

September 20, 2022

CBR #: CBR202208

Cataract Surgery

First Last, Credential
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Dear Medicare Provider:

The Centers for Medicare & Medicaid Services (CMS) strives to protect the Medicare Trust Fund and effectively manage Medicare resources. To support these goals, CMS has contracted with the RELI Group to develop this Comparative Billing Report (CBR) and to support providers with its use.

CMS routinely distributes an educational tool, known as a CBR, to the provider community in a variety of Medicare Fee-for-Service service areas. A CBR reflects a specific provider's billing and/or prescribing patterns as compared to his/her peers' patterns for the same services in his/her state or specialty, and nationwide. The CBR is intended to enhance accurate billing and/or prescribing practices and support providers' internal compliance activities. The report is not an indication of wrongdoing, and can support internal compliance review efforts, especially those related to coding and billing of code sets. Receiving a CBR is not an indication of, or precursor to, an audit, and it requires no response on a provider's part. Selected providers, however, may be referred for additional review and education as a part of CMS' routine CBR Program.

This CBR provides data regarding your claims submission, as compared to other providers' claims submission within your state, and in the nation.

Please carefully review this report. You may wish to check your records against data in CMS' files and review Medicare guidelines to ensure compliance. Contact your Medicare Administrative Contractor (MAC) with specific billing or coding questions. As appropriate, please share this CBR with others who may benefit from and/or assist with interpreting the data provided in the report.

To access an electronic copy of your CBR: [Visit the secure CBR portal](https://cbrfile.cbrpepper.org/) at <https://cbrfile.cbrpepper.org/>. Populate the fields, and in the "validation code" field, enter your unique validation code: Sample Code.

For more information: Please access a recorded webinar and additional resources at CBR.CBRPEPPER.org. Register for a live webinar on September 28, 2022, 3 p.m. ET.

To request assistance or submit questions: [Contact the CBR Help Desk](https://cbr.cbrpepper.org/Help-Contact-Us) at <https://cbr.cbrpepper.org/Help-Contact-Us>.

Sincerely,

The CBR Team

REMINDER: Please ensure your email address and fax number are updated in the following systems:

- [National Plan and Provider Enumeration System](https://nppes.cms.hhs.gov/#/) (NPPES): <https://nppes.cms.hhs.gov/#/>
- [Provider Enrollment, Chain, and Ownership System](https://pecos.cms.hhs.gov/pecos/login.do#headingLv1) (PECOS):
<https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>

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Cataract Surgery

Introduction

CBR202208 focuses on rendering providers that provide cataract surgery services. The report and analysis focuses on the Current Procedural Terminology® (CPT®) codes 66982, 66983, 66984. For the purposes of this report and analysis, these CPT® codes will be referred to as “cataract surgery” and “cataract surgeries.” Additionally, CPT® code 66982 will be referred to as “complex procedures.”

The CBR analysis was based on claims extracted from the Integrated Data Repository, using the latest version of claims available on July 21, 2022. The analysis includes claims with dates of service from Jan. 1, 2019, through Dec. 31, 2019. For the trend analysis presented in Figure 1, claims represent dates of service between Jan. 1, 2017, and Dec. 31, 2019. For the trend analysis presented in Figure 2, claims represent dates of service between Jan. 1, 2019, and Dec. 31, 2019.

The [2021 Medicare Fee-for-Service Supplemental Improper Payment Data](#) report reflects an improper payment rate of 12.7% for “eye procedures-cataract removal/lens insertion,” which represents \$218,340,490 in improper payments. The types of error that comprise the improper payment rate for Medicare Part B eye procedures include an 87.2% improper payment rate attributed to insufficient documentation and a 12.8% improper payment rate attributed to incorrect coding.

After review of and research into the improper payment rate, this CBR was created to analyze the possible threat to the Medicare Trust Fund associated with cataract surgery services. The expectation is that providers who provide cataract surgery services will maintain proper documentation for patient care and confirm correct coding processes.

The criteria for receiving a CBR are that a provider:

1. Is significantly higher compared to either peer group or national percentages in any of the three metric calculations (i.e., greater than or equal to the 90th percentile), and
2. Has at least 30 total beneficiaries with claims submitted for cataract surgery, and
3. Has at least \$30,000 in total allowed charges for cataract surgery.

Coverage and Documentation Overview

Table 1 identifies the CPT® codes used in the CBR analysis.

Table 1: CPT® Code Descriptions

CPT® Codes	Description
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhesis) or performed on patients in the amblyogenic developmental stage
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)

CPT® Codes	Description
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)

Table 2 provides summaries of your utilization of CPT® codes for cataract surgery.

