SAVVY CODER

Cataract Comanagement Compliance: CMS Outreach Prompts Internal Reviews

Are you a cataract surgeon whose patients are sometimes comanaged? If so, are your coding and documentation compliant with your payers' rules?

CMS outreach to outliers. Last year, CMS—working with RELI Group, a contractor—identified cataract surgeons who referred a high proportion of patients to other clinicians for post-op care. RELI Group sent these ophthalmologists a comparative billing report in October. (Similar reports were sent to clinicians who billed a high proportion of complex cataract procedures and to those who performed a lot of Nd:YAG procedures within six months of cataract surgery. For more information, see aao.org/practice-management/news-detail/cms-comparative-billing-reports-cataract-surgery.)

Comparative billing reports are educational tools. The comparative billing report is neither an audit request nor a warning of an impending audit. These reports were developed as part of a CMS educational program (https://cbr.cbrpepper.org). The aim is to prompt practices to conduct internal chart audits to confirm that their documentation and coding are compliant. Here are some key areas to focus on.

Comanagement Is Not Routine

According to the Academy-endorsed *Comprehensive Guidelines for Comanagement of Ophthalmic Postoperative*

Anti-Kickback Statute Risks

A recent $2.9 million settlement over comanagement kickback allegations highlights the risk associated with paying comanaging providers, directly or indirectly, as opposed to all remuneration flowing through Medicare. In particular, the settlement announcement stated: "The fees paid to referring optometrists for patients who received premium lenses or laser-assisted cataract surgery were in addition to the reimbursement already received by the optometrists from Medicare and Medicaid for performing postoperative cataract care and were not tied to or commensurate with actual postoperative services specifically attributed to premium IOLs or laser-assisted cataract surgery rendered, and thus constituted unlawful remuneration under the Anti-Kickback Statute."

For more information, visit www.justice.gov/usao-edtx/pr/ophthalmology-practice-agrees-pay-over-29-million-settle-kickback-allegations.

Care, a routine arrangement with a referring provider for comanagement services is not appropriate. Each case is unique, and the comanagement decision should be transparent to the patient; agreed upon mutually by patient, surgeon, and comanager; and clinically appropriate for the patient. (To read the guidelines, see aao.org/education/ethics-detail/guidelines-comanagement-postoperative-care.)

Document Informed Consent and Transfer of Care

When the patient requests and consents to comanagement, an informed consent should be documented in writing. The comanaging provider should also agree to accept the patient care. Documentation should state when the surgeon transferred care to the comanaging provider and should list all relevant clinical information provided. The Ophthalmic Mutual Insurance Company provides comanagement risk assessment recommendations and examples of consent forms (available at www.omic.com/comanagement-of-surgical-patients and www.omic.com/risk-management/consent-forms).

Coding for Comanagement of Cataract Surgery

Two modifiers represent the complementary roles of surgical comanagement:

- Modifier –54, *surgical care only*
- Modifier –55, *postoperative care only*
  Use of these two modifiers indicates that the surgeon relinquished part or all

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of the post-op care and the comanaging provider accepted transfer of that care.

Straightforward example. Suppose a surgeon provides standard cataract surgery (CPT code 66984) and provides zero days of post-op care. The claim would be submitted as 66984–54 with –RT or –LT appended to indicate the right or left eye, respectively. The comanaging provider would report 66984–55 with –RT or –LT appended and would also report the date range of the post-op care in item 19—or the Electronic Data Interchange (EDI) format's equivalent—of form CMS-1500.

