MARS
MARKET ACCESS AND REIMBURSEMENT SERVICES

# Cataract Co-Management: Coding & Billing Guide

## About Co-Management

With today's multidisciplinary care model, Ophthalmologists/ Cataract Surgeons and Optometrists are sharing postoperative responsibilities of cataract patients.[1]

**Co-management** is defined as the relationship between an ophthalmologist/cataract surgeon and a non-operating provider (e.g., an optometrist) for shared responsibility in the postoperative care. There are various scenarios in which co-management may be appropriate, such as the patient is unable to return to the surgeon for follow-up, the surgeon is unavailable for care, patient preference, or the patient experiences another illness or complication that requires intervention by another provider.[1]

**Transfer of care** is defined as a transfer of responsibility for a patient's care from one qualified healthcare provider operating within his/her scope of practice to another who also operates within his/her scope of practice.[1] The decision as to when it is medically appropriate for the patient to be released to the care of the co-manager can only be determined by the surgeon and the patient. The specific date of the transfer of care cannot be made before surgery. The surgeon must have the patient sign a written agreement to be co-managed. Both the surgeon and the co-managing provider managing the post-operative care must retain a copy of the written transfer agreement in the patient's medical record.[2]

A **Transfer of Care Form** from the surgeon to the co-managing Provider should include the following[2]:

- Patient name
- Operative eye
- Nature of operation
- Date of surgery
- Clinical findings
- Discharge instructions
- Transfer date

However, a transfer of care is not needed if the receiving Provider is within the same group practice.

## Cataract Co-Management Billing and Coding

After surgery, the surgeon submits a claim for the procedure citing the appropriate CPT® code and co-management modifier (-54) on the claim form. This modifier is required to identify the surgical procedure in a co-management scenario. Once the co-managing provider has provided post-operative care, he or she submits a claim form citing the appropriate CPT® code and co-management modifier (-55), which indicates post-operative management only, as well as the date he or she assumed the patient's postoperative care *(refer to the charts below)*.[2,3]

| Type of Care Provided | Modifier and Notes |
|---|---|
| **Surgical care only** | **-54**<br>• Surgeon must initiate the notification to Medicare by using modifier -54 when billing for the surgery (e.g., 66984-54)<br>• The date of service is the date of the surgical procedure |
| **Post-operative care** | **-55**<br>• Co-managing provider bills the same CPT code with modifier -55 (eg, 66984-55) for the post-operative care<br>• Cannot bill for the co-managed care until at least one service has been furnished to the patient |

| Site of Care | CPT® Code |
|---|---|
| **Surgery for treatment of cataract, physician** | **66982, 66984** |
| **Surgery for treatment of cataract, facility** | **66982, 66984** |

# CMS-1500 Claim Form Completion for Cataract Co-Management

**For surgeons who will provide part of the post-operative care** *(refer to example surgical claim form below)*[2,3]:

## Surgeons submit 2 claim forms:

- One claim form for surgical procedure
- One claim form for the surgeons portion of the post-operative care

## Example Surgeon's Claim for Surgical Procedure

| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | 17a. | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO |
|---|---|---|---|
| XXX XXX, MD | 17b. NPI | XXXXXXXXXX | |
| 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) | | | 20. OUTSIDE LAB? ☐ YES ☐ NO $ CHARGES |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. | | | 22. RESUBMISSION CODE ORIGINAL REF. NO. |
| A. H25.11 B. C. D. E. F. G. H. I. J. K. L. | | | 23. PRIOR AUTHORIZATION NUMBER |

