Managing Astigmatism in your Cataract Practice

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Disclaimer

- Ms. Bachman:
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  - Employee of Corcoran Consulting Group
  - No other disclosures

Refractive Cataract Surgery

- **Over the past decade "premium" lenses have been introduced to correct presbyopia and astigmatism, two common problems that had been difficult to correct with standard cataract procedures unless the patient wore glasses after surgery.**
- **Approximately half to a third of cataract patients has visually significant astigmatism.**
  - **Significance varies by person**

Patient Expectations

- **Address this first!**
  - **It is the primary driver to your success in offering astigmatic management services**
  - **Most patients have heard the term "astigmatism" but do not understand what this means to their visual needs after surgery**

Understanding …

- **When and how are we treating astigmatism?**
  - **Anterior corneal vs lenticular (and now posterior corneal) varieties**
- **Corneal topography**
  - **Helps differentiate "front surface" from "internal"**
- **If patient's old glasses or refraction are significantly different than the current topography (front surface), then the patient likely has some internal astigmatism**
  - **More challenging to reduce**
  - **May need extra** counseling

What makes astigmatism "significant"?

- **Patients with 0.50 - 0.75D typically require an Rx for best acuity**
- **Astigmatic errors of 1.00 - 2.00D range if left uncorrected could reduce VA to 20/30 - 20/50**
- **Error of 2.00-3.00 may leave UCVA of 20/70-20/100**

Pre-operative evaluation

- Keratometry
- Refraction
- Topography
- Biometry
- IOL calculations
- Lifestyle questionnaire to assess patient's visual goals
- Wavefront aberrometry
- Verion reference unit
- SIA calculator
- Toric calculator tool
- Discussion!

Testing

- Meticulous detail in testing is critical
- Review amount of measured cylinder by all methods – decide what variance will you accept
- Axis measurement — set standard on variance for your practice
- IOL formula selection
- A-Constant optimization for Toric IOL selected
- Toric calculator use
- Verion planning tool
- Surgeon's own SIA (Surgically Induced Astigmatism) http://www.doctor-hill.com/physicians/sia_calculator.htm

Next Hurdle ... Upgrading

- The decision for type of LRI correction and timing is between the surgeon and the patient
  - Limbal Relaxing Incisions (LRI) by blade
  - LRI via femtosecond (FS) laser
- Toric IOL implantation alone or with an LRI
- Monofocal or Presbyopia IOL with an LRI
- Secondary Laser Vision Rx (via LASIK/PRK)
  - Post-stabilization or as enhancement

Upgrading

- Your success begins with understanding the patient expectations and their lifestyle needs
- Explaining the benefits of having premium service at time of cataract surgery may be a once in a lifetime opportunity
- Competitive pricing structure for upgrades
  - Options should be simple to understand
- Financing options
- Staff education and buy-in
- Internal marketing

What's the ***BEST*** option?

- There isn't one!
  - Base it on patient needs and expectations
  - May need to be a mix of technologies to offer the greatest reduction
  - Best post-operative visual outcome with less dependency on glasses.
- Evolving technology
  - Toric and adjustable IOL's in the future will give pts better refractive results with superior optics

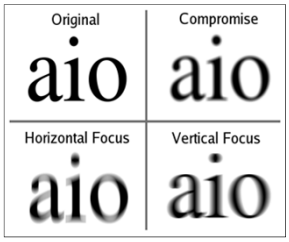
Critical steps?

- Proper marking of eye
  - Minimizes alignment errors
  - Newer technology will help reduce the errors associated with marking pens and globe rotation
    - Verion™
    - Intraoperative Aberrometry (e.g., ORA™)

Approx 3.3 % decrease in effect per every 1 degree error in alignment

ASCRS Web-Seminar: Randleman, Devgan, Donnenfeld
EyeNet Magazine, April 2012 (p. 29-31)

What could happen?



