



Surgery Co-Management Guide

A brief guide explaining how our co-management process works ensuring an optimal patient experience.



CHESTER COUNTY
EYE CARE

TABLE OF CONTENTS

Contact Information.....	4
Office Locations.....	4
Purpose of the Co-Management Guide.....	5
Meet the Doctors.....	6-7
Co-Management Process.....	8
Cataract Surgery.....	9-11
Fee and Billing Information.....	12
Appendix 1: Referral Form.....	14
Appendix 2: Cover Letter for Consent.....	15
Appendix 3: Consent for Co-Management Form.....	16
Appendix 4: Sample Release Letter.....	17
Appendix 5: Co-Management Postcard.....	18
Appendix 6: Co-Management Examination Form.....	19
Appendix 7: Medication Instructions.....	20

CONTACT INFORMATION

We are here to help answer any questions or address any concerns you may have. Please contact the following staff members for assistance.

Co-Management Coordinator

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dresslar@cceceye.com
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fax (610) 696-2341

Insurance and Billing Manager

Mary Lou Callazzo
mlcallazzo@cceceye.com
tel (484) 723-2033
fax (610) 918-0803

Practice Administrator

Meredith Walraven
mwalraven@cceceye.com
tel (484) 723-2081
fax (484) 723-2078

OFFICE LOCATIONS

WEST CHESTER

Fern Hill Medical Campus
915 Old Fern Hill Road
Building B, Suite 200
West Chester, PA 19380
tel (610) 692-3040
fax (610) 696-2341

EXTON

Commons at Oaklands
740 W. Lincoln Highway
Exton, PA 19341
tel (610) 594-1683
fax (484) 723-2088

WEST GROVE

455 Woodview Road
1st Floor, Suite 125
West Grove, PA 19390
tel (610) 869-1271
fax (610) 869-1334

PURPOSE OF THE CO-MANAGEMENT GUIDE

At Chester County Eye Care, we pride ourselves in providing compassionate, comprehensive, and state-of-the-art care. An essential part of our commitment to excellence in eye care is our relationship with our community eye care professionals. We appreciate your trust in our ability to effectively partner with you in the management of your patients' care.

This guide is meant to serve as a resource that can be quickly referenced by you and your staff throughout the co-management process for a simpler, more efficient patient experience. Through clear communication between our office and yours, we can ensure your patient receives the best in care and service.

MEET THE DOCTORS



ROBERT P. LISS, M.D.
Cataract, Glaucoma

Robert P. Liss, M.D. is a board-certified ophthalmologist specializing in the medical and surgical management of cataract and glaucoma. Graduating with a dual fellowship, he received advanced training in the medical and surgical management of cataracts, glaucoma, and corneal disease. Dr. Liss has performed well over 10,000 cataract surgeries — utilizing advanced minimally invasive techniques.

A leader in the advancement of cataract and glaucoma procedures, Dr. Liss most recently was the first in Chester County to perform a FDA-approved iStent® Trabecular Micro-Bypass—the world’s tiniest medical device developed to treat glaucoma. He was also the first in the area to implant a synthetic iris.

Dr. Liss actively contributes to the future of ophthalmology by instructing ophthalmologist residents at the University of Pennsylvania. In addition, as Senior Instructor at the American Academy of Ophthalmology, he educates fellow ophthalmologists from around the world on the latest advancements in cataract surgery.

Education

- Graduated Magna Cum Laude with Bachelor of Arts from State University of New York
- Doctor of Medicine degree from State University of New York
- Ophthalmology residency from State University of New York, serving as Chief Resident senior year
- Fellowship in glaucoma, cornea, and external disease at the University of Utah



JOHN J. DESTAFENO, M.D.
Cornea, Cataract, LASIK, Refractive Surgery

John J. DeStafeno, M.D. specializes in all aspects of refractive cataract and laser surgery as well as the treatment of complex corneal diseases. He completed his 2-year fellowship at Duke University which focused on clinical research and the medical and surgical management of anterior segment disease.

Dr. DeStafeno has brought several innovative medical and surgical treatments to our area and is the most experienced Intralase Blade-Free LASIK surgeon in Chester County. In addition, Dr. DeStafeno is the first surgeon in Chester County to perform DSAEK corneal transplantation.

