

Medical Billing Turns Practice Around

Nearly 40 percent of practice revenue comes through medical model

When **Anna Hopkins, O.D.**, Lancaster, OH, began billing patients' medical insurance carriers for medical services she was providing, her outlook changed. Not only was she being compensated for her efforts, but also she found she was enjoying the practice management challenge. Most importantly, that included properly scheduling patients with medical needs.

"So often I was spending time with patients and not getting paid for it. I wanted to give as much care as possible, but it was stressful when I knew there were other patients waiting to see me," she says.

Dr. Hopkins credits her ALLDocs colleagues and the ALLDocs annual meetings for providing her the encouragement to move into medical model optometry. She returned to her practice following the 2005 meeting in Miami and began the process of incorporating medical coding and billing. After the 2006 meeting in Mexico, she was eager to make more changes necessary to embrace full-scope



Dr. Hopkins

optometry.

The results have been impressive. Before the 2005 ALLDocs annual meeting, Dr. Hopkins was not being paid for medical services. Now, medical care patients account for about 25 percent of her patients, and even more impressively, nearly 40 percent of her revenue. She adds that

the revenue generated through medical billing is an entirely new income stream. She is able to charge for her refractive services separately from the medical services. "It's working better than I thought it would—and our revenue per patient has increased substantially," she says.

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Picture-Perfect Addition to Practice

Anterior segment photography aids documentation, profitability

"Many practitioners don't think of documenting anterior segment disease as often as they do posterior segment disease," says **Brian Berliner, O.D.**, Huntington Station, NY. Why not? he wonders. "Anterior segment disease can come up just as often. And the photographs of the anterior segment are most often covered by insurance as well," he says.

Dr. Berliner takes clinical photos of conjunctivitis, ulcers, foreign bodies, giant papillary conjunctivitis and even sties. "Patients are almost as impressed by a picture of the front section of the eye as they are by posterior segment photos. They recognize the structure more, so

it's more familiar to them," he says.

As long as practitioners ensure there is medical necessity for taking the photo, they can bill a patient's medical insurance provider using CPT code 92285. "Make sure you include your impression and your treatment plan on the chart," he says.



Dr. Berliner

Dr. Berliner uses his current retinal camera to shoot anterior segment images. "By placing the patient so his or her chin is at the very front edge of the chin rest, and by experimenting with the illumination, and then adjusting the focal lens, we're able to take photos of the anterior segment," he says. Switch the

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ALLDocs Annual Meeting Preview
October 14-18, 2007
Scottsdale, AZ
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Photo courtesy: Scottsdale Convention & Visitors Bureau

Medical Billing

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Dr. Hopkins counsels patience when it comes to training staff. Each time Dr. Hopkins attends a seminar on medical billing, she summarizes it for her staff. "I'll type the protocol and review it with the staff. I also created laminated sheets with procedure codes to match the diagnosis codes on the patient's chart. In the beginning, we used those so the staff would have a reference to know how to charge," she says. She tries to make it easy by regularly updating the allowable charges as well as calculating the 20 percent for which the patient is responsible for each commonly used procedure.

"The more medical billing and coding you do, the more comfortable you become," she says. She focused initially on procedures she did often,

such as nevi, conjunctivitis and glaucoma. Her primary sources for billing and coding information—along with ALLDocs seminars—were her local Medicare and other insurance carriers.

Dr. Hopkins has created an office policy to have patients pay for the

medical charges, even if they have secondary insurance. "We help them bill the secondary carrier, and when the check comes in, we issue a refund to the patient. It's easier to issue a refund check than to try to collect from the patient." ■

Caring for Glaucoma Patients

There's a learning curve for properly coding care for glaucoma patients. While Dr. Anna Hopkins was crafting her protocol for billing, she already had her preferred therapy—TRAVATAN®. "The once-a-day dosing is so much easier for patients. And they achieve better control with TRAVATAN than they do with other medications," she says.

Dr. Hopkins says as a result of the information learned at last year's annual meeting, she anticipates prescribing more TRAVATAN® Z for her glaucoma patients. "It will provide the same efficacy without BAK, which could be especially important for glaucoma patients who also suffer from dry eye." ■



FROM THE PRESIDENT'S DESK

What's in Your Future?



Dr. Gelb

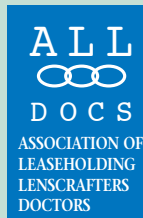
At our 2007 annual meeting, we'll be building on the themes of the past years to help you understand the variety of technology that can improve your practice and clinical management. The theme for the 2007 meeting is "The Office of the Future." We'll learn about the latest computer technology, paperless office systems and billing systems.

