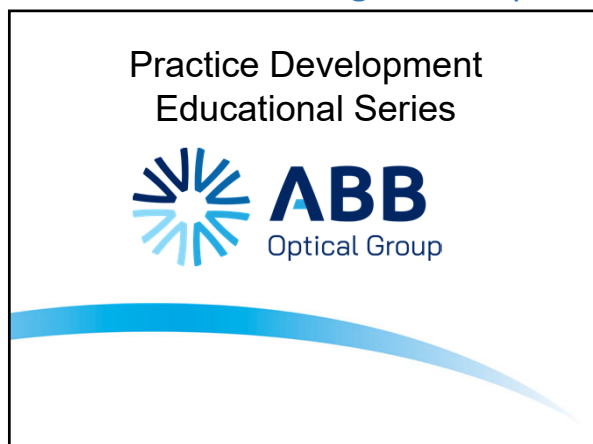


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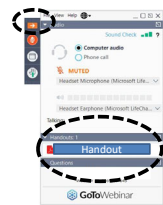
Practice Management Tips on Billing and Coding Specialty Lenses



Welcome

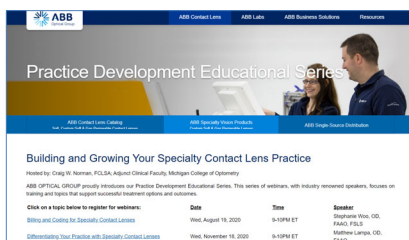
- Turn up your volume!
- Handout of slides can be downloaded
- Maximize/minimize screen and tool bar
- If you lose the screen, click on the blue flower on your taskbar
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Building and Growing Your Specialty Contact Lens Practice

Hosted by: Craig W. Norman, FCLSA, Adjunct Clinical Faculty, Michigan College of Optometry

ABB OPTICAL GROUP proudly introduces our Practice Development Educational Series. This series of webinars, with industry renowned speakers, focuses on training and topics that support successful treatment options and outcomes.

Click on a topic below to register for webinars:	Date	Time	Speaker
Billing and Coding for Specialty Contact Lenses	Wed, August 19, 2020	5-7PM ET	Stephanie Woo, OD, FCLSA, FCLC, FFAO, FLSL, Maitreya Larkin, FCL, FFAO
Differentiating Your Practice with Specialty Contact Lenses	Wed, November 18, 2020	5-7PM ET	

Dr. Woo completed a Cornea and Contact Lens Residency at the University of Missouri, St. Louis, where she was trained to fit highly irregular corneas.

She was the recipient of the Gas Permeable Lens Institute Award for Clinical Excellence and also the John R. Griffin Award for Excellence in Vision Therapy.

She is a Fellow of the American Academy of Optometry and a Fellow of the Scleral Lens Society.

She has authored the Gas Permeable Lens Expert column in Review of Contact Lenses, several articles for the Contact Lens and Cornea section of the American Optometric Association and the GP Insights column for Contact Lens Spectrum, and she is an active Gas Permeable Lens Institute advisory board member.

Additionally, she has served as President of the Scleral Lens Society, a nonprofit organization committed to teaching practitioners the art and science of scleral lenses.



Practice Management Tips on Billing and Coding Specialty Lenses

Stephanie L. Woo, OD, FFAO, FLSL

Billing and Coding – what is the right answer?

- Billing and coding is a leading source of frustration for practitioners
- Reimbursement rates vary vastly between insurance carriers, and it is often times difficult to get a clear answer on how to bill appropriately

Billing and coding = accountants?

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Practice Management Tips on Billing and Coding Specialty Lenses

Billing Vision Insurance

- Most vision insurances will reimburse for medically necessary contact lenses (each insurance's criteria and reimbursement rates are different)
- Most all vision insurances will cover either glasses or contact lenses, but not both
- This also holds true for medically necessary contact lenses
- If the patient has used their benefits for glasses or contacts this year, they will not be eligible for medically necessary contact lenses

Fee Schedule

- Vision insurances usually incorporate the lens fitting and lenses into one lump sum, which includes the lens fitting, dispense, all follow ups within a certain time period, and lenses
- Medical insurances will pay for the fitting as one charge, the lenses for one charge, and all follow ups are billed as separate charges

Examples (numbers are for ease of math)

Vision Insurance

Code	Your fees
Keratoconus fit 92072	\$200
Keratoconus corneal GP lens, extended wear V2513 RT	\$300
Keratoconus corneal GP lens, extended wear V2513 LT	\$300
Total billed to vision insurance	\$800 as one lump sum for all services and lenses

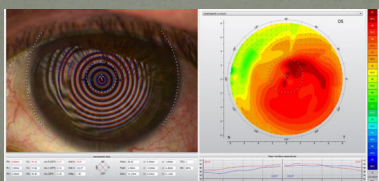
Medical Insurance

Code	Your fees
Keratoconus fit 92072	\$200
Keratoconus corneal GP lens, extended wear V2513 RT	\$300
Keratoconus corneal GP lens, extended wear V2513 LT	\$300
Lens dispense 99213	\$100
Contact lens follow up 99213	\$100
Contact lens follow up 99213	\$100
Each visit is billed separately	

