


Minnesota Eye Consultants Referral Guide



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

Our Mission

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

8th Edition, May 2021

www.mneye.com | www.mecproviderportal.com

Physicians of Minnesota Eye Consultants



Bloomington • Blaine • Minnetonka • Minneapolis • Woodbury

"The Preferred Ophthalmologists of the Minnesota Vikings."



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NEW!

www.mneye.com

ONLINE REFERRAL FORM

Our new Online Referral offers:

- A **swift & convenient way** to send patients for consultations
- **Quicker scheduling** for your patients
- **Communication from our team at every step** of the scheduling process (call 1, call 2, call 3, appt. scheduled)
- An overall **better experience** for you and your patient!

1

Our Online Referral Form can be accessed two ways. Visit mneye.com & click "Patient Referral" at the top right, or use the direct link: <https://referrals.mneye.com/>

2

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

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

3

You're done!

- 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.

The screenshot shows the 'Request for Consultation' form from Minnesota Eye Consultants. It includes sections for Referring Provider Information, Patient Information, Insurance, and Appointment Request. The form is filled out with example data, such as 'testing' for the Referring Doctor, 'blwgearth@mneye.com' for the email, and '9801 Dupont Ave S, Ste. 200' for the address. The form also includes checkboxes for 'Remember my information' and 'Interpretation Needed?'. The Appointment Request section shows a dropdown for 'Select a surgeon' and a list of locations: Bloomington, Minneapolis, Mpls/PEI, Woodbury, Blaine, and Any.



Save the Online Referral Form URL as a bookmark in your web browser for easy access next time!

QUESTIONS or COMMENTS?

Your Outreach Team can be reached at
(952) 567-6197 or outreach@mneye.com





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? \$ CH <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) ICD Ind. 0												22. RESUBMISSION CODE ORIGINAL RE							
A. H25.11 B. C. D. E. F. G. H. I. J. K. L.												23. PRIOR AUTHORIZATION NUMBER							
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.	
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? \$ CH <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) ICD Ind. 0												22. RESUBMISSION CODE ORIGINAL RE							
A. H25.11 B. C. D. E. F. G. H. I. J. K. L.												23. PRIOR AUTHORIZATION NUMBER							
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.	
02	01	21	02	01	21	11		66984	55	RT		A	Enter Your Fee					NPI	



Co-Management Billing Quick Reference Guide

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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 and Istents are some good examples
 - 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



NEW! – Provider Portal

We have a NEW resource for our referral community! We are excited to rebrand and relaunch our Practice Manager site as our new Provider Portal! We hope this site will be a resource for our referral partners and are dedicated to keeping this up to date and relevant. Your old login will work for this, and you now have the ability to reset your password on your own!

Available Resources on the Provider Portal:

1. Referral Information (digital and fax)
2. Access to our Continuing Education opportunities
3. Request for Marketing Materials
4. Vision Project and Strides 4 Sight links
5. Surgeon Directory with Specialty and Practice Location information
6. Location Maps
7. Mini Fellowship – Want to shadow our surgeons for a day?
Sign up on the Provider Portal for a 2-4 hour shadow session and receive 1-1 time with one of our surgeons! You also can earn CE for the experience!
8. Outreach Team information

Check out the NEW Provider Portal today!

Click on the link: www.mecproviderportal.com



Continuing Education Series

2021 Webinar Schedule

JAN 18

Dr. Patrick Riedel

AUG 16

Dr. Jill Melicher

FEB 8

Dr. Sherman Reeves

SEP 13

Dr. Clara Choo

MAR 22

Dr. Krista Stewart

OCT 18

Dr. Elizabeth Davis

APR 19

Dr. Omar Awad

NOV 8

Dr. William Lipham

MAY 24

Perspectives in
Eye Care

DEC 6

Dr. Thomas Samuelson

JUN 14

Dr. David Hardten

JUL 19

Dr. Christine Larsen

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 get added to our mailing list.



On-Demand webinars will be available on the MEC Practice Manager website after the live event. Please allow up to two weeks for your CE credits to be applied.



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MINNESOTA
EYE CONSULTANTS

Meet your Outreach Team!

The Outreach Team is here for you for all your needs! Feel free to reach out any time.

For general questions, call **(952) 567-6197**, or email

Outreach@mneye.com

For urgent medical questions or concerns, please call our main number to be triaged at **(952) 888-5800.**