I often hear from colleagues who attend our annual meetings that these are the most relevant meetings. In this issue, Dr. Anna Hopkins shares how these past two meetings have revolutionized the way she practices. The impact, she and others say, is immediate.

This next meeting can do the same. Our goal is to help LensCrafters leaseholding O.D.s do the best for their patients while increasing revenue. It's a cycle: a healthier financial practice can allow you to increase coverage by hiring associates, which in turn increases the number of refractive patients who can fill their eyeglass prescriptions at LensCrafters.

Please make your meeting plans now. The first step is to send your annual dues. You can download the dues form from our web site: alldocsod.com. Then let us know if you'll be coming. Our attendance goal is 95 O.D.s—10 more than our 2006 meeting. ■

Kerry Gelb, O.D.
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Picture-Perfect

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camera and insert the auxiliary high-plus lens and then back out the camera, he says. "Have some staff members sit for you while you experiment and get your settings just right. Then you can teach the technique to the technicians so they can take the photos," he says.

While he prefers the retinal camera, another method he sometimes uses is to use a hand-held digital camera in conjunction with his slit lamp biomicroscope. "I'm able to take reasonably good quality photos and download them on the computer right in the exam room," he says. He suggests some similar experimentation with staff. "Play with the digital camera speed and work on the alignment of the camera with the eyepiece of the slit lamp," he says. Have a technician stand by and aim a hand-held light source, such as a transilluminator, near the eye that you are imaging, he suggests. That can help brighten the image.

Dr. Berliner estimates he submits claims for an average of five to 10 anterior segment photos per month. ■

ALLDocs Annual Meeting to Examine Office of the Future

The 2007 annual meeting will be held at the Fairmont Scottsdale Princess from October 14 through October 18.

A tentative agenda follows. Updates will be available on the alldocsod.com web site and in the next issue of *ALLDocs*.

Sunday, October 14th

- ◆ 12:30 p.m. Golf outing at the fabulous Scottsdale TPC course, home of the FBR Open (formerly the Phoenix Open)
- ◆ 5:30-9:30 p.m. Welcome reception with hors d'oeuvres.

Monday, October 15th

- ◆ **John McGreal, O.D.**, on medical optometry update
- ◆ LensCrafters update
- ◆ Vendor presentations
- ◆ Vendor fair
- ◆ Special evening event

Tuesday, October 16th

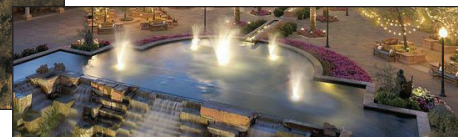
- ◆ Vendor presentations
- ◆ **Craig Thomas, O.D.**, on benefits of medical optometry
- ◆ **Bill Fox, O.D.**, on practice management

Wednesday, October 17th

- ◆ Legal issue overview
- ◆ Vendor presentations
- ◆ Vendor fair
- ◆ Special evening event

Thursday, October 18th

- ◆ Morning business session and departures ■



Photos courtesy Scottsdale Convention & Visitors Bureau

GUEST COLUMN FROM COOPERVISION

Biomedics® EP Offers Outstanding Opportunity for Practice Growth

By Harvard Sylvan, O.D., Director, Professional Development at CooperVision

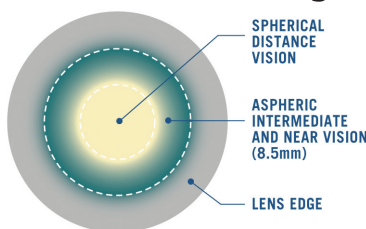
As contact lenses have continued to be viewed by the consumer as a low-priced commodity item, it is essential to the growth and success of a contact lens practice that products be utilized that enhance both the professionalism of the doctor and the profitability of the office.

The huge numbers of patients that are becoming presbyopic give contact lens fitters the best opportunity for practice growth and a way to differentiate themselves. It is estimated that 2.4 million contact lens wearers are becoming presbyopic each year. This is a group that is highly active, wants to maintain a youthful appearance and is resistant to wearing reading glasses over their contacts.

In order to better serve the needs of this population, CooperVision has released the Biomedics® EP. This unique lens has been designed to address the visual demands of the Emerging Presbyope (hence the name EP). The center of the lens has a spherical distance zone surrounded by a progressive aspheric zone that provides excellent intermediate and near vision.

Maintaining crisp distance vision is of paramount importance to the emerging presbyope. The sharp binocular distance vision, coupled with the ability to see at both intermediate and near, is what makes this lens a far superior choice over monovision.

