



EYE CONSULTANTS
OF TEXAS

INTRODUCTION TO CO-MANAGEMENT

Patients choosing co-management for their pre and post-operative surgical care experience the benefits of continuity of care by their Primary Eye Care Provider (PECP) and convenience. This manual outlines the process Eye Consultants of Texas follows for the co-management treatment of surgical patients. Together with our co-managing doctors, we are able to provide the highest quality of care for our shared patients, consistent with patient needs and desires.

Eye Consultants of Texas is pleased to offer PECPs an opportunity to participate in the pre and post-operative portions of the surgical process. These guidelines comply with applicable state and federal statutes and regulations regarding co-management of patient care and referral arrangements.

1. The selection of an operating surgeon for patient referral will be based on providing the best potential outcome for the patient. Financial relationships between providers will not be a factor.
2. The patient's right to choose the method of post-operative care will be recognized and will be consistent with the best medical interest of the patient.
3. Co-managing doctors will be ODs or MDs licensed to practice in Texas.
4. The transfer of post-operative care will always be clinically appropriate and depend on the particular facts and circumstances of the surgical event.
5. Following surgery, transfer of care from the operating surgeon to the co-managing provider will occur when clinically appropriate at a mutually agreed upon time or circumstance, and such time will be clearly documented via correspondence and included in the patient's medical record. This information will be included in the referral letter from the ophthalmic surgeon to the co-managing provider at the time of transfer of care.
6. The operating surgeon and the co-managing provider will communicate during the postoperative period to ensure the best possible outcome for the patient.
7. Compensation for care will be commensurate with the services provided. Cases involving care for Medicare beneficiaries will reflect the proper use of modifiers and other Medicare billing instructions.

Step-by-step instructions and co-management forms are provided in the following sections of this manual.



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SERVICES PROVIDED

- No IV, No Stitch, No Patch, Gel Anesthesia, Small Incision Cataract Surgery
- Traditional (Monofocal, Monovision, Modified Mini-Monovision) Small Incision Cataract Surgery
- Premium Smart Lenses for Cataract and Clear Lens Exchange Surgery (Light Adjustable, Crystalens, Trulign, PanOptix, PanOptix Toric, Restor, Restor Toric, Tecnis, Symphony, Symphony Toric, Envista, Envista Toric)
- Femtosecond Laser-Assisted Cataract Surgery (FLACS)
- Phakic Intraocular Lens Implants: Visian ICL
- Custom All Laser Blade-Free LASIK
- Photorefractive Keratectomy (PRK)
- Phototherapeutic Keratectomy (PTK)
- Conductive Keratoplasty (CK) for Presbyopia
- *Especially useful for post-Crystalens patients near vision, if necessary*
- Pterygium Excision with Graft
- Avedro Corneal Cross-Linking
- Conjunctivoplasty – for correction of conjunctivochalasis (often associated with dry eye symptoms)
- Laser Correction of Astigmatism
- Glaucoma – Diagnosis, Medical and Surgical Management
- SLT Open Angle Glaucoma Laser Treatments
- LPI Narrow Angle Glaucoma Laser Treatments
- Micro Invasive Glaucoma Surgery (MIGS)
- Goniotomy
- YAG Laser Treatments
- Durysta Injections
- Dry Eye Management through Dry Eye Institute of America, LLC

Through our consultants, ECT also offers complete Vitreo-Retinal medical and surgical management and complete Oculoplastic, Cosmetic, and Reconstructive medical and surgical management.

www.eyecontx.com

If you have any questions, please call our Direct Physician Phone Line at **(817) 416-7907** to speak with a technician or doctor. You may also email us at comgmt@eyecontx.com



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CO-MANAGEMENT PROTOCOL PREFERENCES

Today's Date: _____

Doctor: _____ Date of Birth: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Office Contact Name/Position: _____ Email: _____

Table with columns: Procedure, Co-Manage?, Preferred Return Time (1 day, 1 week, 2 weeks, 1 month), Comments. Rows include Traditional IOL (Monofocal, Toric), Monovision/Blended Vision, Premium IOL, Light Adjustable Lens, Implantable Contact Lens, Laser Vision Correction, and Laser Surgery.

Please check the services you offer:

- Diabetic Eye Exams, Glaucoma Management, Glaucoma Testing, Low Vision, Dry Eye Therapy, Allergy Treatment, Foreign Body Removal, Contact Lenses for Keratoconus, Optical, Other: _____

Do you have a preferred ophthalmic sub-specialist (Retina, Cornea, Oculoplastics, Pediatric) that you refer to?

What medical insurance does your office accept?

