March 17, 2022

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(Sent electronically)

The American Academy of Ophthalmology (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 and advocating for our patients and the public.

The American Society of Retina Specialists (ASRS) is the largest retina organization in the world, representing over 3,000 board certified ophthalmologists who have completed fellowship training in the medical and surgical treatment of retinal diseases. The mission of the ASRS is to provide a collegial open forum for education, to advance the understanding and treatment of vitreoretinal diseases, and to enhance the ability of its members to provide the highest quality of patient care.

We are writing to express our concern over the ongoing Supplemental Medical Review Contractor (SMRC) post-payment review of 2019 ophthalmic injections claims data after being notified of several Additional Documentation Request (ADR) Letters being received by our members.

While we understand that SMRC audits intend to protect the Medicare Trust Fund from potentially incorrect or medically unnecessary claims identified by CERT, CMS, and/or oversight agencies such as the Office of the Inspector General, the Academy wishes to better understand how ophthalmic injections have once again come up for review. We acknowledge that the OIG in 2012[1] found some intravitreal injections to have insufficient documentation. However, those findings are from a time of rapid change in clinical use of these important anti-VEGF biologic agents and should not be confused with current practice patterns.

The rationale for review provided within Noridian's public 01-309 Ophthalmology Injections Notification of Medical Review is as follows:

> *The SMRC is tasked with performing a claim review on a sample of Ophthalmology Injection claims from January 1, 2019 through December 31, 2019. The SMRC will conduct medical record reviews in accordance with applicable statu[t]ory, regulatory, and sub-regulatory guidance[2].*

We are dismayed by these audits given the recently published results of 2020/2021 post-payment service-specific probes from both Novitas[3] and Palmetto[4] demonstrating exceptionally low denial rates amongst claims of anti-VEGF injections reviewed.

Novitas uncovered issues with only 1-2% and Palmetto only 7% of total claims; such nominal rates are consistent with a reasonable expectation of clerical errors coded for otherwise medically necessary procedures. Any rate of denials below 10% offers proof of widespread compliance across ophthalmology practices, and is demonstrably lower than rates typically found by other Noridian Post-Payment Reviews, which averaged a 61% denial rate.

It would seem, considering this experience, that record requests in 2022 are in pursuit of a minor opportunity for Trust Fund savings. However, these record requests substantially burden our members' largely independent physician practices in a time of significant strain to our healthcare delivery system. If there is additional reasoning necessitating this record request (01-309), we would benefit from Noridian sharing this information for us to further educate our members.

The Academy and ASRS share in CMS and Noridian's commitment to quality improvement and works year-round to resolve issues of proper coding and documentation. However, the staff and physician time required to address these requests, simultaneous with the ongoing COVID-19 public health emergency, is unnecessarily burdensome. **We ask that you halt these audits due to the low yield and high burden. If that is not possible, please explain the reasoning behind continuing the Project 01-309 audit, as well as reconsider the criteria for developing similar reviews in the future.**

Thank you for your consideration of our concerns. We are always available for further discussion or clarification. Should you have any questions, please contact Madison Switalla, AAO Health Policy & Advocacy Specialist, at mswitalla@aao.org or (202)587-5830.

Sincerely,

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1. MEDICARE PAYMENTS FOR DRUGS USED TO TREAT WET AGE-RELATED MACULAR DEGENERATION OEI-03-10-00360. HHS - Office of Inspector General, Apr. 2012, https://oig.hhs.gov/oei/reports/oei-03-10-00360.pdf.
2. “01-309 Ophthalmology Injections Notification of Medical Review .” *Noridian - SMRC - Current Projects*, 16 Feb. 2022, https://www.noridiansmrc.com/current-projects/01-309/.
3. “JH Drug Injection (Eylea & Lucentis) Service Specific Reviews” *Service Specific Review Results Drug Injection Services*, 19 Jan. 2022, https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00246302.
4. “Postpayment Service-Specific Probe Results for Drugs and Biological Services: Ranibizumab (Lucentis) for January through March 2021.” *Jurisdiction M Part B - Postpayment Service-Specific Probe Results for Drugs and Biological Services: Ranibizumab (Lucentis) for January through March 2021*, 7 May 2021, https://palmettogba.com/palmetto/jmb.nsf/DID/2Z68DE1WNX.