Table 2: Summary of Your Utilization of CPT® Codes for Cataract Surgery between Jan. 1, 2019, and Dec. 31, 2019

CPT® Codes	Allowed Charges	Allowed Units	Beneficiary Count
66982	\$8,870	13	12
66983	\$0	0	0
66984	\$455,416	826	457
Total	\$464,286	839	463

Metrics

This report is an analysis of the following metrics:

1. Percent of cataract surgeries billed as a complex procedure
2. Percent of beneficiaries with a cataract surgery who have a subsequent secondary cataract surgery on the same eye performed by the same or different provider within 547 days
3. Percent of cataract surgeries where post-operative care was rendered by a different provider

The CBR analysis focuses on providers with Specialty 18, Ophthalmology (all sub-specialties were excluded), listed as rendering providers on Medicare Part B claims for cataract surgery services. Statistics were calculated for each provider, all providers in the state, and all providers in the nation. The state and national peer groups are defined as follows:

- The state peer group is defined as all rendering Medicare providers practicing in the individual provider's state or territory with allowed charges for the procedure codes included in this study.
- The national peer group is defined as all rendering Medicare providers in the nation with allowed charges for the procedure codes included in this study.

Each provider's values are compared to his/her state peer group values and to the national values. Your metrics were compared to your state group [sample peergrp] and the nation. There are four possible outcomes for the comparisons between the provider and his/her peer groups:

1. Significantly Higher — Provider's value is greater than or equal to the 90th percentile from the state group or national mean.
2. Higher — Provider's value is greater than the state group or national mean.
3. Does Not Exceed — Provider's value is less than or equal to the state group or national mean.
4. Not Applicable (N/A) — Provider does not have sufficient data for comparison.

Methods and Results

There are 10,079 providers nationwide that are listed as rendering providers on claims for cataract surgery services. The total allowed charges for these claims were over \$1.09 billion during the analysis timeframe.

Metric 1: Percent of Cataract Surgeries Billed as a Complex Procedure

Metric 1 is calculated as follows:

- The number of complex cataract surgeries is divided by the total number of cataract surgeries.

Table 3: Percent of Cataract Surgeries Billed as a Complex Procedure

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
13	839	1.55%	6.99%	Does Not Exceed	8.58%	Does Not Exceed

Metric 2: Percent of Beneficiaries with a Cataract Surgery Who Have a Subsequent Secondary Cataract Surgery on the Same Eye Performed by the Same or Different Provider within 547 Days

Metric 2 is calculated as follows:

- The number of beneficiaries with a cataract surgery and a subsequent secondary cataract surgery on the same eye performed by either the same or a different provider is divided by the number of beneficiaries with a cataract surgery within 547 days.

Table 4: Percent of Beneficiaries with a Cataract Surgery Who Have a Subsequent Secondary Cataract Surgery on the Same Eye Performed by the Same or Different Provider within 547 Days

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
33	463	7.13%	13.63%	Does Not Exceed	9.44%	Does Not Exceed

Metric 3: Percent of Cataract Surgeries Where Post-Operative Care Was Rendered by a Different Provider

Metric 3 is calculated as follows:

- The number of cataract surgeries where a different provider rendered the post-operative care is divided by the total number of cataract surgeries.

Table 5: Percent of Cataract Surgeries Where Post-Operative Care Was Rendered by a Different Provider

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
361	839	43.03%	38.66%	Higher	22.36%	Significantly Higher

Figure 1 illustrates the number of beneficiaries for whom claims with cataract surgery services were submitted.

Figure 2 illustrates the number of claims for cataract surgery services, per month, that were submitted in Year 3.

Year 1, Year 2, and Year 3 are defined as follows:

- **Year 1:** Jan. 1, 2017 – Dec. 31, 2017
- **Year 2:** Jan. 1, 2018 – Dec. 31, 2018
- **Year 3:** Jan. 1, 2019 – Dec. 31, 2019

Figure 1: Total Number of Beneficiaries Who Had Claims Submitted with Cataract Surgery Services, Trend Over Time

