

Anterior Segment Surgeons

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**Dispelling the Myths about the Cataract  
Episode-Based Cost Measure:  
What's Included and What's Not**

**Nancey McCann**  
**ASCRS ASOA Director of Government Relations**  
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Practice Managers and Administrators



# 2020 Cost Category

- 15% of the final MIPS score.
  - Scheduled to increase up to 30% by 2022.
- Includes the cataract surgery episode-based cost measure.
  - Added 10 new non-ophthalmic cost measures for 2020.
  - Cataract is the only ophthalmology-based measure.
- **Major Win: Modified attribution methodology for the total per capita cost measure.**
  - **Ophthalmologists and optometrists are now excluded.**
- Maintaining Medicare spending per beneficiary (MSBP) measure – inpatient only.
- No reporting required. CMS calculates based on claims.

# What is an Episode Measure?

- Previously, cost measures in MIPS (and Value-Based Payment Modifier Program) were “all-cost,” such as total per capita costs.
  - Included all costs of the patient’s care, even care not provided by the attributed clinician.
  - Impossible for non-primary care physicians to predict what patients are attributed.
- Episode-based cost measures focus on the costs to furnish a specific procedure, acute inpatient stay, or chronic condition.
  - Designed so that clinician will know what patients are attributed, and what costs will be included.
  - Intended to only include costs within the clinician’s control.

# 2020 Cataract Episode Measure Details

- How is the cataract measure attributed?
  - Trigger code: 66984
    - No other codes (i.e. complex cataract) will be included.
- How long is the time frame for the measure?
  - Episode time frame, a.k.a. “Window”: 60 days pre-op and 90 days post-op
- What costs are included in the measure?
  - pre-op testing, the surgeon’s professional fee, facility fee, anesthesia, costs of any additional procedures billed separately from the global fee.

# 2020 Cataract Episode Measure Details

- How does the measure account for differences in the facility fee based on site of service?
  - Sub-groups for ASC vs. HOPD – like cases are compared to like.
  - Unilateral vs. bilateral
- Must have at least 10 attributed cases to be scored.
- Only Medicare Part B Patients – no MA, or other private plan patients

# Which Patients Are Excluded?

- Any patient with a significant ocular co-morbidity is excluded from the measure.
  - Same exclusions as Quality measure 191, 20/40 or Better Visual Acuity following Cataract Surgery.
  - I. E., amblyopia, diseases of the cornea, macular degeneration, diabetic macular edema, diabetic retinopathy, glaucoma, prior retinal detachment, etc.
- CMS determines which patients are excluded through ICD-10 coding on claims filed during the episode window.
  - Also does a 120-day look-back for exclusionary diagnoses.

# Episode Sub-Groups

- The cataract measure is sub-grouped to ensure that like surgeries are compared to like.
- 2020 sub-groups:
  - Hospital outpatient vs. ASC
  - Unilateral vs. bilateral – second surgery performed within the first surgery’s global period.

# Separately Payable Drugs in Cataract Measure

- **Also includes separately payable Medicare Part B drugs, including one on pass-through.**
  - J1097, Phenylephrine 10.16 Mg/ML And Ketorolac 2.88 Mg/ML Ophthalmic Irrigation Solution, 1 ML. (Omidria)
  - J0278, Injection, amikacin sulfate, 100 mg
  - J0713, Injection, ceftazidime, per 500 mg
  - J3370, Injection, vancomycin hcl, 500 mg
  - J3465, Injection, voriconazole, 10 mg
- **No other pass-through drugs included in 2020 measure.**
- **ASCRS opposes the inclusion of pass-through drugs and is working to have Omidria removed from the measure.**

# What is Pass-Through Status?

- Pass-through status provides up to a three-year period when certain, new innovative high-cost FDA-approved drugs or devices come onto the market.
- Pass-through drugs are paid separately from the facility fee for the surgery
- The cost of the drug has to exceed a significant portion of the facility fee and accepted for pass-through status. For the cataract surgery APC group: more than \$400.
- CMS sets aside a separate fund each year.
- Gives time for the drug to be introduced to the market and physicians to become used to using the drug.
- CMS collects usage data on the drug during the pass-through period.
- That data is used as a factor in determining the increase in the facility fee after pass-through status has expired, and the cost of the drug is then bundled into the facility payment.

