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CXL AND INSURANCE: A HOW-TO GUIDE

Avedro gathered leading refractive surgeons and eye care professionals for a roundtable discussion during the 2018 annual meeting of the American Society of Cataract and Refractive Surgery in Washington, DC. The discussion centered around current issues experienced by ophthalmologists who perform corneal cross-linking (CXL) in their practices.

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HOW DO YOU DISCUSS CXL AND INSURANCE COVERAGE WITH YOUR PATIENTS?

Dr. Ayres: First, I confirm the patient has progressive keratoconus and make sure everyone is in agreement about the importance of treatment and stopping progression. I explain that the US Food and Drug Administration (FDA) has approved CXL, but that FDA approval does not always mean a procedure is initially covered by insurance. I also tell patients that we have had success getting insurance carriers to approve coverage for CXL during the past year and that we will try our best to do the same for them. Then I transfer the discussion to our CXL coordinator.

Coordinators need to be sensitive to the fact that this is a new diagnosis for a somewhat frightened patient. Their role is to reassure patients that we will make every effort to get coverage. They should also explain that we may not have an answer for a couple of weeks, so the sooner we start the process, the sooner the patient can be treated.

Dr. Hatch: We keep a list of all local insurance carriers that have published positive or negative coverage guidelines. When patients agree to CXL, we assure them that we will do everything we can to get the procedure covered. Initially we submit a prior authorization and appeal denied claims. I empower the patient and educate them that they are a customer of their insurance company, and if it is an employer-based plan to have them contact their human resources benefits team because we need them to voice their concerns regarding coverage.

Dr. Lindstrom: We are fortunate to have an engaged company like Avedro to work with. That has made a huge difference, and it is great that our societies and the National Keratoconus Foundation are on board. It is also helpful when patients aggressively seek reimbursement.

In our practice, we have gone from zero to about 60% of CXL surgeries reimbursed, so we are moving the needle. This battle is similar to what we have seen with other new technologies.

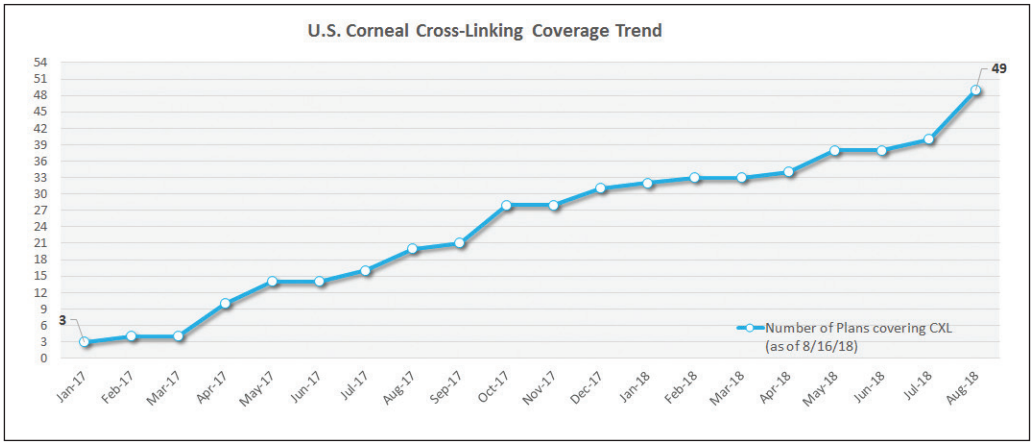
HOW DO YOU EXPLAIN THE CONSEQUENCES OF WAITING FOR COVERAGE?

Dr. Lindstrom: One of our biggest challenges is how to respond to patients who ask if their insurance company could possibly cover CXL within the next year. I tell them it is possible, but their condition is worsening and therefore not in their best interest to wait.

Dr. Hatch: I tell patients that CXL is the only treatment known to limit disease progression and preserve vision. The time of treatment is the starting place. I inform them that if they wait 6 months and the disease progresses, then unfortunately that would be their new starting place, and I cannot ensure that I can bring their eye back to where it was before.

HOW DO YOU HANDLE INITIAL LOW PAYMENTS FROM PAYERS?

Ms. Rapuano: Our local Blue Cross Blue Shield (BCBS) has a positive coverage policy for CXL, but they were slow to pay because they did not know how to price it. We have to educate payers on the cost and work involved, along with the resources in providing this service.



An increasing number of commercial payers begin to recognize the medical necessity of CXL. For updated insurance information, visit www.avedro.com.

Dr. Hatch: At Massachusetts Eye and Ear, we received numerous approvals for both the J and T codes by BCBS of Massachusetts, the state's largest insurer, but months passed with no payments on either code after procedures had been performed. Getting approval and getting paid are not one in the same with the insurance companies. Ultimately, BCBS asked us to recommend the dollar amount for reimbursement. We wrote a detailed letter explaining the procedure and highlighting its benefits. Initially, the proposed reimbursement rate was disappointing. We were able to set up a conference call with them, and we emphasized that CXL is a ground-breaking procedure unlike any other, involving many resources, such as office labor, capital equipment expenditures, and face-to-face chair time with the patients—commonly adolescents—and their families. They seemed to listen to what we said, and they set a favorable reimbursement rate. They are now covering both the J code and the T code in Massachusetts. That is a success story for us.

Dr. Ayres: Nothing will change unless we help make it change. I have often spent up to 2 hours on the phone waiting to talk to a medical director at an insurance company. In many cases, the director is a family practitioner who has never heard of keratoconus. We have to fight the fight, and eventually we will make a difference in reimbursement.

WHEN IS IT ACCEPTABLE FOR PRACTICES TO CHARGE UP FRONT FOR CXL?

Ms. Rapuano: If an insurer has a positive coverage policy, you can only collect the appropriate co-insurance and deductible for the procedure. It is important to note that you should verify the patient's condition is advanced enough to fall within the coverage guidelines. If an insurer has a negative coverage policy, you may submit a predetermination letter asking the carrier to reconsider their policy for your patient. In this case, it would be appropriate to collect your fees up front. You should have the patient sign a Notice of Exclusion from Health Plan Benefits form. If the insurer denies the claim, then you have protected your practice. The provider and the patients have the right to appeal a denied claim, so it is important to submit claims for people who have negative coverage policies.

When an insurer is silent, we suggest that you also ask for a prior authorization or predetermination. The process is the same as for a negative coverage policy. The patient may be asked to pay up front, but they have the right to appeal if the claim is denied. We recommend submitting these claims and really fighting for coverage for that patient—and all of the keratoconus patients who come after—to help change those policies. This is a team effort, and the involvement of patients and parents will help us influence those insurance companies. Tackling them from both ends helps to get those policies changed. *Note to Reader: Best practice is to ask for a specialty match when requesting a peer-to-peer review.* ■