



CHESTER COUNTY
EYE CARE

Surgery Co-Management Guide

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

A VISION *for* EXCELLENCE

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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

Monica Chicosky
mchicosky@cceceye.com
tel (484) 723-2041
fax (484) 723-2097

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

EXTON

Commons at Oaklands
740 W. Lincoln Highway
Exton, PA 19341
tel (610) 692-3040
fax (484) 723-2088

MALVERN

325 Central Avenue
Suite 101
Malvern, PA 19355
tel (610) 692-3040
fax (484) 320-8936

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

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 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.



JOHN J. DESTAFENO, MD

Cornea, Cataract, LASIK, Refractive Surgery

John DeStafeno, MD is a board-certified ophthalmologist specializing 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.

He is one of the most experienced cataract and refractive surgeons in the region, and has received recognition both locally and nationally for his excellence in eye care. His accolades include numerous Top Doctor and Surgeon awards, as well as the prestigious American Academy of Ophthalmology Achievement Award for his dedication to enhancing the field. In addition, he also enjoys educating the future of eye care, as he instructs ophthalmology residents at Wills Eye Hospital in Philadelphia.

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



CRISTAN M. ARENA, MD

Glaucoma, Cataract, Comprehensive Ophthalmology

Cristan M. Arena, MD 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. On top of her expertise in traditional techniques, Dr. Arena also performs a wide variety of advanced surgeries such as micro-invasive glaucoma surgery, and was one of the first surgeons nationally to implant the latest innovation in tube shunt surgery, the Ahmed Clear Path™. In addition, she is a skilled cataract surgeon—performing both routine and complex cataract cases.

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*. Additionally, her knowledge and experience earned her a role as a physician reviewer of the book *The Pocket Guide to Glaucoma*.

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, MD

Glaucoma, Cataract, Comprehensive Ophthalmology

Gregory W. Oldham, MD 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



STEPHEN J. MOSTER, MD

Glaucoma, Cataract, Comprehensive Ophthalmology

Stephen J. Moster, MD is a board-certified cataract and glaucoma surgeon who grew up in the Philadelphia Suburbs. He earned his medical degree from the University of Pennsylvania, and completed his ophthalmology residency at the esteemed Bascom Palmer Eye Institute, ranked number one in ophthalmology training for the last two decades.

Dr. Moster specializes in minimally invasive and complex glaucoma surgeries, as well as premium cataract surgery. He has performed thousands of successful procedures and received the Surgical Teaching Award at the University of Pennsylvania for his exceptional skills. In addition, Dr. Moster has published numerous research articles and book chapters in the field of ophthalmology. He was awarded the American Academy of Ophthalmology's "Best Paper Award" and has spoken at several national conferences and universities.

Education

- Bachelor of Science degree in Disability Studies from University of Maryland
- Doctor of Medicine degree from University of Pennsylvania School of Medicine
- Internship at Albert Einstein Hospital
- Ophthalmology residency at Bascom Palmer Eye Institute
- Glaucoma fellowship at Wills Eye Hospital

Step-by-step CO-MANAGEMENT PROCESS



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, ReStor, and Technis multifocals.
- If the patient elects to have cataract surgery, he or she will meet with a surgery coordinator to schedule the surgery.
- The patient will be provided with a post card that has a recommended time frame in which they should schedule a post-op appointment with their primary eye doctor after their surgery.

3 SURGERY PLAN/COUNSELING

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, or Vision One in Exton. The patient should expect to be at the surgery center for approximately 3 hours.

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 provided with a post card that has a recommended time frame in which they should schedule a post-op appointment with their primary eye doctor after their surgery.

