

Provide Patients Direction on Solution

Mark Steadman, O.D., Nashua, NH, understands why so many patients are indifferent to their contact lens solutions. “If practitioners don’t stress the importance, patients will treat solutions like they’re all the same,” he says. To counter that, he makes a strong recommendation in the exam room about using—and staying with—a specific solution. For many

patients, he recommends OPTI-FREE® EXPRESS® MPDS NO RUB™ Lasting Comfort Formula. He tells patients he used it himself when he wore contacts. “I found it a nice, clean, easy solution to use. It doesn’t leave a residue on the lens. I tell them it’s good for their eyes and good for their contacts.”

To keep patients from buying what’s on sale, he and the techs tell pa-

tients: “This is your solution. Check with us if you’re thinking of changing brands.” In this way, Dr. Steadman lets patients know that the choice of solution is one of the factors in overall contact lens comfort. ■



FROM THE PRESIDENT’S DESK

Get Jazzed



Dr. Gelb

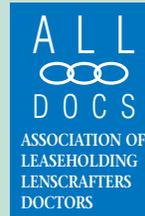
Your board of directors is jazzed for the annual meeting. Sure, it helps that we’ll be meeting in New Orleans in a beautiful Ritz Carlton that backs right up to the famed French Quarter. But we’re just as excited about the program that is taking shape.

Our theme this year is medical billing—and even if you arrive knowing very little, you’ll leave ready to implement it into your practice. One day of the meeting will be devoted to a six-hour seminar on medical billing, presented by a panel of experts, including Dr. John Rumpakis whose column is featured on page 3. We’re hoping to add a session for your staff members who handle the billing. Please email or fax me to let me know if you’re interested in inviting staff members along for this session so we can increase our reserved block of rooms, if necessary.

You’ll notice that this newsletter will also be taking on more of a “how to” approach. In this issue, Dr. John Magalhaes shares some strategies for starting with medical billing, while Dr. Rumpakis reminds us that what we say is equally important to what we do. And Dr. Dawn Bearden shares how she is moving her offices toward paperless.

Throughout the year, this newsletter, sponsored by Alcon, will introduce the concepts we’ll be sharing at the annual meeting. We are lucky to have several ways in which we can exchange information that helps our practices, our patients, the LensCrafters locations next door and our profits. While that should be plenty of incentive to come to the annual meeting, the board extends one other attractive incentive: stay for the entire session and we’ll pay for your first night in the hotel. We’ll have more details in the next issue, but I ask that you contact me as soon as possible if you’re interested in our billing staff session. ■

Dr. Kerry Gelb
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Paperless

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they could move the examination format to mirror the way these O.D.s moved through the exam process. They customized responses in the drop-down menus so that common responses were near the top. They created commonly used sentences so that the computer recognized and offered those as an option after just a few keystrokes or in a menu. That saves them from typing the same responses on most charts.

She compares herself and the staff on the day the trainer left to sad preschoolers watching their mom walk out the door. But they followed the predictable pattern of learning to crawl, walk and then run as their confidence grew. MaximEyes support techs have the ability to make modifications remotely, so even in between visits from the trainer, they were able to continue to customize and modify the system.

Trial and Errors

While the transition went smoothly when patient flow was minimal, when volume picked up so did the tension level. “My techs were ready to mutiny when we started to see a regular patient load. If we had 10 charts that were an inch thick that day, the techs weren’t tech-ing, they were scanning.” So the staff and O.D.s began looking carefully at what really needs to be in the computer record and how much of what they were scanning was redundant.

In the next issue: Dr. Bearden details the benefits of the system and the tremendous patient response. ■

THE MEDICAL MODEL

A Little Explanation Goes a Long Way

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

One of the tenets of medical billing is to document well. But in making sure that your documentation supports your claim for the payer, don't overlook what you're telling the patient. Here's why. I recently heard of a case where a patient, receiving a Medicare statement showing \$250 in charges, complained that the practitioner was committing insurance fraud. In fact, the charges were completely appropriate; the O.D. suspected a medical problem, performed the additional tests and billed Medicare on the patient's behalf.

But place yourself in the patient's position. You've been quoted a fixed price for a procedure, and during the exam, the doctor performs some additional tests but doesn't fully explain them. Then he or she tells you not to worry because the insurance company will be billed for the visit. Three weeks later you get a report from the insurance carrier showing charges far greater than what you were expecting. It's not entirely surprising the patient thought the O.D. was ripping off the insurance company.