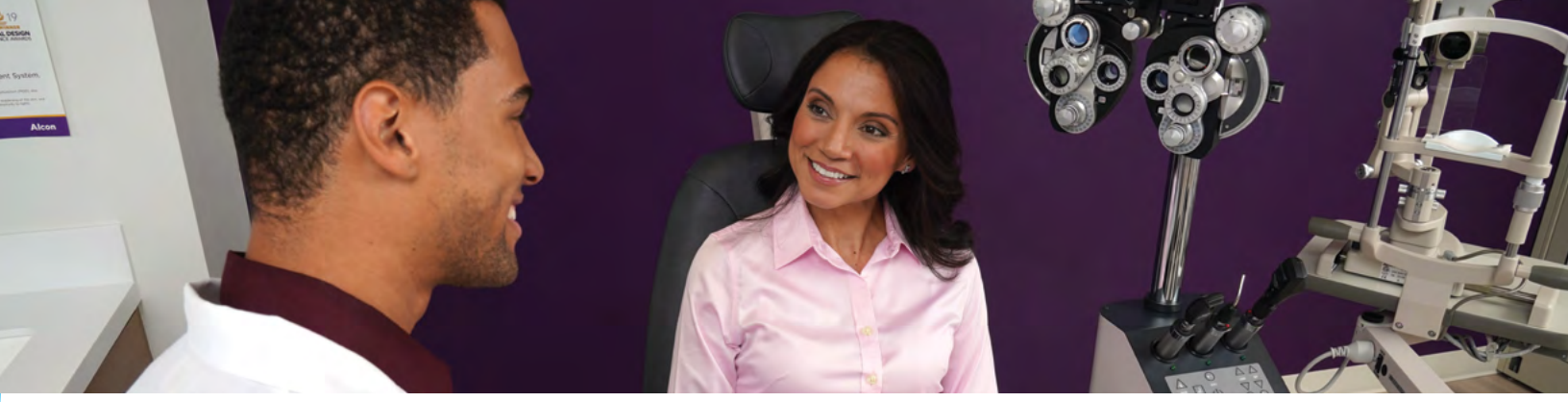
| 24. A. DATE(S) OF SERVICE From MM | DD | YY | To MM | DD | YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | | | E. DIAGNOSIS POINTER | F. $ CHARGES | | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| XX | XX | XX | XX | XX | XX | 24 | | 66984 | 54 | RT | | A | XXX | XX | 1 | | NPI | XXXXXXXXXX |

## Example Surgeon's Claim for Post-operative Care

| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | 17a. | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO |
|---|---|---|---|
| XXX XXX, MD | 17b. NPI | XXXXXXXXXX | |
| 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) Assumed Post-Operative Care XX/XX/XXXX relinquished XX/XX/XXXX | | | 20. OUTSIDE LAB? ☐ YES ☐ NO $ CHARGES |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. | | | 22. RESUBMISSION CODE ORIGINAL REF. NO. |
| A. H25.11 B. C. D. E. F. G. H. I. J. K. L. | | | 23. PRIOR AUTHORIZATION NUMBER |

| 24. A. DATE(S) OF SERVICE From MM | DD | YY | To MM | DD | YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | | | E. DIAGNOSIS POINTER | F. $ CHARGES | | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| XX | XX | XX | XX | XX | XX | 11 | | 66984 | 55 | RT | | A | XXX | XX | 1 | | NPI | XXXXXXXXXX |

- ❒ Submit a claim for with the CPT® surgery code **66984** and co-management modifier **-54** (e.g., 66984-54)
- ❒ Submit a claim for your portion of the post-operative care by submitting a second line item entry on the form for the same surgery procedure code with the modifier **-55. Note:** For the claim to be accurate, the surgeon needs to know the date the optometrist assumed responsibility for the remaining post-operative care (transfer date)
- ❒ Report the range of dates that post-op care was provided in Item 19 (or EMC equivalent of the CMS-1500 claim form). Only the range of dates is needed (e.g., 1-11-2020 thru 3-11-2020)
- ❒ Indicate a "1" in Item 24G of the claim form (or number of post-op days if required by your Medicare carrier/ contractor)



**For co-managing providers who will provide post-operative care**
*(refer to example post-operative claim form below)*[2,3]:

- ❒ Submit a claim to Medicare with the CPT® cataract surgery code (e.g., 66984) and modifier **-55** (e.g., 66984-55)
- ❒ Date of service is the date of surgery (or the date care was assumed if indicated by your Medicare carrier/contractor)
  - The date care is assumed must be indicated in Item 19 (or EMC equivalent of the CMS-1500 claim form)
- ❒ Enter a "1" in Item 24G of the CMS-1500 claim form (or the number of post-op days if indicated by your Medicare carrier/contractor)
- ❒ **Do not use visit codes, ophthalmic, or evaluation and management** for this post-operative care, as this is the most common billing error for co-managed services
- ❒ **Note:** If the surgeon provides the entire post-operative care and directs the patient to their optometrist for post-operative refraction and glasses, this does not constitute co-management. Only the refraction can be billed to the patient. No ophthalmological examination is medically necessary, medically justified, or medically reasonable

