

How to Bill for YAG Laser Capsulotomy Post-Op Care

PCLI uses a -54 modifier on surgery claims to reduce the surgeon's fee by 20%. This reduction allows you to charge for your post-op care at the date that you assume responsibility. The normal post-op period is 90 days—starting the day of surgery. We will bill up to the date of transfer and then you may bill for the care you provide from this date forward.

The following pointers will help you bill correctly:

- You must provide at least one post-op exam or service before submitting your global charge for the remainder of the 90 day period.
- Medicare considers you responsible for the patient's post-operative care from the "date of transfer" as noted in the patient's post-op letter from PCLI. Bill retroactively to this date—but no more than 90 days from the day of surgery.
- When sending global claims to Medicare, use the same procedure code (CPT) as the surgeon, along with a -55 modifier using RT and LT to indicate the right or left eye.
- Include the following information—as contained in our post-op letter—on your HCFA 1500 claim form:

[Box 17] Surgeon's name

[Box 17b] Surgeon's NPI number

[Box 19] Enter your post-op span date:
- starting with the date of transfer
- ending exactly 90 days from the day of surgery
The most common claim denial for ODs providing post-op care is code B.20 pertaining to box 19, so be precise when calculating this span date.

Calculation Tip—A simple method of calculating 90 days is to count 12 weeks forward on a calendar, then add 6 days.

For example, if surgery was on Monday, count ahead 12 Mondays. Then, adding 6 days, the 90th day would be the next Sunday.

A "Billing Span Calculator" is also available at www.pcli.com/od

[Box 21] Enter the diagnosis code used for surgery as noted on our post-op letter.

[Box 24a] Date of surgery (per Medicare)
Date of transfer (all other insurances)

[Box 24d] Procedure or CPT code 66821, 55 modifier, surgery eye (RT or LT)
When both eyes are treated at the same time use 1 line, add modifiers 55 and 50, double the fee and indicate 1 unit. Do not use (RT, LT) eye modifiers.

[Box 24g] Number of global billing units—usually 1 (Medicare prefers # of units vs. # of days)

- If you are sending claims to insurance carriers other than Medicare, check with them first for billing instructions, as they may vary.

PCLI's Hotline for Billing Questions

If you have questions or difficulties regarding billing, we encourage you to call our Patient Finance Department at 800-888-9960.