Our goal in practice is to have the satisfaction of being



Dr. Rumpakis

able to practice full-scope eye care and take care of our patients in a manner that exceeds their expectations. That demands proper and appropriate communication with our patients. If a patient's signs, symptoms or chief complaints require you to perform an examination or order additional procedures, explain that the examination is no longer considered to be a basic vision examination and that while the visit can be billed to the patient's medical carrier, the charges and fees will be different than the stated vision exam fee. Then there are no surprises when the insurance carrier's statement shows up. Take the time to properly set the patients' expectations.

While communicating what we're doing during a medical examination process may be second nature to many of us, simply imparting the clinical value and findings isn't enough. We also have a responsibility to communicate our fees and the process of third-party medical billing. Be your patients' advocate, provide the best care you are trained to provide, get paid properly for the services provided and continually communicate with your patients. In so doing, you'll make the patient your advocate for life. ■

Getting Started with Medical Billing

"Don't be afraid to bill for the reimbursement to which you are entitled," says **John Magalhaes, O.D., F.A.A.O.**, North Andover, MA. Just be sure to "bill for what is done, well-documented and what will stand up to a medical review (audit)."

To illustrate, Dr. Magalhaes provided the following three case examples from his offices. He notes that each local Medicare carrier may have different regulations and should be consulted.

Example #1

A 68-year-old African American male with a history of IDDM, family history of glaucoma, and a past eye history of asymmetric cupping and consistently high eye pressures presents with reported concern for glaucoma and itchy, tearing eyes. After taking an extensive history and per-

forming a comprehensive exam that involved medical decision-making, the O.D. billed the following:

92004 - Comprehensive exam, reimbursed at \$122.11.

92015 - Refraction, billed and denied.

99212 (modifier 59) - E/M, reimbursed at \$36.16.

Dr. Magalhaes comments: "Note that the two entering medical complaints were worked up separately and billed appropriately. Review the definition of 92004 and its attendant requirements and the new glaucoma screening codes G0117 and G0118, which could apply here as well. Medicare will deny refractions, but the fee can be collected from the patient if an Advanced Beneficiary Notice is presented and signed by the patient. Modifier 59 is used to indicate 'distinct and separate' and is tied to a diagnosis of SPK, while the

92004 is linked to OAG suspect."

Example #2

The same patient returns for a full glaucoma work-up to include extensive diagnostic testing, for which the O.D. billed the following:

92083 - Visual field, reimbursed at \$68.10.

92135 (modifier 50) - Scanning laser, reimbursed at \$81.26.

92020 - Gonioscopy, reimbursed at \$25.83.

Dr. Magalhaes comments: "These may all be attached to diagnoses such as OAG suspect, PXS and OHT as appropriate. Other billable services could have included pachometry 76514, serial tonome-



Dr. Magalhaes

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GUEST COLUMN FROM COOPERVISION

Seeing Beyond the Ordinary

Ocular Sciences
A CooperVision Company

By Jeff McLean, President of CooperVision, U.S.

In the vast landscape of American business today, it is commonplace for mergers and acquisitions to take place on a daily basis. What is rare, however, is when two companies unite bringing together a strategic fit of both product and personnel to bring a winning combination for each company as well as for you—our customers. This is precisely what we believe we've accomplished by bringing CooperVision and Ocular Sciences together!

Our new CooperVision will allow us to enhance our already outstanding product portfolio, improve our service to you with an expanded sales force and add extensive Research and Development resources to deliver to you the next generation of silicone hydrogel material lens technology. We are committed to maintaining and improving the level of service and attention you enjoy from OSI and CooperVision, and to ensuring that you can continue to fit either company's products with confidence.

We consider LensCrafters Leaseholding Doctors



SEE BEYOND THE ORDINARY™

very special customers, and Cooper and OSI have fiercely competed for your business for years. Hopefully, you can appreciate my excitement and enthusiasm as we now will be working together as a single company to partner with you to grow your business. For the time being, it's "business as usual" and you need not change the way you do business with either company. Let me assure you, however, that we will be moving quickly to integrate and improve the service, support and product offerings from our combined companies.

You'll also be seeing exciting new promotions, programs and product enhancements that will actively demonstrate our support for you. Watch for information on the French River Cruise Contest for ALLDocs members and please keep your eyes open for further news and company updates. Please be sure to visit our website—www.CooperVisionOSI.com—for additional information and answers to your questions.

Thank you for your continued support. We look forward to an especially exciting year with LensCrafters Leaseholding Doctors. ■

Medical Billing

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try 92100, and glaucoma provocative testing 92140. These services were not performed on this particular patient. Visual field is a bilateral procedure reported on one line. Scanning laser is a unilateral procedure, so use modifier 50 if done on both eyes. For gonioscopy, report bilateral procedures on one line; if only one eye is done, use modifier 52 for reduced services."

