TOA NEWSLETTER
Texas Ophthalmological Association January 2022

President's Message

By Lindsey D. Harris, MD
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Dear Friends,

The holidays have come and gone, and hopefully this newsletter finds you happy, healthy, and back at work ready to meet the challenges of 2022. Texas Ophthalmological Association is in the trenches with you trying to protect patients and your ability to care for them.

On December 10, 2021, the Texas Optometry Board published proposed rules regarding the implementation of CSSB993, glaucoma treatment by optometrists. The process then allowed citizens to make comments on the rules to the Texas Optometry Board for one month. I submitted a comprehensive comment letter on TOA's behalf on January 9; it was also emailed to the membership that day. Currently, we await the release of the final rules. TOA will update you when they are available. Many thanks to **Drs. Ronald Fellman** (Dallas, American Glaucoma Society President), **Mark Gallardo** (El Paso), **Davinder Grover** (Dallas), **Steve McKinley** (Austin), and **Jacob Moore** (Corpus Christi), who served with me on the TOA's Glaucoma Task Force throughout this process.

Dr. David Shulman (San Antonio) passed away this past August. Dr. Shulman was the TOA Legislative Chair for decades. He also founded the EYE-PAC and subsequently chaired it for decades. With Dr. Shulman no longer with us to guide the EYE-PAC, the Executive Council sought to reorganize it. **Drs. Mark Gallardo** (El Paso, AAO OPHTHPAC Committee), **Robert Gross** (Dallas), **Jerry Hunsaker** (Corpus Christi, Past TMA TEXPAC Chair), and **Jacob Moor**e (Corpus Christi) served with me on TOA's EYE-PAC Task Force. This group wrote organizing rules for EYE-PAC that the Executive Council approved last month. These rules allow for a committee of TOA members to endorse candidates in Texas state elections. In order to be endorsed by TOA, a candidate must receive 75% of the votes of the EYE-PAC Committee. The EYE-PAC Committee will also determine if a candidate will receive a campaign contribution from EYE-PAC and the amount of that contribution. This is a great (and fun) way for members to understand how Texas elected officials influence the practice of medicine in our state, to make a difference by guiding TOA's course in interacting with our government, and to have a voice in whom TOA endorses in elections. If you would like to be on the EYE-PAC Committee, please email me at president@TexasEyes.org.

In the meantime, over the next few months be sure to attend Codequest 2022 in either San Marcos, Houston, Lubbock, or Dallas. And please mark your calendars for the Texas Ophthalmological Association's Annual Meeting on April 29-30, 2022, in Houston.

Coding & Billing Update

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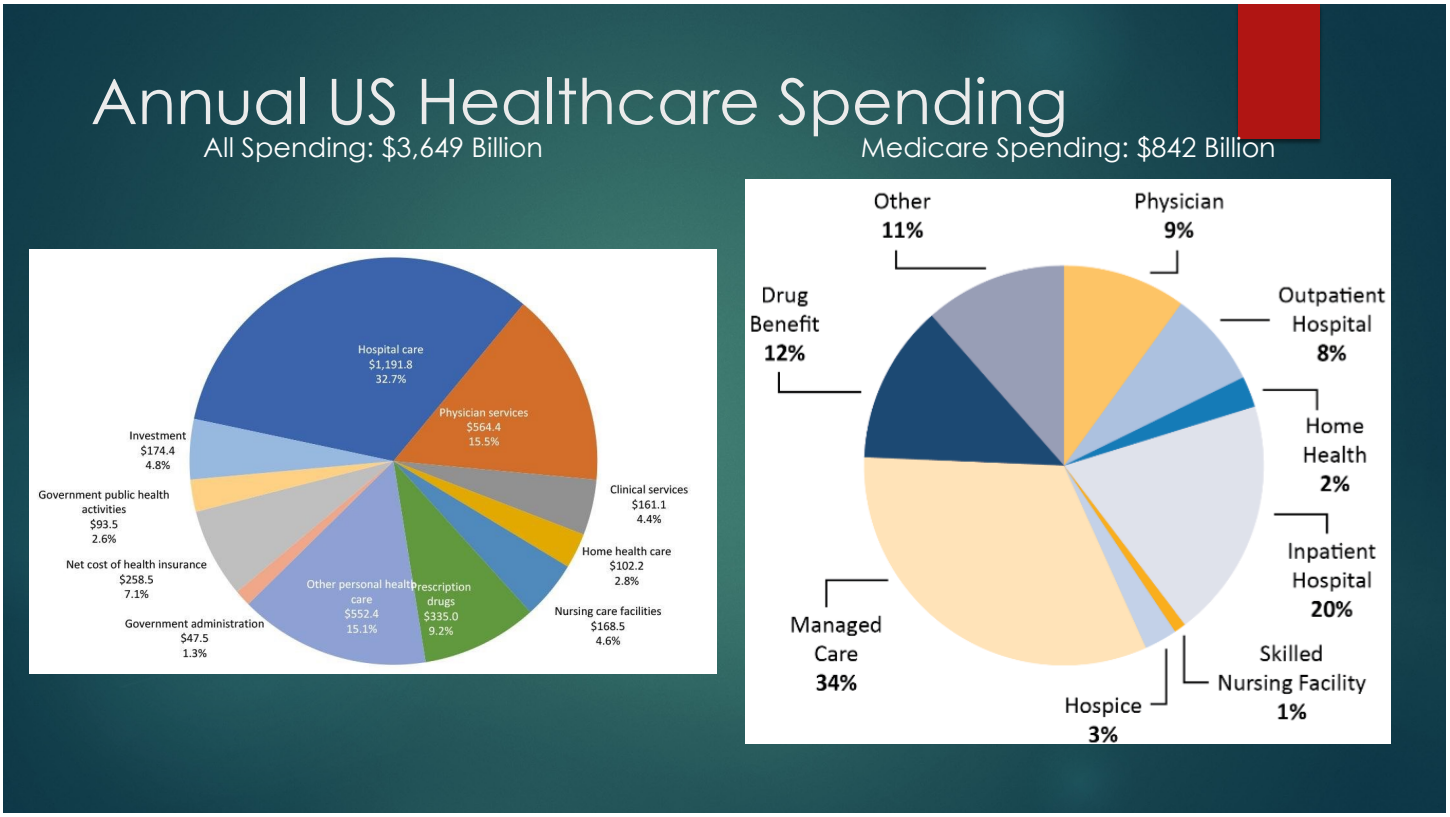
Editors Message