# Omidria in the Cataract Episode Measure

- Omidria is the only pass-through drug included in the 2020 cataract episode-based measure.
  - No other pass-through drug included (Dexycu or Dextenza).
- Omidria has primary and secondary indications.
  - Primary: pupil dilation
  - Secondary: pain management
- Using on every patient may negatively impact your cataract episode measure score.
- Use of Omidria on patients excluded from the measure will not impact your Cost score. Such as:
  - Patient is not Medicare Part B,
  - Has ocular-comorbidities
  - Used during complex (66982) cataract surgery (primary indication).

# ASCRS Advocacy to Remove Pass-Through Drugs from the Measure

- ASCRS opposes including any pass-through drugs in the episode measure because it defeats the purpose of pass-through.
  - Need un-biased usage data to assist in calculating the facility fee after pass-through.
  - Including it in the measure influences physician behavior for reasons unrelated to the merits of the drug.
- Continuing to seek removal of Omidria and prevent any additional pass-through drugs from being included in future years.
  - Met with CMS, provided comments. Waiting on a response.
  - Continue to serve on technical expert panel developing cost measures to provide input and push for its removal.

# Cataract Episode Measure Score

- Each surgery “episode” is evaluated individually and then CMS calculates its cost.
  - Standardized for geographic differences.
  - Risk adjusted based on non-ophthalmic factors: age, dual-eligibility, cancer, systemic disease, etc.
- CMS also calculates a national average cost for each sub-group.
- CMS compares each episode to its sub-group national average.
- CMS then looks at all of a surgeon or group’s episodes collectively to determine if the surgeon or group is more likely to have costs above or below the average.
  - Based on whether reporting the rest of MIPS as a group or individual.
- Costs above the national average score lower than those at or above the average.
  - 10-point scale.

# Cataract Episode Measure Case Studies

# Case Study #1 – Additional Procedures

- **I will be doing MIGS in conjunction with cataract surgery. Will I be penalized for the cost of the additional procedure?**
- No, they won't be included. Patients that have co-morbidities, such as glaucoma, are excluded from the measure.
- Any additional procedures on patients with excluded co-morbidities will not impact your measure score.

# Case Study #2 – Coding Co-Morbidities

- **How do I ensure that patients with co-morbidities are excluded from the measure?**
- An ICD-10 code associated with one of the exclusionary diagnoses must be included on a claim during the episode window, or during the 120-day look-back period.
- Best practice to include all exclusionary diagnoses on as many claims as possible.

## Case Study #3 – Site of Service

- I live in a certificate of public need state, and I am not able to build an ASC. Will I be considered high cost since I operate in a hospital outpatient department?
- No – the measure is sub-grouped to compare similar sites of service.
- Each episode is compared to the expected cost based on its specific characteristics – ASC vs. HOPD, and one or both eyes operated on in the global period.

## Case Study #4 – Use of Omidria

- **I use Omidria on some patients to assist in pupil dilation. Will this negatively impact my measure score?**
- It depends – if Omidria is used for its primary indication of pupil dilation, it is likely to be in conjunction with complex surgery (66982), which is not included in the measure or because the patient has ocular co-morbidities. Therefore, its use would not impact the score.
- If the drug is used on all patients, regardless of the type of surgery performed, and co-morbidities of the patient, it will likely negatively impact your measure score.

# Case Study #5 – Use of Other Pass-Through Drugs

- I'm considering beginning to use Dexycu or Dextenza, will this negatively impact my measure score?
- No, neither of these drugs are included in the 2020 cataract episode measure.

# Case Study #6 – Case Minimums

- **I am not sure I will have 10 cases that meet the specifications of the measure. What will happen to my Cost score?**
- Some cataract surgeons may not have enough cases to meet the measure case minimum (high penetration of MA in the area, specialize in complex cases, etc.).
- Since ophthalmologists and optometrists are now excluded from the total per capita cost measure, the Cost category score will be based solely on the cataract episode measure.
- If it is not attributed to the individual or group, the 15% weight of the category will be transferred to the Quality category.

Questions?

# Thank You!

[nmccann@ascrs.org](mailto:nmccann@ascrs.org)