Recognized both locally and nationally for his excellence in eye care, Dr. DeStafeno has received numerous Top Doctor and Surgeon Awards. For the past several years, he has been selected by peers to instruct the LASIK Surgery Course at the annual American Academy of Ophthalmology meeting. Dr. DeStafeno also enjoys educating the future of eye care, instructing ophthalmology residents at Wills Eye Hospital at Thomas Jefferson.

Education

- Graduated Summa Cum Laude, Siena/Albany Medical College Program in Science and Humanities
- Doctor of Medicine degree from Albany Medical College
- Residency in ophthalmology at Long Island Jewish Hospital, Albert Einstein College of Medicine, serving as chief resident senior year
- Two-year Clinical/Research Fellowship in Cornea, Refractive, and External Disease at the Duke University Eye Center, Duke College of Medicine

MEET THE DOCTORS



CRISTAN M. ARENA, M.D.

Glaucoma, Cataract, Comprehensive Ophthalmology

Cristan M. Arena, M.D. specializes in the surgical and medical management of glaucoma and cataracts. Board-certified by the American Board of Ophthalmology, she obtained a glaucoma fellowship at the University of South Florida where she gained extensive experience with various glaucoma treatments and surgeries including lasers and trabeculectomies. In addition, Dr. Arena is a skilled cataract surgeon—performing both routine and complex cataract cases. She is also trained to diagnose and treat the full range of eye conditions including dry eye, eye infections, and eyelid disorders.

Dr. Arena has published a chapter in the esteemed Chandler & Grant's Glaucoma book on her research with Laser Peripheral Iridoplasty. She also has participated in clinical research including the Effects of Selective Laser Trabeculoplasty on Intraocular Pressure and frequently gives lectures to peers and the community.

Education

- Bachelor of Arts degree in Biology from Franklin & Marshall College
- Graduated Cum Laude from the University of Maryland School of Medicine
- Preliminary Medicine internship at The Reading Hospital and Medical Center
- Ophthalmology residency at Temple University Hospital
- Glaucoma fellowship at the University of South Florida



Gregory W. Oldham, M.D.

Glaucoma, Cataract, Comprehensive Ophthalmology

Gregory W. Oldham, M.D. is a board-certified glaucoma specialist who provides the medical and surgical management of glaucoma as well as cataracts. With a glaucoma fellowship from Baylor College of Medicine, Dr. Oldham has gained hands-on experience in the evaluation and treatment of complex glaucoma and cataract cases. In addition, he provides comprehensive ophthalmic care—utilizing the most advanced technology to diagnose and treat the full range of eye diseases.

Throughout his residency and fellowship, Dr. Oldham participated frequently in clinical research including his most recent work on the long-term outcomes of tube shunt surgery for the management of glaucoma. In addition to his research, he has completed numerous publications and presentations, most notably giving a presentation on an advanced diagnostic tool for retinal disease at The Association of Research in Vision and Ophthalmology. He also has work published in *Cornea*, a prestigious anterior segment journal, and continually makes contributions to ophthalmic education online.

Education

- Bachelor of Science in Cell Biology and Biochemistry from Bucknell University
- Doctor of Medicine degree from Jefferson Medical College of Thomas Jefferson University
- Internal Medicine internship from Albert Einstein Medical Center
- Ophthalmology residency from Krieger Eye Institute at Sinai Hospital of Baltimore
- Fellowship in glaucoma from Cullen Eye Institute at Baylor College of Medicine

Step-by-step CO-MANAGEMENT PROCESS

STEP

1 Referral

STEP

2 First Appointment

STEP

3 Surgery Plan/Counseling

STEP

4 Surgery Day

STEP

5 Post-Op Appointment

STEP

6 Release of Care

STEP

7 Follow Up Appointments

1 REFERRAL

To easily refer a patient to CCEC for cataract surgery, please fill out a Referral Form completely and fax it to our surgery department at 484-723-2097 or give to the patient for them to bring along to their first appointment. **If the patient has been refracted at your office recently, please be sure to include those numbers on the Referral Form. By providing their refraction, they will not be charged a refraction fee by our office. Along with the refraction, please include your patient's best corrected vision acuity.**

2 FIRST APPOINTMENT

Patients referred to CCEC for cataract surgery will meet their surgeon at the first appointment to have their cataract evaluation. For the convenience of the patient, we offer the option for the cataract evaluation, measurements, and surgery date scheduling to be completed all in one appointment. This saves your patient from making multiple trips to our office and having to pay additional copays.

Below are the steps we follow to evaluate your patient for cataract surgery and tips on how to prepare your patient for their appointment with us.

