

For your patient's eyes, send to the best.



2023

REFERRAL GUIDE

OUR MISSION: *To preserve, restore, and enhance vision through research, teaching, and providing the highest quality medical and surgical care to patients.*

www.mneye.com
www.MECProviderPortal.com



MINNESOTA
EYE CONSULTANTS

Blaine | Bloomington | Minnetonka | Woodbury



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Bloomington, Minnetonka



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Woodbury



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Woodbury, Minnetonka



Marshall Huang, M.D.
Glaucoma & Cataract Surgery
Blaine

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Primary Eye Care & Specialty Contact Lenses
Minnetonka



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Dry Eye & Primary Eye Care
Bloomington, Minnetonka



Benjamin J. Fogal, O.D., FAAO
Primary Eye Care
Blaine



Mona M. Fahmy, O.D., FAAO
Primary Eye Care
Bloomington



Noumia Cloutier-Gill, O.D., FAAO
Primary Eye Care & Specialty Contact Lenses
Woodbury



Tara R. Barth, O.D.
Primary Eye Care & Specialty Contact Lenses
Bloomington



Mark R. Buboltz, O.D., FAAO
Dry Eye, Primary Eye Care
& Specialty Contact Lenses
Bloomington, Woodbury



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Dry Eye & Primary Eye Care
Bloomington, Minnetonka



Gina M. Doeden, O.D.
Primary Eye Care & Specialty Contact Lenses
Bloomington, Minnetonka



Cristelle E. Boots, O.D.
Primary Eye Care & Dry Eye
Blaine, Woodbury



Sonja Iverson-Hill, O.D.
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Blaine, Minnetonka



Lorin C. Larson, O.D.
Primary Eye Care
Woodbury, Bloomington



Jacob Jenness, O.D.
Primary Eye Care
Woodbury



Nicole Bergman, O.D.
Primary Eye Care
Blaine, Minnetonka



Jill M. Englund, PA-C
Physician Assistant Services
Bloomington, Woodbury



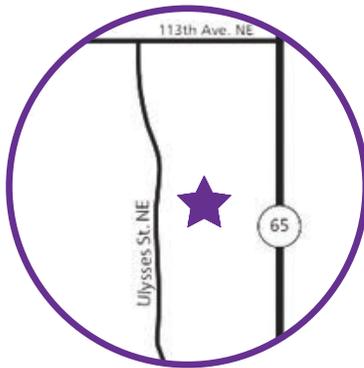
Mark A. Dsouza, PA-C, MBBS
Primary Eye Care, Physician Assistant
Services, Urgent Clinic and
Extended Hours Service
Blaine, Minnetonka

Our Locations

Blaine | Bloomington | Minnetonka | Woodbury

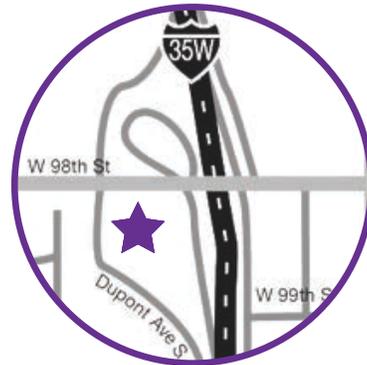
BLAINE

11091 Ulysses St NE
Blaine, Minnesota 55434



BLOOMINGTON

9801 Dupont Ave S
Bloomington, MN 55431



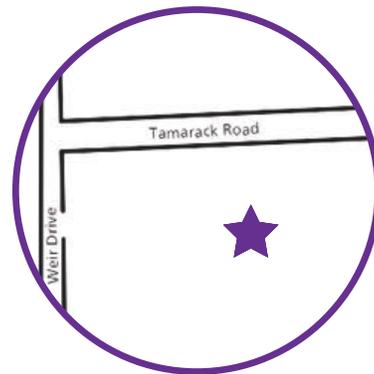
MINNETONKA

10709 Wayzata Blvd
Minnetonka, MN 55305



WOODBURY

7125 Tamarack Rd
Woodbury, MN 55125



PROVIDER PORTAL



AVAILABLE RESOURCES:

