

# Paperless Practice Reaps Benefits

**Editor's Note:** In this issue, Dr. Dawn Bearden details the benefits the system has brought.

**Dawn Bearden, O.D.**, went paperless with the MaximEyes practice management system—cold turkey—in December 2002. That leap of faith has brought rewards to her Pembroke Pines, FL, practice.

Patient reaction has been terrific, she says. Software from Eyemaginations plays animated patient education loops on flat-screen monitors in the exam rooms. "I can create short movies that will show them what they'll see with a progressive lens, for example," she says.

## Less Down Time

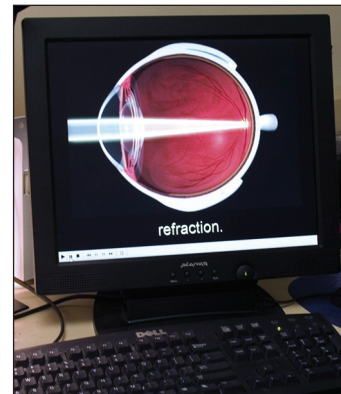
It can be difficult to determine how

much of the increased efficiency of the practice is due to the computer program, says Dr. Bearden. But the office is seeing 20 percent more patients simply from having moved to the electronic appointment book, she says. "We'd fill up with scheduled appointments and then when we had walk-ins, the slots would be filled. So we decided to make half of our slots walk-in slots so only half of our appointments each day could be booked on the phone," she says. Patients who call in for an appointment are content to get an opening within the next few days. By creating more walk-in slots, the practice lost none of the callers for appointments and accommodated many more walk-ins.



**Dr. Bearden**

There is also less downtime for



**Eyemaginations**

patients. "Instead of sitting in the reception area for 20 minutes doing paperwork, they're brought right

into pre-testing and their history and patient forms are completed right there on the computer."

## Bringing Other O.D.s on Board

When her second office is up and running with the system, Dr. Bearden expects the benefits to rise even more dramatically. "I made all my mistakes in my existing office so the new office won't have that steep learning curve." Plus, the O.D.s at that office, **Katheryn Alvaro, O.D.**, and **Aaron Mallie, O.D.**, have already used the system. She requires any doctor who wants to cover for her to spend one hour with her learning to use the system. ■

## FROM THE PRESIDENT'S DESK

### New Orleans Beckons



**Dr. Gelb**

The ALLDocs annual meeting is shaping up to be another unforgettable event. The speakers, the venue, and the vendor sponsors' programs will all prove to be worthwhile and exciting. Alcon, the sponsor of this newsletter, continues its commitment to ALLDocs by sponsoring the full-day session on medical billing. CooperVision has just stepped up to be our first-ever "Title Sponsor."



We've reserved the concierge floor at our hotel—the New Orleans Ritz Carlton in the famous French Quarter. That means food will be available all day long and the floor will serve as a meeting and greeting place for our O.D.s and their spouses. Please sign up early for this meeting, ensuring us enough time to get additional rooms should this initial reservation block fill.

As part of our practice management sessions, we're trying to gather some benchmark numbers. Please email or fax me with your percentage of gross in the following areas so we can create averages for comparison with our individual practice statistics. All information supplied will be kept strictly confidential.

Gas/Car	T/E/Tolls	Postage
Contacts	Internet provider	Refunds
Insurance	& computer	Returns
Office supplies	Equipment	Phone
P/R staff	Legal	Bank charges
PR service/Billing solutions	Advertising	Health insurance
Rent	Loan	Accounting
P/R taxes	License/Dues/CE	Miscellaneous
	P/R docs	

We look forward to seeing you in New Orleans. ■

**Dr. Kerry Gelb**  
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## IMPLEMENTING THE MEDICAL MODEL

# Keeping Apples and Oranges Straight: Medical vs. Refractive Billings

By John Rumpakis, O.D., M.B.A.

**H**ow do you reconcile a patient's vision benefits, medical benefits and patients' expectations of a routine eye exam at the routine-eye-exam price?

That's a common question.

Should a patient seen for a medical insurance need be told to come back for the routine eye exam later in order to bill the refractive insurance? How can that be done appropriately, without repeating tests or billing incorrectly?

First, if a patient presents with a chief complaint and condition that is medical in nature, the encounter needs to be coded with the appropriate procedure codes [either 920XX or 992XX]. A consult code [9924X] might be appropriate if one was requested and the appropriate medical diagnosis code is linked to the medically necessary procedures performed to either diagnose and/or treat the patient's condition.

For example, a patient with vision insurance presents to the office with the chief complaint of blurred vision. The physician performs a 92004 (comprehensive ophthalmological evaluation, new patient) and a 92015 (determination of refractive state), but determines that the cause of the blurred vision is not related to refractive changes, but to some macular changes secondary to diabetes. Who should be billed and why? There are two options.