- Visual compromise!
- Axis misalignment with a toric IOL of 15° can result in a 50% reduction in correction
- 30° error could cause a large shift in the axis or NO astigmatic effect

Source: Google Images

Summary

- **Details, Details, Details!**
  - **Manage Pt expectations**
  - **Measure and re-measure (before and after)**
  - **Mark the proper axis**
- **Not treating residual corneal astigmatism will not produce "happy" patient results especially with premium IOL's**
- **Billing challenges……**

Billing and Reimbursement Concerns with Astigmatism Surgery

- Is it patient-pay?
- Is it insurance-pay?
- How do I set my fees?
- How do I document financial responsibility?
- What about separation of fees and collection?
- Are there regulatory concerns?
- What about comanagement?

CMS Administrator's Ruling
Astigmatism-Correcting IOLs

- January 2007
- Permitted beneficiaries to choose to pay for upgrade as non-covered items and services

"…the physician may take into account the additional physician work and resources required for insertion, fitting, visual acuity testing of the astigmatism-correcting IOL compared to … a conventional IOL"

Source: CMS Ruling No. 1536-R

Payments

- Cataract surgery (covered)
  - Surgeon, facility fee, IOL, assignment, COB
  - Patient: deductible, copayments
- Refractive services (non-covered)
  - Patient: out-of-pocket
- Separate entities *and* separate payments
  - Facility
  - Surgeon
  - Comanaging provider, if applicable

Covered by Insurance?

- Covered
- Pre-op Exam
- Biometry
- Surgery and initial PO
- Conventional IOL
- Facility fee
- FS capsulotomy, corneal entry wound, phaco-fragmentation
- Anesthesia

- Not covered (Pt pay)
- Refraction
- Tests for ametropia
- Marking axis on eye
- Toric IOL upgrade
- FS LRI
- Extended PO
- Enhancements
- Other

Covered vs. Non-covered

- Covered
- Follow insurance rules
- Not covered
- Patient pay

Refractive Cataract Surgery
Reimbursement Grid

	Facility	Physician
Covered	Cataract surgery	Cataract surgery
Non-covered	Toric IOL, LRI	Refractive Care

Surgical Correction of Astigmatism

- Implantation of a toric IOL
- Alternate surgical techniques (LRI, AK, other?)
- Refractive surgery is not part of routine cataract surgery
- It is not required; personal preference
- Value added professional service

Surgical Correction of Astigmatism

- Non-covered professional services
  - Refraction to determine refractive error
  - Corneal topography for regular astigmatism
  - Contact lens trial fitting to assess refractive error
  - Pre-op or Intraoperative wavefront aberrometry
  - Corneal pachymetry associated with refractive surgery
  - Other screening tests (*i.e.*, OCT)
  - Marking the eye for axis of toric IOL or LRI
  - FS laser to make arcuate corneal incisions
  - Enhancement (*i.e.,* LRI, PRK, LASIK)

Logic of Professional Fee

1. List of tasks appropriate to the needs of pt
2. Include contingency for enhancements
3. Frequency of task(s) based on protocol, experience
   - Can be fractional % or whole
4. Assign usual and customary charge
5. Calculate weighted average for each task
6. Sum for global fee

Surgical Correction of Astigmatism

	Frequency	Charge	Wtd Chg
Refraction			
Corneal topography			
Corneal pachymetry			
CL trial fitting			
Wavefront aberrometry (ORA)			
Marking the eye for axis of toric IOL			
FS laser for arcuate incisions			
Enhancement			
Total Pro Fee			

For illustration purposes only

Surgical Correction of Astigmatism

	Frequency	Charge	Wtd Chg
Refraction	200%		
Corneal topography	100%		
Corneal pachymetry	100%		
CL trial fitting	10%		
Wavefront aberrometry (ORA)	100%		
Marking the eye for axis of toric IOL	100%		
FS laser for arcuate incisions	50%		
Enhancement	10%		
Total Pro Fee			

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Surgical Correction of Astigmatism

	Frequency	Charge	Wtd Chg
Refraction	200%	$40	
Corneal topography	100%	80	
Corneal pachymetry	100%	25	
CL trial fitting	10%	100	
Wavefront aberrometry (ORA)	100%	100	
Marking the eye for axis of toric IOL	100%	125	
FS laser for arcuate incisions	50%	250	
Enhancement	10%	1250	
Total Pro Fee			

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Charges for Non-covered Services
Must Be Defensible

"…(for non-covered services) the physician's charge to the patient is not limited to the Medicare physician fee schedule. Nevertheless, the physician must be able to justify the charge to the patient. If the patient is charged for a series of diagnostic tests, the charge for those tests must be defensible. One way to assess the propriety of the charge is whether they are consistent with what the physician would otherwise charge a self-pay patient for the same services."

