Comparative Billing Reports (CBRs):

What Are They, and What Do We Do With Them?

CMS (Centers for Medicare and Medicaid) is always implementing various programs and initiatives aimed at reducing fraud, waste, and abuse. One such initiative is Comparative Billing Reports (CBRs). In this article, an overview of CBRs, their purpose, and how they can benefit coding professionals, auditors, and practice managers will be discussed.

What Are Comparative Billing Reports?

CBRs are educational reports produced by CMS that provide feedback to physicians and other providers regarding their billing practices. These reports compare a physician's and other healthcare provider's billing practices to those of their peers on specialty-specific, local, and national levels, and highlight any variations or anomalies that may indicate potential fraud, waste, or abuse. CBRs are produced for a variety of healthcare services and specialties, including durable medical equipment (DME), home health, hospice, and Part B physician services.

The purpose of CBRs is to offer physicians/other providers information that they can use to improve their billing practices and ensure that they are in compliance with CMS billing guidelines. The reports can also help identify potential areas of fraud or abuse and allow the physicians/other providers to take corrective action before any issues arise. So, it's like a "Heads up; you're an outlier" letter.

Why Are CBRs Important for a Practice?

The introduction to the CBR states that it is "not an indication of wrongdoing, and can support internal compliance review efforts, especially those related to coding and billing of code sets. Receiving a CBR is not an indication of, or precursor to, an audit, and it requires no response on a provider's part." So, it is stating that just because the practice received this does not mean that a records request is coming next. But it goes on to state, "Select providers, however, may be referred for additional review and education as a part of CMS' routine CBR Program." So, it does not mean that you won't get a records request either. This is why it is important to review these and, if applicable to the practice, perform a small audit to see if there may be an issue that needs to be addressed.

How Are CBRs Produced?

CBRs are produced using data from the Medicare Administrative Contractors (MACs) and other CMS systems. The data is analyzed using statistical methods to identify providers who have billing patterns that are significantly different from their peers. The reports are then reviewed by CMS staff to make sure they are accurate and complete.

CBRs are usually produced on a monthly basis, and healthcare providers receive the reports via email or mail. The reports are confidential and are only available to the physician/other provider and their designated representatives. CBRs can be found on the CBR/PEPPER website: www.cbrpepper.org. PEPPER is the Program for Evaluating Payment Patterns Electronic Report, and it summarizes data statistics for Medicare Part A claims. There will be one CBR introduced for a particular month, and the report will match the year and month. For example, the February CBR for this year is labeled CBR 202302.

What Information Is Included in CBRs?

A CBR will contain the following components:

- A cover letter
- An introduction of the issue addressed in the CBR
- A coverage and documentation overview
- Metrics
- Methods and results
- References and resources

The cover letter will give general information on what the CBR is, along with links to the CBR PEPPER site, the CBR portal, webinar registration, and CBR Help Desk. The introduction will give specific information on the CBR analysis, supportive documentation, and the criteria for receiving the particular CBR.

For example, CBR 202301 (on chiropractic manipulative treatment [CMT] of the spine) lists criteria to receive the CBR, stating that a provider:

1. Is significantly higher compared to either state or national average or percentage 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. (Source: cbrpepper.org: CBR202301 Mock Provider Data Sample Report: 1234567890CBR202301-508)

The coverage and documentation overview section identifies the CPT/HCPCS II codes used in the CBR analysis and a summary of the receiving physician/other provider's utilization (including allowed charges) of the codes. The metrics section lists the specific metrics used in the CBR. It will list how the CBR defined the peer group and the possible outcomes for the comparisons between the recipient and his/her peers.

There are four possible outcomes for the comparisons:

1. Significantly Higher - Provider's value is greater than or equal to the 90th percentile from the state or national mean.
2. Higher - Provider's value is greater than the state or national mean.
3. Does Not Exceed - Provider's value is less than or equal to the state or national mean.
4. Not Applicable (N/A) - Provider does not have sufficient data for comparison.