- It's important for the patient to know the evaluation includes a fully dilated exam and should expect to be in our office for approximately 2 hours.
- A technician will work up the patient and perform testing including an IOL Master, Corneal Topography, and Wavefront Aberrometry.
- The patient will watch a short video explaining the risks and benefits of cataract surgery as well as the different lens options available.
- The surgeon will determine if the patient is a candidate for cataract surgery and will recommend the best treatment option and lenses for that patient. The advantages and disadvantages of each type of lens will be discussed including standard, toric, Crystalens, ReStor, and Technis multifocals.
- If the patient elects to have cataract surgery, he or she will meet with our surgery coordinator to schedule the surgery.
- For added convenience, the surgery coordinator will call your office to schedule the patient's first follow up visit. The patient will then be given a postcard with their scheduled appointment date and time. If the surgery coordinator was not able to reach your office, then a postcard will be given to the patient stating he or she needs to call and schedule their post-operative appointment at your office.

3 SURGERY PLAN/COUNSELING

Directly after your patient's first appointment, a surgery coordinator will fax two completed forms to your office for your records:

- 1) Cover Letter for Consent – This form will explain what our surgery plan is for the patient and will include the patient's surgery date, CPT code(s), diagnosis code(s), and the post-operative visit date.
- 2) Consent for Co-Management form – This form is signed by the patient acknowledging that he or she elects to be co-managed. Please keep this for your records.

4 SURGERY DAY

Pre-op and post-op instructions will be provided to your patient prior to the cataract surgery including medication instructions. The surgery will take place at either Turks Head Surgery Center in West Chester, Vision One in Exton, or Jennersville Regional Hospital in West Grove. The patient should expect to be at the surgery center for approximately 3 hours. After the surgery, our surgeon will call the patient that evening to see how they are doing and address any concerns or questions the patient may have.

5 POST-OP APPOINTMENT

Your patient will see us for their post-op appointment one day after their surgery. When the patient is stable, the patient will be transferred back to your care for continued follow up.

6 RELEASE OF CARE

After the post-op appointment, we will fax a release letter to the co-managing optometrist which officially transfers the patient back to your care for continued post-operative management. This letter will specify the date of when your patient is released to your care.

7 FOLLOW UP APPOINTMENTS

For best patient care, we recommend our co-managing optometrists see their patient for follow up at the below intervals:

- 1 week
- 3-4 weeks
- 3-6 months
- Yearly

If at any time there are concerns related to your patient's eye surgery, please contact our office.

After your patient's first visit with your office, please fax your examination to our office so we can ensure accurate records.

At this time, your billing process may begin. The CPT code(s) and diagnosis code(s) provided in the Cover Letter for Consent and faxed to your office prior to the surgery will help make this process be more efficient for you.

FEE AND BILLING INFORMATION

Co-Management Fee

You are entitled to a fee for the post-operative care you provide to your patient. Please note that you will need to participate in the patient's insurance. The fee will vary according to the patient's insurance.

Billing

As the co-managing optometrist, you are unable to bill for any service until you have provided the service. Once you have seen your patient at their first follow up visit, you may start the billing process. When processing co-management billing, you are required to use the "55" modifier on your billing statement. This represents post-operative management only. Our office is required to use the "54" modifier on our billing statement which represents surgical care only.

To ensure a speedy and accurate billing process, it is necessary for both our office and your office to have matching information when filing a claim. This includes CPT and diagnosis codes, surgical date, release date, and date of service.

If you have insurance or billing questions, please contact Mary Lou at 484-723-2033.

FORMS

This section contains the necessary forms that will be used to communicate between our two offices. Below is a brief description of each form.

Referral Form

You may fax this completed form to our office or give to your patient to bring to their first appointment with us.

Cover Letter for Consent

We will fax this form to your office to explain the surgery plan for your patient and provide you with CPT and diagnosis codes and the post-operative visit date. Please refer to this later in the process for billing ease.

Consent for Co-Management

This form is signed by the patient agreeing to be co-managed and we will fax it to your office.

Sample Release Letter

After surgery, a release letter will be faxed to your office to provide a specific date in which the patient is released to your care.

Co-Management Postcard

Your patient will be given a postcard with the date and time of their follow up appointment with your office. If we were unable to contact your office to schedule this appointment, the patient will be given a postcard telling them they will need to schedule their own appointment with you.

