SAY ANYTHING

WHAT IMPACT WILL THE LOOMING CMS REIMBURSEMENT CUTS HAVE ON YOUR PRACTICE?

KOURTNEY HOUSER, MD
- Assistant Professor of Ophthalmology, University of Tennessee, Memphis

"While the Consolidated Appropriations Act reduced the Medicare cuts to ophthalmology for 2021, the decrease will still be disruptive for many practices. The reimbursement cut compounds the strain felt by many ophthalmology practices during 2020 by adding a hit to an already financially difficult year with the COVID-19 pandemic. Combined with the 15% reduction in cataract surgery reimbursement over the past 2 years, maintaining a similar overhead and practice model to previous years is not a sustainable option. In my practice, extending clinic hours with earlier and later appointments has helped maintain social distancing requirements and patient volume and reduced wait times. This has indirectly improved patient satisfaction and increased referrals. I have also educated myself on the changes to evaluation and management (E/M) coding for 2021 to ensure that I am billing and documenting appropriately for office visits. With the changes in documentation requirements, a shift from eye codes to E/M codes is often more appropriate. Finally, we are lucky to work in a field where innovation is valued and where our repertoire of advanced IOL technology is rapidly growing and improving. By expanding noncovered services such as advanced IOLs and refractive surgery, we can offset reduced reimbursement while also offering patients an improved experience that we could not previously offer."

ALANNA NATTIS, DO, FAAO
- Director of Clinical Research, SightMD, Babylon, New York

"Although the proposed CMS cuts to reimbursement for 2021 are disappointing and frustrating, they are now scheduled to be postponed for at least 1 year, which is great news for our practice. Still, we plan to make some changes and new considerations in our practice to anticipate these future cuts in reimbursement. For example, all providers and staff have been trained on the new E/M codes and plan to utilize these codes more frequently, when appropriate, as they require less documentation and, in many cases, have a higher reimbursement than comparable eye codes. Additionally, we are fortunate to work in a field with ever-expanding premium technologies for our patients. Innovation does not stop—not even for COVID-19. Through these advanced technologies, such as new presbyopia-correcting IOLs, dry eye diagnostics, and therapeutics, we can offer these and other self-pay services to our patients, increasing revenue. The use of these novel treatments will benefit our patients and hopefully also offset some of the reimbursement cuts we will be experiencing as a group."

O. BENNETT WALTON IV, MD, MBA
- Private practice, Slade & Baker Vision, Houston

"We will have to evaluate which 'break-even' procedures fall below the feasibility line. While a 3.3% reduction in response to the Consolidated Appropriations Act of 2021 is better than the initially proposed 10% cut, further cuts will ultimately limit patient access to certain procedures."

LARRY PATTERSON, MD
■ Eye Centers of Tennessee, Crossville

"Cuts in reimbursement for ophthalmological services are nothing new. When I started in practice in 1988, physician fees for cataract surgery were in the $2,000 to $3,000 range, and the Medicare Actual Allowable Charge for the same was $1,717. Today, our allowable charge for cataract surgery hovers around $500. The main two things that saved cataract surgeons in the intervening years have been massive increases in efficiency along with increases in office work reimbursement.

I think the most important thing we did in preparation for 2021 was to pay careful attention to the E/M overhaul. I fear many ophthalmologists are still unaware that all the rules for E/M coding went out the window and were completely replaced this year. The new emphasis is on medical necessity and decision-making, not just on bloated documentation. For those who haven't done so already, I strongly recommend the immediate training of all physicians and support staff on the E/M changes. You'll find you don't need nearly as much documentation as in the past." ■