



UPDATE ON CODING FOR CATARACT SURGERY COMANAGEMENT



Tips for efficient billing.

BY THOMAS R. CHEEZUM, OD, CPC, COPC

Although cataract surgery comanagement had been handled by optometrists for many years, there are always changes in the procedures we can comanage, such as the newer, combined cataract/minimally invasive glaucoma surgeries (MIGS) which may require us to revise the way we code and bill for comanagement services. I'll discuss these in this article.

FIVE TENETS OF ETHICAL COMANAGEMENT

No. 1: Comanagement Must Be in the Patient's Best Interest

The best interest of the patient should always be taken into account when considering comanagement. Assess whether there are ocular or systemic conditions that would make them an inappropriate candidate for comanagement.

No. 2: Comanagement Should Not Be Based on Financial Considerations for the Practice

With the declining reimbursement for cataract surgery, this principle is even more critical for the practice. The practice must carefully determine if the chair time for postoperative care comanagement is reasonable. Many ODs who previously comanaged are choosing to allow the surgeons' offices to provide the necessary postoperative care and only see patients back to finalize their postoperative prescriptions.

No. 3: The Patient Ultimately Decides

Patients have the right to decide whether they want their cataract surgery to be comanaged after the process has been thoroughly explained to them.

No. 4: Care Must Be Transferred Responsibly

The transfer of patient care from the surgeon back to you should be executed only when clinically appropriate.

No. 5: Proper Documentation Is Essential

The most important aspect of comanagement is proper interoffice communication as the patient is transferred from one provider to the other. This includes the exchange of signed informed consent documentation and clinical records covering the preoperative examination, surgery, and postoperative visits. A formal audit can cause serious problems for both providers if these documents are missing.

Furthermore, without the timely transfer of patient notes between offices, proper care cannot be provided, especially if postoperative complications arise. You must be able to review the examination notes to determine what additional care the patient may require.

The transfer-of-care document from the surgeon provides critical details on Current Procedural Terminology (CPT) and diagnosis codes, the date of surgery, the surgeon's name and National Provider Identifier, and the transfer-of-care date.

GLOBAL PERIOD AND OTHER CONSIDERATIONS

The global period for postoperative care is 90 days, and the fee for this care is 20% of the total cataract surgery fee. For 2025, the average total surgical fee is \$513.61.

On the day after the surgeon transfers care, you become responsible for the balance of the 90-day postoperative

care period. You may not submit their billing claim, however, until you have seen the patient for their first postoperative visit. Some insurance carriers do not allow the claim to be submitted until the global period is complete.

Be sure the dates of the postoperative period are calculated correctly. For example, if the transfer of care occurs on postoperative day 1, you would bill for 89 days of postoperative care, even if you do not see the patient until 1 week after surgery.

In addition to 20% of the Medicare allowable fee, you are permitted to charge a fee if the surgeon implanted an advanced-technology IOL such as a toric, multifocal, or extended depth of focus lens. The patient must be made aware of any additional fees payable to your office for these noncovered IOLs that may require additional postoperative visits.

Additional fees for advanced-technology IOLs must be collected by your office and not by the surgeon's office for later payment to you. The latter approach could put both you and the surgeon in violation of federal laws.

CODING PEARLS **Applicable CPT Codes**

The following CPT codes are used most often for comanagement cases:

- **66984**, standard noncomplex cataract surgery;
- **66982**, complex cataract surgery such as requiring the use of an iris expander or suturing of the IOL in place; and
- **66989**, combined cataract surgery and MIGS.¹

CPT Modifier Codes

Coding modifiers are used to provide additional information to payers about the procedure described by the CPT code. The information conveyed by these modifiers could be as simple as indicating which eye or eyes had the procedure or as complex as the complications encountered during the procedure, such as those that can prevent surgery from being completed.

If multiple modifiers are required for a procedure, they must be listed in the correct order on the claim form. The modifier that has the greatest effect on the payment is always listed first. Modifiers 54 or 55 are always listed first for comanagement claims because they tell the insurer who provided the specific service being paid for.²

The following code modifiers are used most often on bills for cataract surgery comanagement:

- **54**, used by the surgeon to indicate they are billing the insurer only for performing the surgery;
- **55**, used by the comanaging doctor to bill for care during the postoperative global period;
- **79**, used to indicate that surgery for the second eye was performed during the 90-day global postoperative period of the first eye;
- **24**, used along with the appropriate Evaluation and Management code to indicate that the patient was seen for an ocular problem not related to the surgery during the 90-day postoperative period. (This modifier should be used whether the ocular problem occurs in the operated or unoperated eye); and
- **LT, RT, 50**, to indicate the operated eye or if both eyes underwent surgery on the same date.

As an example, if a patient undergoes surgery on their right eye first, the correct order of the modifiers on your bill for comanagement would be 55 – RT; the modifiers for the second eye would be 55 – 79 – LT.

ADVICE ON FILLING OUT THE HEALTH CARE FINANCING ADMINISTRATION CLAIM FORM Keep It Uniform

The codes that your office and the surgeon's office file for comanagement on the Health Care Financing Administration claim form must match. Otherwise, the claim will likely be rejected. The CPT modifiers must also be listed in the proper order.

In addition, be sure to use the same International Classification of Diseases-10 diagnosis and CPT procedure codes as the surgeon.

Dates Matter

The date of surgery is always listed as the date of service.

Box 19 on the Health Care Financing Administration form indicates the dates of the postoperative care delivered by each provider. Something similar to the following verbiage should be entered into this box: "Assumed care 08/24/2025, relinquished care 10/24/2025." Remember that the assumed date is the day after the date when the surgeon relinquished care to you. It is not based on the first date you actually saw the patient.

The number of units/days of service required may vary by carrier. In most situations, standard Medicare simply wants 1 unit listed and calculates reimbursement based on the dates listed in box 19. Other insurance carriers may want you to detail the actual number of days in the comanaged period.³

WHEN IN DOUBT, FIND OUT

To expedite payment for postoperative care, your office must file claims properly and completely. If an insurer that has been paying claims filed in a certain way suddenly begins denying payment, call them to find out why, instead of trying to guess what they want you to do. Very often, such payer changes result from errors they made when updating their own processing software. ■

1. American Medical Association. *CPT 2025: Professional Edition*. American Medical Association Press; 2025.

2. Optum. *ICD-10-CM Expert for Physicians*. Optum; 2024.

3. Billing and coding: cataract surgery in adults. Centers for Medicare & Medicaid Services. Revised January 1, 2024. Accessed July 17, 2025. www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57196&ver=21

THOMAS R. CHEEZUM, OD, CPC, COPC

- Manager, Tidewater Optometric Consulting Services, Virginia Beach, Virginia
- tcheezum@cox.net
- Financial disclosure: None