Ohio Ophthalmological Society
Eye MDs & Surgeons Dedicated to Preserving Vision

September 7, 2021

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1751-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: File Code CMS-1751-P; Medicare Program; CY 2022 Payment Policies under the Physician Payment Schedule and Other Changes to Part B Payment Policies; (July 23, 2021)

Dear Administrator Brooks-LaSure:

Thank you for the opportunity to comment on proposed rule. We write with strong disagreement with CMS' proposed work values for CPT codes 669x1 and 669x2 and we urge CMS to reconsider its proposal and increase the payment rates for these new CPT codes. CMS proposed values are substantially below the RUC-recommended values and do not show a reasonable hierarchy within a resource-based relative value system. We are very concerned about the negative impact CMS' proposed payment rates could have on patient access to sight-saving micro-invasive glaucoma surgery (MIGS).

These are two new CPT codes for insertion of a stent performed in combination with cataract and intraocular lens (IOL) surgery. Glaucoma is the leading cause of irreversible blindness in the United States and has disproportionate impact on African American and Hispanic patient populations. The implantation of drainage stents during cataract surgery that maintain acceptable levels of intraocular pressure (IOP) is a critical treatment option for many patients. MIGS procedures are an especially useful treatment option in patients with poor medication tolerance, poor compliance and patients who need more IOP-lowering than drops or laser trabeculoplasty can provide. Patients and providers deserve these effective and efficient remedies, and the CMS proposals for 669X1 and 669X2 cannot be finalized as they are.

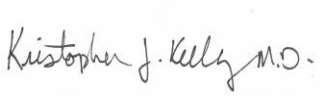
5115 Parkcenter Ave, Suite 200 Dublin OH 43017
ph: (614) 527-6799 • *fax:* (614) 527-6763 • *email:* oos@ohioeye.org
Visit **www.ohioeye.org**

For next year, CMS has proposed reimbursement that is barely more than standalone cataract surgery and is completely illogical. There can be no doubt that the insertion of the aqueous drainage device requires additional intraservice time (IST) compared with the corresponding standalone cataract/IOL codes, and that as part of the same intraocular procedure as the cataract surgery, the additional service is of at least similar intensity and complexity. Eyes with glaucoma have additional medical problems which increases the intensity of the service. While the RUC recommended and CMS agreed that the codes are almost identical in intensity, they cannot be almost identical in time. Inserting the drainage device requires substantial time over and above that required for the cataract/IOL surgery. There are no less than (19) additional steps separate from the cataract/IOL surgery needed to implant two stents in the typical case. These additional surgical steps, even in the hands of a skilled and experienced surgeon, take more than two to three minutes.

CMS' current proposals result in an amount of physician work barely more than standalone cataract surgery. This is illogical and destroys the relativity between procedures within the RBRVS. The **RUC methodology and RUC-recommended WRVUs remain the most accurate means available for valuing the physician work associated with CPT 669X1 and CPT 669X2. If CMS is unwilling to accept the RUC-recommended values for CY 2022 then we suggest carrier pricing these codes until new technology review by the RUC.**

Thank you for your leadership and consideration. If you or your staff have any questions, please contact our executive director, Todd Baker, at (614) 527-6762.

Sincerely,



Kristopher Kelly, M.D.
President