Coding & Reimbursement Update

By John M. Haley, MD, OCS, AAO Health Policy Committee, Novitas Medicare CAC, TOA 3rd Party Liaison Chair, TOA Newsletter Editor Coding@TexasEyes.org

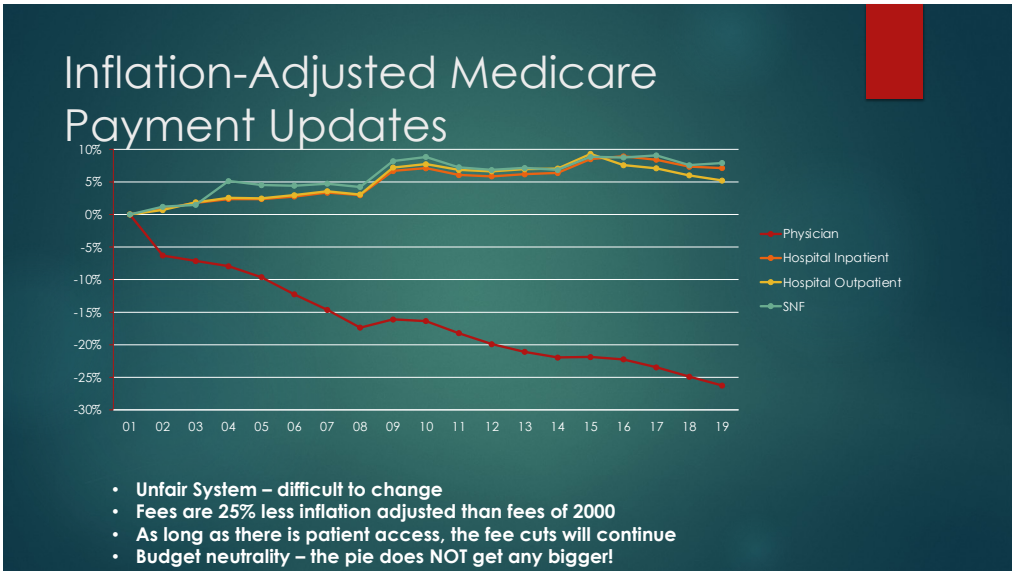
Before we discuss the Medicare payment policy changes for 2022, I want to discuss the overall 10,000-foot view of what has happened in the last 30 years.

Currently, physician services constitute about 15% of overall US healthcare spending and 9% of overall Medicare spending.



But just a few years ago, the physician portion of the pie was much larger. What caused it to change?

As you can see, most all other sections of the pie (hospital inpatient, hospital outpatient, SNF, etc) have had positive inflation adjusted payment updates. But for the past 20 years, the physician portion of the pie has lost 25% of its value. An unfair system - difficult to change.



Then why was there a 3.7% proposed reduction in the Medicare Conversion Factor and other cuts? To summarize, the 3.75% COVID funding boost provided by Congress in CY 2021 will expire. Budget neutrality will be applied, decreasing payments for all services by reducing the conversion factor. This is triggered by the anticipated expenditure increases greater than $20 million for new services. There is also a clinical labor update.

2022 Payment Challenges in the Proposed Rule

The 2022 final rule proposed conversion factor is $33.60 (a 3.71% reduction). There is no E/M payment boost to post-op visits in global surgical payment (4.3%). These Congressional cuts for 2022 approach 10% due to the expiring relief from the COVID funding boost in CY2021 (3.75%) plus the additional 6% not yet baked into the conversion factor (this includes the expiring PHE moratorium on sequestration of 2% and the additional cuts due to federal laws to curb spending of 4%).

Global Surgical Codes

CMS' decision not to apply the 2021 E/M payment increases to the post-op visits negatively impacts surgeons. It amounts to a $162 million loss for ophthalmology in 2021. The American Academy of Ophthalmology (AAO) raised the issue as needing urgent resolution in three separate meetings with CMS in 2021, but the final rule shows that CMS ignored this request. The projected loss for 2022 is $181 million.

Congressional intervention was required to reverse the misguided CMS final rule policy on POV equity and payment cuts, but given the continuing Congressional dysfunction, remedies remained uncertain until the 11th hour. An estimated $25 billion is needed to keep us whole.

Surgical Care Coalition – Advocacy Works!

Ophthalmology's $300,000 investment in the Surgical Care Coalition last year returned over $360,000,000 for our specialty. Our current asks pertaining to the finalized 2022 cuts are to continue the 2% Medicare

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sequestration waiver, apply the E/M increases to the global surgical payment POV, and continue the 3.75% budget neutrality protection that Congress passed in 2021.

This was not the time to make cuts to healthcare and Medicare while the US healthcare system is under tremendous strain and financial stress; patients need high-quality care now more than ever.

Fortunately, Congress and then the Senate passed the Protecting Medicare and American Farmers from Sequester Cuts Act that mitigates up to 9.75% in Medicare physician payment cuts for 2022. In it, the conversion factor cut of 3.75% was reduced to 0.75% for only one year and the 2% sequestration cut was reinstated after a Covid pandemic delay but will be phased in more slowly in 2022.

January - March.....No cut

April - June .....1% sequestration cut

July - .....Full 2% sequestration cut

It also delays the 4% PAYGO Balanced Budget cut for one year.

So, all is not roses. There is an immediate 0.75% cut January 1, but more is rapidly on the way. But it buys us time to try and plead our case to Congress to somehow fix the unfair unrelenting cuts to the physician Medicare fee pie. Medicare's physician payment system is broken and needs major repairs.

Unfortunately, MedPac, the Congressional advisory committee that heavily influences the Medicare rule changes in Congress continues to recommend no positive update to the system. MedPac's message continues to be that there is no patient access problem to physicians, so the committee continues to advocate policies that support consolidation and homogenization of the healthcare team, healthcare facilities with simplification and continued cuts to physician payments. The only defense we have unless patient access changes is heavy political lobbying which takes lots of PAC dollars which we do not have. Still, only less than 18% of our ophthalmology society members contribute anything to our AMA, AAO, ASCRS and TOA political action committees. Terrible situation. We made our own bed and now we are slowly crumbling. And we are only 3% of the physician pie. And I am sure that medicine-wide support of our medical PACs is worse. The youth of medicine had better figure this out or their own profession is doomed long term.

Large Medicare Part B Premium

There is a 14.5% increase in Medicare Part B premium due to the pandemic and to the anticipated use of a new and very controversial Alzheimer's Disease drug – Aduheium. Social Security will increase 5.9%. Part B premiums increase to $233/month from $203 in 2021.

