April 19, 2017

Gary Oakes, MD
Noridian, LLC
900 42nd St. S
PO Box 6740
Fargo, ND 58108-6740

Re: Pending Reduction in Medicare Physician Payment for CPT Code 0191T
(Insertion of Anterior Segment Aqueous Drainage Device)

Dear Dr. Oakes:

I am writing on behalf of the American Society of Cataract and Refractive Surgery (ASCRS), which is a medical specialty society representing nearly 9,000 ophthalmologists in the United States and abroad who share a particular interest in anterior segment surgery including cataract, refractive surgery, and glaucoma surgical care. Many of our members provide care within the two Noridian Jurisdictions – JE and JF. It appears that Noridian is preparing to make a very significant reduction in payment for 0191T (Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the trabecular meshwork). The Noridian Medicare News and Updates for JE Part B, (April 10, 2017), show:

Contractor Status Codes (C-Status) Updates:
Effective May 10, 2017, 0191T will be paid equal to 65855 for 2017 Dates of Service.¹

To our knowledge, there has been no transparency in any new pricing. The 0191T procedure is a complex and distinct ophthalmologic procedure. Therefore, ASCRS urges Noridian first to analyze fully all the clinical and resource information before making any drastic payment reduction. We offer to provide the technical background that is important to understand the procedure, relative resources and determine a fair and relative value/payment for 0191T (Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the trabecular meshwork; initial insertion). 0191T is an intricate procedure that requires a high degree of expertise. ASCRS is concerned that Noridian did not notify the physician community in its regions of the proposed review, and it appears that the review was not conducted with significant physician input. In addition, physicians and the relevant societies have not been informed regarding how Noridian conducted the review. Although Noridian

¹ https://med.noridianmedicare.com/web/jeb/updates/article/-/view/10534/contractor-status-codes-c-status-updates
announced that it would change the payment for 0191T effective May 10, 2017, at this point we would like to understand what physician input was sought as this quick implementation severely undermines the shared goal of developing appropriate and accurate payment.

This new valuation represents a more than 80% reduction in payment from Noridian’s current payment. It is especially important to include public input when such a large payment reduction is being planned. ASCRS also believes that Noridian, if it is basing this change on a new CPT code crosswalk, should follow the fundamental principles of the resource based relative value scale system to ensure appropriate and equitable payment for surgical procedures which have comparable levels of time, effort, complexity and clinically similarity.

The following glaucoma surgical procedures are helpful reference points to determine the appropriate crosswalk:

- 26.87 RVUs for Canaloplasty (CPT 66174), more extensive, more invasive, longer and higher value;
- 31.01 RVUs for Trabeculectomy (CPT 66170), much more extensive, more invasive, longer, and higher value;
- 32.23 RVUs for External tube shunt (CPT 66180), much more extensive, more invasive, longer, higher value;
- 21.20 RVUs for Gonitomy (CPT 65820), very similar, about the same time, comparable complexity, comparable value);
- 12.16 RVUs for Sector Iridotomy (CPT 66625), less intensity, lesser amount of time, lower value;
- 5.9 RVUs for Laser Trabeculoplasty (CPT 65855), not anterior segment surgery and therefore not applicable

In conclusion, ASCRS believes that the proposed reduction in payment to surgeons for performing the 0191T procedure will not accurately value the procedure. We ask that Noridian continue the payment amount prior to the April 2017 change to ensure continued patient access. Thank you for your consideration regarding our comments and proposed solution to this matter.

Sincerely,

Kerry D. Solomon, MD
President, ASCRS

Cc: Noridian OPH CAC Members