The vision insurer offering a fixed benefit plan

could be billed for both the 92004 and 92015 linked with the appropriate medical diagnosis. The physician could then order additional tests for the patient as necessary to manage the condition and have that patient return to the office to perform those tests under the coverage of the patient's medical plan.

Or the physician bills the 92004 with the medical diagnosis directly to the patient's medical carrier, and bills the patient for the 92015 so as not to exhaust the patient's vision insurance benefits. Then the practitioner can order the additional tests as in the first situation and have the patient return at a later date for additional testing.

So which is correct? The answer is yes! Both scenarios could be applied correctly. However,

were it me, I would have performed the comprehensive examination and refraction, fulfilled any optical needs (i.e., new frame/lenses even if the Rx had not changed), billed the vision insurer for the services provided and had the patient return to the office for the additional ordered tests. Ultimately, the patient feels that his/her insurance is working appropriately and there is a clean break for the vision vs. medical services. Could you do it the other way? Yes, and you could feel perfectly comfortable that you were correct in your billing designation.

Understanding the differences between when to perform your routine eye exam at your everyday low price, a contracted vision insurance exam, and a medically driven eye exam is crucial to developing a financially stable and patient-satisfying practice. ■



Dr. Rumpakis

## Glaucoma

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he has that patient return once a month for one to three months or until the IOP is controlled. After that, those patients return every three or four months. "These patients get to know me better, because I see them so much more than the routine patient."

Glaucoma patients—indeed, any patients with eye health or difficult refractive problems—tend to refer more patients to the practice than routine eye exam patients. They value the

O.D.'s expertise more and are more likely to talk about the experience with friends and family.

Practice growth builds on itself, says Dr. Massengale. As more patients come in for eye exams, he is able to diagnose more glaucoma patients. "It's like seining for minnows in the river. The more we see, the more glaucoma we pick up," he says. "With my ability to write prescriptions, they have the feeling that we can take care of any need they have. Practitioners who refer those patients out are telling them that someone else needs to provide their care." ■

**ADDED COMFORT FOR GLAUCOMA PATIENTS: Dr. Massengale suggests glaucoma patients use SYSTANE® Lubricant Eye Drops. "Most glaucoma patients tend to have dry eye problems. My recommendation of SYSTANE is a natural step," he says.**



## GUEST COLUMN FROM COOPERVISION

# Be a "Specialist" and Boost Your Practice Revenue

By Rick Franz, O.D., F.A.A.O., Vice President of Professional Relations, CooperVision

**W**hat distinguishes your practice from the thousands of others in the very competitive market today? Of course, the answer is you and your staff. But it is also your affiliation with LensCrafters and the way you approach the management of your practice/business.

The market has become more competitive than ever, and unless you are willing to take a hard look at the way you approach the business, you could be putting your patient base and your practice profitability at risk. For example, when contact lens patients ask about that new lens being advertised on TV, do you assume that they want a silicone hydrogel with a higher Dk/t, even though they don't wear their lenses on an extended-wear basis? The question might provide an opportunity to explore why patients are asking. Is there a complaint about their contact lenses or are they simply curious? Perhaps what most patients want, but don't know how to request, is a lens that offers maximum comfort, superior vision, is convenient to care for and can be worn as with a daily or flexible-wear regimen.

Cooper offers you a clearly different opportunity to approach your practice with a true specialty lens product offering in virtually every lens category. In the sphere category, the Encore™ and Versaflex™ Aspheric and Proclear® lenses provide superior optics and unique and highly biocompatible materials that are

softer, more wettable and attract fewer protein and mucin deposits. The same applies to Cooper's Total Toric and Total Multifocal lens systems, which offer the absolute widest range of fitting options in both lens categories.

The merger of Ocular Sciences and CooperVision created the second-largest company in the U.S. in total soft contact lens patient share. In the near future, you can expect us to accelerate our market share growth with several new



Dr. Franz

products now in the R&D pipeline. Our current product

line expansions and our new and technologically advanced second-generation silicone hydrogel lenses for two-week and continuous-wear schedules will be exceptional new introductions to watch for.

You can pursue a more consumer-branded route when it comes to your contact lens practice. But please consider the other option of specialization—prescribing lens brands that support your professional expertise and keep patients more closely tied to your office and to you as their O.D. By doing so, you will increase patient satisfaction, boost retention rates and improve the profitability of your business this year and in the future.

We encourage you to think about your practice goals for the remainder of the year and how you can distinguish yourself from the rest of the pack! ■



## Claims Denied

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ple, a diabetic dilated fundus exam.

Proper documentation must be kept.