- Referral Information (Digital & Fax)
- CE Opportunities
- Vision Project & Strides 4 Sight info
- Surgeon Directory & Maps
- Mini Fellowship - Want to shadow a surgeon for a day?
- Contact our Outreach Team

www.MECProviderPortal.com

CONTINUING EDUCATION SERIES

2023 WEBINAR SCHEDULE



JANUARY

16

Dr. Chase Liaboe

FEBRUARY

13

Dr. Clara Choo

MARCH

20

Dr. Omar Awad

APRIL

10

Dr. Elizabeth Davis

JUNE

12

Dr. Thomas Meirick

JULY

10

Dr. Jill Melicher

AUGUST

14

MEC OD Team

SEPTEMBER

25

Dr. Sherman Reeves

OCTOBER

23

Dr. Mark Hansen

NOVEMBER

13

Dr. Patrick Riedel

Our webinars are a convenient way to earn continuing education credits. Each webinar is designed to offer one credit by the MN State Board of Optometry.



Email Stacie at Stacie.Stenglein@uvpeye.com to be added to our invite list.



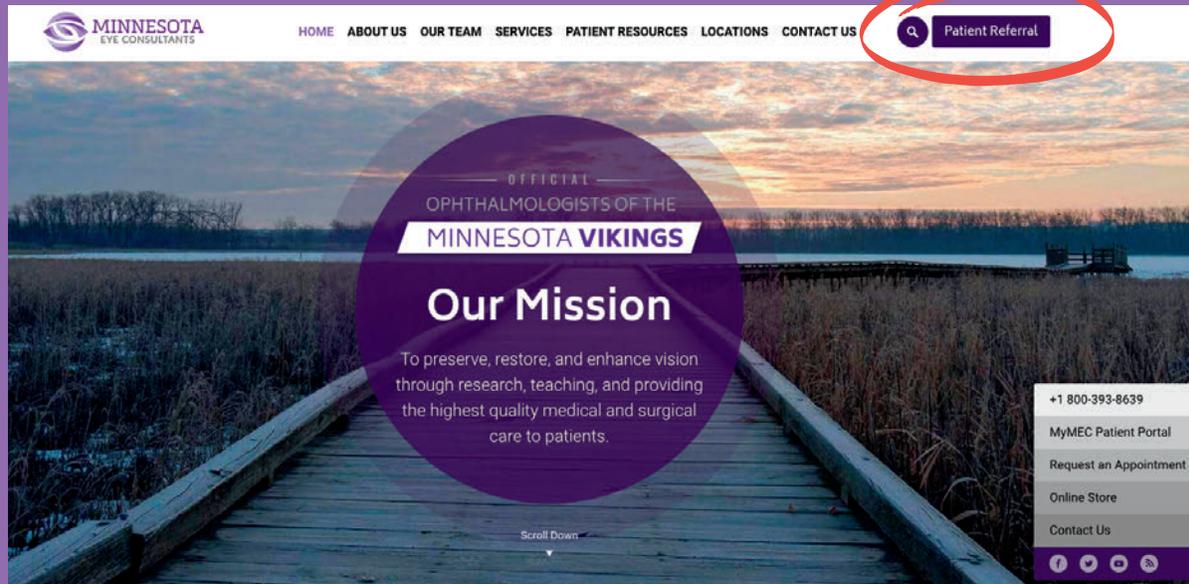
On-Demand webinars will be available on the MEC Provider Portal website after the live event. Please allow 2-3 weeks for your CE credits to be applied.

SAVE TIME & SEND YOUR NEXT REFERRAL ONLINE!



Our online referral process offers:

- A convenient way to send patients for consultations
- Faster scheduling for your patients
- Communication from our team every step of the way
- An overall better experience for your patient



HOW TO SUBMIT AN ONLINE REFERRAL :

1

Visit www.mneye.com and click "Patient Referral" at the top right, or type in this link: <https://referrals.mneye.com/>.

Complete the required fields, attach the following & click **SUBMIT**.

2

- The last year of clinic notes
- Last 3 Visual Field Tests, if available
- Last 3 OCT tests, if available

If you are unable to attach notes electronically, a Fax Cover Sheet button will appear once you click submit. This cover sheet contains a unique QR code and should be used when faxing over chart notes.

3

Real-time Updates

- You can save your referral in PDF format (following submission).
- A confirmation message will be sent to your email.
- You'll receive an email each time the patient is contacted as well as when the appointment has been made.
- Your patient will be contacted within 3 business days to schedule.