The methods and results section is where the data, charts, and graphs are located. The charts and graphs can be useful for identifying trends or patterns that may not be immediately apparent when looking at raw data. It also lists information on the provider's peers, such as the average number of claims submitted, and the average amount billed. It first states how many providers nationwide submitted claims related to the CBR and claim totals during the analysis period. It also lists the specific metrics out for each CBR. This is where the CBR will list the recipient's outcomes (higher, significantly higher, etc.).

How Can CBRs Benefit Coding Professionals, Auditors, and Practice Managers?

CBRs can provide valuable information to coding professionals, auditors, and practice managers, as they can use the reports to identify potential issues and make improvements to their billing practices. Here are specific ways that CBRs can benefit the professionals listed above.

Coding Professionals

CBRs can help coding professionals identify potential errors or

discrepancies in billing practices. For example, if a physician is consistently billing for a higher number of services than their peers, this could be an indication that there is an issue with coding or documentation. By reviewing the CBR, coding professionals can work with their physicians/other providers to identify the root cause of the issue and take corrective action, if needed.

Auditors

CBRs can be a valuable tool for auditors, as they can use the reports to identify potential areas of fraud or abuse. For example, if a physician is consistently billing for services that are significantly different from their peers, this could be an indication that there is an issue. By reviewing the CBR, auditors can perform a targeted internal audit of the areas listed in the CBR to evaluate if there are any issues and take appropriate action, when warranted.

Practice Managers

CBRs can help practice managers identify potential issues with billing practices and take corrective action to improve compliance. A practice manager should review the CBRs every month to see if there are any current ones that may affect their specialty(ies) so they can take appropriate steps to check on them (internal audits, education, etc.).

If the practice receives a CBR for one of their physicians/other providers, the practice manager should take the following steps:

1. Evaluate the information on the issue in the CBR.
2. Evaluate the physician/other provider's billing patterns related to the CBR subject.
3. Perform an audit and address any errors by providing education.
4. Monitor the issue to ensure that compliance is attained and continued.

Things to Remember

It is important to note that being an outlier does not necessarily indicate a problem. There are several factors that could contribute to higher usage of certain services in a specific geographic location or with a certain patient base. For instance, a surgeon may be the sole provider of a particular procedure in the area, and patients come from all over to receive it. It's important not to jump to conclusions and panic. If an internal audit confirms proper documentation and coding of the services highlighted in the CBR, then there is no cause for concern. Just remember that continued reporting of the service in the same manner may trigger an audit. But if the practice has already performed an internal check with a good outcome, there should not be a problem. There are always going to be outliers, and some with valid reasons.

The CBR PEPPER website offers valuable information alongside each listed CBR. Sample CBRs with fabricated provider data are included to aid in cases where none of the physicians/other providers in the practice have received a CBR, but the practice performs the services that are relevant to the CBR. Live training sessions are available for each CBR, and their corresponding recording and handouts are also provided. Additionally, an Excel spreadsheet containing state and national data on the CBR topic is listed for each CBR. In the event that a CBR was received but cannot be found, each CBR has a link to the CBR portal for easy access.

By analyzing the data in a CBR, physicians/other providers can identify potential billing errors or areas where they may be over or under coding. This information can be used to make improvements to their billing practices, which can ultimately lead to increased efficiency, reduced compliance risks, and improved patient care. Additionally, CBRs can help providers benchmark their billing practices against their peers and identify opportunities for further education and training. Overall, CBRs can be a powerful tool for providers looking to improve their billing practices and enhance the quality of care they provide to patients.

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Betty is a nationally recognized healthcare consultant and speaker. She is an expert auditor and loves to help practices stay compliant and profitable. Betty states, "Physicians work hard for their practices and they should be paid properly for what they do."

Betty brings over thirty years of healthcare experience. She has worked for practices both large and small with the same intensity and attention. She has spent years on the "front lines" for practices handling medical billing, coding, claims, and denials. She has also managed practices and directed healthcare system departments. Her areas of expertise include Evaluation and Management, Primary Care, Dermatology, Plastic Surgery, Cardiology, Cardiothoracic Surgery, General Surgery, GI, E/M and procedural auditing, and ICD-10-CM.

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