

## Medical Billing Makes Practice Exciting Again

*Annual meeting session encourages O.D. to revisit medical billing*

**"T**his is the most excited I've been about optometry since I started the practice from scratch 10 years ago," says **Robert Duvall, O.D.**, Bowling Green, KY. Dr. Duvall attended the medical billing and coding seminar at the ALLDocs annual meeting in Miami in October, and it has changed the way he practices.



Dr. Duvall

"For too long, I had been charging everyone about the same fees—whether it was the 12-year-old myope or the older patient with cataracts, macular degeneration and

glaucoma. When you do that, you can almost develop a resentment for patients with eye disease because the exam and explanations take so long, and the compensation is comparatively low."

But having determined to follow the principles of medical billing, "I'm getting paid almost twice as much for the patient who has ocular disease now than I was just five months ago," he says. About one-third of his patients in November and December fell into this medical billing category. The results have been

tremendous—and across the board.

First of all, there's the professional satisfaction of being able to provide

*Continued on page 3*

### First Steps to Success

**D**r. Robert Duvall recommends these steps for starting with medical billing. Because he was already on the panels for medical providers in the area, he had the first step under his belt.

- ◆ Join every medical insurance plan in your area.

- ◆ Get a copy of every patient's medical insurance card, even if you're not a provider. Keep track of what plans patients are on as it will help you determine which plans to join first.

- ◆ Create an easy superbill for circling CPT codes and ICD-9 codes. "Using this takes some practice, but it's well worth it," he says, explaining that his superbill has undergone some revisions.

- ◆ Use the "S" codes for routine well patient exams and use "92000" codes for patients presenting with medical complaints or history of eye disease.

- ◆ Have a summary sheet for all glaucoma patients, with which you can easily assess which tests you've performed and how long it's been since the last visual field, optic nerve photos or gonioscopy. ■

## Contact Lens Comfort in the Desert?

**B**ob Mulgrew, O.D., Tucson, AZ, has experienced what every contact lens wearer who lives near this desert town does: dry eye symptoms. Recently, he tried OPTI-FREE® RepleniSH™ Multi-Purpose Disinfecting Solution (MPDS) and says that within a week, his lenses started to feel more comfortable. "I'm originally a New Yorker, so I'm a born skeptic. But my eyes feel less dry now."

He has since heard similar comments from his patients to whom he is recommending the new solution.

"Numerous patients have told us it is better. They say that they couldn't wear their lenses comfortably for a day and now they have all-day comfort. I'm impressed so far," he says.

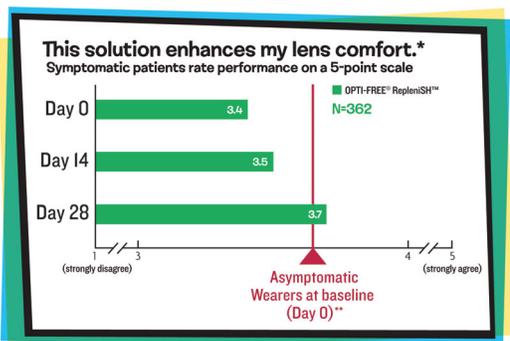


Dr. Mulgrew

Dr. Mulgrew says that while contact lens solution chemistry is not an issue most patients think about, he does explain that there is new science behind this product. He tells them, "There are always new products coming out, but I've tried this for myself and it is specifically designed for the silicone hydrogel lenses that you have. Previous solutions may have been created before silicone hydrogel lenses were available."

Recommending the right care

*Continued on page 2*



Day 0 baseline based on pre-study regimen which included various solutions.

\* For patients wearing Group IV lenses.

\*\*Average for various lenses in Group I and Group IV.

# Alcon Introduces New Drug for Post-Surgical Pain and Inflammation

*Clinical studies demonstrate effectiveness of NEVANAC™ suspension*

**A**lcon's new drug NEVANAC™ (nepafenac 0.1% ophthalmic suspension) has been approved for the treatment of pain and inflammation associated with cataract surgery.<sup>1</sup> Two recent studies demonstrated that NEVANAC™ suspension dosed three times per day, in the absence of steroid therapy, was effective in controlling pain and post-operative inflammation associated with cataract surgery.<sup>2,3</sup> More than 80 percent of patients treated with



NEVANAC™ suspension were pain-free on day one, compared to only 40 to 50 percent in the placebo group.<sup>3</sup> By day 14, approximately 95 percent of patients were pain-free when treated with the drug, compared to 45 to 60 percent of patients in the placebo group.<sup>3</sup> Results for inflammation control were similarly positive, as greater than 85 percent of patients treated with NEVANAC™ suspension had no clinically significant inflammation at day 14, compared to approxi-

mately 49 percent of patients in the placebo group.<sup>3</sup> ■

<sup>1</sup> NEVANAC™ Suspension package insert.