Co-Management Billing Quick Reference Guide

For the Referring/Co-Managing Doctor Providing Postoperative Care
During the Global Period

Comanagement, or shared care of a surgical patient, is recognized by CMS as appropriate and legal practice. They state that surgical comanagement is appropriate under many conditions, including patient preference. Requires a written Transfer of Care from the operating surgeon to the doctor providing post operative care, and both providers must retain a copy of this document.

Our goal is to communicate to the comanaging provider's office the services rendered and billed by our practice on our shared patient. This will be done via a Relinquish Letter and a copy of the Transfer of Care agreement. These documents will be faxed or mailed within 10 days from the date of surgery and should be used to assist in your billing of your post operative care.

The Relinquish Letter will include:

- Patient Name / Date of Birth
- Date of Service
- List of procedure(s) and Diagnosis Codes billed by our practice
- Identify the relinquished & assumed care dates
- Identify the surgeon and comanaging providers
- Provide instructions on faxing copies of the patient's post operative notes back to us.

Billing Guidelines to Note:

- Billing for co-managed post op care requires use of the SAME procedure code billed by the surgeon. You would not bill individual postoperative visits if co-managed.
- If a patient elects to co-manage, a **54** modifier is appended on the surgeon's claim and a **55** modifier is appended on the co-managing doctor's claim for postoperative care.
 - Example: Cataract Surgery (CPT 66984)
 - Surgeon Claim = 66984-**54**RT
 - Co-Managed Claim = 66984-**55**RT
- Usually Payers need to receive a 54 modifier claim from the surgeon BEFORE they can receive and successfully process a 55 modifier claim.
- As a result, the Relinquish Letter is sent to you AFTER our claim has gone out to the Payer to avoid unnecessary denials.
- Each 54 / 55 modifier claims need to match up electronically at the Payer. To help avoid claim denials, it is best to wait to receive the Relinquish Letter for each patient that is co-managed before you bill. This will ensure your 55 modifier claim *mirrors* our 54 modifier claim.
- The co-managing provider must provide at least one service before billing any part of the post operative care to the insurance.



Co-Management Billing Quick Reference Guide (Continued)

- Key pieces of information needed on the claim:
 - **Date of Service** = Date of Surgery
 - **Procedure Code (CPT)** = Must be the same as surgeon claim, see Relinquish Letter
 - **Diagnosis Code(s)** = Should be the same as surgeon claim, see Relinquish Letter
 - **Modifiers** = Must include 55 modifier, and all other modifiers as surgeon claim
 - **Units** = Payers typically require this to equal **1**
 - Exception is when billing Medicare NGS
 - They want the # of units to equal the Total Days you're billing
 - If you're billing for all 90 days of post op, you would use 90 in the Unit field
 - **Narrative Field** (Box 19 – CMS 1500 form, or 2300 DTP03 in electronic format)
 - Enter: **“Assumed care xx-xx-xx, Total Days xx”**
 - Assumed care date = Reference Relinquish Letter
 - Total days being billed = calculated total days from assumed care date to final day of the post op period. Reference Relinquish Letter
 - Some provider feedback indicated this may no longer be required, but it wouldn't hurt to include it.
 - Some provider feedback received indicated to also include the Relinquish Date xx-xx-xx as the final day in the post op period.

See Sample Claims below:

Surgeon Claim:

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) Relinquished Care 02/02/2021												20. OUTSIDE LAB? \$ CF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. H25.11 B. C. D. E. F. G. H. I. J. K. L.										ICD Ind. 0		22. RESUBMISSION CODE ORIGINAL RE						
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL.												23. PRIOR AUTHORIZATION NUMBER						
02	01	21	02	01	21	24		66984	54	RT		A	1700	00				NPI

Co-managing Doctor Claim:

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) Assumed Care 02/03/2021, Total Days 89												20. OUTSIDE LAB? \$ CF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. H25.11 B. C. D. E. F. G. H. I. J. K. L.										ICD Ind. 0		22. RESUBMISSION CODE ORIGINAL RE						
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL.												23. PRIOR AUTHORIZATION NUMBER						
02	01	21	02	01	21	11		66984	55	RT		A	Enter Your Fee					NPI



Co-Management Billing Quick Reference Guide

(Continued)

Reimbursement Note:

The overall contractual allowed amount assigned for a given procedure includes a preoperative, intraoperative, and postoperative portion. When the surgeon's claim is billed with a 54 modifier to indicate we are doing the surgical care only, the payer processes our claim withholding payment for the post operative portion of the procedure. This amount is then paid to the co-managing provider when their claim for post op care claim is submitted. The overall amount paid to the 2 providers (surgeon & co-managing) should not equal more than the original contractual allowed rate.