Source: Arnold & Porter Legal Opinion

Surgical Correction of Astigmatism

	Frequency	Charge	Weighted Chg
Refraction	200%	$40	$80
Corneal topography	100%	80	80
Corneal pachymetry	100%	25	25
CL trial fitting	10%	100	10
Wavefront aberrometry	100%	100	100
Marking the eye for axis	100%	125	125
FS laser for arcuate incisions	50%	250	125
Enhancement	10%	1250	125
Total Professional Fee			$670

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Surgical Correction of Astigmatism

	Frequency	Charge	Weighted Chg
Toric IOL upgrade	100%	$395	$395
Wavefront aberrometry (ORA)	100%	250	250
FS laser for arcuate incisions	50%	750	375
Operating room for enhancement	10%	250	25
Total ASC Fee			$1,045

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Refractive Cataract Surgery
Nominal Charges

	Facility	Physician
Covered	$1,500	$2,000
Non-covered	$1,045	$670

Grand Total $5,215

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Refractive Cataract Surgery
Payments for Covered Procedure

	Facility	Physician
Covered	$950	$600
Non-covered	$1,045	$670

Net Total $3,265 (after adjustments)

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Deluxe IOL

Price of toric IOL	$ 495.00
Shipping, taxes, restocking	+ 50.00
Payment for standard IOL***	- 65.00
Deluxe IOL charge	$ 480.00

**** Value of IOL imputed by contract with payer*

Surgeon's Claim

21	A. 366.16 Cataract							
	B. 367.2 Astigmatism							
24.a	24.b	24.c	24.d		24.e	24.f	24.g	24.k
MM/DD/YYYY			66984 RT	Cataract extraction/IOL	A	$$$$$	1	
MM/DD/YYYY			A9270 GY	Astigmatism package	B	$$$$$	1	

Facility's Claim

21	A. 366.16 Cataract							
	B. 367.2 Astigmatism							
24.a	24.b	24.c	24.d		24.e	24.f	24.g	24.k
MM/DD/YYYY			66984 RT	Cataract extraction with IOL	A	$$$$$	1	
MM/DD/YYYY			66999 GY	Astigmatic correction	B	$$$$$	2	
MM/DD/YYYY			V2787 GY	Astigmatism-correcting IOL	B	$$$$$	1	

Advance Beneficiary Notice of Noncoverage (ABN)

- Option 1. I want the _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment…I can appeal to Medicare…
- Option 2. I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal to Medicare…
- Option 3. I don't want the _____ listed above. I understand with this choice I am not responsible for payment…I cannot appeal to Medicare…

Modifier - GY

Item or service statutorily excluded or does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit.

Line19 "*Seeking denial for secondary payer*"

Line19 "*Astigmatism-correcting IOL exclusion*"

66999-GY	367.21 Regular astigmatism
V2787-GY	367.21 Regular astigmatism

Yes / No: Chair Time

A patient with cataract has done a lot of reading about toric and presbyopia-correcting IOLs. He brings a list of questions to the initial eye exam. Should the surgeon ask for additional payment, above and beyond the office visit, to answer questions about these non-covered IOLs?

Co-management Considerations

- Caution advised
- Similar to co-management of refractive surgery
- Real charges – real services
- Separate services – separate checks
- Patient's consent *in advance* of the surgery
- *Excludes* IOL and facility fee

Do's and Don'ts

- Do's
- Clearly explain options
- Use financial waiver
- Collect $ before surgery
- Separate MD and ASC

- Don'ts
- Forget to document
- Aggregate charges
- Comingle funds
- Co-manage all cases

Thank you!

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