August 22, 2016

Debra Patterson, MD
Medical Director
Novitas-Solutions
2020 Technology Parkway
Mechanicsburg, PA 17050

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

Dear Dr. Patterson:

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 Novitas Jurisdictions – JH and JL. It appears that Novitas 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; initial insertion) and 0376T (each additional device insertion – List separately in addition to code for primary procedure). The Novitas Medicare News and Updates for JL Part B, (August 8, 2016), which was recently removed from the Novitas Website show:

2016 Procedure codes 0191T and 0376T

After internal review, it has been determined that fees for procedure codes 0191T and 0376T will be adjusted for services performed on or after 09/06/2016. Careful consideration of various contractor information and literature supplied to Novitas was evaluated to determine pricing of these procedure codes.¹

To our knowledge, there has been no clarity in any new pricing. The 0191T and 0376T procedures are complex and distinct ophthalmologic procedures. Therefore, ASCRS urges Novitas 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) and 0376T. 0191T is a complex procedure that requires a high degree of expertise.

ASCRS is concerned that Novitas did not notify the physician community in your 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 about how Novitas conducted the review. Although Novitas announced that it would change the payment for 0191T effective September 6, 2016, at this point there has been no official notice either in writing or on the fee schedule look-up on the new physician payment. A lack of physician input and formal notification severely undermines the shared goal of developing appropriate and accurate payment.

There is some discussion that the new valuation will be 1.98 RVUs or $70. This represents a more than 90% reduction in payment from Novitas’s current payment. It is especially important to include public input when such a large payment reduction is being planned. ASCRS also believes that Novitas, 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:

- 26.83 RVUs for Canaloplasty (CPT 66174), more extensive, more invasive, longer and higher value;
- 27.47 RVUs for Trabeculectomy (CPT 66170), much more extensive, more invasive, longer, and higher value;
- 32.21 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;
- 0.59 RVUs for Gonioscopy (CPT 92020), not a therapeutic procedure, diagnostic and therefore not applicable

In conclusion, ASCRS believes that the proposed reduction in payment to surgeons for performing the 0191T and 0376T procedures will not accurately value the procedure. We ask that Novitas continue the payment amount prior to the May 2016 change to ensure continued patient access.

Sincerely,

Kerry D. Solomon, MD
President, ASCRS

Cc: Novitas OPH CAC Members