

Optometry Coding & Billing Alert

Reader Questions: Work With Surgeon's Office to Ensure Post-Op Pay

Question: We are providing postoperative care to a Medicare patient who recently underwent surgery to remove a mature senile cataract from her left eye. How should we code for the postoperative care? I thought we should use E/M codes, but that seems wrong.

Minnesota Subscriber

Answer: You won't need the E/M codes here. Many optometry offices provide post-op care after a surgeon performs cataract removal. When billing for these services for Medicare patients, you'll need a little help from modifier 55 (Postoperative management only).

How-to: You'll link modifier 55 to the CPT code for the patient's surgery. In your case, report 66984-55 (Extracapsular cataract removal with insertion of intraocular lens prosthesis [one-stage procedure], manual or mechanical technique [e.g., irrigation and aspiration or phacoemulsification]) for the procedure. Modifier 55 tells the payer that you are billing solely for the postprocedure care, not the entire surgical package.

Also: Link modifier LT (Left side) to 66984 to represent the operative area, and ICD-9 code 366.17 (Total or mature cataract) to 66984 to prove medical necessity for the procedure.

Truth: If you are not on the same page as the patient's surgeon, your reimbursement may suffer. For your post-op claim to be payable, the ophthalmic surgeon must append modifier 54 (Surgical care only) to 66984.