Table with 8 columns listing insurance providers: Aetna, Avesis, BCBS, Beech Street, Cigna, Cigna Healthspring, Davis Vision, Eyemed, First Health, Great West, Healthsmart, Humana, Medicaid, Medicare, Metlife, Multiplan, Optum Health, PHCS, Secure Horizons, Spectera, Superior Vision, Tricare, True Choice, UHC, UMR, VSP, Other: _____

Do you accept Care Credit? Yes No

Are you interested in learning more about CoFi, a program that we use to simplify and streamline co-management payments? Yes No

Please fax completed form to (817) 251-6261 or email to comgmt@eyecontx.com



EYE CONSULTANTS

OF TEXAS

2201 Westgate Plaza
Grapevine, TX 76051
817.410.2030

Phillips Kirk Labor, MD
Board Certified Ophthalmic Surgeon

Today's Date: _____

Patient Name: _____

Referring Doctor: _____

Patient Name: _____ **DOB:** _____

Patient Phone Number: _____

Insurance: _____

Appointment Type:

Cataract Evaluation

LASIK / PRK Evaluation

LPI / SLT / YAG Laser

Diabetic Exam

Glaucoma Exam

Other: _____

Comments: _____

**Please send last exam notes with this patient referral form*

Please fax or email to:

Eye Consultants of Texas

Fax: (817) 251-6261

Email: comgmt@eyecontx.com



EYE CONSULTANTS
OF TEXAS

Contact Information

Direct Optometric Physician Line:
817-416-7907

This line is devoted specifically for Optometric Physicians. It is available for your use 7 days a week, 24 hours a day. Please feel free to call us with any questions or concerns.

You may also email us at comgmt@eyecontx.com

<u>Main Office</u> 2201 Westgate Plaza Grapevine, TX 76051	817-410-2030 Fax: 817-251-6261
<u>Referral Coordinator</u>	Office: 817-410-2030 x 203
<u>Administrator</u> Andi Boren	Office: 817-410-2030 x 240 Cell: 214-984-9226
<u>Clinic Supervisor</u>	Office: 817-410-2030 x 207
<u>Front Office Supervisor</u>	Office: 817-410-2030 x 200
<u>Billing Department</u>	Office: 817-410-2030 x 204 Office: 817-410-2030 x 205



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INFORMED CONSENT FOR CO-MANAGEMENT

Patient Name: _____ **DOB:** _____

Dr. Phillips K. Labor will be performing my:

Cataract Surgery YAG/SLT/LPI Surgery ICL Surgery LASIK Surgery PRK Surgery

Due to personal preference and/or distance, it is my choice to have my primary eye care professional, Dr. _____, perform my post-operative care following my surgery, provided my surgeon, Dr. Phillips K. Labor, determines it is clinically appropriate. I have discussed this post-operative selection with my surgeon.

I understand that my co-managing optometrist will contact my surgeon immediately if I experience any complications related to my eye surgery. I understand that I may also contact my surgeon at any time after the surgery.

I understand that with a co-management care arrangement, I may have a financial responsibility to both providers for separate aspects of my surgery and care.

I hereby authorize my optometrist and surgeon to share information relating to my health and vision.

Patient Signature as Consent for Co-management of Right Eye

Date

Witness

Date

Patient Signature as Consent for Co-management of Left Eye

Date

Witness

Date

I do not wish to be co-managed for the following reason(s):

Patient Signature

Date

Witness

Date

Optometrist Confirmation:

I have agreed to provide follow-up care for patient _____. I will see the patient after surgery when Dr. Phillips K. Labor notifies me that he is releasing the patient to my care. I agree to notify Dr. Phillips K. Labor immediately should complications arise and to provide written progress reports during my portion of the postoperative period.

Optometrist Signature: _____

Date: _____



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IN-NETWORK INSURANCE
AARP MEDICARE COMPLETE/UNITED HEALTHCARE
AETNA PPO/POS/HMO/EPO
AETNA MEDICARE HMO/PPO
AETNA OPEN ACCESS
AMERIGROUP
BCBS PPO/HMO/POS/EPO
BCBS FEDERAL
BCBS MEDICARE ADVANTAGE PPO/HMO
BRAVO HEALTH
CARE IMPROVEMENT PLUS
CARE N CARE
CIGNA HEALTHSPRING HMO
CIGNA PPO/HMO
CIGNA OPEN ACCESS
FIRST HEALTH
FRIDAY HEALTH
GEHA
GREAT WEST
GROUP & PENSION
HEALTHSMART
HUMANA PPO/HMO
HUMANA GOLD PLUS HMO
HUMANA MEDICARE PPO/HMO
MEDICARE PART B
MEDICARE RAILROAD
MULTIPLAN
NALC (NATIONAL LTR CARRIERS)
PHCS
PROVIDER PARTNERS HEALTH PLAN
SUPERIOR MEDICARE ADV PLAN
TEXAS TRUE CHOICE
TRICARE PRIME – HUMANA MILITARY
TRICARE SELECT – HUMANA MILITARY

TRIWEST – VA
UHC ALL SAVERS
UHC SHARED SERVICES
UHC EMPIRE
UHC MEDICARE PPO/HMO
UHC SOUTHWESTERN HEALTH RESOURCES
UHC SECURE HORIZONS
UHC OPTUM/WELLMED NETWORKS
UHC MEDICA
UMR
UNICARE
VETERANS ADMINISTRATION (TRIWEST)
WELLCARE MEDICARE
WELLMED

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