<sup>2</sup> Data on file, Alcon Laboratories, Inc. 2005.

<sup>3</sup> Lane SS, Modi SS, Holland EJ, et al.

Nepafenac ophthalmic suspension 0.1% before and after surgery for postoperative anterior segment inflammation. Paper presented at: American Society of Cataract and Refractive Surgery, April 19, 2005; Washington, D.C.

## FROM THE PRESIDENT'S DESK

### Building on Our Strength



Dr. Gelb

If you thought last October's ALLDocs annual meeting was exciting, wait until you hear about the one coming up. The feedback on the medical billing and coding seminars was very strong, so we'll be providing even more of those.

At this year's meeting, right on the beautiful beach of Playa del Carmen, Mexico, practitioners can attend a medical billing seminar, focusing on the specifics of procedures, diagnoses and codes. It will

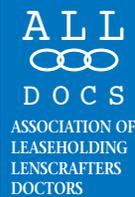
be a true how-to session, including not only when to do it, but how to do it and how to make it flow within the office.

ALLDocs is emphasizing medical billing and coding because we believe that is where a big opportunity lies for optometry. The financial opportunity is attractive, but even more importantly, our role as primary eye care providers depends on our being able and willing to diagnose and treat eye conditions to the full extent of our certifications.

In this issue, Dr. Robert Duvall explains how he came away from the October meeting convinced that he needed to take the next step in medical billing. His results have been tremendous—but not atypical. Success is within our reach.

I encourage leaseholding LensCrafters O.D.s to initiate appropriate medical billing if they're not already doing so. It will buoy our collective professional reputation, build goodwill to LensCrafters because its customers are receiving one-stop full-service, quality care, and help our bottom line. ■

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## Comfort in Desert

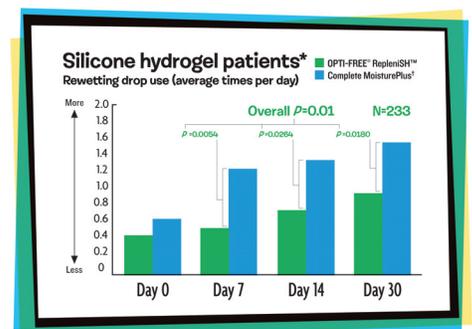
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solution is essential for practice success. "We're fitting the best products, but if patients are not comfortable or their eyes feel dry, the rest is for naught. I believe O.D.s should take control of the entire contact lens experience: what lenses patients wear, how long they should wear them and what their care solutions should be," Dr. Mulgrew says.

**Jeff Lewis,**

**O.D.,** another leaseholder in

Tucson, says he's enthusiastic about the new solution. "At a recent conference I attended, I heard about how the care solution reconditions the lens surface so it still remains wettable at 14 hours. Compared to other solutions that keep lenses wettable for six or eight hours, that's very beneficial," he says. ■



\*Data on file, Alcon Laboratories, Inc. Clinical study #C-04-13.

\*trademarks are properties of their respective owners

## IMPLEMENTING THE MEDICAL MODEL

### Are You Giving Away Some of Your Contact Lens Services?

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

Contact lenses are a big part of a practice, yet it is often one of the areas where practitioners tend to give away their services. Contact lens technology has undergone significant advances with the advent of the silicone hydrogel materials. For all the good they do, however, these lenses also tend to be more finicky to care for because of their unique chemistry and design.

Let's focus on this interaction between lens technology and care systems. Some multipurpose solutions cause an interaction, through biocide release, with ocular tissue, making the balance between anti-microbial efficacy and clinical safety difficult to achieve. Clinical concerns such as corneal staining, tarsal plate hypertrophy and edema, limbal hyperemia and discomfort can at times be related to the adverse effects some chemicals exert on these tissues. Clinical literature cites numerous references to the effects of some biguanide solutions on corneal staining. If you are not staining your soft lens patients on a regular basis, however, you might be allowing solution-induced corneal staining to go by largely unnoticed. Nevertheless, solution-related staining can damage the ocular surface, which may trigger inflammation even though you and the patient frequently remain unaware. Resolving these issues may be as simple as examining your patient more closely and prescribing the right contact lens solution.

That brings us back to the point about giving away services for free. Today's new technology lenses require practitioners to prescribe a system of lenses and solutions

together for optimal performance, comfort and health. With the interaction and potential reactivity of specific solution and lens combinations, corneal staining and lid reactions can be common. When presented with the increasingly common interaction and potential reactivity of specific lens and solution combinations, you must realize that these are medical eye conditions that must be addressed, treated and resolved.

It is not part of the "contact lens follow-up" visit category, where you provide the medical eye care in a predetermined "package" price. Instead, it would be billable to the medical carrier with the appropriate medical diagnosis. The CPT codes most likely to be involved here would be the 992XX codes, depending on whether or not the patient is new to the practice or established, and the particu-

lar level of care. The new patient billing code would most likely be a 99202, and for an established patient, the code 99213 most likely would be used.

