

## Optometry Coding & Billing Alert

### Crack Cataract Co-Management Coding With These 3 Modifiers

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#### **Tip: Your follow-up service begins the day after the ophthalmic surgeon relinquishes care**

Postoperative management of cataract surgery patients is a major component of a typical optometrist's practice--and, unfortunately, a major headache for [optometry billers](#) and coders. The right modifiers, as well as communication with the surgeon's office, go a long way toward clearing up cataract care confusion.

Experts attribute problems reporting cataract care to a misunderstanding of the rules governing postoperative care during the 90-day global surgical period--especially when the surgeon operates on the second eye within the global period of the first eye.

**Scenario:** An optometrist refers a 68-year-old Medicare patient with nuclear cataracts (366.16, Nuclear sclerosis) to an ophthalmic surgeon for cataract surgery on her left eye. On April 14, she has the surgery on her left eye. One week later, on April 21, she has cataract surgery on her right eye. On April 22, the ophthalmic surgeon relinquishes care, sending the patient back to the optometrist for the balance of postoperative care on both eyes.

**Problem:** How does the optometrist code for the follow-up care for both eyes?

#### **Optometrist's Service Begins When Surgeon Relinquishes Care**

By the time the optometrist sees the patient, he will be providing a different number of days of postoperative care for each eye. Cataract surgeries, whether reported with 66982 (Extracapsular cataract removal with insertion of intraocular lens prosthesis [one stage procedure], manual or mechanical technique, complex, requiring devices or techniques not generally used in routine cataract surgery or performed on patients in the amblyogenic developmental stage), 66983 (Intracapsular cataract extraction with insertion of intraocular lens prosthesis [one stage procedure]) or 66984 (Extracapsular cataract removal with insertion of intraocular lens prosthesis [one stage procedure], manual or mechanical technique), have a 90-day global surgical period in which postoperative care may occur.

When an optometrist assumes postoperative care of a cataract patient, his days of service begin the day after the ophthalmic surgeon relinquishes care, says **Kennard Singh, CPC, CCS-P, CHCO**, clinical administrator at SUNY State College of Optometry in New York City.

In this scenario, the surgery on the left eye occurred on April 14. The ophthalmic surgeon relinquished care on April 22. Thus, for the left eye, the surgeon reports the surgery itself, as well as eight days of postoperative care. The optometrist provides 82 days of care. The postoperative period for the left eye is April 23-July 13, inclusive.

The surgery on the right eye occurred on April 21, the day before the surgeon relinquished care. For the right eye, the surgeon again reports the surgery, but this time only bills for one day of postoperative care. The optometrist provides 89 days of care for the right eye. The postoperative period for the right eye is April 23-July 20, inclusive.

#### **Submit 1 Form per Eye**

Keep it simple, says **Charles Wimbish, OD**, president of Wimbish Consulting Group in Martinsville, Va.--file your care for each eye on separate CMS-1500 or electronic forms.

**Left eye:** For date of service April 14, 2005, the surgeon bills 66984-54-LT, appending modifier 54 (Surgical care only) to

specify which portion of the global surgical package he is claiming, and modifier LT (Left side) to specify the eye. The surgeon should also bill for eight days of follow-up care with 66984-55-LT (Postoperative management only), with dates of service from April 15, 2005, to April 22, 2005.

On the 1500 form, the optometrist bills for the left eye as follows:

- **Line 14** (Date of Current Illness): Leave blank or enter -4-23-05-.
- **Line 17** (Name of Referring Physician): Enter surgeon's name.
- **Line 17a** (I.D. Number of Referring Physician): Enter surgeon's UPIN.
- **Line 19** (Reserved for Local Use): Write -Assumed post-op care 4-23-05 through 7-13-05- (these days must match the number of days you enter on Line 24g).
- **Line 21** (Diagnosis): Enter cataract diagnosis [ICD-9 code](#) (e.g., 366.16).
- **Line 24a** (Dates of Service): Enter -4-23-05- in -From- space. Leave -To- space blank. (Check with your carrier; some prefer you to put the date of the original surgery in this space, instead of the date you assume care.)
- **Line 24c** (Type of Service): Leave blank.
- **Line 24d** (Procedures): Enter -66984-55-LT-.
- **Line 24g** (Days): Enter -82-.
- **Line 24k** (Reserved for Local Use): Enter your UPIN.

**Right eye:** For date of service April 21, 2005, the surgeon bills 66984-79-54-RT, appending modifier 79 (Unrelated procedure or service by the same physician during the postoperative period) since this surgery is occurring within the global period of the previous surgery. He also bills for one day of follow-up care with 66984-79-55-RT, for date of service April 22, 2005.

On the 1500 form, the optometrist bills for the right eye as follows:

- **Line 14** (Date of Current Illness): Leave blank or enter -4-23-05-.
- **Line 17** (Name of Referring Physician): Enter surgeon's name.
- **Line 17a** (I.D. Number of Referring Physician): Enter surgeon's UPIN.
- **Line 19** (Reserved for Local Use): Write -Assumed post-op care 4-23-05 through 7-20-05- (these days must match the number of days you enter on Line 24g).
- **Line 21** (Diagnosis): Enter cataract diagnosis [ICD-9 code \(e.g., 366.16\)](#).
- **Line 24a** (Dates of Service): Enter -4-23-05- in -From- space. Leave -To- space blank.
- **Line 24c** (Type of Service): Leave blank.
- **Line 24d** (Procedures): Enter -66984-79-55-RT-.
- **Line 24g** (Days): Enter -89-.

- **Line 24k** (Reserved for Local Use): Enter your UPIN.

### **Check Carriers for Coding Caveats**

**Tip:** To make the claims match up better to Medicare, you should always use the same diagnosis code that the surgeon used to file the surgical claim. A phone call to the surgeon after you see the patient is a great way to remind that office to code properly as well--and to find out how many days of postoperative care they are filing for.

**Caution:** Be sure to check with your individual carriers for their coding preferences. -This is the way Medicare wants cataract postoperative care billed at this time,- Wimbish says, noting that private insurers may have different rules for reporting. Many private insurers do not recognize the postoperative management modifiers, preferring you to bill your services as office visits with eye exam [codes \(92002- 92014\)](#) or [E/M code](#) (99201-99215).

Some carriers also want your bills for postoperative co-management to include the date of the original surgery. For these carriers, you can include this information on line 19, along with the dates of your postoperative care.

### **See Patient First, Then Bill**

**Disaster averted:** Although the optometrist's days of care start the day after the surgeon relinquished the patient's care, the optometrist cannot bill until he has done the first follow-up visit, says **Mary Edewaard**, coding and billing specialist for Thomas C. Edewaard, OD, in Summerville, S.C. So even though your postoperative care starts on April 23, if you don't see the patient until April 30, don't submit a bill until then.

As for the co-management reimbursement, Medicare considers the 90-day period following cataract surgery reimbursable at 20 percent of the overall procedure charge (the pre- and intraoperative work making up the other 80 percent of the reimbursed payment).

To figure the split, you first calculate 20 percent of the overall charge for the service. Then, divide that total by 90. This gives you the per-day value of the post-op management service. Multiply that by the number of days of post-op care you're providing for your total reimbursement.

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