Co-Management Examination Form

This form is to be completed by you after your patient's first follow up visit with your office. Please fax this form back to us so we may have it for our records.

Medication Instructions

These instructions will be given to the patient prior to the surgery to show them what eye drops he or she will need to use before and after the surgery.

APPENDIX 1: Referral Form



(610) 696-1230
CHESTERCOUNTYEYECARE.COM

PATIENT REFERRAL FORM

REFERRING DOCTOR: Please fax this completed form to 484-723-2078 or have your patient bring it to our office at their appointment.

CHECK HERE if you would like CCEC to call the patient to schedule an appointment.

DOCTOR REQUESTED

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Bruce Stark, MD
<i>Diabetes, Oculoplastics,
Comprehensive Ophthalmology</i> | <input type="checkbox"/> Bruce Saran, MD
<i>Macular Degeneration, Retinal Detachment,
Retina Surgery, Diabetic Retinopathy</i> | <input type="checkbox"/> Michael Ward, MD
<i>Macular Degeneration, Retinal Detachment,
Retina Surgery, Diabetic Retinopathy</i> | <input type="checkbox"/> Gregory Oldham, MD
<i>Glaucoma, Cataract,
Comprehensive Ophthalmology</i> |
| <input type="checkbox"/> Robert Liss, MD
<i>Cataract, Glaucoma</i> | <input type="checkbox"/> John DeStafeno, MD
<i>Cornea, Cataract, LASIK,
Refractive Surgery</i> | <input type="checkbox"/> Cristan Arena, MD
<i>Glaucoma, Cataract,
Comprehensive Ophthalmology</i> | |

REFERRING DOCTOR

Name _____ Practice Name _____

Address _____

Phone # _____ Fax # _____

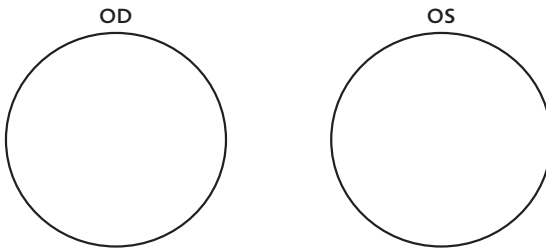
PATIENT INFO

Name _____ Phone # _____

Exam Date _____

REASON FOR REFERRAL

- Consultation (with testing)
- Second Opinion Only
- Testing Only
Please provide diagnosis code: _____



Service Requested

- Glaucoma
- Cataract
 - Co-manage
 - Refraction OD _____ @ _____; OS _____ @ _____
 - Bcva OD _____ OS _____
 - Keratometry OD _____ @ _____; OS _____ @ _____
- Retinal Disorder
- LASIK
 - Co-manage
- Entropion/Ectropion/Ptosis/Dermatochalasis
- Dry Eye IPL
- Medical Botox
- Cosmetic IPL/Botox/Juvéderm/Laser Resurfacing
- Other _____

Testing Requested

- Fluorescein Angiography/ICG
- Fundus Photography (indicate area)
- HRT
- OCT
 - Macula
 - Optic Nerve/Nerve Fiber Layer
- Ocular Ultrasound (A or B)
- Optic Disc Photography
- Visual Field
- Corneal Topography
 - Endothelial Microscopy
- Pachymetry
- Other Testing _____

Other Instructions/Present History: _____

**WEST CHESTER
FERN HILL
MEDICAL CAMPUS**
915 Old Fern Hill Road
Building B, Suite 200
West Chester, PA 19380

**EXTON
COMMONS
AT OAKLANDS**
740 W. Lincoln Highway
Exton, PA 19341

**WEST GROVE
PENN MEDICINE
SOUTHERN CHESTER COUNTY**
455 Woodview Road
1st Floor, Suite 125
West Grove, PA 19390

APPENDIX 2: Cover Letter for Consent



(610) 696-1230
CHESTERCOUNTYEYECARE.COM

Date:
Patient Name:
DOB:

Dear Dr.

The above patient is scheduled for cataract surgery with Dr. _____. Below is information regarding the surgical procedure:

Surgery Date: OD: OS:

CPT Code(s):

Diagnosis Code(s):

Post-operative Visit Date First Eye:

If you have any questions or concerns, please contact our office at (610) 696-1230.