Coding Changes for CY 2022

Payment has been based on relative value since 1992. The Relative Value Update Committee (RUC) votes on values and makes recommendations to CMS:

- **Physician work: WRVUs**
  - Based on ***time*** and ***intensity*** of work on date of service and postop visits
  - Survey-derived data compared ***relative*** to other procedures – we live and die by survey data
- **Practice expense: PERVUs**
  - Based on clinical staff time, equipment costs and time used, supplies
- **Professional liability insurance cost: PLIRVUs**
  - Based on national trends for malpractice premiums
- **Total Value = (WRVU + PERVU + PLIRVU) x CF (2022 = $33.5983)**

Slight Overall Drop in Physician Payment in CY 2022

The relative value units (RVUs) are multiplied by a conversion factor set by CMS to convert the RVUs into payment rates. The finalized 2022 conversion factor is $33.59, a decrease of 0.75% (decrease of $1.30) from the 2021 congressionally adjusted rate of $34.89. But the sequestration and PAYGO cuts will make the economics much worse as the year progresses.

New Codes

Complex Cataract Removal with Drainage Device Insertion (66989) (66982 +019IT)

Eye and Ocular Adnexa/Intraocular Lens Procedures

• **66989** with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more

▶ (For complex extracapsular cataract removal with intraocular lens implant without concomitant aqueous drainage device, use 66982) ◀

▶ (For insertion of intraocular anterior segment drainage device into the trabecular meshwork without concomitant cataract removal with intraocular lens implant, use 0671T) ◀

Cataract Removal with Drainage Device Insertion (66991) (66984 + 019IT)

Eye and Ocular Adnexa/Intraocular Lens Procedures

#•66991 with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more

▶(For extracapsular cataract removal with intraocular lens implant without concomitant aqueous drainage device, use 66984)◀

▶(For insertion of intraocular anterior segment drainage device into the trabecular meshwork without concomitant cataract removal with intraocular lens implant, use 0671T)◀

NOT ALL MIGS – iStent, Hydus

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MIGS/Cataract: Rationale for Changes

- High/increasing claims volume for (CPT 0191T) triggered RUC review.
- Because the stent was done overwhelmingly with cataract surgery and that is the FDA approved indication, new combined codes were created.
- This has caused problems in the recent past with cataract and EC combo codes being created leading to cataract revaluation.
- These new combo codes with stent will cause cataract surgery to be resurveyed by the RUC in 2025, with new values to go into effect in CY 2026 (barely avoided cataract revaluation for CY 2022)

Insertion of Drainage Device (0671T)

Category III Code ***Stand alone code***

#●0671T Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more

▶ (Do not report 0671T in conjunction with 66989, 66991) ◀

▶ (For complex extracapsular cataract removal with intraocular lens implant without concomitant aqueous drainage device, use 66982) ◀

Lacrimal Canaliculus Drug Implant (68841)

Eye and Ocular Adnexa/Probing and/or Related Procedures

●68841 Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each

▶ (For placement of drug-eluting ocular insert under the eyelid[s], see 0444T, 0445T) □

▶ (Report drug-eluting implant separately with 99070 or appropriate supply code) □

Amblyopia Treatment Services (0687T, 0688T)

Category III Codes

●0687T Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session

●0688T Assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month

▶ (Do not report 0687T, 0688T in conjunction with 92065, when performed on the same day) ◀

Revised Codes

Dilation of Aqueous Outflow Canal (66174, 66175)

Eye and Ocular Adnexa/Anterior Sclera

66174 Transluminal dilation of aqueous outflow canal; without retention of device or stent

►(Do not report 66174 in conjunction with 65820 **Goniotomy)**◄

66175 **with retention of device or stent**

Retinal Detachment Prophylaxis (67141, 67145)

Eye and Ocular Adnexa/Retina or Choroid

▲**67141** Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, ~~1 or more sessions~~; cryotherapy, diathermy

▲**67145** photocoagulation (~~laser or xenon arc~~)

Revalued Codes

Strabismus Surgery Codes (67311-67340)

- Current values from late 1980s based on Harvard Resource-Based Relative Value Scale (RBRVS) – times and work values since 1992
- AMA Relative Update Committee in cooperation with CMS recognized a problem with post op visits in the add-on codes and very old valuation
  - Argued to defer and questioned rationale for the resurvey to CMS and RUC in 2018
- Revaluation and practicing physician surveys were required in 2020, leading to revised values in 2022
- Included
  - 67311, 67312, 67314, 67316, 67318
  - +67320, +67331, +67332, +67334, +67340, +67335

Imaging of Retina Using AI (92229)

(The Start of Patient Generated Data with AI evaluation)

- CPT 92229 Imaging of retina for detection or monitoring of disease; with point-of-care automated analysis with diagnostic report; unilateral or bilateral
- The artificial intelligence technology interprets the test instead of a remotely located ophthalmologist
- Following advocacy from The Academy, CMS ended the use of contractor pricing for 92229 and finalized an allowable amount of $45.69 based on a crosswalk approach to CPT 92325 (Modification of contact lens)
- Not done in ophthalmology office – Primary Care Code, NO MD work, Mostly PE
- 92250 – Fundus photos with MD interpretation $40.00

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Other Coding Changes – CY 2022

Cataract Removal with Drainage Device Insertion (66982, 66984)

- For CY 2022 CMS finalized its reaffirmation of the existing work RVU and direct practice expense inputs for cataract surgery CPT codes 66982 and 66984

Cataract with Endoscopic Cyclophotocoagulation (66987, 66988)

- For CY 2022 these codes will continue to be contractor priced
- 66987 Complex Cataract with ECP = $856
- 66988 Cataract with ECP = $715

Deletion of Insertion Drainage Device (0191T)

0191T ~~Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion~~

- (0191T has been deleted) ◄
- (For anterior segment drainage device implantation without concomitant cataract removal, use 0671T) **STAND ALONE CODE** ◄

Deletion of Insertion Drainage Device (0376T)

0376T ~~Each additional device insertion (List separately in addition to code for primary procedure)~~

- (0376T has been deleted) ◄
- (For insertion of anterior segment aqueous drainage device without extraocular reservoir, internal approach, see 66989, 66991, 0671T) ◄

CY 2022 Medicare Physician Fee Schedule Valuations

The charts (prepared by the AAO) on the next three pages show the Medicare Fee Schedule

Comparisons for Facility, Office and Strabismus Surgery Facilities.

Note that most strabismus codes have gone down about 20%. The rest of ophthalmology has already endured the RUC process. It was time.

Basically, almost all fees initially go down -0.75% except the retina, glaucoma MIGS, and strabismus codes that were devalued greatly. Again, no one likes our fees to be devalued in using the concept of RBRVS – relativity – but most all of our fees have gone through that process and now almost all are relatively equal to all of medicine in the best, most fair way we in all of medicine have been able to determine through the RUC/RBRVS process.