- Example – CPT 12345 is allowed at \$1000
 - If surgeon bills for procedure and all of post op, \$1000 is paid to surgeon.
 - If co-managed, surgeon bills for procedure with 54 modifier and \$800 is paid to surgeon, then co-managing provider bills with 55 modifier and is paid remaining \$200.

How to handle Medical vs Refractive co-management billing with Minnesota Eye Consultants:

1) Medical procedures:

- a. You would bill the insurance directly to receive reimbursement for the care provided.
- b. Depending upon the procedure, the global period is either 10 or 90 days

2) Refractive procedures:

- a. Non-covered by insurance, thus you will be unable to bill the patient's insurance
- b. 6 months of post op care is provided in our overall surgery fee. Since we are not providing the full post op, we do allot a portion of the patient's fee to be sent to your office. This is intended to be applied toward the care provided.
- c. The final cost associated with your post op care will be between your office and the patient.

3) Premium Vision Package or Upgraded IOL procedures:

- a. You would bill the insurance directly to receive reimbursement for the care provided during the 90 day global period included in standard cataract surgery.
- b. Since the IOL is for a refractive purpose and non-covered by insurance, you will be unable to bill the patient's insurance for this portion.
- c. We again offer 1 year of post op care in our fee. As a result, we also allot a portion of this fee to be sent to your office to be applied toward the extended care provided beyond 90 days.
- d. The final cost associated with your post op care will be between your office and the patient.

A few other items to note:

- Medicare NGS Co-Managed Billing Resources
 - www.ngsmedicare.com – Jurisdiction K Part B – Provider Resources
 - 90 Day Global Period Calculator
 - Timely Filing Calculator
 - Direct access to main CMS.gov website
- Some procedures – unlisted, or category III codes do not have a defined global period by CMS. Thus 54/55 modifiers are invalid, instead you must rely on notations in the narrative fields.
 - PTK are a good example
 - Include "Post Op Care only" in narrative field



Co-Management Billing Quick Reference Guide (Continued)

Claim Denials:

We do our best to contact the co-managing doctor office billing department if we discover a claim issue with our surgical, 54-modifier claim, as this may affect the co-managing doctor's post operative, 55-modifier claim.

If you receive a 55-modifier claim denial, feel free to call and verify the information on our 54-modifier claim.

Suggestion: If you receive a claim denial stating part or all of the claim had already been billed, you may want to attach a copy of the Relinquish Letter and a copy of the Chart Notes from their first postoperative visit that you provided to your claim appeal.

If you have any questions, or issues related to your co-management billing, please feel free to call our Co-Management Billing Coordinator.

Mikell Nestaval - Minnesota Eye Consultants

Direct Phone: (952) 567-6092

Minnesota Eye Consultants

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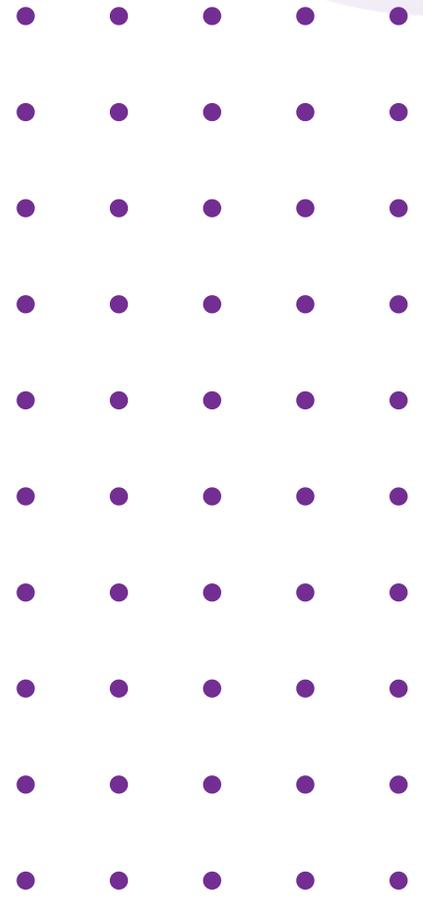
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Please feel free to reach out to your Outreach Team at any time!

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Urgent Medical Questions or Concerns: (952) 888-5800