

12/16/15

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1631-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: File Code-CMS-1631-FC; Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2016 Final Rule; (November 16, 2015).

To Whom It May Concern:

As a practicing ophthalmologist, I am writing to express my deep concerns about significant cuts in some important procedures performed by my practice that were included the final 2016 Medicare Physician Fee Schedule. Many of these procedures are facing double digit reductions. Although Congress mandated that CMS provide transparency when making such significant payment changes, CMS provided no notice, and will not have time to consider any comments before the cuts take effect on January 1, 2016. CMS should not implement these cuts without first allowing for review and consideration of stakeholder input.

The magnitude of the cuts is outrageous and counterproductive. As an example, retinal detachment repair (67108) is an intense and critical procedure due to the emergency nature of retinal detachment. This is an extremely high-stakes surgery, where failure can result in permanent blindness. The emotional stress, intense follow-up care, and liability of the surgery is very high, and consequently a retina surgeon must complete 4 years of medical school and then an additional 6 years of residency and fellowship training before being qualified to perform this surgery. CMS plans to cut reimbursement for retinal detachment repair from \$1,605 to \$1,087 (-32%) on January 1st. The other retinal detachment procedures (67107 and 67113) are also scheduled to be cut by 16% and 24%, respectively. I do not see how I and other retina doctors can continue to provide these services at below cost. Patients with retinal detachment do not deserve to be passed around the healthcare system like "hot potatoes" as will likely occur when the cost and liability of caring for the patient exceeds the reimbursement.

I am concerned that CMS used a flawed and untested methodology to determine these reductions in payments. As I understand it, the methodology used by CMS relied solely on the intra-service time for procedural and surgical payments. In some cases, cuts imposed by CMS are 3.5 times greater than recommended by the Relative Value Update (RUC) Committee, a broad-based healthcare provider supported group that advises CMS. The RUC process, supported by the American Academy of Ophthalmology, the American Glaucoma Society and the American Society of Retina Specialists, also recommended significant cuts that account for the reduction in physician intra-service time and post-operative visits, but the RUC recommendations were based on a thorough analysis of data that takes into account factors other than time, including the intensity of the service, technical skill, physical effort, mental effort and judgment.

In closing, I strongly urge CMS to reconsider its decision to significantly reduce several key ophthalmology codes, especially in light of the impact these cuts will have on small business practices such as mine. Cuts to complex procedures, including vision saving surgeries, need to

be fully vetted and stakeholders should be afforded an opportunity to comment on their potential impacts before reductions are allowed to take effect.

Sincerely,

Geoffrey G. Emerson, MD, PhD
ASRS Board of Directors
Chair, ASRS Federal Affairs Committee