## Example Claim for Co-management Post-Operative Care

| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | 17a. | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY |
|---|---|---|---|
| XXX XXX, OD | 17b. NPI | XXXXXXXXXX | FROM TO MM DD YY |
| 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) | | | 20. OUTSIDE LAB? $ CHARGES |
| Assumed Post-Operative Care XX/XX/XXXX relinquished XX/XX/XXXX | | | ❒ YES ❒ NO |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. | | | 22. RESUBMISSION CODE ORIGINAL REF. NO. |
| A. H25.11 B. C. D. | | | |
| E. F. G. H. | | | 23. PRIOR AUTHORIZATION NUMBER |
| I. J. K. L. | | | |

| 24. A. DATE(S) OF SERVICE From MM | DD | YY | To MM | DD | YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | | | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| XX | XX | XX | XX | XX | XX | 11 | | 66984 | 55 | RT | | A | XXX | XX | 1 | | NPI | XXXXXXXXX |

## Reimbursement for Post-Operative Services

### Medicare

The total post-operative care percentage for ophthalmic procedures has been set at 20% of the surgical fee allowance. In cases where more than one provider furnishes post-operative services, the payment will be divided between the providers based on the number of days for which each provider is responsible for furnishing post-operative care.[1,2]

### Commercial or Medicare Advantage

Commercial or Medicare Advantage payers may have different guidelines with regard to co-management, and some payers may not permit co-management at all. Contact your commercial payers on how to handle billing co-management services.[1,2]

# Co-Management of Advanced Technology Intraocular Lenses (AT-IOLs)

The Centers for Medicare & Medicaid Services (CMS) permits providers to bill Medicare beneficiaries a separate charge for refractive non-covered services, including AT-IOLs for astigmatism-correction or presbyopia-correction *(refer to the table below)*. As with conventional cataract surgery, some patients who are referred by their optometrist or ophthalmologist may wish to return to their referring provider for some of their post-operative care for an AT-IOL.[1,4,5]

In this instance, both the surgeon and the co-managing providers may participate in providing the non-covered services associated with post-operative follow-up care for AT-IOLs. Both the surgeon and co-managing provider are encouraged to obtain a signed advance notice of non-covered services and extra fees associated with AT-IOL use.[1,4,5]

## Checklist for Co-Management of Patients Undergoing Cataract Surgery[1,2,4,5]

- ❒ For Commercial or Medicare Advantage payers, confirm policy and reimbursement for co-management services
- ❒ Complete written co-management agreement between the surgeon and the co-managing provider to share patient care
- ❒ Obtain patient's written consent and archive patient's completed transfer of care agreement (both providers)
- ❒ Cite appropriate co-management modifiers on the claim forms (both providers)
- ❒ Confirm accuracy of dates of surgery/follow up care and date of transfer of care
- ❒ For AT-IOL patients, explain to the patient noncovered services and his/her payment responsibilities

**CMS Coverage Guidelines for AT-IOLs[4,5]**

| Site of Care | What's Not Covered | Patient's Responsibility |
|---|---|---|
| **Physician**  | • Physician's services attributable to the noncovered functionality of the AC-IOL and PC-IOL<br>• Additional physician work and resources required for insertion, fitting, and vision acuity testing | • Payment of charges for the physician services that exceed the physician charge for insertion of a conventional IOL |
| **Facility**  | • Astigmatism-correcting or presbyopia-correcting function of an IOL and any additional resources required for insertion, fitting, and vision acuity testing | • Payment of charges for the facility charges that exceed the facility charge for insertion of a conventional IOL, including costs of the IOL and modest charge for handling |

1. American Academy of Ophthalmology. Comprehensive Guidelines for the Comanagement of Ophthalmic Postoperative Care. September. 7, 2016. https://www.aao.org/ethics-detail/guidelines-co-management-postoperative-care. Accessed March 30, 2020. 2. Richman H and Wartman R. Cataract Co-Management Billing for Medicare. American Optometric Association. https://www.aoa.org/Documents/optometric-staff/Articles/Cataract%20Co-Management.pdf. Accessed March 30, 2020. 3. Edgar JD, Vicchrilli SJ. Coding Complex Cataract Surgery With Confidence. American Academy of Ophthalmology website. March 26, 2016. https://www.aao.org/young-ophthalmologists/yo-info/article/coding-complex-cataract-surgery-with-confidence. Accessed March 30, 2020. 4. Centers for Medicare & Medicaid Services. CMS Ruling 05-01. May 3, 2005. https://www.cms.gov/Regulations-and-Guidance/Guidance/Rulings/Downloads/CMSR0501.pdf. Accessed March 30, 2020. 5. Centers for Medicare & Medicaid Services. CMS Ruling 1536-R. January 22, 2007. https://www.cms.gov/Regulations-and-Guidance/Guidance/Rulings/Downloads/CMS1536R.pdf. Accessed March 30, 2020.

MARS

(866) 457- 0277 | ARS.SupportUS@alcon.com | ars.alcon.com