Example #3

A 67-year-old female with a history of psychotropic drug use and eyelid surgery presents with a complaint of light sensitivity, pain in the eye and intractable foreign body sensation, OU. After a thorough history, review of systems and diagnostic testing to try to uncover the cause of the eye pain as well as the etiology of the FBS, the O.D. billed the following:

99213 (25) - E/M code, reimbursed

at \$49.60.

67820 (RT) - Epilation to correct trichiasis, reimbursed at \$53.75.

68720 (LT) - Epilation to correct trichiasis, reimbursed at \$53.75.

Dr. Magalhaes notes: "Remember that many surgical services carry with them global surgical periods in which any follow-ups are included in the global fee. The office billed the E/M code with the modifier 25, relating to diagnosis of eye pain, to indicate that there was significant effort that was 'separately identifiable,' and 'not part of the surgery or procedure.' Documentation must indicate that the complaint of pain was worked up independently and extensively, perhaps with additional intraocular testing to rule out uveitis, vitritis, retinitis, etc."

Dr. Magalhaes adds, "Just code according to levels of history, exam components and how complicated the diagnosis is."

In a later issue, Dr. Magalhaes will review some common reasons for denial of claims. ■

Allergy Season

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contact lens wear. Patients who have red and itchy eyes may choose to discontinue lens wear without consulting their doctor. They may blame their contact lenses or solutions for the discomfort—even if it continues once they've removed their lenses.

By writing a PATANOL prescription that the patient can fill throughout the year, Dr. Mulgrew knows his patients can get the right treatment for their symptoms quickly. Simply by discussing allergies, he opens the door to let patients know he can treat most ocular problems and conditions. Dr. Mulgrew says, "Treating allergies has been a tremendous practice builder. Not only do our patients now seek our counsel on therapeutic matters, but treating allergies has been an excellent gateway into medical billing, which further develops loyal patients." ■

Paperless Efficiency

Editor's Note: *This is the first in a two-part series on the experience of Dr. Dawn Bearden, whose practice epitomizes the paperless office.*

When **Dawn Bearden, O.D.**, took over the lease at the Pembroke Pines, FL, office in 1997, she knew she wanted to go paperless. There were other purchases to make first—a visual field machine, topographer and a digital retinal camera, for example. But in 2002, during the slow month of December, the practice put away the paper and switched to MaximEyes practice management software.

Dr. Bearden's experience will prove invaluable as she prepares to move her sec-

ond office located in the Sawgrass Mall to a practically paperless system. That office only got high-speed Internet access this winter—a necessity for networking her two offices and home computer.

She started down the paperless path two years ago by computerizing her accounting system. "That was my training ground for computerizing the whole office," she says.

Going Cold Turkey

When Dr. Bearden selected the MaximEyes software, it involved bring-



Dr. Bearden at her computer

ing a trainer into the office to help with the transition. She closed the office for most of one day so the trainer could work with the technicians and the doctors. During the first day of the live system, Dr. Bearden and the trainer worked together adding last-minute customization while **Michelle Leal, O.D.**, saw the day's few patients. That way, they could see how easily Dr. Leal could maneuver through the system during the patient exam. "We could say, 'That's working' or 'This needs to be moved.' We did that for a day or two, keeping a pad of paper near the computer so we could keep notes about the changes needed," Dr. Bearden says.

The program is fully customizable, so
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Allergy Season Isn't Only in Spring

Robert Mulgrew, O.D., knows that allergies aren't just a seasonal problem for his patients. In his Tucson practice, he sees patients who suffer from allergy symptoms year-round. Even with those patients who are currently asymptomatic, Dr. Mulgrew discusses the availability of prescription ocular allergy medication like PATANOL®.

Dr. Mulgrew states there are several good reasons for talking about allergies year-round. Patients want immediate and effective relief. If he hasn't provided them with a PATANOL prescription, they will either call their primary care physician, or buy an OTC product. OTC products are

less efficacious, requiring more frequent dosing, which is difficult for contact lens wearers. Patients can put a drop of PATANOL in their eyes in the morning, insert their contact lenses soon after and have all-day relief.

Allergy symptoms are a significant factor in many patients dropping out of
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Mark Your Calendar

The ALLDocs annual meeting will be held on **Sunday, October 16, to Thursday, October 20, in New Orleans at the Ritz Carlton in the famous French Quarter, shown at right.** ■