Sincerely,

Chester County Eye Care

APPENDIX 3: Consent for Co-Management Form



(610) 696-1230
CHESTERCOUNTYEYECARE.COM

CONSENT FOR CO-MANAGEMENT AFTER EYE SURGERY

Patient Name: _____ DOB: _____

Dr. _____ will be performing _____ on me. Because of () patient proximity to office () established relationship with provider/practice, it is my desire to have my own ophthalmologist/optometrist, Dr. _____ perform my post-operative follow-up care. I have discussed this post-operative selection with my surgeon, Dr. _____.

I understand that my ophthalmologist/optometrist will contact Dr. _____ immediately if I experience any complications related to my eye surgery. I understand that I may also contact Dr. _____ at any time after the surgery.

If, for any reason, my ophthalmologist/optometrist cannot provide post-operative care, I can return to Chester County Eye Care for continued follow-up care.

Patient: _____ Date: _____

Witness: _____ Date: _____

Co-Managing Doctor:

Please fax us the results from the one week post-operative visit refraction to 484-723-2097, Attention Surgery Department.

APPENDIX 4: Sample Release Letter



(610) 696-1230
CHESTERCOUNTYEYECARE.COM

Chester County Eye Care
Fern Hill Medical Campus
915 Old Fern Hill Rd
Building B, Suite 200
West Chester, PA 19380

01/31/2015

Dr. Sample
1234 Main Street
Anytown, PA 19000

Dear Dr. Sample,

This letter is to update you on John Doe, DOB: 1/1/1900, who had successful cataract surgery with lens implantation on 01/24/2015 OD. His uncorrected distance vision is 20/20. John will be released to your care today, 01/31/2015.

The cornea was clear. IOP was mm Hg. The AC was deep and quiet. The IOL was in good position.

John is very happy with his new vision. I will be returning him to your care for future refraction and continued post-operative management.

Thank you for trusting me in the care of your patients.

Sincerely,

John DeStafeno, MD
Electronically signed document

APPENDIX 5: Co-Management Postcard



CHESTER COUNTY
EYE CARE

(610) 696-1230
CHESTERCOUNTYEYECARE.COM

- You have a one week post-operative appointment scheduled with:

Dr. _____

Date _____

Time _____

- We were unable to contact your primary eye doctor. Please call your doctor to make your one week post-operative appointment. This appointment should be scheduled the week of _____

Dr. _____

Phone _____

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APPENDIX 6: Co-Management Examination Form



(610) 696-1230
CHESTERCOUNTYEYECARE.COM

Co-Management Examination Form

Please fax all forms to 484-723-2097 and call 484-723-2042 for all inquiries.

Date: _____

Co-Managing Doctor: _____ Phone: (____) _____

Patient Name: _____

Date of Surgery: OD : _____ OS : _____

Hx: _____ Medications: _____

Exam

VA: OD sc cc **MR OD** **Near** **T** OD:
OS sc cc OS OS:
(A / tono) time _____

Slit Lamp Exam: OD OS

Dilated Fundus Exam:

Impression: _____

Plans/Comments: _____

Signature: _____




APPENDIX 7: Medication Instructions



(610) 696-1230
CHESTERCOUNTYEYECARE.COM

DATE OF SURGERY:
RIGHT EYE / LEFT EYE

MEDICATION INSTRUCTIONS

START DATES	USE THESE DROPS → START USING ↓	 OCUFLOX YELLOW LABEL TAN TOP	 ILEVRO TAN/PURPLE LABEL GRAY TOP	 DUREZOL TAN LABEL PINK TOP
	3 DAYS BEFORE SURGERY	1 DROP 3 TIMES A DAY	1 DROP 1 TIME A DAY	WILL BE STARTED AFTER SURGERY
	WEEK 1 STARTS DAY OF SURGERY	1 DROP 3 TIMES A DAY	1 DROP 1 TIME A DAY	1 DROP 3 TIMES A DAY
	WEEK 2	STOP	1 DROP 1 TIME A DAY	1 DROP 2 TIMES A DAY
	WEEK 3		1 DROP 1 TIME A DAY	1 DROP 2 TIMES A DAY
	WEEK 4		STOP	STOP

REMINDERS

- Wait five (5) minutes between drops.
- It does not matter which drop is used first.
- Close eye gently for one (1) minute after instilling drops.
- Do not rub or hit the eye.
- Itching, tearing, and a scratchy feeling (as if something is in the eye) is normal and part of the healing process. You may continue to use artificial tears if needed.
- The prescriptions provided must be filled prior to your surgery date.
- **Please note that samples given will not be enough.**

Thank you for trusting us to be your partner in patient care.



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