

January 25, 2022

Gift Tee
Director, Division of Practitioner Services
Center for Medicare
Centers for Medicare & Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244

Dear Mr. Tee:

On behalf of the American Society of Retina Specialists (ASRS) and our more than 3,000 members, **we write to request that CMS establish a distinct specialty code designation for retina specialists.**

Retina specialists are board-certified ophthalmologists who have undergone additional fellowship training to become subspecialized in the treatment of vitreoretinal diseases. We previously requested that CMS create this specialty designation in 2017, but did not receive a determination from CMS. As noted below, the need for this specialty designation has continued to grow as retina specialists are increasingly being inappropriately compared to, or grouped with, other eye care professionals in facets of the Medicare program ranging from the Merit-Based Incentive Payment System (MIPS) to program integrity efforts.

When considering a request for expanding the specialty code list for physicians and non-physician practitioners, we understand that CMS will take into consideration the following:

- **Whether the requested specialty has the authority to bill Medicare independently**

Retina specialists are physicians and have the authority to bill Medicare independently.

- **Purpose for the Code**

Retina specialists are a distinct sub-specialty of ophthalmology who treat a specific population of patients with retinal disease, and as a result, have developed practice patterns and models unique to the subspecialty. Despite this, Medicare as well as other insurers who use the Medicare Specialty designation, are continuing to characterize retina specialists by the primary ophthalmology specialty designation that includes all ophthalmologists and may inadvertently make retina specialist appear more costly and less efficient in various divisions of the Medicare program. Furthermore, the lack of specialty designation makes it difficult for beneficiaries to find and compare retina specialists.

Typically, patients have been referred to a retina specialist because they have more advanced disease. The patients have a more divergent mix of ophthalmologic diseases that require advanced experience to make the correct diagnosis and treatment plan. They are often older and have multiple chronic health conditions. In sum, patients referred to a retina specialist are just more complicated than patients of general ophthalmologists. Thus, caring for these patients is inherently more complex and resource intensive. As a result, it is inappropriate to benchmark retina specialists with general ophthalmologists.

A recent example of this inappropriate benchmarking came over the summer of 2021 when retina specialists received unfavorable comparative billing reports (CBRs) from a contractor for Medicare's Center for Program Integrity. While retina specialists often bill the same codes as other eye care professionals—in this case those for comprehensive eye exams—given the severity and complexity of disease they treat, retina specialists must bill higher level codes at greater frequencies than general ophthalmologists and especially optometrists. In discussions with CMS' program integrity team, they agreed that retina specialists should appropriately bill the higher-level codes, but acknowledged that they had no means of differentiating them from other practitioners because they do not use taxonomy codes in their programs.

Furthermore, even other government entities have observed the difficulty in benchmarking and comparing practitioners without more descriptive specialty designations. A Government Accountability Office (GAO) report, "MEDICARE ADVANTAGE: Actions Needed to Enhance CMS Oversight of Provider Network Adequacy," acknowledged the difficulty in recognizing variation among medical subspecialties as the provider identification data used to establish ratios does not account for these types of breakdowns. Retina specialists were specifically highlighted in the report to show how the current classification of ophthalmologist "mask[s] distinctions within specialties that could have consequences for how Medicare Advantage Organizations design their networks."

Finally, ASRS believes a separate specialty designation will assist Medicare beneficiaries compare and choose between retina specialists and differentiate them from other ophthalmologists. We are concerned that patients and consumers may misinterpret the information that is available through the public reporting of quality or cost measure performance on Physician Compare. While it is laudable to provide as much actionable and pertinent information as possible on this website, ASRS notes that some information provided on the site may lack a proper context, particularly related to how Part B drugs are included in cost calculations. A specialty code would allow CMS to easily differentiate retina specialists, demonstrate those differences to the public, and potentially alleviate those misinterpretations.

In addition, unless programs, such as CMS's Physician Compare, include a separate category for retina specialists, it will be difficult for CMS to meet its stated goal of helping patients "find and choose physicians" that can manage their care in a cost-effective fashion. Finally, as Medicare Advantage plans use "value" metrics to create tiered networks, retina specialists who treat more complex cases than comprehensive ophthalmologists should only be compared with their retina subspecialist peers.

