Cataract Surgical Co-Management Transfer of Care

Name:	
Date of Birth:/	
Date of Surgery:/	
Dear Dr.	
Thank you for your referral of this patient for cataract surgery. I am for follow up post-operative care. Please keep me informed of their operative visit reports to our office. Patient has been given post-op	progress by sending post-
Eye: Right (ICD10: H25.11) Left (ICD10: H25.12) H25.811 H25.812	ICD10 diagnosis code
	If primary not specified, see 'eye' abov
Arcuate corneal incisions:° @° □ paired	☐ Primary ICD10:
☐ Toric IOL	☐ Secondary ICD10
Declined astigmatism management.	CPT procedure code
IOL Type:	☐ 66984 (Cataract surgery)
☐ Monofocal	☐ 66982 (Complex cataract surgery)
Trifocal (Panoptix)	☐ 66991 (iStent / Hydrus)
 Extended Depth of Focus (Vivity) 	□ 66174 (OMNI)
□ Toric	CPT modifiers
Refractive Target:	-55 (Postsurgical care only)
☐ Distance ☐ Intermediate / Near:	☐ -79 (2 nd eye during 1 st eye postop)
Migo:	See 'eye' above: -RT: Right; -LT: Left
Migs: ☐ Hydrus	# of post op days OD to bill
OMNI	
☐ iStent	
Patient looks forward to seeing you on for their postop questions or concerns, please call our Cookeville office at (931) 528-1304 phone at (931) 510-4090. Best regards,	erative visit. If you have any . I am also available via my cell

M. Stewart Galloway, M.D.

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□ iStent	
Patient looks forward to seeing you on for their postoperative visit. If you have any questions or concerns, please call our Cookeville office at (931) 528-1304. I am also available via my cell phone at (727) 207-6998.	
Best regards,	

Brittany B. DeNaro, D.O.