was submitted.
- CPT[®] codes 36415, 80047-80081, 82009-84999, 85002-85999, 89049-89240.



Venipuncture and Laboratory Procedure Codes

- CPT® codes:
 - **36415**: Collection of venous blood by venipuncture
 - **80047-80081**: Organ and disease multi-test laboratory panels
 - **82009-84999**: Chemistry laboratory procedures
 - **85002-85999**: Hematology laboratory procedures
 - **89049-89240**: Other pathology services and laboratory procedures

CBR201909 Analysis and Focus

- CBR201909 summarizes statistics for services with dates of service from Apr. 1, 2018, through Mar. 31, 2019.
- Analysis of rendering providers who billed CPT[®] codes 80047-80081, 82009-84999, 85002-85999, and 89049-89240 in conjunction with CPT[®] code 36415 on Medicare Part B claims was extracted from the Integrated Data Repository, based on the latest version of claims as of July 18, 2019.

CBR201909 Results

- 90,245 rendering providers with combined allowed charges of \$638 million for venipuncture and laboratory codes.

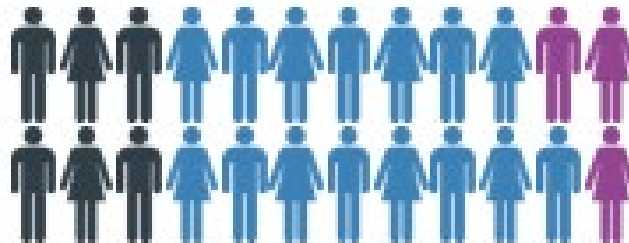
The Criteria for Receiving a CBR201909

- The criteria for receiving a CBR201909 is that the provider had at least 423 total visits with one or more laboratory codes billed with CPT[®] code 36415



Peer Comparison Outcomes

- There are four possible outcomes for the comparisons between the provider and his/her peer groups:
 - **Significantly Higher** — A provider’s value is above the 90th percentile from the peer state or national mean.
 - **Higher** — A provider’s value is greater than the peer state or national mean.
 - **Does Not Exceed** — A provider’s value is not higher than the peer state or national mean.
 - **N/A** — 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 state group's values, as well as the national values.
- Providers receiving a CBR have an outcome of "Significantly Higher" in any of the metrics.
- "Significantly Higher" means that a provider's value is above the 90th percentile from the peer state or national mean.
- These results look very different from the results of peers on a state or national level.



Metrics of Sample CBR

This report is an analysis of the following metrics:

- Percent of visits with laboratory codes billed with CPT[®] code 36415
- Percent of total allowed amount for routine venipuncture in conjunction with a laboratory code
- Percent of visits billed with CPT[®] 36415 where multiple units of 36415 were billed

Calculation of Metric 1

Percent of Visits with Laboratory Codes Billed with CPT® Code 36415

- The total number of times one or more laboratory codes is billed in conjunction with CPT® code 36415 is divided by the total number of times laboratory codes are billed with or without CPT® code 36415. The result is multiplied by 100:

$$\left(\frac{\text{Total visits with one or more laboratory codes billed with CPT® code 36415}}{\text{Total Number of Visits with Laboratory Codes Billed}} \right) \times 100$$

Calculation of Metric 2

Percent of Total Allowed Amount for Routine Venipuncture in Conjunction with a Laboratory Code

- The total allowed amount for CPT® 36415 when billed with one or more laboratory codes is divided by the total allowed amount for laboratory code with or without CPT® 36415. The result is multiplied by 100:

$$\left(\frac{\text{Total allowed amount for CPT® 36415 and laboratory codes when billed together}}{\text{Total allowed amount for laboratory codes with or without CPT® code 36415}} \right) \times 100$$