How to code for shared post-op care. What if, for example, the transfer of care happens seven days into the 90-day global period for a complex cataract surgery (CPT code 66982) in the left eye? The surgeon would bill for providing both the surgical care and seven of 90 post-op days, and would code for that as follows:
- 66982–54–LT
- 66982–55–LT, with the date range for the seven days of post-op care included in item 19

The comanaging provider would bill for the balance of the post-op care as follows:
- 66982–55–LT, with the date range for the 83 days of post-op care included in item 19

Avoid common problems with shared post-op care. When the surgeon transfers some, but not all, of the post-op care to another clinician, it is easy to make mistakes with the documentation and billing. Keep the following tips in mind:
- The transfer letter should include the date of transfer of care so that both doctors bill appropriately.
- The documentation of the post-op days provided by the surgeon should match the claim submission details.
- If there is a complication and the patient care is returned to the surgeon, the claim should be corrected to accurately reflect the number of postoperative days provided by the surgeon.
- Bill for the appropriate number of post-op days. If you bill for fewer and allow the referring provider to be reimbursed for a greater number of post-op days than is warranted, that could be

interpreted as a kickback and could become a potential target of the Office of Inspector General (OIG) or Department of Justice (DOJ).

Comanagement Coding Tips
Keep the following pointers in mind:

Who is the payer? Not all insurance payers recognize comanagement modifiers and arrangements, so you should check your payer's unique policy. Check Medicare payer policies and guidelines by reviewing your payer's local coverage determinations (aao.org/lcds).

No comanagement billing within a group practice. An optometrist and surgeon in the same group practice do not report comanagement care with modifiers –54 and –55.

If multiple surgeries are performed, all or nothing. For example, when a combined minimally invasive glaucoma surgery and cataract surgery is performed, comanagement can't be split with the surgeon continuing the post-op care for the glaucoma procedure while transferring post-op care for the cataract surgery.

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Is Your Practice Using These Resources?

Make the most of the following Academy and AAOE resources.

Bookmark **aao.org/cataract-surgery** for documentation guidance.

Visit **aao.org/codingtools** to learn about these coding products:
- *2023 Fundamentals of Ophthalmic Coding*—this book explains the key components of ophthalmic coding, including comanagement.
- *Ophthalmic Coding Coach: Complete Reference*—this "one-stop" resource consolidates information from numerous sources.
- *2023 ICD-10-CM for Ophthalmology: The Complete Reference*—this book includes an alphabetical list of terms with the corresponding ICD-10 codes, plus listings by disease, injury, and external causes.
- *2023 CPT: Complete Pocket Ophthalmic Reference*—this handy reference fits in your lab coat pocket for use throughout the working day.
- *2023 Coding Assistant: Cataract and Anterior Segment*—this download can be bought on its own or as part of *Coding Assistant for Subspecialties.*
- *2023 HCPCS Level II Professional Edition*—this spiral-bound book includes codes not found in CPT and diagnosis books.

Visit **aao.org/techs** to review these resources for technicians and nurses:
- *Ophthalmic Medical Assisting: An Independent Study Course*—this new edition includes 45 step-by-step procedures, 12 interactive models of the eye, and 26 training videos.
- *Dictionary of Eye Terminology*—this reference makes ophthalmic terminology and concepts accessible to everyone in your practice.
- *Essentials of Ophthalmic Nursing* kit—this four-book series covers various ophthalmic conditions.
- *Ophthalmic Procedures in the Operating Room & Ambulatory Surgery Center 5th ed.*—this manual describes the roles of nurses and other personnel.
- *Care and Handling of Ophthalmic Microsurgical Instruments 5th ed.*—this guide provides easy-to-follow steps for the care and handling of instruments.
- *Ophthalmic Procedures in the Office and Clinic, 4th ed.*—this book documents a range of procedures performed by nurses and technicians.
- *Introducing Ophthalmology: A Primer for Office Staff, 3rd ed.*—this free PDF gives nonclinical staff some core knowledge.

Look for *Practice Management Express,* a weekly e-newsletter that alerts AAOE members to the latest developments in coding.

Join **AAOE-Talk,** an online community where AAOE members can flag developments in payer policies and crowdsource solutions to their billing dilemmas. Learn more at aao.org/practice-management/aaoe-talk-overview.

Not an AAOE member? Visit aao.org/joinaaoe.