

Medicare expenditures decrease for glaucoma surgery as number of procedures increases

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The overall number of glaucoma surgical procedures appears to be increasing, but payments by Medicare for the procedures have been decreasing, according to a report in the July issue of *Archives of Ophthalmology*.

Glaucoma is one of the leading causes of blindness worldwide and currently affects more than 2 million people in the United States, according to background information in the article. "Management and treatment of [glaucoma](#) can be costly, and it has been estimated that glaucoma is the primary reason for ophthalmologist visits in the United States," the authors write. One previous study estimated that annual Medicare payments for glaucoma exceeded \$1.2 billion each year between 1991 and 2000. "An important driver of glaucoma treatment costs is surgery." Surgery is typically used to reduce intraocular pressure (pressure within the eye) when medications fail to do so.

Jordana K. Schmier, M.A., of Exponent Inc., Alexandria, Va., and colleagues conducted an analysis of Medicare claims and payments for glaucoma surgery between 1997 and 2006. The most common surgical treatments for glaucoma include laser trabeculoplasty, in which a beam of light changes the drainage angle of the eye to relieve pressure; filtering surgery, in which surgeons use a surgical tool to create a drainage hole; shunt surgery, which involves placement of a small plastic tube with an attached pouch; and cyclodestructive procedures, used to

reduce the production of eye fluid in severe cases of glaucoma.

"Overall, there were decreases in both the number of glaucoma surgical procedures and the amount of annual payments from 1997 to 2001 but an increase in the number of procedures in the following years," the authors write.

"Trends in claims and payments vary according to procedure. Average payments for trabeculectomies decreased over time, while annual payments for cyclophotocoagulation [a type of cyclodestructive procedure] and shunt-related procedures have increased."

After an initial decline, the number of trabeculectomies increased, coinciding with advances in technology and changes in the global period for reimbursement (the amount of time after a surgery during which additional billing is limited; in 2002, this period changed from 90 to 10 days for laser trabeculectomy).

The analysis examines only direct medical fees paid to physicians, which may be less than half of total glaucoma-related expenditures, the authors note. "Regardless, Medicare payments remain an important component of the cost of glaucoma in the United States and the overall trend toward lower-cost surgical procedures (i.e., fewer trabeculectomies) despite the increased use of newer technologies (i.e., more glaucoma drainage devices) observed in this analysis may have a substantial impact on national glaucoma expenses," they conclude. "Further advances and the application of new technologies may help to moderate the cost of providing glaucoma care to all who require it."

More information: Arch Ophthalmol. 2009;127[7]:900-905.

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