Remember to make sure that your medical record is thorough and establishes medical necessity, and that you are following the guidelines of the level of case history, examination performed and medical decision-making performed. When you approach the medical management of each patient appropriately, by recognizing the medical nature of the solution/silicone hydrogel reactivity, then you and the patient can have a positive outcome. Prescribe an appropriate combination system of solution and lenses, and bill the medical carrier for the resolution of the presenting corneal and lid reactions. ■



Dr. Rumpakis

## Medical Billing

*Continued from page 1*

unhurried care to these patients. Medical patients require more time, and now his scheduling allows for that. Interestingly, this coding method has not reduced the number of patients in Dr. Duvall's office. His office actually performed 90 more comprehensive eye examinations during this two-month period than it did the previous year.

The new attitude has also resulted in a boost to the bottom line. "I had a total increase in exam revenues of 41 percent over November and December of 2004,"

and a 31 percent increase in total net fees during that time frame, he says.

The ALLDocs meeting couldn't have come at a better time, says Dr. Duvall. "I went into that meeting last October a little depressed. For the first time in 10 years, my practice was trending toward a net decrease for the year." The meeting showed him that he was leaving a substantial amount of money on the table with every medical patient.

To help get the staff fully on board, Dr. Duvall developed a special incentive for staff. The goal: surpass 2004 revenue. He explained how big the gap was between 2005 revenue-to-

date and 2004 revenue. Then he told the staff that if they exceeded 2004 revenue, they could split 10 percent of that gap. "I didn't care if we went over by \$1; I didn't want to have a year where we fell behind," he says. As it turns out, the practice met that goal at 2 p.m. on December 31. Considering that he went to the ALLDocs meeting six percent down, that was quite a gap to make up. "The bonus added up to more than \$2,000, and it was well worth it. The staff was energized and enthusiastic, which is very important when you're introducing a new idea," he says. ■

## GUEST COLUMN FROM COOPERVISION

### Breakthrough Comfort in a Contact Lens Is Here

By Bob Scott, Senior Director of National Accounts

**W**hat patients want most of all out of their contact lenses is comfort. Recent CooperVision eye care practitioner research confirmed that comfort ranked as the most important criteria for successful daily wear. Perhaps it is this reason that an estimated 90 percent of silicone hydrogel lens wearers are removing their lenses on a nightly basis.

This is a key reason why CooperVision has been expanding its PC Hydrogel™ family of lenses. That now includes Versaflex® XC, available now from your CooperVision sales representative. Versaflex XC delivers extended comfort by utilizing CooperVision patent-



ed PC Technology to create a unique, biocompatible lens material that attracts water and remains hydrated longer, keeping the

lenses moist and comfortable throughout the day. Because the Versaflex XC material is compatible with human cell membranes, the body does not attempt to reject the lens and coat it with lipids and proteins. PC binds water molecules, creating a shield of water, which allows the lens to stay clean and moist all day.

The PC Hydrogel omafilcon A material is the only lens material with an FDA-cleared labeling indication, "may provide improved comfort for contact lens wearers who experience mild discomfort or symptoms relating to

dryness during lens wear." Versaflex XC also delivers on comfort and fit with a lower modulus versus existing silicone hydrogel lenses.

Survey respondents agreed that the technology behind PC Hydrogel lenses often provides bet-

ter comfort than today's silicone hydrogel lenses. Results also indicated that the patient satisfaction rate with PC Hydrogel sphere lenses is higher than with existing silicone hydrogel lenses, indicating that Versaflex XC lenses can offer better comfort and fit than the two-week silicone hydrogel lenses that are currently available for daily wear.

"Sixty percent of patients have to remove their current lenses before the end of the day because of discomfort," says CooperVision Single Vision Marketing Manager Howard Higgins. "CooperVision is committed to Versaflex XC and the PC Hydrogel family of products because we believe that eye care practitioners should be able to offer their two-week replacement/daily wear patients a more comfortable contact lens-wearing experience. Versaflex XC lenses feature proven biocompatible technology in a lens material shown to be preferred by practitioners over leading silicone hydrogels."

Contact your CooperVision sales rep at 1.800.538.7850 for complete information on how this new lens will improve your profitability, patient satisfaction and patient retention. ■



Bob Scott

CooperVision

SEE BEYOND THE ORDINARY™

## Make Plans for Mexico

**T**he ALLDocs annual meeting will be held Sunday, November 5, to Thursday, November 9, in Playa del Carmen, Mexico. The ALLDocs board has made arrangements at the fabulous Royal Porto Real, an all-inclusive luxury resort easily accessible from the Cancun airport.

Mark your calendars now. ■

ROYAL PORTO  
*Real*  
Luxury  
PLAYA DEL CARMEN



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