



AMERICAN ACADEMY  
OF OPHTHALMOLOGY®



September 26, 2023

The Honorable Chiquita Brooks-LaSure, MPP  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Mail Stop C4-26-05  
7500 Security Boulevard,  
Baltimore, MD 21244-1850  
*Sent electronically*

**Re: Concerns about Routine Cataract Removal with Intraocular Lens (IOL) Implantation Episode Cost Measure Scoring for Performance Year 2022**

Dear Administrator Brooks-LaSure,

On behalf of the American Academy of Ophthalmology (the Academy)<sup>i</sup> and the American Society of Cataract and Refractive Surgery (ASCRS)<sup>ii</sup>, **we write to express serious concerns that ophthalmologists are being scored incorrectly on the Routine Cataract Removal with Intraocular Lens (IOL) Implantation episode-based cost measure for the 2022 MIPS performance year.** These concerns are based on the lack of clarity and transparency that we have encountered in reviewing the patient-level data files. **We urgently request a meeting with the Centers for Medicare & Medicaid to address the issues detailed below.**

We are aware that cataract surgeons and practices are initiating disputes based on their preview final scores and payment adjustments, and we urge you to **make modifications to prevent any ophthalmologist or ophthalmology practice from having this measure included in their finalized 2022 scores and 2024 payment adjustments.**

Our organizations have been active participants in the ongoing effort to develop episode-based cost measures that more accurately reflect the care specialists are providing to Medicare beneficiaries. We have appreciated the iterative and collaborative process CMS has undertaken to foster these measures. In particular, physician leaders of our organizations, including a cataract specialist, served on the clinician workgroup that developed the cataract surgery cost measure. We believe, however, that CMS' implementation of the cataract surgery measure is not being applied as intended. Specifically, the measure as implemented appears to be doubly attributing services whenever cataract surgery is performed on the second eye 31-90 days after the first surgery (i.e., the episode trigger code, CPT 66984).

When reviewing the patient-level data files for several of our members, we have noticed multiple instances of what appear to be four facility fee charges and four professional charges for the surgical code (eight CPT 66984 codes in total) for a

single patient. It is highly unlikely that a patient would have four trips to the operating room for two cataracts because complications in both eyes resulting in a return to the operating room are exceedingly rare. Yet, this seems to occur whenever the second eye surgery is performed within 31-90 days after the first surgery. Billing records for these patients have been extensively reviewed and we have confirmed that only four charges (one facility and one professional claim per eye) have been submitted to and paid by Medicare.

It is also extremely difficult to determine the exact services attributed per the patient-level data files due to the lack of date of service or rendering provider. This makes it impossible for clinicians and for us to interpret the entries. We believe the same duplicate counting of charges may be happening with other services like evaluation & management visits, imaging, and anesthesia. Again, when all claims are checked, these services have not been billed as many times as reported on the patient-level data files.

Prior to reaching out to your office, we sought clarity from the Center of Clinical Standards and Quality (CCSQ) Support Central and Acumen. Although we explained our concerns with clear examples, their responses have been generic and not relevant to our questions.

Most recently, we have been advised that the CCSQ team working on MIPS Feedback confirmed that there is an issue with “duplicate services appearing in the patient-level data file.” However, they said that this issue is limited to the display of the patient-level data files. They asserted that the duplicate services are not included in the calculation of the cost measure and have no impact on the cost measure scores. **If this is true, then how is a clinician expected to understand their 2022 scores or improve their 2023 cost performance if the reports are not representative of actual charges?**

To our knowledge, clinicians who have been scored on the cataract cost measure have not been given notice of incorrect patient-level data files, nor has there been an attempt to correct and replace the flawed data. This lack of meaningful feedback erodes trust in the accuracy and validity of the reports and scores. It runs counter to the intent of the measure, and makes it appear as a black box designed to reduce program costs at the expense of clinicians rather than improve cost performance.

**We believe that, because of these inaccuracies in the patient-level data files, no ophthalmologist or ophthalmology practice should have this measure included in their final 2022 scores.** The data in these files are the crux of the feedback loop. It is unreasonable and unfair to hold clinicians liable for scores which they are unable to understand due to lack of transparency. **Furthermore, before the cataract cost measure is applied for the 2023 performance year and beyond, we strongly recommend that the application of the measure be reviewed carefully with the expert panel that developed the measure so that any inconsistencies in service attribution are corrected.**

The MIPS final scores for these surgeons are set to be applied to payments starting January 1, 2024, so we must request a meeting as soon as possible due to the urgency of this issue.

We look forward to hearing from you and continuing our long-standing partnership in providing high-value care to our nation's Medicare beneficiaries. To schedule a meeting or if you have questions, please contact Brandy Keys, MPH, Director of Health Policy, AAO, [bkeys@ao.org](mailto:bkeys@ao.org), 202-587-5815 or Mark Cribben, Director of Government Affairs, ASCRS, [mcribben@ascrs.org](mailto:mcribben@ascrs.org), 703.591.2220.

Sincerely,



Michael X. Repka, MD, MBA  
Medical Director, Governmental Affairs  
American Academy of Ophthalmology



David B. Glasser, M.D.  
Secretary for Federal Affairs  
American Academy of Ophthalmology



Parag Parekh, MD, MPA  
Chairman, Government Relations Committee  
American Society of Cataract and Refractive Surgery

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<sup>i</sup> The Academy is the largest association of eye physicians and surgeons in the United States. A nationwide community of nearly 20,000 medical doctors, we protect sight and empower lives by setting the standards for ophthalmic education, supporting research, and advocating for our patients and the public. We innovate to advance our profession and to ensure the delivery of the highest-quality eye care.

<sup>ii</sup> ASCRS is a medical specialty society representing 6,500 ophthalmologists in the United States and abroad who share a particular interest in and commitment to advancing the art and science of ophthalmic surgery.