Comparison 2021 vs Final 2022 Facility Based Medicare Payments

CPT Code	2021 Facility Total RVUs	2022 Facility Total RVUs	2021 Facility Pay*	2022 Facility Pay*	Change in Facility Pay 2021-2022	% Change in Facility Pay 2021-2022
15823	16.00	16.12	$558.29	$557.85	-$0.44	-0.1%
65222	1.47	1.46	$51.29	$50.53	-$0.76	-1.5%
65855	5.93	5.94	$206.92	$205.56	-$1.36	-0.7%
65756	33.91	34.06	$1,183.23	$1,178.69	-$4.54	-0.4%
65780	19.34	19.37	$674.83	$670.32	-$4.51	-0.7%
66170	31.58	31.67	$1,101.92	$1,095.98	-$5.94	-0.5%
66172	34.48	34.58	$1,203.11	$1,196.68	-$6.43	-0.5%
66761	6.82	6.85	$237.97	$237.05	-$0.92	-0.4%
66982	21.52	21.56	$750.90	$746.11	-$4.79	-0.6%
66984	15.71	15.74	$548.17	$544.70	-$3.47	-0.6%
67028	2.66	2.65	$92.82	$91.71	-$1.11	-1.2%
67036	25.89	25.93	$903.38	$897.34	-$6.04	-0.7%
67107	32.42	32.48	$1,131.23	$1,124.01	-$7.22	-0.6%
67108	34.34	34.38	$1,198.23	$1,189.76	-$8.47	-0.7%
67110	23.46	23.51	$818.59	$813.59	-$5.00	-0.6%
67113	38.40	38.43	$1,339.90	$1,329.92	-$9.98	-0.7%
67228	8.76	8.77	$305.66	$303.50	-$2.16	-0.7%
68761	3.40	3.41	$118.64	$118.01	-$0.63	-0.5%
68815	6.40	6.42	$223.32	$222.17	-$1.15	-0.5%
68816	4.52	4.55	$157.72	$157.46	-$0.26	-0.2%
92002	1.36	1.36	$47.45	$47.06	-$0.39	-0.8%
92004	2.77	2.77	$96.65	$95.86	-$0.79	-0.8%
92012	1.48	1.48	$51.64	$51.22	-$0.42	-0.8%
92014	2.23	2.23	$77.81	$77.17	-$0.64	-0.8%
99202	1.43	1.43	$49.90	$49.49	-$0.41	-0.8%
99203	2.42	2.44	$84.44	$84.44	$0.00	0.0%
99204	3.94	3.95	$137.48	$136.69	-$0.79	-0.6%
99205	5.35	5.36	$186.68	$185.49	-$1.19	-0.6%
99212	1.04	1.06	$36.29	$36.68	$0.39	1.1%
99213	1.95	1.95	$68.04	$67.48	-$0.56	-0.8%
99214	2.88	2.86	$100.49	$98.97	-$1.52	-1.5%
99215	4.24	4.25	$147.95	$147.08	-$0.87	-0.6%

*National average Medicare payment amount w/o geographic adjustments
Source: Centers for Medicare & Medicaid Services

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Comparison 2021 vs Final 2022 Office Based Medicare Payments

CPT Code	2021 Non-Facility Total RVUs	2022 Non-Facility Total RVUs	2021 Non-Facility Pay*	2022 Non-Facility Pay*	Change in Non-Facility Pay 2021-2022	% Change in Non-Facility Pay 2021-2022
15823	18.11	18.27	$631.91	$632.26	$0.35	0.05%
65222	1.98	1.98	$69.09	$68.52	-$0.57	-0.82%
65855	7.18	7.18	$250.53	$248.47	-$2.06	-0.82%
66761	8.78	8.77	$306.36	$303.50	-$2.86	-0.93%
67028	3.30	3.30	$115.15	$114.20	-$0.95	-0.82%
67110	25.89	25.96	$903.38	$898.38	-$5.00	-0.55%
68761	4.37	4.34	$152.48	$150.19	-$2.29	-1.50%
68801	2.78	2.83	$97.00	$97.94	$0.94	0.96%
68810	4.74	4.74	$165.39	$164.03	-$1.36	-0.82%
92002	2.51	2.53	$87.58	$87.55	-$0.03	-0.03%
92004	4.37	4.39	$152.48	$151.92	-$0.56	-0.37%
92012	2.61	2.62	$91.07	$90.67	-$0.40	-0.44%
92014	3.68	3.71	$128.41	$128.39	-$0.02	-0.02%
92083	1.84	1.84	$64.20	$63.68	-$0.52	-0.82%
92132	0.92	0.92	$32.10	$31.84	-$0.26	-0.82%
92133	1.08	1.08	$37.68	$37.37	-$0.31	-0.81%
92134	1.19	1.19	$41.52	$41.18	-$0.34	-0.82%
92235	3.42	3.69	$119.33	$127.70	$8.37	7.01%
92240	5.93	5.72	$206.92	$197.95	-$8.97	-4.34%
92285	0.67	0.68	$23.38	$23.53	$0.15	0.65%
99202	2.12	2.14	$73.97	$74.06	$0.09	0.12%
99203	3.26	3.29	$113.75	$113.85	$0.10	0.09%
99204	4.87	4.90	$169.93	$169.57	-$0.36	-0.21%
99205	6.43	6.48	$224.36	$224.25	-$0.11	-0.05%
99212	1.63	1.66	$56.88	$57.45	$0.57	1.00%
99213	2.65	2.66	$92.47	$92.05	-$0.42	-0.45%
99214	3.76	3.75	$131.20	$129.77	-$1.43	-1.09%
99215	5.25	5.29	$183.19	$183.07	-$0.12	-0.07%

*National average Medicare payment amount w/o geographic adjustments

Source: Centers for Medicare & Medicaid Services

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Comparison 2021 vs 2022 Strabismus Surgery Facility Medicare Payments

