OMNI Eye Services

SUBMITTING FOR POST-OPERATIVE CARE

Modifiers 54 and 55 are used to indicate that the surgical care and post-operative management services are being rendered by two different physicians. The physician who is rendering the preoperative care and the intra-operative services, bills his/her services with the date of the surgery, the procedure code for the surgery, and a 54 modifier to indicate the bill is reflective of the surgical care only.

The physician rendering the post-operative, out of the hospital care associated with a given surgical procedure should bill for his/her services with the date of the surgery, the procedure code for the surgery, and a 55 modifier. The global period for cataract extraction is 90 days. The day prior to surgery is counted as day one.

The billing for the post-operative care is as follows:

Box 17. Enter the surgeon's name (Douglas K. Grayson, M.D.)

Box 17A. Enter surgeon's UPIN number

Box 17B. Enter surgeon's NPI number

Box 19. Enter the date that care was transferred to you and the last date that you rendered post-operative care (e.g., 04/03/06-06/30/06).

Box 21. Enter the diagnosis code 366.17 for 66984 and 366.32 for code 66982.

Box 24A. Enter the date of surgery in "From" and "To" Boxes (e.g., 04/01/06).

Box 24B. Enter place of service code (11).

Box 24D. Enter the surgical procedure with modifier (66984-55 or 66982-55)
Enter 79 modifier in third box with Rt or Lt in the fourth box when billing second eye that is within 90 days of the first eye.

Box 24E. Enter the diagnosis number (1).

Box 24F. Enter your charge amount.

Box 24G. Enter days or units. (1)

Box 24K. Enter your Medicare Provider Number.

* Or procedure description (narrative) field for electronic claims submission.

REFERRING DOCTOR →

RANGE OF DATES YOU SAW PATIENT →

SURGERY DATE →

17. Douglas Grayson, M.D., F.A.C.S.	17A. F63869 17B. 1689674129
19. RESERVED FOR LOCAL USE 04/03/06 - 06/30/06	20. OUTSIDE LAST CHARGES ☐ YES ☐ NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1 2 3 OR 4 TO ITEM 4 BY LINE) 1. 366.17 3. _____ 2. _____ 4. _____	22. MEDICARD RESUBMISSION CODE ORIGINAL REF NO. 23. PRIOR AUTHORIZATION NUMBER

24. A		B	C	D				E	F	G	H	I	J	K
DATE(S) OF SERVICE From MM DD YY	To MM DD YY	Place of Service	Type of Service	PROCEDURES SERVICES OR SUPPLIES				DIAGNOSIS CODE	CHARGES	DAYS OR UNITS	Family Plan	EMG	COS	RESERVED FOR LOCAL USE
04/01/06	04/01/06	11		66984	55	79	LT	1		1				

PROCEDURE CODE 66984 or 66982

RT OR LT EYE

YOUR CHARGE

YOUR PROVIDER NUMBER

MODIFIER FOR POST-OPERATIVE MANAGEMENT

79 MODIFIER FOR SECOND EYE IF WITHIN 90 DAYS OF FIRST EYE SURGERY

485 Route 1 South
Building A
Iselin, NJ 08830
(732) 750-0400
(732) 602-0749 Fax

218 Route 17 North
Rochelle Park, NJ 07662
(201) 368-2444
(201) 368-0254 Fax

2200 State Route 10
Suite 102
Parsippany, NJ 07054
(973) 538-7400
(973) 538-3007 Fax

475 Prospect Avenue
West Orange, NJ 07052
(973) 325-6734
(973) 325-6738 Fax