Patient and Physician Perceptions of Medicare Reimbursement Policy for Blepharoplasty and Blepharoptosis Surgery

Jasmina Bajric, MD, Jonathan J. Levin, MD, George B. Bartley, MD, Elizabeth A. Bradley, MD

Objective: To describe patient preferences regarding payment for blepharoplasty and blepharoptosis repair and physician practices before and after the 2009 change in reimbursement for these 2 procedures by the Centers for Medicare and Medicaid Services (CMS).

Design: Cross-sectional study.

Participants: Fifty patients presenting for functional blepharoplasty and blepharoptosis repair at an academic oculoplastic practice and 198 members of the American Society of Ophthalmic Plastic and Reconstructive Surgery.

Methods: A 5-question paper survey was administered to patients, and a 5-question web-based survey was distributed to 510 unique physician e-mail addresses obtained from the American Society of Ophthalmic Plastic and Reconstructive Surgery mailing list server in 2010.

Main Outcome Measures: The surveys elicited patient knowledge and attitudes regarding the reimbursement policy of the CMS and physician knowledge and behaviors before and after the reimbursement policy change.

Results: Ninety-one percent of patients would be opposed to having to pay out of pocket for blepharoplasty or having to wait at least 3 months after ptosis repair to have a blepharoplasty. When asked to choose between these options, 62% of the patients would rather have the 2 surgeries performed separately than pay out-of-pocket. Before the reimbursement policy change by the CMS, 77% of oculoplastic surgeons performed blepharoplasty and blepharoptosis repair in the same sitting, whereas 37% did so after the policy change ($P < 0.001$). Compared with before the policy change by the CMS, more surgeons performed the 2 procedures at least 3 months apart (4% before vs. 29% after, $P < 0.001$) and more often billed patients for a cosmetic blepharoplasty (5% before vs. 12% after, $P = 0.009$).

Conclusions: Our study suggests that oculoplastic surgeons have made a change in the delivery of ptosis and blepharoplasty surgical services after the reimbursement policy change for these procedures by the CMS in 2009. This change, in which patients undergo separate surgical visits for ptosis repair and blepharoplasty, is not desirable to most patients. *Ophthalmology 2014;■:1–5 © 2014 by the American Academy of Ophthalmology.*

On April 1, 2009, the Centers for Medicare and Medicaid Services (CMS) modified the reimbursement policy for the 2 most commonly performed eyelid operations: blepharoplasty and blepharoptosis repair. The new policy, mandated by the National Correct Coding Initiative (NCCI), prohibits separate payment for blepharoplasty and blepharoptosis repair if both are performed on an ipsilateral upper eyelid within a 90-day period.[1] The rationale behind the NCCI is to prevent improper payment for procedures that are considered to be components of a more comprehensive process. This payment structure has been termed "bundling."

Because many patients who present with visually significant eyelid droop require repair of both dermatochalasis and ptosis, bundling payment for the 2 surgeries could have implications for physician practices and patient care. The financial disincentive of bundling may encourage physicians to perform 2 separate surgical procedures outside the 90-day period. Alternatively, surgeons may deem the blepharoplasty component of combined surgery to be "cosmetic," increasing patient out-of-pocket costs.

Our aim was to understand patients' knowledge and attitudes regarding the new reimbursement policy and the potential impact it has on their medical care. In addition, we sought to determine whether the policy change was associated with a change in practice among oculoplastic surgeons.

Methods

After approval by the Mayo Clinic Institutional Review Board, we developed a survey to assess patients' knowledge and attitudes and a survey to assess physician practice patterns after the reimbursement policy change by the CMS.

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Patient Survey

We administered a 5-question survey (Appendix 1, available at http://aaojournal.org) to qualifying patients who presented to the Mayo Clinic Ophthalmology Department for evaluation of ptosis and dermatochalasis in 2010 and early 2011. We included all English-literate adults with visually significant ptosis and dermatochalasis who were candidates for unilateral or bilateral blepharoplasty and ptosis repair. Visually significant ptosis and dermatochalasis were defined as (1) subjective symptoms of impaired visual function related to ptotic eyelids; (2) margin-reflex distance-1 $\leq$2.5 mm; (3) eyelid skin resting on the lashes; and (4) superior visual field loss $\geq$12 degrees, reversible with the upper eyelid taped to normal position.[2] We excluded all candidates presenting for cosmetic ptosis and dermatochalasis repair. Patients who met the inclusion criteria were asked to participate in the study after their evaluation by the senior authors (G.B.B. and E.A.B.). Although we attempted to approach all consecutive patients who met inclusion criteria, some patients were not approached because of time constraints. Enrollment in the study was continued until a total of 50 subjects had participated. Oral consent was obtained, and all participants signed a Health Insurance Portability and Accountability Act form.

