

Optometry Coding & Billing Alert

Play by Transfer of Care Rules

It pays to make sure transfers of care are by the book -- the Office of the Inspector General is currently scrutinizing co-management to ensure it happens with the patients best interests at heart, said **Becky Zellmer, CPC-E/M, MBS, CBCS, COTA**, provider educator for Prevea Clinic in Green Bay, Wis., during Aprils Master Cataract Co-Management Billing and Coding AudioEducator webinar (www.audioeducator.com).

Keep in mind: The surgeon and OD should only agree to transfer of care if they determine that comanagement is whats best for the patient -- economic considerations should not factor in, pointed out Zellmer.

In addition, the OD must be licensed to manage all aspects and complications associated with cataract postoperative care. Why? Although the OD doesnt necessarily need to treat all eventualities, she must be able to recognize and diagnose complications to provide the appropriate level of care.

Do: Acceptable indicators for transfer include:

- " The patient cant travel to the surgeon for postoperative appointments due to illness
- " The patient voluntarily wishes the OD to perform postoperative care
- " The traveling surgeon who performed the procedure doesnt return to the area often enough
- " The patient was vacationing during the time of the procedure and doesnt live in the surgeons area.

Dont: Transfer of care cannot be used as an incentive for receiving referrals, emphasized Zellmer.

Keep the Patient in the Loop

Exercise caution when maintaining a co-management relationship -- blatant biases will be sure to raise some red flags.

Example: If a payer routinely sees the same surgeon and OD on co-management claims with no one else ever in the mix, the payer will surmise that you have a policy to always share patients with another provider, which can lead to problems, warned Zellmer.

Inform the patient: Its not unheard of for a claim to stop processing because the patient claims he never authorized co-management, said Zellmer. Ensure that the patient is aware of the risk and benefits of transfer of care and that he signs a consent to co-management, she suggests.

The ophthalmologist should have a form for the patient to sign to indicate this, says **David Gibson, OD, FAAO**, a practicing optometrist in Lubbock, Texas.

Other forms of documentation are also critical.

Transfer of care must be in writing and include the exact dates that the OD is providing co-management, Zellmer said. The OD should document care notes and return them to the referring office so the ophthalmologist knows whether the surgery went over well and if the patients vision is improving.