



Re: ECP Reimbursement Update 2020**

Dear Surgery Center or Hospital Billing Manager:

As a valued customer of Beaver- Visitec International, Inc. (BVI) and user of the E2 laser and endoscopy system, this letter is to inform you of important updates to the reimbursement code 66711 for endoscopic cyclophotocoagulation (ECP). The Centers for Medicare and Medicaid Services (CMS) determined that ECP is reported with cataract extraction 75% or more of the time. This information prompted the creation of two new CPT to bundle these procedures. ^{1,2}

Effective, January 1, 2020, 66711 should only be reported when ECP is performed alone. The new codes 66987 (66982 + 66711) and 66988 (66984 + 66711) should be reported when performing ECP at the time of cataract surgery. These codes have been assigned to Ambulatory Payment Classification (APC) category 5492. This assignment means that ASC and hospital outpatient department (HOPD) rates have increased to adequately reflect the cost of the instruments and equipment required to perform these procedures. See the chart below for reimbursement rates:

National Average Unadjusted Medicare Payment

Code	Description	ASC	HOPD	Physician
66711	Endoscopic Cyclophotocoagulation (ECP)	\$1,013	\$2,022	\$514
66987	Complex Cataract Removal and ECP	\$2,393	\$3,818	MAC*
66988	Routine Cataract Removal and ECP	\$2,393	\$3,818	MAC*

*Physician reimbursement for codes 66987 and 66988 will be determined by the local carrier.

While BVI believes this information to be accurate, the actual selection of the codes remains the responsibility of the provider. As individual insurers may have different requirements and this information is subject to change without notice, providers are encouraged to contact their payers with any questions regarding appropriate coding.

At BVI, we thank you for being a valued customer. If you have any questions regarding this notice, please do not hesitate to contact me.

Yours Sincerely,

Paula Ender
Global Product Manager, Endo Optiks®
1546647-01

****Disclaimer:** These reimbursement guidelines are provided as an information resource only and is not legal advice; nor does it take into account local reimbursement. It is the provider's responsibility to determine the appropriate codes for any service. BVI cannot guarantee coverage or reimbursement for any of the codes listed in this guide. Medicare fee schedules are available at www.cms.gov

- <https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other>.
- <https://www.cms.gov/apps/ama/license.asp?file=/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/Downloads/CMS-1717-FC-ASC-Addenda-AA-BB-DD1-DD2-EE.zip>