The patient survey included 2 versions (A and B). After pilot-testing Version A on 11 subjects, question 2 of the patient survey was reworded. A second version (Version B) was administered to the remaining 39 patients. We included results of both versions of the patient survey in our analysis. The patient survey elicited patient awareness of the new policy, their preferences regarding payment for the surgeries, and their opinion on the effectiveness and fairness of the new policy in reducing health care costs.

Physician Survey

A 5-question web-based survey (Appendix 2, available at http://aaojournal.org) was distributed to 510 unique physician e-mail addresses obtained from the American Society of Ophthalmic Plastic and Reconstructive Surgery mailing list server in February 2010. No exclusion criteria were set. A message describing the purpose of the survey and an invitation to participate via a direct link were included in the e-mail. Two months after the initial survey was sent, an additional message was sent to the same e-mail addresses as a reminder to complete the survey.

The physician survey was developed and electronically administered by the Mayo Clinic Survey Research Center. All results were kept confidential, reported as an aggregate, and not linked to any individual physician. The 5 questions focused on physician awareness of the new reimbursement policy, their practice habits before and after the policy change, and the nature of their clinical practice.

Statistical Analysis

McNemar's test was performed to compare physician practices before and after the reimbursement policy change. Statistical significance was set at $P < 0.05$.

Results

Patient Survey Results

Demographics. Fifty patients participated in the study. All patients who were approached agreed to participate in the study. The mean age of patients ($\pm$ standard deviation) was 72$\pm$7.1 (range, 59–88 years), and 64% were female. Eighty-six percent had Medicare health care coverage.

Table 1. Percent of Patients and Physicians Aware of Medicare Reimbursement Change

	Patients (n = 50)	Physicians (n = 198)
Aware	3 (6%)	179 (90%)
Unaware	45 (90%)	19 (10%)
Unsure	2 (4%)	–

– = Not applicable.

Patient Awareness of the Bundling Policy of the Centers for Medicare and Medicaid Services

A majority of the patients, 45 of 50 (90%), were unaware of the change in reimbursement for blepharoplasty and blepharoptosis operations (Table 1).

Patient Payment Preferences for Eyelid Surgery

Version A Survey. When asked about the willingness to pay out of pocket for a blepharoplasty done in conjunction with ptosis repair, 10 of 11 patients (91%) were opposed, 9 of 11 patients (82%) were strongly opposed, and 1 of 11 patients (9%) was somewhat opposed to paying out of pocket for blepharoplasty surgery. One patient felt neutral about this question. When asked about the willingness to undergo 2 procedures 3 months apart, but not having to pay out of pocket, 10 of 11 patients (91%) were opposed, 8 of 11 patients (73%) were strongly opposed, and 2 of 11 patients (18%) were somewhat opposed. One patient felt neutral about this question.

Version B Survey. When patients were asked to choose between having to pay out of pocket for a blepharoplasty performed at the time of ptosis repair or waiting at least 3 months after a ptosis repair and then having the blepharoplasty covered by Medicare, 13 of 39 (33%) of the patients preferred to pay out of pocket, and 24 of 39 (62%) would wait to have the surgeries performed at least 3 months apart. Two patients did not answer this question, one of whom wrote "neither" on his/her survey.

When patients were asked about the amount of out-of-pocket cost they would be willing to incur for eyelid surgery, 9 of 50 patients (18%) were willing to pay more than $500. Twenty-eight of the 50 patients (56%) would not be willing to pay or would pay very little ($1–$500) out of pocket. Twelve of the 50 patients (24%) were uncertain how much they would be willing to pay, and 1 patient did not answer this question. Of the 33% of patients who preferred to pay out of pocket, only 5 of 13 (39%) would be willing to pay more than $500 (Table 2).

Patient Attitudes Regarding the Bundling Policy of the Centers for Medicare and Medicaid Services

When patients were asked if the bundling policy of the CMS was an effective way to reduce health care costs, 34 of 50 (68%) strongly agreed, 4 of 50 (8%) somewhat agreed, 1 of 50 (2%) somewhat disagreed, and 10 of 50 (22%) strongly disagreed. One patient (2%) felt neutral to this question. When patients were asked if the bundling policy was a fair way to reduce health care costs, 34 of 50 (68%) strongly agreed, 2 of 50 (4%) somewhat agreed, 5 of 50 (10%) somewhat disagreed, and 8 of 50 (16%)