Alcon®

Co-Management Fact Sheet

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This policy addresses the indications for coding and billing of co-managed care for surgical procedures with a 10-day or 90-day global fee period. It also provides appropriate documentation guidelines to promote continuity of care for Medicare beneficiaries when post-operative care during the global fee period is shared by the operating surgeon and other physicians and optometrists.

Co-Management Defined

Co-management is the planned transfer of care during the global period from the operating surgeon to another qualified provider when clinically appropriate. The physician or optometrist receiving the patient must be licensed to manage all aspects of the post-operative care, including the ability to diagnose potential complications that may require another operation.

Co-Management Modifiers

When more than one physician furnishes services that are part of a global surgery fee package, the following modifiers are required to identify services furnished by each provider of care:

- Modifier -54 - Surgical Care Only
- Modifier -55- Post-operative Care

Basic coverage requirement for the co-management of a patient is that the surgeon MUST initiate the notification to Medicare by using modifier -54 with the claim for surgery, e.g., 66984-54.

- The date of service should be the date of the surgical procedure.
- The provider who provides the post-operative care bills the same CPT® code as the surgeon with modifier -55, e.g., 66984-55.

When the Surgeon Performs Surgery and Provides Part of the Follow-up Care

The surgeon would submit a claim for his/her portion of the post-operative care by submitting a second line item entry on his claim for the same surgery procedure code with the modifier -55.

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., 1-11-12 thru 11-18-12).

Indicate a "1" in item 24G of the CMS-1500 claim form (or number of post-op days if required by your Medicare carrier/contractor).

Example Surgical Claim

17 I. Good, MD	17a 17b 12345678				
19					
21 366.16					
24a	24b	24d	24e	24f	24g
01/10/2012	22	66984-54RT	1	xxx.xx	1

Example Surgeon's Claim for Post-operative Care

17 I. Good, MD	17a 17b 12345678				
19					
21 366.16					
24a	24b	24d	24e	24f	24g
01/10/2012	22	66984-54RT	1	xxx.xx	1

When Post-operative Care is Provided by a Co-Manager

- The co-manager would submit a claim to Medicare with the CPT surgery code 66984 and modifier -55 (e.g., 66984-55).
- The date of service must be 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 E&M, for this post-operative care. This is the most common error in billing for co-managed services.

Example claim for Co-manager's Post-Operative Care

17 I. Good, MD	17a 17b 12345678				
19 Care Assumed on 1/19/12					
21 366.16					
24a	24b	24d	24e	24f	24g
01/109/2012	22	66984-55RT	1	xxx.xx	1

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.

Transfer of Care

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 prior to surgery.

The surgeon must have the patient sign a written agreement to be co-managed. Both the surgeon and the co-manager providing the post-operative care must keep a copy of the written transfer agreement in the beneficiary's medical record.

When a transfer of post-operative care occurs, the receiving (non-operating/follow-up provider) physician cannot bill for the co-managed care until at least one service has been furnished to the patient. Once the physician/optometrist has seen the patient, he/she may bill beginning with the date care was assumed.

Medicare Reimbursement

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

Commercial payors may have different guidelines with regard to co-management, and some payors may not permit co-management at all. Providers are encouraged to contact commercial payors on how to handle billing co-management services for your specific area.

Co-Management of Premium IOLs

Recent advancements in astigmatism-correcting and presbyopia-correcting intraocular lenses (IOLs) give patients an opportunity to lessen their dependency on glasses following cataract surgery. CMS permits providers to bill Medicare beneficiaries a separate charge for these refractive non-covered services.

As with conventional cataract surgery, some patients who are referred by their optometrist or medical ophthalmologist desire to return to their referring doctor for some of their post-operative care following cataract surgery with a premium IOL implant. When this is the case, both the surgeon and the co-manager may participate in providing the non-covered services associated with post-operative follow-up care of premium IOLs.

Both the surgeon and co-manager are encouraged to obtain a signed advance notice of non-covered services and extra fees that will be performed in conjunction with premium IOL surgery and post-operative follow-up care.

To avoid the appearance of kickback or inducement for referrals, each provider should charge and collect for his/her respective services.