The Inside Look Of What Comanagement Is From The Surgeon’s Office Perspective

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New Eyes

• Financial Disclosure

The instructor acknowledges no financial interest in the subject matter of this presentation.

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Co-Management
CMS Instructions

• Requires transfer agreement
• Written documentation
• Proper use of modifiers (54, 55)
• Segregation of postop care based on responsible parties
• Receiving doctor sees the patient before filing claim
  • Then can claim their share of “PO responsibility”

Source: MCPM Chapter 12, §40.2.A.3

Documentation

Required
• Written transfer
• Obvious transfer date
• Available to Medicare upon request

Optional
• Patient’s written request, signed
• Operative report with f/u instructions
Postoperative Care Request Form

- Patient’s consent to co-manage
  - Usually written request, signed
- Rationale
- Clinically appropriate
- Competency
- Provision for complications
- Financial statements
- Signatures (patient, both doctors)

Claim Format

“Both the bill for the surgical care only and the bill for the postoperative care only, will contain the same date of service and the same surgical procedure code, with the services distinguished by the use of the appropriate modifier.”

Source: MCPM, Ch. 12, 40.2.A.3

Claim Format

“... The date on which care was relinquished or assumed, as applicable, must be shown on the claim. This should be indicated in the remarks field / free text segment on the claim form / format.”

Source: MCPM, Ch. 12, 40.2.A.3

Claim Example – Surgeon

Co-management: Consent

I (pt) voluntarily, knowingly and willingly desire to have (co-manager), perform f-up care after my surgery. I wish to be followed by my (co-manager) because: (reason here) (CAN BE: Distance, travel issues, or merely that pt. wishes it)

I understand that I will not see (co-manager) until you believe it is clinically appropriate. I have discussed my choice with (co-manager) and ... he/she is competent to perform this care ...

... there is no additional cost to Medicare or (pt) ...

The ... logistics of this arrangement have been explained & I desire to proceed.

SIGNED: PATIENT
SIGNED: Co-Manager
SIGNED: Surgeon
**Co-management: Transfer Letter**

- Dear (Co-manager):  
  - Date: May 11, 20xx  
  - On May 1 our patient, Mrs. Ida Cancie, underwent successful cataract surgery with an IOL on her right eye. I saw her on May 2 and today, and her best-corrected vision was 20/20 OD and 20/40 OS.  
  - Enclosed please find … operative report and post-operative instruction sheet. Her recovery from surgery has proceeded smoothly …  
  - At this time, I am discharging her to your care and have asked her to see you in about two weeks … keep me informed of her progress and contact me if any problems …  
  - SIGNED: SURGEON

**Co-management: Transfer Response**

- Dear Surgeon:  
  - Date: June 1, 20xx  
  - I first saw our patient, Mrs. Ida Cancie, on June 1 following successful cataract surgery on her right eye. She is doing well with best corrected visual acuity of 20/20 in that eye. Her refraction is:  
    - OD -0.75 -0.50 x165 VA 20/20  
    - OS -1.00 -0.50 x180 VA 20/50  
    - ADD +2.50 OU  
  - The remainder of her eye exam of the right eye was unremarkable. I will let you know if her condition changes.  
  - SIGNED Co-Manager

**WHY COMANAGE?**

- Patient has a long time bond with referring OD  
- Patient finds the OD office much more conducive to their transportation limitation  
- Patient works and OD office is open on Saturdays and later at night  
- Patient likes the flexibility of more appointment time options than the surgeons office can offer due to surgeons operating days

**Communication Pitfalls in the real world of comanagement:**

1. Surgeons Expectations  
2. Patients Expectations  
3. Optometrist or Comanaging doctor’s expectations
Surgeon Expectations

Surgeon decides if the patient is one that is a candidate to comanage...

Surgeon needs to know what their own comfort level is for each patient.

Is this patient’s ocular situation conducive to comanagement?

Communication to surgery scheduler – must be well defined!

Patients Expectations

OD and Patient Conversation at time of referral - educate your referring docs.

What did OD tell the patient?

Surgery scheduler and surgeons discussion at time of scheduling surgery - what needs to take place?

ALWAYS the patient’s choice!

Patients Expectations cont.

If the patient does want to have OD help with PO care, then the comanagement form is reviewed and signed by patient and surgeon.

Maybe the patient does not want to return to OD for PO care!

Optometrist or Comanaging Doctor’s Expectations

Doctor MUST see patient within PO period in order to bill for services.

It is their responsibility to bill for services rendered, not ours.

Optometrist or Comanaging Doctor’s Expectations cont.

What happens when the comanaging doctor calls and says where is my patient that I referred to you?

What do you say when an office has expectations of payment or says they have a “contract” with you?

What is your criteria for optometrists to comanage patients with your office?

Importance of communication between offices and that all parties involved know the following:

• Where is it noted for the patient’s appointment times and dates? Is this well communicated to the pt, the OD office, as well as logged in surgeons chart?
• Is the Comanagement form signed by surgeon, patient, and comanaging doctor PRIOR to surgery? And does each office have a copy of it in their patient’s chart?
• Does your referring/comanaging doctor know the medication protocol for the patient to follow per the surgeons preferences?
• Does the patient keep their appointment as scheduled? Who is responsible for tracking this?
Remember: **Comanagement = Communication.**
Data sharing between offices is a must to confirm patient’s condition and ocular status.

Patient’s choice –

What if patient decides to stay at surgeon’s office even though Comanagement form signed pre-operatively?

What if patient never ends up returning to OD’s office?

What if OD does all post operative care?

Have your policies in place to know when your patient is seen, and what you and/or your comanaging office’s role are in contacting the patient if there are missed appointments.

Our motto is: We set the parameters for Comanagement.

**Conclusion:**

First, and most important – it is always the patient’s choice!
Second, the surgeon must approve that patients condition is conducive to Comanagement.

Third: Optometrist must have spent time in our office prior to seeing our patients post-operatively. They need to know our surgeons, have Premium IOL knowledge, understand what LENSX is, know the medication routine, etc.

And Last: Follow through to confirm care was given by both offices and that exchange of reports was facilitated and entered in to both office charts.

• More help…

For additional assistance or confidential consultation, please contact Corcoran at:

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