

Improved Reimbursement for Endoscopic Cyclophotocoagulation (ECP) when Combined with Cataract Surgery

- **CMS addresses feedback from the medical community by elevating CPT reimbursement for new combined cataract and ECP codes¹**
- **Reimbursement increase effective January 1, 2020 is \$931 and \$1,900 for ASCs and hospitals, respectively²**
- **ECP is a safe and effective surgical procedure to reduce intraocular pressure³ in patients suffering from glaucoma**

Waltham, MA – January 10, 2020 – BVI, one of the fastest-growing diversified companies in ophthalmology, today expressed support for two new CPT codes and improved reimbursement for ECP when combined with cataract surgery. Up to 1 in 5 patients⁴ undergoing cataract extraction suffers from glaucoma and ECP remains an important option for ophthalmic surgeons seeking to slow down the progression of glaucoma⁵ at the time of cataract surgery.

BVI is encouraged by the reimbursement level selected by the Centers for Medicare and Medicaid Services (CMS) for these new codes, which will ensure that hospital outpatient departments (HOPDs) and ambulatory surgery centers (ASCs) are adequately compensated for this effective combination procedure.

Two new CPT codes have been created to cover ECP for the treatment of mild to moderate glaucoma when performed at the time of cataract surgery. Because over 75% of ECP procedures⁶ are performed in combination with cataract surgery, the American Medical Association recommended the creation of a new bundled code. The CPT editorial panel agreed and created two new codes that took effect January 1, 2020: 66987, previously complex cataract removal (66982) with ECP (66711); and 66988, previously routine cataract removal (66984) with ECP (66711).

The reimbursement rates initially proposed by CMS for the two new codes were significantly reduced and considered insufficient by the medical community. During the public comment period in Q3 of 2019, several professional ophthalmic organizations made it clear that the proposed rates did not adequately capture the resources that hospitals and ASCs would expend.¹

Based on these comments and the input of medical advisors, CMS revised the ambulatory payment classification assignments. This resulted in a significant increase in reimbursements to HOPDs and ASCs for the new codes. In 2019, ASCs that have submitted claims for routine cataract surgery and ECP have received an average of \$1,462. With the new codes, the national average payment to an ASC for combined cataract and ECP will be \$2,393, an increase of \$931. HOPD reimbursement for the new codes will average \$3,818, an increase of \$1,900.

“I’m pleased that CMS listened to the medical community and adequately reflected the resources required for ECP and cataract surgery. This allows surgeons another option to offer safe and effective relief from the progression of chronic glaucoma,” said Lars Bonefeld, Vice President of Marketing, BVI.

CMS did not assign any Relative Value Units (RVUs) to the new codes, therefore physician reimbursement will be determined by the local carriers.

In 2020, the CPT code for ECP (66711) will be used only when performing ECP as a stand-alone procedure. An increase of 5% and 4% has been allocated to HOPDs and ASCs, respectively, while physician reimbursement has decreased by 22%.

About BVI

With nine decades of delivering high quality solutions and innovation to advance eye surgery, BVI partners with ophthalmic surgeons to improve the vision of millions of patients across the globe. Our Company aspires to be the most trusted and valued partner to our customers worldwide. Our trusted brands include: Beaver® (Knives and Blades), Visitec® (Cannulas), Malosa® (Single-Use Instruments), Vitreq® (Vitreoretinal Surgical Products), PhysIOL® (Premium Intraocular Lenses) and Endo Optiks®. Learn more at bvimedical.com.

Company Contact:

Paula Ender
PEnder@bvimedical.com

¹ CMS. Medicare Program: [Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs...](#) November 12, 2019.

² CMS. [Regulation 1717-FC: Addendum AA, BB, DD1, DD2 and EE](#). 2020.

³ Rathi S, Radcliffe NM. Combined endocyclophotocoagulation and phacoemulsification in the management of moderate glaucoma. *Survey of Ophthalmology*. 62(2017)698-715.

⁴ Medicare Administrative Claims Data (Carrier 5% SAF) 2007-2010.

⁵ Khandan S, Seigel L, Siegel M, Citron M, Siegel M. [Long-term follow-up of combined phacoemulsification and endoscopic cyclophotocoagulation in the treatment of mild to moderate glaucoma](#). Poster presented at: American Glaucoma Society 27th Annual Meeting, 2017.

⁶ <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>