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



CHESTER COUNTY
EYE CARE

(610) 696-1230
CHESTERCOUNTYEECARE.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

☐ Bruce Saran, MD

*Macular Degeneration, Retinal Detachment,
Retina Surgery, Diabetic Retinopathy*

☐ Cristan Arena, MD

*Glaucoma, Cataract,
Comprehensive Ophthalmology*

☐ John DeStafeno, MD

*Cornea, Cataract, LASIK,
Refractive Surgery*

☐ Gregory Oldham, MD

*Glaucoma, Cataract,
Comprehensive Ophthalmology*

☐ Michael Ward, MD

*Macular Degeneration, Retinal Detachment,
Retina Surgery, Diabetic Retinopathy*

☐ Stephen Moster, MD

*Glaucoma, Cataract,
Comprehensive Ophthalmology*

REFERRING DOCTOR

Name _____ Practice Name _____

Address _____

Phone # _____ Fax # _____

PATIENT INFO

Name _____ Phone # _____

Exam Date _____

REASON FOR REFERRAL

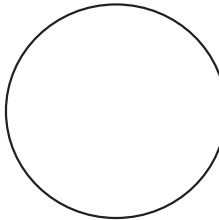
☐ Consultation (with testing)

☐ Second Opinion Only

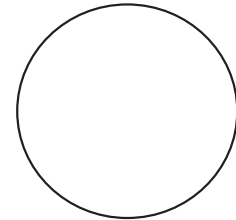
☐ Testing Only

Please provide diagnosis code: _____

OD



OS



Service Requested

☐ Glaucoma

☐ Cataract

☐ Co-manage

☐ Refraction OD _____ @ _____ ; OS _____ @ _____

☐ Bcva OD _____ OS _____

☐ Keratometry OD _____ @ _____ ; OS _____ @ _____

☐ Corneal Disorder

☐ Retinal Disorder

☐ LASIK

☐ Co-manage

☐ Dry Eye

☐ 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: _____

EXTON

Commons at Oaklands
740 W. Lincoln Highway
Exton, PA 19341

MALVERN

325 Central Avenue, Suite 101
Malvern, PA 19355

WEST CHESTER

Fern Hill Medical Campus
915 Old Fern Hill Road, Building B, Suite 200
West Chester, PA 19380

WEST GROVE

Penn Medicine Southern Chester County
455 Woodview Road, 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 cataract surgery on me. Because of patient proximity to office and/or 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 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 Signature: _____ Date: _____

Witness Signature: _____ 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

01/31/2019

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 01/24/2019 OD. His uncorrected distance vision is 20/20. John will be released to your care today, 01/31/2019.

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



(610) 696-1230
CHESTERCOUNTYEYECARE.COM

Please call your doctor to make your one week post-operative appointments. These appointments should be scheduled the week of:

Right Eye / Left Eye

Right Eye / Left Eye

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 484-723-2043 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



CHESTER COUNTY
EYE CARE

Patient Name

Date of Surgery

RIGHT EYE

LEFT EYE

COMBO DROP 3-IN-1
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC

Eye Drop Instructions

- Wash hands before instilling eye drops.
- Use the eye drops as directed. Do not touch dropper bottle to eye.
- Spread the drops over several hours.
- SHAKE WELL BEFORE EVERY USE.

Eye Drop Schedule- Start after surgery when you return home

Week 1: Use 1 drop 3 times per day

Week 2 and 3: Use 1 drop 2 times per day

Week 4: Use 1 drop 1 time per day

Check off the boxes each day as you use the eye drops.

Week 1 _____ **Day 1** _____ **Day 2** _____ **Day 3** _____ **Day 4** _____ **Day 5** _____ **Day 6** _____ **Day 7** _____

Pred-Moxi-Brom 

Week 2_____ **Day 8**_____ **Day 9**_____ **Day 10**_____ **Day 11**_____ **Day 12**_____ **Day 13**_____ **Day 14**_____

Pred-Moxi-Brom 

Week 3_____ Day 15____ Day 16____ Day 17____ Day 18____ Day 19____ Day 20____ Day 21____

Pred-Moxi-Brom 

Week 4 _____ Day 22 _____ Day 23 _____ Day 24 _____ Day 25 _____ Day 26 _____ Day 27 _____ Day 28 _____

Pred-Moxi-Brom

*If you take glaucoma eye drops, continue to do so unless told otherwise.

EXTON

Commons at Oaklands
740 W. Lincoln Highway
Exton, PA 19341

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325 Central Avenue, Suite 101
Malvern, PA 19355

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www.chestercountyeyecare.com