

Part B Insider (Multispecialty) Coding Alert

OPTOMETRY: How To Code For Co-Managing Back-to-Back Cataract Surgeries

You only have 90 days to perform postoperative care

Accurately coding for cataract care depends on the date of service and documentation. Use the example below to clear up your cataract coding claims.

Situation: 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.

Cataract surgeries, whether reported with 66982 (Extracapsular cataract removal with insertion of intraocular lens prosthesis [one stage procedure] complex)..., 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]), 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.

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: The optometrist should bill for 82 days of 66984-55-LT, appending modifier 55 (Postoperative management only) to specify which portion of the global surgical package he is claiming, and modifier LT (Left side) to specify the eye.

Right eye: The optometrist should bill for 89 days of 66984-79-55-RT. Modifier 79 (Unrelated procedure or service by the same physician during the postoperative period) to shows that this care is not related to the care he provided for the left eye. Modifier RT (Right side) specifies the eye.

Strategy: 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. Call the surgeon to remind that office to code properly, and also find out how many days of postoperative care the office is filing for. Also, be sure to enter the surgeon's name and UPIN in lines 17 and 17a of the CMS-1500 forms. Check with your individual carriers for their coding preferences. "This is the way Medicare wants cataract postoperative care billed at this time," according to Wimbish.