Post Op Coding after Cataract Surgery

See also [http://www.wpsmedicare.com/mac/education/55.pdf](http://www.wpsmedicare.com/mac/education/55.pdf)

Your claim is for providing post-operative care of a surgical procedure that has a 90 day post-op period.

Box 17 (Name of Referring Physician..)
- The surgeon’s name
Box 17A (NPI)
- The surgeon’s NPI
Box 19 (for local use)
- Date post-op care was assumed; and the date it was relinquished
Box 21 line 1 (diagnosis)
- Diagnosis: V43.1 pseudophakia
Box 24, Line 1, Column A (date of service)
- Enter the date of surgery. Very Important: the date of service is the date of the cataract surgery. *(The date you assumed care is provided in box 19 and should not be entered here).*
Box 24, Line 1, Column D (CPT code)
- Surgical code with a –55 post-op care modifier and RT or LT modifier
  - Example: 6698455RT
Box 24, Line 1, Column F (charges)
- What you would charge for all 90 days of post-op care if you were to provide all 90 days.
Box 24, Line 1, Column J (reserved for local use)
- Your NPI

Your post-op reimbursement will be calculated as follows:
- 20% of the allowed surgical fee is set aside for post-op.
- Your portion of that 20% is determined by the number of days you provided post-op care in the 90 day post-op period. If you provided 60 days, you would get 60/90 (or 2/3) of the post-op fee.

Example: Post-op reimbursement in Nebraska for 66984 is $600 in 2009
- 20% of the allowed surgical fee is set aside for post-op. **20% of $600 = $120.**
- Your portion of that 20% is determined by the number of days you provided post-op care in the 90 day post-op period. If you provided 60 days, you would get 60/90 (or 2/3) of the post-op fee. **60/90 times $120 = $80.** Medicare would pay **80% of that $80 = $64.**