Dr. Woo's Real Case Series

Case 1 – The completely uninformed

- JS, a 35 year old keratoconus patient presented to the clinic for a specialty lens fitting (cash pay, no insurance)
- Reviewed record from referring optometrist
- Reviewed pros and cons of different lens modalities, and fit him into scleral contacts for each eye



Case 1 – the completely uninformed

- After the 1.5 hour fitting, the patient proceeds to the check out counter
- The staff inform him of today's charges

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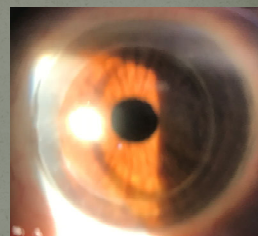
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Case 1 – the completely uninformed

- What happened?
- Case 1 discussion points:
 - Staff awareness and involvement
 - Patient awareness and involvement
- Moral of the story: Be sure patients are FULLY aware of the costs involved PRIOR to any lens fitting

Case 2 – The Unauthorized

- WG, a 22 year old female presented to the clinic for a specialty lens consultation due a corneal transplant on the left eye. She has medical insurance, but no vision insurance.
- Review R/B of specialty lenses, and she decides to proceed.



Case 2 – the unauthorized

- We successfully fit her into a corneal GP lens, dispensed the lens, and saw her for 3 follow up visits
- 90 days later, we receive the EOB

Code	Billed Amount	Insurance Reimbursement
92310-LT	\$500	0
V2510	\$200	0
99213	\$100	\$80
99213	\$100	\$80
99213	\$100	\$80

Case 2 – The Unauthorized

Code	Billed Amount	Insurance Reimbursement
92310-LT	\$500	0
V2510	\$200	0
99213	\$100	\$80
99213	\$100	\$80
99213	\$100	\$80

*Service or code is not a covered item under the patient's plan

Case 2 – The Unauthorized

- What happened?
- Patient insurance was not called on for the specific codes PRIOR to fitting

Advice- call for pre auth every time!

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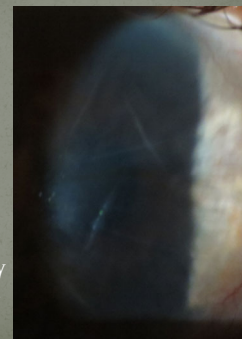
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Pre authorization – Have these ready

- Patient diagnosis or diagnoses (keratoconus, dry eye syndrome, corneal transplant)
- Contact lens fitting codes and service codes
- V codes for the actual contact lens or device
- Usual and Customary Fees
- Are these codes covered? If so, how much can I expect to get paid?

Case 3 – Clear Expectations

- RH, a 72 yo male presented to the clinic for a specialty lens consultation for decreased vision due to RK scarring OU. He has Medicare health insurance and no vision insurance.
- After reviewing the cost of scleral lenses and all of the service fees, he agrees to pay out of pocket for all services and products.



Case 3 – Clear Expectations

- After 30 days of wear, the patient cannot adapt to contact lenses and wishes to discontinue the fitting.
- We refund him for the cost of the lenses, but keep the remaining money for our time spent with him
- He calls the office livid that he is not getting a full refund

Case 3 – Clear Expectations

- Where did we go wrong?

ABN and/or patient contract

Contract should include

- Cost of services
- Cost of lenses
- Global period end date (if applicable)
- Remake policy
- Shipping policy
- Refund policy
- Payment plan information

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Case 4 – The Oversight

- TY, a 45 year old keratoconus patient presents to the clinic for a specialty lens consult
- After reviewing her history, we decide to fit her with a corneal gas permeable keratoconus design.
- She has vision insurance and under "Medically Necessary Contact Lens" benefit, it states "covered with \$25 copay"
- We successfully bill the lenses, fitting, and follow up care as one lump sum of \$1000 via the online billing portal

Case 4 – The Oversight

- TY was successfully fit and after a few follow up visits, she is released back to her primary care optometrist
- The EOB gets returned to us in the amount of \$250

Case 4 – The Oversight

- Our staff member calls the insurance company to find out why the reimbursement is so low
- She explains that on the second page of the list of benefits for that particular patient, there is an important note on Medically Necessary Contact Lenses: "The patient is entitled to an allowance of up to \$250 for Medically Necessary Contact Lenses. Any overages can be billed to the patient at 20% off the Usual and Customary Fees."

