

PROVIDER QUICK POINTS

PROVIDER INFORMATION



September 8, 2016

Post-Cataract Care Units Billing

Blue Cross and Blue Shield of Minnesota's (Blue Cross) global surgery reimbursement policy contains guidelines on billing for the global surgical package and situations when the package is split between practitioners. A particular unit submission inconsistency has been found in claims for post-cataract operative split billing by optometrists and/or ophthalmologists. This Quick Points is a reminder to providers of the appropriate billing, including units, for post-operative services.

If billing for post-operative services only, submit the surgical procedure code with the modifier -55. If care during the post-operative period is relinquished to another practitioner from a different practice, both practitioners should bill for their portion of post-operative care. The surgical procedure code is reported with the -55 modifier. Both practitioners must report the date of service as the date the care was relinquished. Only **one** unit of service is reported.

The reimbursement for the post-op care will be divided between the practitioners based on each practitioner's portion of their post-op care. Assumed and relinquished care is reported in the 2300 loop/DTP03 of the electronic claim record.

The complete reimbursement policy (Surgery/Interventional Procedure– Global Surgical Package) can be found on the Blue Cross website under resources for health care providers, tools and resources:

<https://www.bluecrossmn.com/healthy/public/personal/home/providers/reimbursement-policies>

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

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Distribution: Available on providers.bluecrossmn.com and mailed to impacted providers. <https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications>

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