**5. Invalid codes used.** "This is a completely avoidable pitfall," says Dr. Magalhaes. There are plenty of good resources to help practitioners stay current, including the American Optometric Association, the Medicare website, the American Society of Ophthalmic Administrators and the American Medical Association.

**6. Unbundling codes.** Billing bundled codes separately will trigger a

denial. For example, the code 68761 for punctal occlusion includes dilating the punctum. Don't bill them separately.

**7. Misinterpreted abbreviations.** Medicare is particular with its vernacular, so stick to established abbreviations, advises Dr. Magalhaes.

**8. No chief complaint.** A chief complaint is essential to the billing.

**9. Global fee follow-ups.** Global fee means global service. After billing for cataract surgery co-management, for example, the practitioner is not permitted to bill for services within a 90-day period, unless those services are unrelated to

the cataract surgery post-op care. In those cases, make certain the correct modifiers are used.

**10. Inappropriate or no modifier used.** Dr. Magalhaes points out that this is carrier-specific so O.D.s should consult their local carrier's website for modifier information.

Take the time to learn the modifiers and appropriate diagnosis and procedure codes, Dr. Magalhaes says. "Learn that you cannot get paid for epilating eyelashes with a diagnosis of iritis, for example. Avoiding these pitfalls will help you with timely reimbursements." ■

## Top Ten Reasons Claims Denied

*Avoid these red flags for quicker reimbursements*

**J**ohn Magalhaes, O.D., F.A.A.O., North Dartmouth, MA, says Medicare billing can be simplified by paying attention to the details. Double-check these 10 trouble spots that the Center of Medicare and Medicaid Services (CMS) reports are its top reasons for denials. Getting it right the first time will save you and your staff the time and hassle of resubmissions.



Dr. Magalhaes

**1. No documentation of service.** Write or draw what you see and do. Otherwise, it will never hold up in a chart audit. "There is just no other way to prove that we are worthy of reimbursement if we do not chart our results," Dr. Magalhaes says.

**2. Missing signature.** Medicare allows "signature on file" privileges; carriers can provide that information.

**3. Assigning the same level of service on all claims.** That's a red flag, says Dr. Magalhaes. "Avoid using 99213 on all your exams. Vary your levels of service to properly reflect complexity of the exam, amount of data collected and history taken."

**4. Consult vs. office visit.** There are codes that can be used as consultative codes which pay at a higher level if the patient is referred by a physician for optometric care, for exam-

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## Dixieland Delights

**D**on't miss this year's ALLDocs annual meeting, Sunday, October 16 to Thursday, October 20 in New Orleans. This year's meeting theme is Medical Model Optometry and Billing.

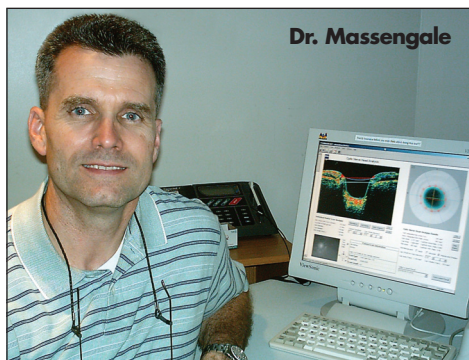
The meeting will be at the Ritz Carlton in the French Quarter, and the association has reserved a block of rooms at the Maison Orleans, a boutique hotel adjacent to the Ritz. Maison Orleans has just 75 rooms, along with a lobby that offers continuous complimentary food and beverages, including alcohol. Reserve early by calling 800.241.3333 and reference the ALLDocs group meeting.

### TENTATIVE AGENDA:

- Sunday, October 16 - Golf and welcome reception
- Monday, October 17 - Meeting, spouse activity, group dinner offsite
- Tuesday, October 18 - Meeting, group dinner offsite
- Wednesday, October 19 - Meeting, spouse activity, group cocktails, special dinner event onsite
- Thursday, October 20 - Morning meeting and departures

## Compliance Critical to Glaucoma Management

**C**urt Massengale, O.D., Oklahoma City, OK, knows that his glaucoma patients today are more compliant than they have been in the past. One of the main reasons is the advent of more potent, longer lasting glaucoma medications, such as Alcon's TRAVATAN®. The ease of once-a-day dosing reduces the risk a patient will fail to use their medication as prescribed. And the drug's long-lasting effect means that the patient's intraocular pressure (IOP) stays lower longer.



Dr. Massengale

easier to use, TRAVATAN is also a better IOP-lowering medication than what has been available in the past.

Dr. Massengale says the research and development efforts by drug companies to improve the patient experience also benefit the practitioner. His glaucoma practice is growing—and contributing to the overall growth of the practice. That's true for several reasons.

There's a better relationship between patient and practice. When Dr. Massengale first diagnoses a glaucoma patient,

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