Calculation of Metric 3

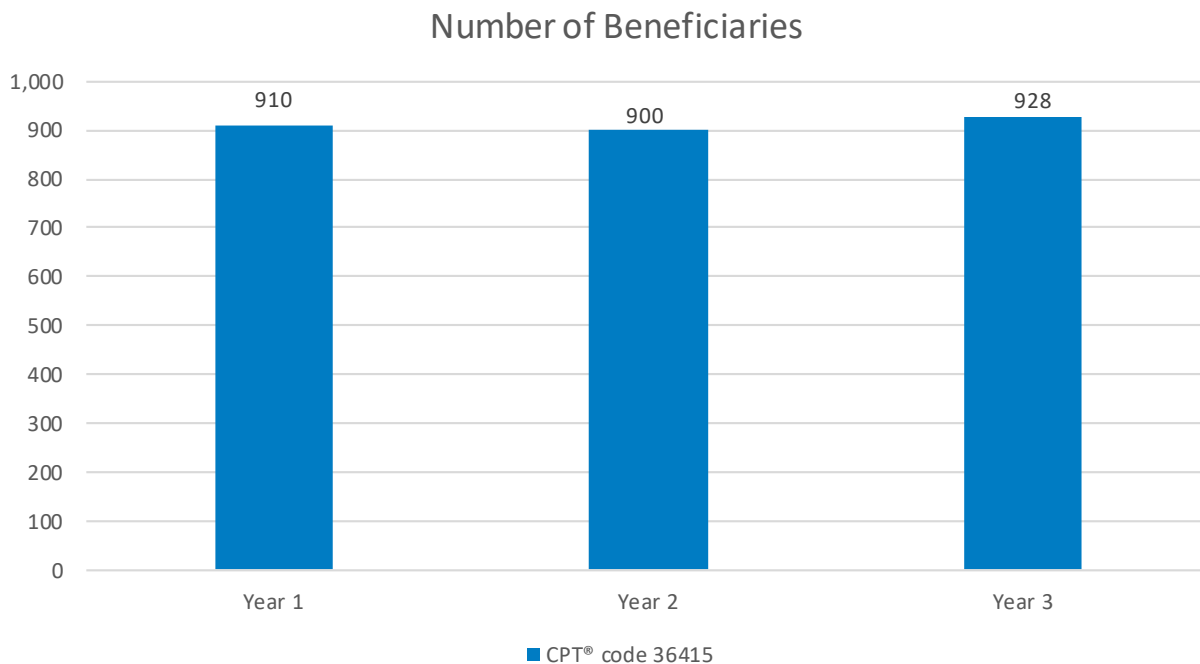
Percent of Visits Billed with CPT® 36415 where Multiple Units of CPT® 36415 were Billed

- The total number of visits where more than one CPT® code 36415 was billed per beneficiary per date of service is divided by the total number of visits billed with CPT® 36415

$$\left(\frac{\text{Total number of visits where 2+ CPT® code 36415 are billed per beneficiary per date of service}}{\text{Total number of visits for CPT® 36415}} \right) \times 100$$

Provider Trends

Figure 1: Trend Over Time Analysis of Number of Beneficiaries for CPT® Code 36415



- **Year 1:** Apr. 1, 2016 – Mar. 31, 2017
- **Year 2:** Apr. 1, 2017 – Mar. 31, 2018
- **Year 3:** Apr. 1, 2018 – Mar. 31, 2019

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® 2017 Professional Edition*
- [2018 Medicare Fee-for-Service Supplemental Improper Payment Data](#)



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](#)



CBR 201908:

Breast Re-Excision

- Sample CBR: Mock Provider Data (PDF)
- Registration coming soon
- National/Specialty Data (XLSX)
- Access Your CBR

CBR 201907:

Modifier 25: Dermatology

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

CBR 201906:

Emergency Department Services

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

CBR 201905:

Air Ambulance Transports

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

CBR 201904:

Vitamin D Testing

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

CBR 201903:

Subsequent Hospital Care

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

CBR 201902:

Office Visits, New and Established, Family Practitioners

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

CBR 201901:

Intensity-Modulated Radiation Therapy

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

Questions?