CPT Code	Descriptor	2021 Facility Total RVUs	2022 Facility Total RVUs	2021 Facility Pay*	2022 Facility Pay**	Change in Facility Pay 2021-2022	% Change in Facility Pay 2021-2022**
67311	Revise eye muscle	17.26	13.98	$602.25	$483.79	-$118.46	-19.7%
67312	Revise two eye muscles	20.87	19.24	$728.22	$665.82	-$62.40	-8.6%
67314	Revise eye muscle	19.76	16.00	$689.49	$553.70	-$135.79	-19.7%
67316	Revise two eye muscles	23.35	20.58	$814.75	$712.20	-$102.55	-12.6%
67318	Revise eye muscle(s)	20.66	19.91	$720.89	$689.01	-$31.88	-4.4%
67320	Revise eye muscle(s) add-on	9.13	7.39	$318.57	$255.74	-$62.83	-19.7%
67331	Eye surgery follow-up add-on	8.67	7.02	$302.52	$242.94	-$59.58	-19.7%
67332	Rerevise eye muscles add-on	9.40	7.61	$328.00	$263.35	-$64.65	-19.7%
67334	Revise eye muscle w/suture	8.54	6.92	$297.99	$239.47	-$58.52	-19.6%
67335	Eye suture during surgery	4.20	5.44	$146.55	$188.26	$41.71	28.5%
67340	Revise eye muscle add-on	10.16	8.47	$354.51	$293.11	-$61.40	-17.3%

*National average Medicare payment amount w/o geographic adjustments

Source: Centers for Medicare & Medicaid Services

**Section 1848(c)(7) of the Act specifies that for services that are not new or revised codes, if the total RVUs for a service for a year would otherwise be decreased by an estimated 20 percent or more as compared to the total RVUs for the previous year, the applicable adjustments in work, PE, and MP RVUs shall be phased in over a 2-year period. In implementing the phase-in, CMS considers a 19 percent reduction as the maximum 1-year reduction for any service not described by a new or revised code. This approach limits the year one reduction for the service to the maximum allowed amount (that is, 19 percent), and then phases in the remainder of the reduction.
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CY 2022 Valuations

CPT Codes 66991 and 66989 (MIGS/Cataract combo codes)

- **Physician fee:** CMS accepted RUC-recommended 12.13 work relative value units (WRVU) for CPT 66989 and 9.23 WRVU for CPT 66991, resulting in allowables of
  - $831.56 for 66989 66982 = $725 = $107 device
  - $663.57 for 66991 66984 = $528 = $135 device
- **Facility fee:** faced ~$800 reduction (APC placement, incorrect device intensive offset)
  - Advocacy resulted in placement in new technology APC and appropriate device intensive offset, resulting in minor reduction in facility fee to $3246 for 66989 and 66991

66174, 66175: Transluminal Dilation of Aqueous Outflow Canal

- Revaluation required due to volume growth, postponed for several years

CPT	2021 Allowable	2021 WRVU	RUC Rec WRVU	CMS WRVU	2022 Allowable	Dollar Change	Percentent Change
66174	$947.70	12.85	8.53	7.62	$738.83	($208.87)	-22.04%
66175	$994.45	13.60	10.25	9.34	$775.78	($218.67)	-21.99%

67141, 67145 – RD Prophylaxis (cryo, laser)

- Flagged for review as Harvard-valued with claims >30,000
- Changed global from 90- to 10-day to harmonize with RD repair codes CPT 67101 and 67105 which are 10-day global procedures
- CMS accepted RUC-recommended values

CPT	2021 Facility Allowable	2022 Facility Allowable	2021 Non-Facility Allowable	2022 Non-Facility Allowable
67141	$488.85	$210.66	$531.42	$264.75
67145	$499.32	$210.66	$533.86	$237.20

68841 – Lacrimal Canaliculus Drug Eluting Implant

- New CPT code for 2022
- CMS accepted the RUC-recommended work value of 0.49 WRVU.
- CMS made an appropriate refinement of 5 minutes to the direct practice expense input
- Allowables: **To insert Dextenza**
  - $37.29 (non-facility)
  - $31.58 (facility)

Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) payment CY 2022

CMS has finalized HOPD/ASC Changes for CY 2022; they took effect January 1, 2022. Payments increased by 2.0% for ASCs (25% of cataracts still done in HOPD). It extends pass-through payment for select drugs. It maintains the list of services requiring prior authorization (PA) when performed in HOPDs, which includes blepharoplasty and botulinum toxin. It halts the elimination of the inpatient-only list over a three-year transitional period. It moves forward with problematic reporting measures. All hospital and ASC staff must be vaccinated (allowing for religious and medical exemptions) but with a low enforcement priority.

Here are the IPO list changes for inpatient only. Last year, CMS finalized a policy to eliminate the inpatient list over a three-year period, removing 298 services from the list in the first phase of the elimination. For 2022, CMS is halting the elimination of the list.

After clinical review, CMS will add the services that were removed in 2021 back to the list beginning in 2022 with certain exceptions. Exceptions include eight codes related to arthroplasty and anesthesia.

The Academy advocated for several services to remain off the list and have the ASC as an option for site of service. However, CMS reinstated all ophthalmology codes that had been on the list of 298.

Extension of Pass-Through Status. CMS finalized extending pass-through status for up to four quarters for several drugs and biologicals for which data collection has been affected by the public health emergency. Under this new policy, these ophthalmology drugs will receive an extension:

- The HCPCS code J1095 Injection, dexamethasone 9%, intraocular, 1 microgram pass-through expiration date is March 31, 2022; the equivalent of three additional quarters.
- The HCPCS code J1096 Dexamethasone, lacrimal ophthalmic insert, 0.1 mg pass-through expiration date is June 30, 2022; the equivalent of two additional quarters. (Dextenza).

Drug Packaging and Non-Opioid Pain Management. CMS will continue to apply separate payments for non-opioid pain management drugs that function as surgical supplies when furnished in the ASC setting for CY 2022.

CMS mentioned that Dextenza (J1096; Dexamethasone, lacrimal ophthalmic insert, 0.1 mg) meets the criteria for a separate payment. If it was not already receiving separate payment in 2022 as a pass-through drug, it would have been eligible to receive separate payment.

CMS is continuing the exclusion of Omidria from bundling under the ASC payment system through the CY 2022 payment year as a non-opioid pain management drug that functions as a surgical supply for 2022.

CMS made no other changes to their drug packaging policy.

ASC Quality Reporting Changes for CY 2022. CMS has finalized required reporting for measure ASC-11: Cataracts — Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery. However, it has delayed the mandatory reporting until performance year 2025 instead of 2023. Crazy Data not available in ASC.

CMS finalized the ASC-15a-e: OAS CAHPS Survey-based measures with voluntary reporting beginning with the 2024 reporting period and mandatory reporting beginning with the 2025 reporting period and 2027 payment determination.

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HOPD Prior Authorization. CMS made no changes to the existing HOPD PA program. Blepharoplasty, other eyelid services, and Botox remain on the required PA list. Ophthalmologists have been forced to delay surgery for patients due to PA program implementation issues, specifically the requirements for blepharoplasty and other eyelid procedures. The Academy has worked closely with ASOPRS to engage CMS and Congress.

