

Report on Medicare Compliance Volume 31, Number 16. May 02, 2022 CBRs for Outlier Providers Point to Possible Errors, But Aren't 'Precursor to an Audit'

By Nina Youngstrom

When a provider got the unwelcome news that he appeared on a Medicare comparative billing report (CBR) for office visits, he called for help understanding the data. The provider reached Annie Barnaby, outreach and education specialist for Reli Group, the contractor that prepares CBRs for CMS. She pulled up the provider's billing data for office visits for established patients and explained that he reported only CPT code 99213 on Medicare claims. That wasn't a surprise, the provider responded, because he assigned that code for all patient encounters. "It was lucky it was not a video conference, because I probably lost all the color in my face," Barnaby said. After they finished talking, however, the provider decided to audit some claims and make changes in his coding practices.

"It boils down to that," Barnaby said at the Health Care Compliance Association's Compliance Institute March 29.^[1] CBRs "can be a wake-up call" for some providers, administrators, coders and others with a hand in the claim submission process. CBRs are free comparative data reports on Part B billing risk areas. "We take topics that have vulnerabilities for improper payments in Part B and create a report that compares providers to peers on a national and state or specialty level," she said.

CBRs are similar to the Program for Evaluating Payment Patterns Electronic Report (PEPPER)—they have free, provider-specific data that can be used to monitor and improve compliance—but CBRs are only sent to Part B providers who are outliers while PEPPERS are sent to all hospitals and other Part A providers. CMS "defines a CBR as an educational resource and a tool for possible improvement," Barnaby said. "We are at an umbrella level of claims data, but it can alert providers if their claims submissions are different from their peers."

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