ASRS American Society of Retina Specialists

September 21, 2023

Mark Steffen, MD, MPH
Chief Medical Officer
Blue Cross Blue Shield of Minnesota
3400 Yankee Dr.
Eagan, MN, 55121

Dear Dr. Steffen,

On behalf of the American Society of Retina Specialists (ASRS)[i], we write **to strongly oppose the policy change that reduces Evaluation and Management reimbursements by 50% when performed with a procedure submitted with Modifier -25 for Medicare Advantage claims**.

The use of Modifier -25 has a sound clinical basis and important medical necessity for patients who suffer from severe blinding retinal disorders, such as neovascular age-related macular degeneration (known as wet-AMD), diabetic macular edema (DME) and retinal vein occlusions (RVO). We urge you to halt the reductions and remove administrative burdens that may ultimately limit BCBS MI's patients' access to retina specialists who provide efficient, patient-specific care.

According to Current Procedural Terminology (CPT) guidelines, Modifier -25 is used to indicate a significant, separately identifiable, and medically necessary E/M service provided on the same day as a procedure. For example, a patient presents with neovascular age-related macular degeneration (AMD) in the left eye. One month after a Lucentis injection, the patient reports that vision is improved in left eye, but now has new symptoms of decreased vision in the right eye with distortion. In this case, it would be appropriate for the physician to bill the E/M examination and append Modifier -25 since the retina specialist evaluated the fellow eye.

Modifier 25 also allows retina specialists to tailor treatments to the individual patient. AMD and diabetic retinopathy are two of the most common causes of irreversible visual impairment or blindness in the US. However, anti-vascular endothelial growth factor (anti-VEGF) therapy has revolutionized the treatment of these blinding diseases. The registration studies that led to FDA approval of anti-VEGF drugs such as, ranibizumab (Lucentis) and aflibercept (Eylea) used monthly treatment regimens. Because of unique clinical circumstances, most patients are not on a fixed treatment schedule and require examination of the eye(s) at customized intervals that deviate from the FDA label, including "treat and extend" and "as-needed" treatment as described in the attached clinical practice guidelines published in the *Journal of Vitreoretinal Diseases*.

Same day examinations allow retina specialists to assess the response to prior treatments, identify sight-threatening side-effects or complications related to the disease, detect disease in the fellow eye, determine when the patient should return for follow up and make a determination for treatment. Many patients are found to be candidates for less frequent treatment. Since the costs for certain anti-VEGFs can exceed $1900, extending the intervals between monthly treatments can lead to a substantial cost savings on anti-VEGF drugs.

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Further, the injection code 67028 was evaluated by the AMA/Specialty Society Relative Value Scale Update Committee (RUC) in 2019, which clearly found that the value of this service does not include overlapping physician work or practice expense when typically billed with an E&M service on the same day. The RUC already reduces the value of procedure codes that are reported over 50 percent of the time with E&M codes to eliminate duplicate valuation of practice expenses and pre- and post-visit physician work. The Centers for Medicare & Medicaid Services acknowledged this adjustment in the CY 2018 Medicare Physician Fee Schedule (PFS) Final Rule, noting that the RUC ". . . addresses the overlap in time and work when a service is typically furnished on the same day as an E/M service."[ii]

Finally, and most importantly, retina specialists will need to ask all BCBSMN patients, to return for unscheduled services for non-emergency conditions on another day. It would be a significant inconvenience for elderly AMD patients with limited sight, many of whom depend on family or friends to provide transportation, to return on another day for an examination of the fellow eye. Providing medically necessary, separate, and distinct services on the same date of service allows retina specialists to provide efficient and effective, high quality care and reduces patients' out-of-pocket costs by eliminating co-pays for additional visits.

In short, we believe that BCBS of MN's policy is inconsistent with the valuation of E&M codes when performed on the same day as procedures and has a long-term impact on our most vulnerable patients. By prioritizing a 50% payment reduction for E/M services when billed with Modifier -25 to generate savings, this policy creates a disincentive for physicians to provide additional, unscheduled services and may force patients to schedule multiple visits (with extra copayments) to receive necessary treatment. We welcome the opportunity to further clarify any of the points above. Please contact Monica Horton at monica.horton@asrs.org or 312-578-8760, if you would like to set up a meeting to discuss this important issue.

Sincerely,

Charles C. Wykoff, MD, PhD
Chair, ASRS Practice Management Committee

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[i] ASRS is the largest retina organization in the world, representing over 3,500 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.

[ii] Department of Health and Human Services, Centers for Medicare & Medicaid Services. 42 CFR Parts 405, 410, 414, 424, and 425 [CMS–1676–F] RIN 0938–AT02 Medicare Program. Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2018; Medicare Shared Savings Program Requirements; and Medicare Diabetes Prevention Program. Available at: https://www.gpo.gov/fdsys/pkg/FR-2017- 11-15/pdf/2017-23953.pdf. Accessed April 23, 2018