On April 29, microinvasive glaucoma surgery (MIGS) company ELT Sight Inc. announced that the American Medical Association had approved two new Category III CPT codes for the company’s ExTra Excimer Laser Trabeculostomy (ELT) procedure. The two codes, to be used for reporting trabeculostomy ab interno by laser with or without the use of an ophthalmic endoscope, become effective January 1, 2021. The company’s Code Change Application presentation at the February 6-8, 2020 AMA CPT Editorial Panel meeting in San Francisco was the culmination of more than eight years of effort by the ELT Sight team and its reimbursement consulting firm, Corcoran Consulting Group.

Kevin Corcoran, President of Corcoran Consulting Group, has 40 years of experience in ophthalmology device CPT coding and reimbursement, and has represented more than 10 ophthalmic companies at CPT Panel meetings. He assisted ELT Sight with the preparation of a CPT Code Change Application for its novel technology. He also answered questions during the three-day, in-person (pre-pandemic), confidential event, which led to the successful approval of the two new codes.

Tips on Successfully Navigating CPT EDITORIAL PANEL MEETINGS

Applying for a new CPT code is a daunting and highly confidential process. A successful application at the AMA CPT Editorial Panel meeting depends on hitting some specific benchmarks, explains Kevin Corcoran, who assisted ELT Sight in its successful reimbursement journey, resulting in two new Category III CPT codes for its excimer laser trabeculostomy procedure.

The company’s ExTra ELT device is a specialized excimer laser system used for MIGS to restore the “natural flow” of aqueous fluid and reduce intraocular pressure (IOP) in patients with glaucoma—the leading cause of irreversible blindness worldwide. Current treatment options, including daily eye drops and invasive shunts and stents, may be suboptimal for some patients. The implant-free product received a CE mark in 2014, where it has been the subject of numerous scientific publications.

Results from the largest published study to date on ELT, announced last December, showed the ExTra ELT procedure plus cataract surgery was superior to ab interno trabeculectomy with the Trabectome (NeoMedix Corp.) plus cataract surgery. At one-year post-procedure in 245 cataract patients with glaucoma, ExTra ELT plus cataract surgery significantly reduced IOP and medication use. The device proved superior in Kaplan-Meier survival analysis to trabeculectomy with the Trabectome device plus cataract surgery or to cataract surgery alone. Preparations are under way to begin clinical trials in the US this August. In terms of the impact of COVID-19, the company expects that ophthalmic surgery practices will begin to re-open over the next few months, and trial recruitment will hopefully be minimally impacted.

Corcoran, Friedman, and Parente offer a few (non-confidential) pointers for device companies that may be preparing for a future meeting with the CPT Editorial Panel.

Corcoran is a Certified Professional Medical Auditor and a Certified Professional Coder by the American Academy of Professional Coders. He also obtained the Certified Ophthalmic Executive designation. He began his career in ophthalmology in 1976 as an optician and contact lens technician, and then worked for Alcon Laboratories and IOLAB Corp. in a variety of sales and marketing positions. In 1986, he began his consulting practice which evolved to become Corcoran Consulting Group.

A nationally recognized speaker, Corcoran participates in the annual meetings of the American Academy of Ophthalmology, the American Society of Ophthalmic Administrators, and the American Society of Cataract and Refractive Surgeons. He also consults with physicians and manufacturers and has authored numerous articles in various publications.
Point #1: There Are No Shortcuts

A major effort is required for any CPT Code Change Application, and its success is largely dependent on the thoroughness of the preparation, including research of the relevant scientific literature, fastidious presentation of the supporting information for the new procedure, emphasizes Corcoran. “It’s time-consuming, and requires a dedicated team effort. It’s valuable to understand the CPT Panel’s process and procedures. Having support from the CPT advisors such as the American Academy of Ophthalmology is very helpful.

“The main lesson to be learned here is to do your homework,” he states simply. “The quality of the application depends on the preparation that you put into it. It’s not a matter of persuasion during the program; it’s fact-driven. Success is largely dependent on knowing what the Panel needs, preparing the material in a way that they want it, and making sure you’re thorough and comprehensive. Without knowing what they are looking for, you could easily miss some critical piece.”

Friedman notes, referring to Corcoran, “From a company point of view, it’s key to work with an expert who’s been doing this a long time, and has the experience to maneuver through this arduous journey. You really need to put a lot of resources and focus on this as a major corporate strategy, just as you would for the FDA process. It’s all about pulling together all your clinical studies.”

Point #2: It’s About Quality

“A successful application ultimately depends on the quality of the information it contains,” says Corcoran. “You have to think carefully about every single word you use. The nomenclature and construction are particularly important.

“If you go into the CPT Panel meeting with a slip-shod application, you will likely get a critical response from the panelists and have to do the application over again at a later time. A lot depends on including scientific publications with a high level of evidence in support of the application,” he says. “You are not going to succeed if the application is unsupported, irrespective of the time spent.” And, he points out that “even if a company prepares vigorously, success in a CPT Editorial Panel meeting is not a sure thing.”

Parente emphasizes: “The AMA isn’t interested in just any study, it wants to see how they’re categorized in terms of levels of evidence, and you have to fulfill specific criteria. For example, were your studies all done by the same investigator, with just a few patients? We had a lot of depth there. I think it really bolstered our application, to have strong studies.”

Point #3: Be Ready for the Unexpected

During the discussion of the application by the panelists, alternative language was proposed, which differed from the original. Friedman and Corcoran had to respond to questions about the procedure, how it is typically performed, and about alternative surgical techniques. “Thanks to the months of preparation by the ELT Sight team, we were able to respond,” says Friedman. “As a result, we received two new Category III codes instead of just one in the application. They really keep you on your toes,” added Friedman.

CPT EDITORIAL PANEL MOVES TO VIRTUAL FORMAT

The CPT Editorial Panel is tasked with ensuring that Current Procedural Terminology (CPT) codes remain up to date and reflect the latest medical care provided to patients. To do this, the Panel maintains an open process and convenes meetings three times per year to solicit the direct input of a diverse, world-class group including practicing physicians, medical device manufacturers, developers of the latest diagnostic tests, and advisors from over 100 societies representing physicians and other qualified healthcare professionals. (For more on the CPT Editorial Panel, see “A Look Inside the AMA’s CPT Coding Process,” Market Pathways, April 22, 2020 and “Solving Medtech CPT Coding Issues,” this issue.)

But due to COVID-19, starting with the mid-May Panel, the meetings have moved to a virtual format. AMA has stated that despite this change, its organization and the Panel are working to maintain the integrity of the established process throughout. On March 13 and April 10, it held two special, expedited teleconference meetings in order to streamline currently available COVID-19 tests in the US. The Panel approved a new CPT code (87635) to report infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique. The Panel also accepted revision of code 86318 to report immunoassay for infectious agent antibody(ies) and to be a parent to 86328; addition of code 86328 to report single-step antibody testing for severe acute respiratory syndrome coronavirus 2; addition of child code 86769 to report multiple-step antibody testing for severe acute respiratory syndrome coronavirus 2; and revision of the Immunology guidelines. Then on May 20, the Panel’s Executive Committee accepted the addition of PLA code 0202U to report the BioFire Respiratory Panel 2.1 (RP2.1) test (from BioFire Diagnostics LLC), via electronic communication. See the AMA website for full details: www.ama-assn.org/about/cpt-editorial-panel/summary-panel-actions.

The third regularly scheduled Panel meeting of the year will take place October 1-3 in New Orleans, LA, with a CPT proposal submission deadline of June 30.