Biomedics® EP Design



In fact, after a recent pilot study by 68 doctors, 84 percent of those doctors who fit monovision as their design of choice for emerging presbyopes indicated that they would now utilize Biomedics EP instead.

That is an outstanding endorsement.*

Although it performs like a multifocal, the Biomedics EP is as easy to fit as any spherical lens and requires very little chair time. There is no need to be concerned with eye dominance or selecting an add. The add is built in and will work with patients who need up to a +1.25D. As the Biomedics EP is comparably priced with two-week spheres and is less expensive than traditional multifocals, it will assist in transitioning patients from spherical correction to higher add multifocals as their

presbyopia increases. In addition, it will serve as an easy entry into multifocal fitting for those doctors who are unfamiliar or uncomfortable with fitting these types of lenses.

Many doctors also are using it to fit their younger patients with either accommodative insufficiency or convergence excess. Simple parameters and a small fitting set allow you to keep all Biomedics EP powers in stock and ready for same-day dispensing.

CooperVision has "no risk" evaluation programs and introductory offers for this exciting new lens. Contact your area sales manager, **Bob Scott** or **Garth Bradley**, at 800.538.7850 for additional information. ■

*Data on file



Dr. Sylvan

THE MEDICAL MODEL

The ABCs of CPT Coding

A simplified approach to providing the best care

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

Most O.D.s focus on providing clinical excellence and reason that financial success will naturally follow. That certainly can and does happen. For a great many O.D.s, however, a different perspective on clinical care and billing and coding for medical insurance reimbursement may deliver better results to both their patients and their practice's bottom line.

If you feel that you missed opportunities in delivering the care you're capable of delivering as well as the economic benefits that result from understanding how to code patient encounters properly, consider what I call the ABCs of CPT coding. It's a way to organize your outlook on providing care and put your practice in a position to realize appropriate reimbursement for your services.

A Demonstrate that you are an **ACTIVE** participant in your patients' total eye care. Don't limit your service to refractive care. And don't limit your services to dispensing samples of OTC and Rx agents. Instead, take a proactive role.

B Be **BETTER** at what you are trained to do. Strive to practice to the fullest scope of your license on a daily basis. Reach out to friends, colleagues and peers to learn more, to take the initiative and create opportunities within your practice.

C Take **CONTROL**. Define what you do and how you do it. Be passionate about the care that you deliver. Don't stress about things you can't control, but take full responsibility for the things that you can.

These ABCs will help you deliver the best care to patients. They also will help you achieve more effective results with medical billing and coding. How? Very simply. Understanding the basics of the CPT system is not only critical for survival in practice, but also the only way that you can define to third-party payors the care that you provide.

To illustrate, let's consider anterior segment care—especially ocular allergies and dry eyes—which dominate the therapeutic landscape in many optometric practices. Prime season for allergies is just around the

corner, and the potential impact to your practice can be huge. If the allergic population potential was realized within the typical optometric practice, it could add nearly \$140,000 of pure net income to the bottom line.

- ◆ Nearly 124,500,000 people in the U.S.—about 42 percent of your existing patient base—have ocular allergies.
- ◆ Nearly eight times more people buy OTC ocular allergy medications than Rx preparations.
- ◆ Most patients pay more out-of-pocket by self-medicating with OTC remedies than with Rx products.
- ◆ Alcon has launched **PATADAY™**—a once-a-day, 24-hour solution for your patients' ocular allergies. Now apply the ABCs of CPT coding to these patients. Remember: present an **ACTIVE** recommendation for the **BETTER** alternatives and take **CONTROL**.

Allergies are clinically easy to diagnose, easy to treat and even easier to code. Both the one-week and six-month follow-up visits after prescribing **PATADAY** on the day of your general examination would typically be coded with a 99212, 99213 or 92012 code, along with an appropriate corresponding ocular allergy diagnosis code. It's just that simple.

If you aren't getting your share of the allergy marketplace, vow that 2007 will be different—be pro-**ACTIVE** with your patients by mentioning that you have a state-of-the-art solution for their allergies rather than waiting for them to ask. Don't sample; be **BETTER** in how you approach your patients' clinical profile by prescribing and solving their problem. By striving to be the best clinician, you can change patients' perception of what you do. Take **CONTROL** of your patients' total eye care needs by embracing both refractive and medical eye care. The bottom line: be the doctor. After all, that is why patients come to see you, and it's the basis upon which medical insurance carriers reimburse you. ■



Dr. Rumpakis



Alcon's new **PATADAY™** is a once-a-day allergy medication.

Alcon's new **PATADAY™** is a once-a-day allergy medication.