- **Evidence that the practice pattern of the specialty is markedly different from that of the dominant parent specialty**

Only retina specialists have appropriate training to perform procedures such as pars plana vitrectomy and retinal detachment repair. During their fellowship, retina specialists are also trained in the diagnoses and treatment of a large number of patients who have what is termed medical retinal disease. The most common of these diseases are diabetic macular edema, age-related macular degeneration, and retinal venous occlusion. Their management often requires an advanced skill set that is distinct from that of comprehensive ophthalmologists. These advanced skills allow retina specialists to more accurately diagnose patients' individual disease states and provide tailored treatment plans. They rely on more advanced diagnostic imaging tools and provide services not typically offered by other ophthalmologists.

- **Evidence of any specialized training and/or certification required**

Retina specialists are board-certified by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology. Upon completing ophthalmology residency training, a retina specialist continues on to complete a vitreoretinal fellowship. Retina specialty training is offered at the approximately 100 retina fellowship programs across the country. The American University Professors of Ophthalmology's Fellowship Compliance Committee (AUPO FCC) and the ASRS Fellowship Directors Sections have developed training standards required for the graduation of minimally competent retina fellows. Included in both standards are a specific number of retina-specific surgeries that require two years of post-residency specialty training to master, such as posterior vitrectomy surgery, different types of laser photocoagulation, and scleral buckling surgery.

- **The specialty treats a significant volume of the Medicare population**

The vast majority of patients with retinal disease are of Medicare age. The top two retinal diseases that affect a large proportion of the Medicare population are age-related macular degeneration (AMD) and diabetic retinopathy. According to Prevent Blindness America,¹ the prevalence of AMD in 2012 for US residents age 65 and older was approximately 1.8 million. Given the aging baby boomers, the NORC at the University of Chicago, projects a "rapid growth in the AMD population in the next 20 years, reaching 3.4 million in 2032 and 4.4 million in 2050."² Prevent Blindness America reported a prevalence of diabetic retinopathy in 3.4 million or 8.5% of US residents age 65 or older.³

- **Whether the specialty is recognized by another organization**

Retina specialists are recognized as practitioners of a distinct subspecialty in the directories of the major insurers including Humana, Aetna, and UnitedHealthcare. For hospital credentialing purposes, retina specialists must demonstrate proof of training to be credentialed to perform retinal surgeries.

Additionally, to become a credentialed member of the American Medical Association House of Delegates⁴, the ASRS had to demonstrate that retina specialists represent a unique field of medicine. Having met this requirement, the ASRS is a member of the advisory committee to the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC), the specialty society expert panel that provides recommendations for the relative values assigned to physician services. This position allows ASRS to contribute to developing relative values for coding changes that are of particular relevance to retina specialists.

- **Retina specialists have a corresponding Healthcare Provider Taxonomy Code**

The retina societies secured a unique Health Care Provider Taxonomy Code for retina specialists--207WX0107X—from the National Uniform Coding Committee (NUCC) effective April 1, 2017. While we

¹ Prevent Blindness America, <http://www.visionproblemsus.org/amd/amd-by-age.html>. Accessed January 4, 2022.

² Wittenborn, John, et al, "Forecasting the Prevalence and Costs of Vision Problems," NORC at the University of Chicago, June 2014.

³ Prevent Blindness America, <http://www.visionproblemsus.org/diabetic-retinopathy/diabetic-retinopathy-by-age.html>. Accessed January 4, 2022.

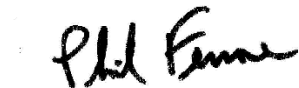
⁴ American Medical Association Website, <https://www.ama-assn.org/house-delegates/hod-organization/guidelines-admission-specialty-societies-hod>. Accessed January 4, 2022.

are pleased that NUCC acknowledged retina specialists as distinctive, a Medicare billing code would allow for a more accurate identification of retina specialists in Medicare, which would give retina specialists the ability to appropriately benchmark and focus on improvement efforts.

We are eager to hear from you on this request to establish a Medicare specialty billing code for retina specialists. If you require any additional information or wish to discuss this request in further detail, please contact Allison Madson, Vice President of Health Policy, at allison.madson@asrs.org.

Thank you in advance for your consideration of this request.

Sincerely,

A handwritten signature in black ink, appearing to read "Phil Ferrone". The signature is written in a cursive, flowing style.

Philip J. Ferrone, MD, FASRS
President, ASRS