AAO has also provided valuable suggestions for updates to the program directly to CMS that will reduce burdens.

Quality Payment Program CY 2022 Update – MIPS is Getting Harder

2021 & 2022 MIPS Scoring

Threshold	2021	2022
Threshold to Avoid a Penalty	60 points	75 points
Exceptional Performance Threshold	85 points	89 Points

MIPS Performance Category Weights

MIPS Category	Score Weight 2017	Score Weight 2018	Score Weight 2019	Score Weight 2020	Score Weight 2021	Score Weight 2022+
Quality	60%	50%	45%	45%	40%	30%
Promoting Interoperability (PI)	25%	25%	25%	25%	25%	25%
Improvement Activities (IA)	15%	15%	15%	15%	15%	15%
Cost	0%	10%	15%	15%	20%	30%

MIPS 2022: What's in Store?

MIPS Value Pathways - No alternative payment model options available for ophthalmology.

Quality

- Removal of bonus points for end-to-end reporting or additional high priority/outcome measures
- Removal of measure QPP154: Falls: Risk Assessment

Promoting Interoperability

- New measure: Safety Assurance Factors for EHR Resilience Guides (SAFER Guides)
- Public Health and Clinical Data Exchange Objective requirement and bonus option changes

Small Practices

- Automatic PI Hardship
- Double Credit for Each IA Maintained

Public Health Emergency for 2021

- Extreme and uncontrollable circumstances hardship maintained
- Not automatic for groups – Groups can apply or submit data as usual

MIPS – many feel that MIPS is not worth the effort, time and resources to avoid the penalty. Non-participation can cost a 9% penalty in 2022 (from 2020 participation). Exceptional performance percentage was 1.8% last year. EMR and IRIS registry participation greatly reduces the reporting burden.

Threshold	2021	2022
Threshold to Avoid a Penalty	60 points	75 points
Exceptional Performance Threshold	85 points	89 Points

Table: Bonuses and Penalties

2021 MIPS Final Score	2023 Payment Adjustment
0-15 points	Maximum penalty of –9%
15.01-55.99 points	Penalty on a sliding scale (see table below)
60 points	Neutral (no penalty, no bonus)
60.01-84.99 points	Initial bonus*
85-100 points	Initial bonus* + exceptional performance bonus†

* The initial bonus is based on a linear sliding scale—those who score 60.01 points get the lowest bonus; those who score 100 points get the highest.

† The exceptional performance bonus is based on a linear sliding scale—those who score 85 points get the lowest bonus; those who score 100 points get the highest.

The maximum payment adjustments for 2022 remain the same at +/- 9% and will be applied towards a clinician's 2023 Medicare Part B for covered professional services. This means a MIPS eligible clinician who does not participate in MIPS 2022 will receive a negative payment adjustment of -9% in 2024.

MIPS and the IRIS® Registry. The benefits of IRIS® Registry participation are many. It helps meet quality reporting requirements; it provides at least one outcome or high priority measure for most participants to report; it supports credit for improvement activities; and it facilitates promoting interoperability reporting and counts towards the clinical data registry reporting measure for integrated practices earning a 5-point bonus.

Continued on page 16

Academy Member Resources:

VISIT:

Member Resources:
www.aao.org/medicare

2022 Reimbursement Articles, News, and Summaries:
www.aao.org/eye-on-advocacy-article/health-policy

EMAIL:

Health Policy:
HealthPolicy@aao.org

Coding Help:
Coding@aao.org

MIPS Help:
mips@aao.org

IRIS Registry Help:
irisregistry@aao.org

Blepharoplasty

The Novitas Blepharoplasty LCD and article were recently consolidated and revised with other Novitas Regional policies. Unfortunately, it was very poorly worded and had many areas of total misunderstanding. After many conversations with Novitas Carrier Medical Directors (CMD) and our Texas ophthalmic plastic surgeons, we developed a reasonable policy, however, many of the changes were simply not made as almost all the Novitas CMDs either quit or were terminated. I truly do not understand what is going on with Novitas as we have almost no paths of communication left open. Currently, I have no idea of who is in charge or what they plan for the future.

Be sure to read the updated blepharoplasty LCD L35004 and associated article A57618 – *Billing and Coding Blepharoplasty. Blepharoptosis Repair and Surgical Procedures of the Brow.*

The preamble states that the submitted medical record may include as appropriate: clinical notes, patient complaints, MRD1 of 2 mm or less, fissure heights in down gaze and pre-op photos. Then Group 1 and surgical blepharoplasty & ptosis codes can be linked to group ICD-10 diagnosis codes and Group 2 surgical CPT codes can be linked to group 2 ICD-10 diagnosis codes. Unfortunately, the ICD-10 codes make absolutely no sense. There are many mistakes and Novitas shows no interest in making corrections. So, what do we do? I recommend continuing to include good quality photos that demonstrate clearly the pathology on all blepharoplasty and ptosis that clearly demonstrate to MRDI of 2.0 mm or less. As well as patient complaints. That is minimum. Anything else is icing on the cake.

So, all in all, we will have another challenging year but hasn't every year as long as I can remember been a challenging year? We continue to survive, many even thrive. Keep the faith.

Thank You!

American Academy of Ophthalmology

Michael X. Repka, MD, MBA
Medical Director for Governmental Affairs

George Williams, MD
Senior Secretary for Advocacy

Kayla L. Amodeo, PhD
Director, Health Policy

New EYE-PAC Committee - Call for Nominations

Our Texas Legislature will experience tremendous turnover before it meets again in 2023. There will be up to 50 new representatives and 5 new senators. EYE-PAC is TOA's political action committee and it is how we work within the political system to educate lawmakers and candidates about quality eye care.

Candidates are already calling the TOA office seeking an EYE-PAC endorsement due to our past success in supporting winners.

Nominate yourself to serve on the revamped EYE-PAC Committee. Committee members will meet with and interview candidates, deliver campaign contributions, determine EYE-PAC endorsements, and more. Simply state your interest in an email to TOA president Lindsey Harris, MD at eyepacchair@texaseyes.org. She will appoint members in the coming weeks.

No experience is needed beyond your enthusiasm for advocating for patients and a willingness to meet with lawmakers. This is the perfect way to jump in and make a difference.