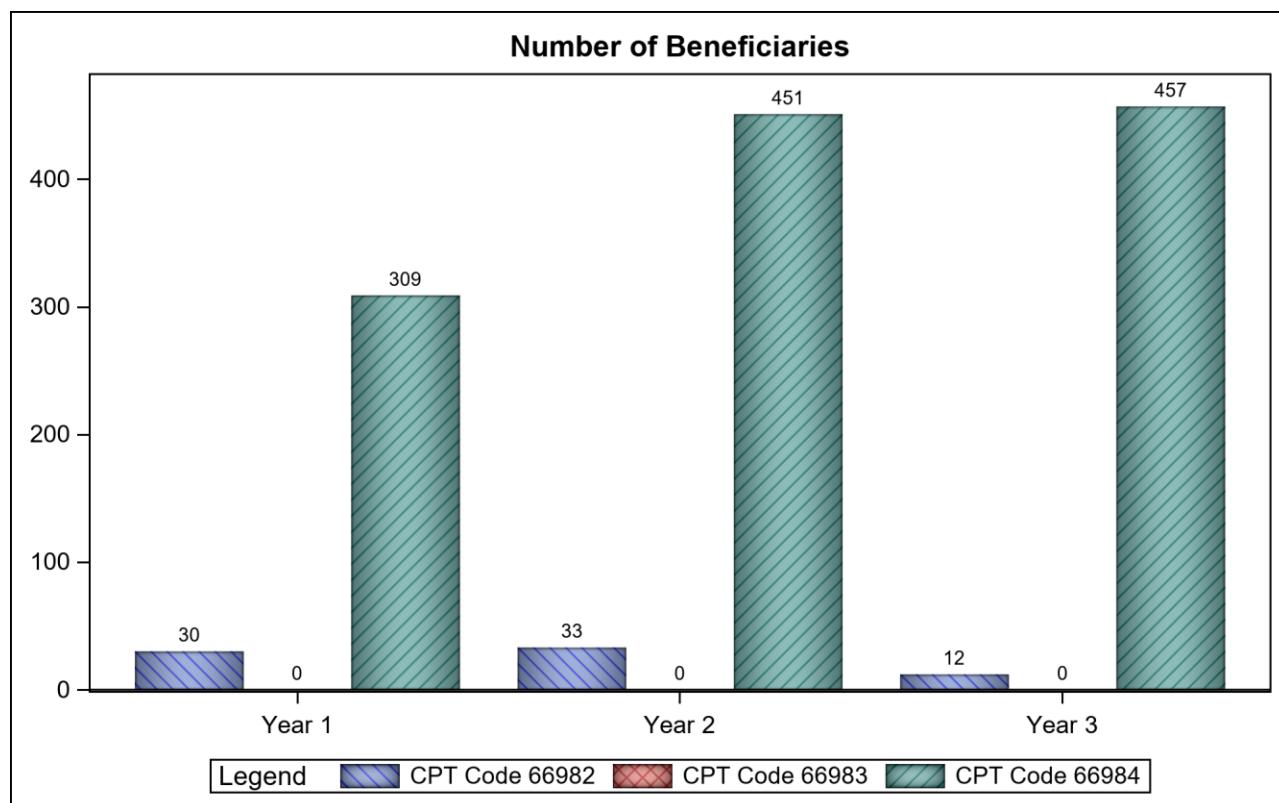
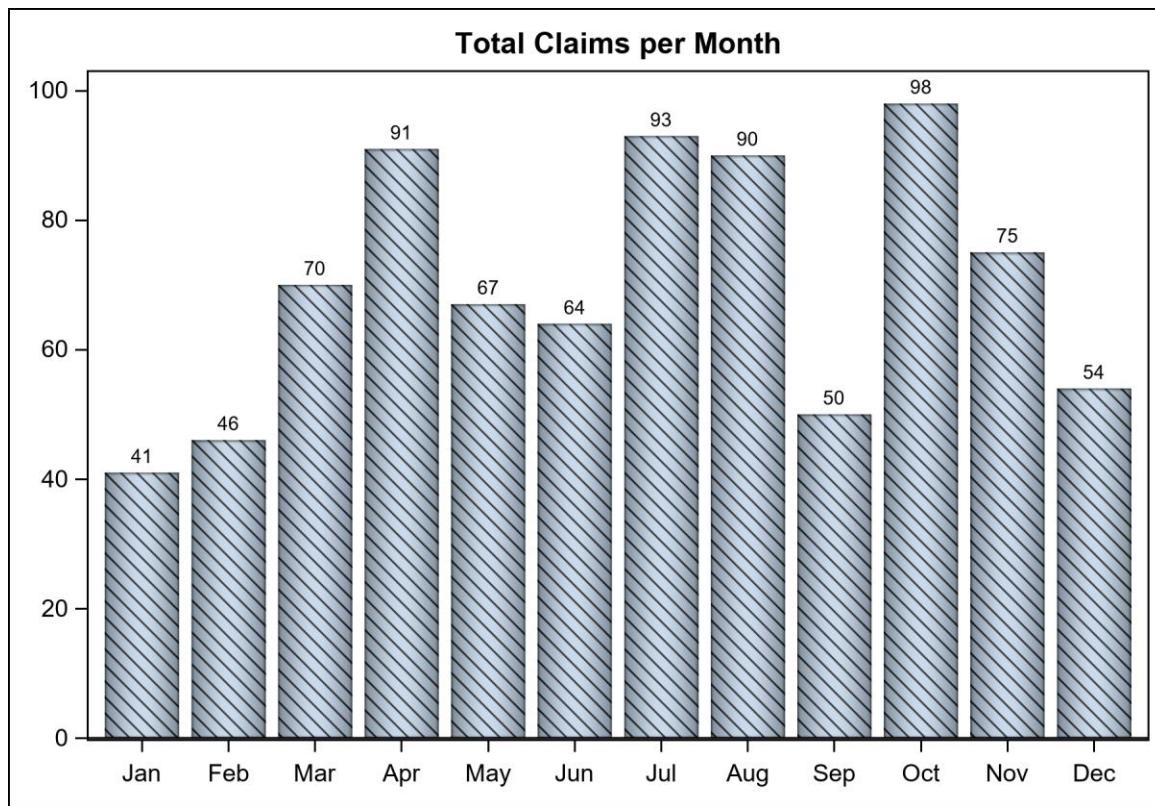


Figure 2: Total Number of Claims Submitted for Cataract Surgery Services, per Month, for Year 3



References and Resources

CPT® 2021 Professional Edition. American Medical Association.

[*2021 Medicare Fee-for-Service Supplemental Improper Payment Data*](#). U.S. Department of Health and Human Services (HHS). CMS.gov.