Financial Disclosures

• Oak Cliff Eye Clinic
• Dallas Eye Consultants

Comanagement

• Joint cooperation between two or more specialists to help improved quality outcomes

Overview

• Qualifications and Considerations
• Expectations
• Observations
• Getting paid
• On the Horizon

Preoperative Qualifications

• Visual Consideration
  ▫ BCVA 20/40 or worse
  ▫ Glare testing reduces BCVA by 2 lines beyond 20/40

• Activity of Daily Living Complaints
  ▫ A meaningful interference to activities within a patient’s life or environment
    ▪ Ambulation
    ▪ Driving – legal driving in Texas
    ▪ Reading
    ▪ Safety

Preoperative Considerations

• Ocular health
  ▫ Diabetic Retinopathy
  ▫ Diabetic macular edema
  ▫ Active PDR with poor retinal visualization
  ▫ Glaucomatous consideration
    ▪ Primary angle closure suspect/glaucoma
  ▫ Corneal Health
    ▪ Endothelial dystrophy
    ▪ Pterygia-induced astigmatism
Preoperative Considerations

- **Ocular Health**
  - History of Uveitis
    - Conservative approach with 3 months of non-inflamed eye
  - History of trauma
  - Zonular attachments
  - History of refractive surgery

- **Systemic Health**
  - Meds: Flomax and other alpha-adrenergic antagonists

Expectations

- **Know your surgeon**
  - Anesthesia:
    - General anesthesia
    - Topical anesthesia vs. retrobulbar/periorbital block
  - Surgical technique and equipment
    - Standard phacoemulsification
    - MICS
    - LRI vs. spherical equivalent
  - Incision site locations
  - Sutures
  - Pre- and post-operative drop regimen
    - Typical regimen includes preoperative prophylactic antibiotic and SSmiD
    - Status-post addition of topical steroid status-post
    - Discontinuation varies per surgeon protocol and patient healing

Day 1

- **Examination**
  - Visual Acuities
  - Slit lamp examination
    - Intraocular pressure
    - Corneal edema
    - Anterior chamber reaction
    - IOL placement: PC, Sulcus, AC
    - Retained lens material
  - Post-operative drops

Day 1 - Complications

- **Seidel Positive**
  - Risk of iris prolapse
  - Shallow anterior chamber
    - Angle closure
    - Choroidal detachment
  - Treatment:
    - Bandage contact lens if AC well-formed
    - Refer back to surgeon otherwise

Day 1 - Complications

- **Increased IOP – retained viscoelastic**
  - <30mmHg – topical IOP-lowering drop
  - >30mmHg – consider therapeutic paracentesis or “burp”
    - Surgical needle – 25 gauge, sterile
    - Sterile scleral depressor – autoclave vs. iodine and alcohol
    - Goal: mid-teens
    - Topical antibiotic after IOP stabilized and confirmed Seidel negative
  - Other considerations:
    - Poorly controlled glaucoma
    - Poor endothelial health

Day 1 - Complications

- **Corneal Edema**
  - Mechanical
    - High flow phacoemulsification
    - Variable degree of edema
    - Increased IOP
  - Toxic Anterior Segment Syndrome – acute, severe non-infectious inflammatory response
    - Limbus-to-limbus edema
    - Presence of hypopyon – no vitreal involvement
    - Variable levels of pain
    - Increased IOP
  - Treatment: Increase topical steroid Q1H
    - Consider Durezol
Day 1 - Complications

<table>
<thead>
<tr>
<th>TASS</th>
<th>Endophthalmitis</th>
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</thead>
<tbody>
<tr>
<td><strong>Cause</strong></td>
<td>Non-infectious response</td>
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<tr>
<td><strong>Onset</strong></td>
<td>Non-infectious response</td>
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<td><strong>Signs/Symptoms</strong></td>
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<td>Non-infectious</td>
<td><strong>Onset</strong></td>
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<td><strong>Treatment</strong></td>
<td><strong>Treatment</strong></td>
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<tr>
<td>Anterior chamber culture?</td>
<td><strong>Treatment</strong></td>
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<tr>
<td>Consult with surgeon</td>
<td><strong>Treatment</strong></td>
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<tr>
<td>Increase steroid</td>
<td><strong>Treatment</strong></td>
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<tr>
<td>Close monitoring over first few days</td>
<td><strong>Treatment</strong></td>
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<tr>
<td><strong>Prognosis</strong></td>
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<td>Mild-to-moderate should respond to steroid</td>
<td><strong>Prognosis</strong></td>
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<tr>
<td>Severe may require orals</td>
<td><strong>Prognosis</strong></td>
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Day 1 - Complications

- Retained lens material
  - Incomplete removal of the cataract
  - Considerations – Consult with cataract surgeon
    - Small lens fragments can be monitored very closely with topical corticosteroids
    - Larger fragments – refer back
    - Increased risk of complication further out from surgery

Week 1 - Complications

- Examination
  - Visual Acuities
  - Refraction
    - 90% of refractions are stable
  - Accommodating lens consideration
  - Discontinue antibiotic

Month 1 - Complications

- Examination
  - Visual Acuities
    - Reduced from prior visits – possible CME
  - Dilated examination
    - Pre-existing conditions: diabetes, prior RD, AMD
    - Compromised pre-operative views

Week 1

- Examination
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Month 1 - Complications

- Irvine-Gass Syndrome
  - Cystoid Macular Edema
    - Incidence and Complications
    - OCT and VA
    - At risk: poor vascular health, poor macular health, pre-existing uveitis
    - Continue topical steroid and NSAID
    - Resolution may be slow
    - If non-responsive or worsening, consider subconjunctival, sub-Tenon’s or intravitreal injection

Month 1 - Complications

- Rebound uveitis
  - Approach like traditional uveitis: aggressive steroid dosing with slow taper

- Chronic corneal edema
  - Corneal decompensation
  - Treatment:
    - Non-CAI IOP lowering drops
    - Bandage lens
    - PKP or DSAEK
  - Macular hole
    - Pre-existing early stage macular holes
    - Decrease in vitreous volume

Month 3+

- Posterior Capsular Opacification
  - Fibrosis of the posterior lens capsule
  - Glare complaints and/or reduced acuities
  - Nd:YAG laser capsulotomy

- Diabetic retinopathy and CSME
  - 20-40% more likely to experience worsening NPDR and PDR

Month 3+

Billing and Coding

- Concepts to remember:
  - Documentation of pre-surgical agreement to comanage and post-surgical transfer of patient
  - Who pays for comanagement?
  - Parallel billing
  - Reimbursement
Billing and Coding

- Parallel Coding
  - Same procedure code: 66982/66984
  - Diagnosis code
- Modifier 55 – Post-operative care
- Modifier RT/LT
- Modifier 79 – Unrelated surgery within global
  - 2nd eye only
- Date of transfer
  - Start is the day after transfer/day you assumed care
  - End date is 90 days from surgery
    - 13 weeks – 1 day/12 weeks + 6 days

On the Horizon

- Elimination of 10-day and 90-day global period
  - 2017 – 10-day global
  - 2018 – 90-day global
- Simplified post-op drop regimen
  - Intracameral injections
    - Compounded Tri-Moxi

Billing and Coding

- 17 – Surgeon’s Name
- 17b – Surgeon’s NPI
- 19 – Start Date
- 21 – Diagnosis
- 24a – Date of surgery
- 24d – Procedure Code + 55 + RT/LT + 79 (only if 2nd eye)
- 24g – # of Days for Medicare