The purposes of the EYE-PAC Committee are as follows:

1. To elect to the Texas Legislature, the offices of the Governor, Lieutenant Governor, Attorney General and judicial posts exclusively those candidates who understand and support quality eye care and the appropriate training of individuals administering that care in Texas.
2. To promote quality eye care, patient safety and public awareness of those topics.
3. To encourage and strive for the improvement of government by encouraging and stimulating ophthalmologists and others to take a more active and effective part in patient and professional governmental advocacy.
4. To encourage ophthalmologists and others to understand the nature and actions of their government, especially the importance of political records, of office holders and candidates for public office, and their impact on patient safety and quality eye care.
5. To assist Texas ophthalmologists in optimizing their political impact and in carrying out their responsibilities as patient advocates.
6. To uphold the tradition of individual liberty and support of the rights guaranteed by the Constitution.

EYE★PAC
TEXAS OPHTHALMOLOGICAL ASSN

Texas Primary Elections
March 1st

Early Voting Begins
February 14th

Questions from the Herd

***John Haley, MD** and **William Plauche, MD** answer coding and reimbursement questions from TOA members at coding@texaseyes.org. They volunteer their time to provide this valuable service.*

Question: Can TOA offer any guidance on this new "No Surprises" legislation requiring us to provide a Good Faith Estimate to all self-pay patients? Specifically, I'm unclear as to whether this applies to all patients (such as those receiving clinical services in a private practice setting) or just those receiving services in a facility like an ASC.

Answer: The new law applies to all providers, and the Department of Health and Human Services ("HHS") has advised that the definition of items and services include those related to dental health, vision, substance use disorders and mental health. That GFE law makes good sense to me as everyone should always have a reasonable idea of costs before having a service. That is only good medical practice, and, in our office, we have always done that for insured.

Question: CMS has said that individual providers automatically get a hardship exemption for MIPS in 2021. The exemption does not apply to group practices. For a small group, do we plan on reporting for MIPS or assume we are covered since our individual doctors are exempt for 2021?

Answer: As I read it, if you take the exemption then you have zero chance for the small bonus so if you think you have a good chance for the bonus, you should go ahead and do the MIPS reporting.

Question: WellMed insurance is a massive problem for many physicians in Texas. They take an unreasonable 3-4 months to send payments. This does not follow standard insurance practices for Medicare replacement plans. What can be done to advocate for us on this issue?

Answer: We checked with the TMA and they have not received similar complaints. TMA utilizes a Reimbursement Review and Resolution (RRR) process (formally known as the Hassle Factor Log) in which Texas physicians can share with TMA issues and concerns about a payer's behavior. They can then use the RRR to determine systematic issues and then engage accordingly with that payer. The best thing to do is submit a form here https://www.texmed.org/Template.aspx?id=2300 and encourage any colleagues with the same experiences to do the same.

Follow us on Social Media!

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@txoph

Question: Is it legal for a patient to have a standard lens cataract surgery for monovision BUT we sell them a "Monovision Guaranteed Insurance Policy" to which we would charge $1,500 and if needed, would perform LASIK to correct their vision? Just to be clear, this is not balance billing the patient for their standard lens but selling them an insurance policy that we will get them monovision.

Answer: No, it is not legal. You can only bill extra for the approved high-tech lenses like MF, accommodating and toric lenses as part of a premium package.

Question: I am performing iris synechiolysis of adhesions during a cataract surgery. How do I bill? For example, do I bundle 66984 (phaco/iol) with 65865 (Severing adhesions of anterior segment of eye) or do I bill as 66982 (complex phaco/iol)?

Answer: Due to separate procedure language and CCI bundling 65865 with 66984, submit only 66984 -eye modifier, since it has the higher allowable.

It is only appropriate to unbundle 65865 by appending modifier -59 - eye modifier, if the surgery is performed through a separate incision, or a separate site of the eye or performed at a separate session. This is not one of the qualifying factors for complex cataract surgery.

The other option is to append modifier -22 to 66984 to show additional work significantly above and beyond the cataract surgery. These claims go to review which takes an additional 6-8 weeks for payment.

Question: My practice has 3 locations, main office and satellite office in one county, one satellite office in another county. Our Medicare PFS locality is "rest of Texas (99)". My 2 offices in the first county sit right outside of a larger county which has a Medicare PFS locality of "(18)". The costs of operating my practice is just as much, particularly employee salaries, as other practices located in the larger locality, however, Medicare is reimbursing 6-7% less for my practices as they are categorized as "rest of Texas". Is there a mechanism I can use to protest this reimbursement difference with Medicare? Or do I just need to open and office a few miles down the road in the larger county to be reimbursed at a higher rate?

Answer: I'm afraid your only option for higher reimbursement is to change the location of the clinic.

Members in the News

Congratulations to past president **Mark Gallardo, MD** who has been appointed by the AAO State Affairs Secretariat to serve as the Regional Advisor to Texas, Arkansas, Louisiana, Mississippi, and Oklahoma.

Congratulations and thanks to **Sidney Gicheru, MD** who finishes his term as AAO Council's Deputy Section Leader for the State Section of the Council's Coordinating Committee. He was recently elected by the Council to now serve as the Section Representative to the AAO Nominating Committee for one year.

Thank you to **Chevy Lee, MD** of McAllen who fulfilled his term as AAO Councilor in December.

Dr. Lee rotated off of the TOA Executive Council after serving for 21 years! Dr. Lee has served in almost every leadership role in TOA including that of president 2003-2004.

TOA past president **Sanjiv Kumar, MD** has been appointed to succeed Dr. Lee as TOA's third AAO Councilor, along with **Drs Robert Gross, MD, MBA** and **Sidney Gicheru, MD**. Each Council term lasts three years.

AAO Leadership Development Program XXIII, Class of 2022

Lindsey D. Harris, MD, FACS and **Cynthia L. Beauchamp, MD** were recognized at AAO 2021 in New Orleans for their selection to the Academy's 23rd Leadership Development Program (LDP) class. Dr. Harris, nominated by TOA, and Dr. Beauchamp, nominated by American Association for Pediatric Ophthalmology and Strabismus, joined 18 other ophthalmologists in this class, chosen via a competitive selection process. After a series of virtual sessions last year, this class came together for an orientation session in New Orleans where they were personally introduced to their classmates and they heard from Academy leaders including outgoing AAO CEO David W. Parke, II, MD and 2021 AAO President Tamara Fountain, MD.

TOA Executive Director Honored by the Academy's Secretariat for State Affairs

Rachael Reed, executive director of the TOA was recognized by the American Academy of Ophthalmology's (AAO) Secretariat for State Affairs in front of state ophthalmology society physician and staff leaders as the 2021 Outstanding Executive Director for Political Action during AAO 2021, the AAO's annual meeting in New Orleans. The Secretariat for State Affairs recognizes the importance of effective state ophthalmological society executive directors in relationship to the overall performance and health of state societies. Each year during its summer meeting, Secretariat members provide input on state society executive directors who have done an outstanding job in their own state(s) as well as provided ongoing support and input in implementing national Academy programs and initiatives.

John D. Peters, MD, AAO Secretary for State Affairs, remarked, "The Academy appreciates and is impressed by Rachael's commitment to TOA, to Texas ophthalmologists and their patients, and to the AAO. Texas ophthalmologists are very fortunate to have Rachael on their team."

Dr. Peters remarked that Rachael focused the energy of state society leadership, grassroots resources and coalition partners to oppose optometric surgery legislation in Texas. She worked in close coordination with the Secretariat for State Affairs to enhance the society's political efforts and worked tirelessly to ensure her physician leaders were superbly prepared and briefed for testimony, establishing a model for other states.

Welcome New Provisional Members!

TOA is a member-driven organization, and its work is not possible without your support. TOA is the only organization that dedicates 100% of its advocacy efforts to issues that affect Texas ophthalmology and quality eye care.

Musa Abdelaziz, MD
Southlake

C. Cordell Adams, MD
Dallas

Juan C Arciniega, MD
McAllen

Wilson B Baber, MD
Shreveport, LA

Emily M. Bratton, MD
Austin

Saradha Chexal, MD
Round Rock

Tam Dang, MD
Lakeway

Erin Doe, MD
Katy

Aaron C Hager, MD
San Antonio

M. Kenneth Hall, III, MD
Marshall

J. William Harbour, MD
Dallas

Sandhya Iyer, MD
Fort Worth

Relief Jones III, MD
San Antonio

Gowtham Jonna, MD
Round Rock

Ross Lynds, MD
Abilene

Kenneth Maverick, MD
San Antonio

Imtiaz Mehkri, MD
Edinburg

Kristin Minkowski, MD
Houston

William A Pearce, MD
Beaumont

Paul Proffer, MD
Amarillo

Reem Z. Renno, MD
Houston

William Sawyer, DO
Granbury

Martha P. Schatz, MD
San Antonio

Ricardo N. Sepulveda, MD
San Antonio

Ravi Shah, MD
League City

Noorulain Shekoh, MD
Harlingen

Natalie Stanciu, MD
West Lake Hills

Taylor B. Strange, DO
Fort Worth

Sandip Suresh, MD
Houston

Maria Triana, MD
San Antonio

Joshua Udoetuk, MD
Houston

Divya Varu, MD
Austin

Vincent Venincasa, MD
Sunnyvale

Larry Wood, MD
Brownwood

John Perry Wooten, MD
Columbus

Eunmee E. Yook, MD
Houston

Allison Young, MD
San Antonio

Vitaliy Zak, MD
Harlingen

TOA Job Board

The new TOA job board is the perfect place to look for ophthalmic personnel or partners, and sell/buy equipment, and more.

www.texaseyes.org/job-board

The 2022 Annual Meeting will be held in conjunction with Texas Medical Association's TexMed. The 2022 business meeting will include the presentation of Distinguished Service Awards, recognition of past officers, and voting on significant bylaws changes.

The meeting will provide you with CME, ethics/professional responsibility credit, OMIC and TMLT premium discounts, and more.

Featured speakers:

Douglas D. Koch, MD
Professor and Allen, Mosbacher, and Law Chair in Ophthalmology
Department of Ophthalmology
Baylor College of Medicine
Houston, TX

Timothy McCulley, MD
Chair of the Ruiz Department of Ophthalmology and Visual Science
University of Texas Health Science Center at Houston
McGovern Medical School
Houston, TX

J. William Harbour, MD
Professor & Chair, Department of Ophthalmology
University of Texas Southwestern Medical Center
Dallas, TX

Raymond Douglas, MD, PhD
Director of the Orbital and Thyroid Eye Disease Program
Cedars-Sinai Medical Center
Los Angeles, CA

As a TOA member benefit,
your registration is free regardless of your TMA membership status.

Look for registration details soon!

Texas Ophthalmological Association
2022 Codequest Registration

In conjunction with the American Academy of Ophthalmic Executives

Which course?

☐ **San Marcos, Jan. 15** ☐ **Houston, March 12** ☐ **Lubbock, Friday, March 25** ☐ **Dallas, March 26**

1: Registration & Fees (check one registrant category):

Early bird rates: Jan. 7 for San Marcos; March 4 for Houston, March 18 for Lubbock and Dallas
Non-member ophthalmologists may join today and use the member rate!*

		By early bird date	After early bird date	Total
☐	**TOA Member and/or Staff**	$295 x ____	$350 x ____	$
☐	**Resident or Fellow**	Free!	Free!	$
☐	**Non-Member Ophthalmologist and/or Staff**	$395 x ____	$450 x ____	$

2: Name of Ophthalmologist associated with this registration: _____

3: Registrant Listing (please complete all lines for each registrant for continuing ed. purposes; copy page for additional names):

Full Name & Credentials: _____
Job Title: _____ Clinic: _____
Mailing Address: _____
City/State/Zip: _____
Phone Number: _____ Email: _____

Full Name & Credentials: _____
Job Title: _____ Clinic: _____
Mailing Address (if different from above): _____
City/State/Zip: _____
Phone Number: _____ Email: _____

ADA: ☐ check here if you need any auxiliary services identified with the Americans with Disabilities Act.

4: Payment
□ *NEW Members** check here to include 2022 dues of $300 in this payment.
Method: □ **check payable to TOA** □ **VISA** □ **MC** □ **AMX**

Card Number: _____

Expiration Date: _____ CVV #: _____

Name on Card: _____

Complete Billing Address: _____

Return this form to: Mail: Texas Ophthalmological Association, 401 w. 15th St., Ste. 825, Austin, TX 78701
Fax: (512) 370-1637; Online: www.TexasEyes.org; Email to toa@TexasEyes.org, or call (512) 370-1504.

Texas Ophthalmological Association
401 W. 15th Street, Ste. 825
Austin, TX 78701

Address Service Requested

2022 Upcoming Events

SATURDAY, MARCH 12
Codequest
Houston

FRIDAY, MARCH 25
Codequest
Lubbock

SATURDAY, MARCH 26
Codequest
Dallas

APRIL 7-9
AAO Congressional Advocacy Day and Mid-Year Forum
Washington, DC

APRIL 29-30
TOA Annual Meeting & TexMed 2022
Houston

DECEMBER 2-3
TMA Advocacy Retreat
Austin, TX

Go to www.TexasEyes.org or contact TOA at 512-370-1504.