Case 4 – The Oversight

- What happened?
- What do the staff need to look for?
- How can this be prevented?
 - Staff need to highlight MNCL benefit and check any additional pages for exceptions

Important note! January 2020

Medically necessary contact lenses for EyeMed Individual and Family Vision Plans members limited to \$210 allowance beginning Jan. 1

Members of EyeMed Individual and Family Vision Plans will have a \$210 allowance for medically necessary contact lenses beginning January 1, 2020. You will continue to be reimbursed up to the standard amount as defined in the provider manual, and members will be responsible for the cost of materials and services over \$210.

This change applies only to members who purchase EyeMed Individual and Family Vision Plans; members of other plans will continue to have a paid in full after copay medically necessary contact lens benefit. These members will be part of plans called EyeMed Individual and Family Vision Plans "EyeMed Individual Bold" or "EyeMed Individual Bright."

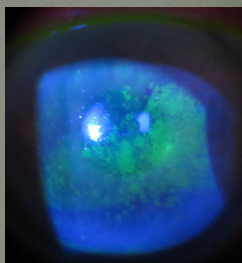
Questions?

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Case 5 – The Non-Reader

- HJ, a 82 year old female presents to the clinic with severe dry eye x years, which has affected her vision and quality of life.
- Large amount of SPK OU with vision of 20/200 best corrected.
- After reviewing all options, she decides to proceed with a scleral lens fitting (she has both vision and medical insurance)



Case 5 – The Non-Reader

- With scleral lenses, the patient feels much more comfortable and her vision improves to 20/40 when wearing the lenses.
- We bill the fitting, dispense, follow up care and lenses to her vision insurance.

Code	ICD 10	Cost
92313 – scleral lens fit	H04.123 (dry eye syndrome OU)	\$500
V2531-RT	H04.123 (dry eye syndrome OU)	\$600
V2531-LT	H04.123 (dry eye syndrome OU)	\$600

Case 5 – The Non-Reader

- We receive the EOB back from the insurance provider, and they have paid \$0.
- *Not a valid ICD code for service requested*

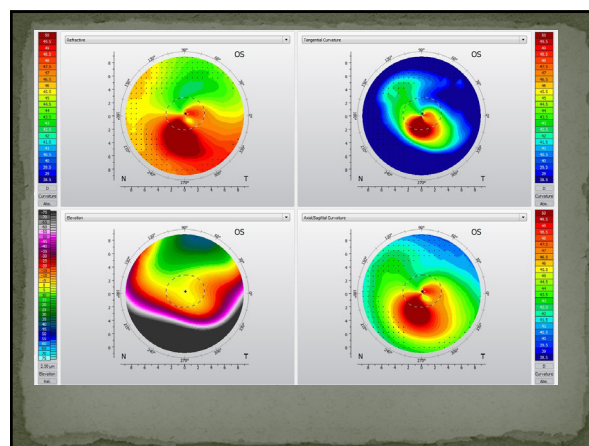
Corneal dystrophy, unspecified	H18.51	Corneal ectasia	H18.711 through H18.719
Granular corneal dystrophy	H18.53	Corneal scars and opacities	H17.00 through H17.9, A18.59
Keratitis	H18.601 through H18.679	Corneal staphylococci	H18.721 through H18.729
Keratocoma, stable	H18.611 through H18.619	Corneal transplant failure	T86.841
Keratocoma, unspecified	H18.601 through H18.629	Corneal transplant rejection	T86.840
Keratocoma, unstable	H18.621 through H18.629	Corneal transplant status	Z94.7
Keratoma	H18.441 through H18.449	Corrosion of cornea and conjunctival sac	T36.80X0 through T36.82X5
Lattice corneal dystrophy	H18.54	Deep vascularization of cornea	H16.441 through H16.449
Localized vascularization of cornea	H16.431 - H16.439	Displacement of other ocular prosthetic devices, implants and grafts	T85.328A through T85.328S
Marginal degeneration of cornea	H18.45		

Case 5 – The Non-Reader

- Discussion:
 - When to bill medical and when to bill vision?
- Morale of the story: Read your manual to find out exactly what services are covered and what the requirements are.

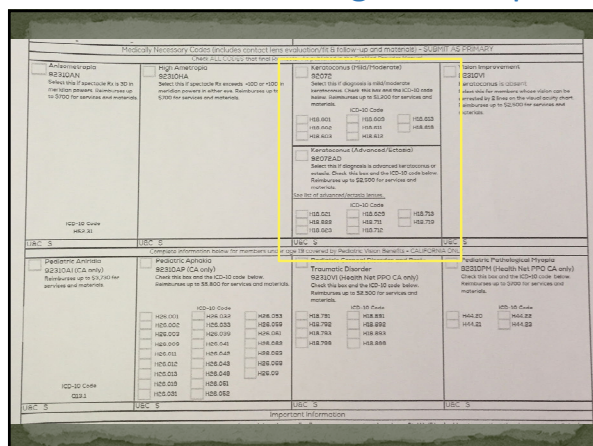
Case 6 – The Classification

- CR – 16 year old male presents to the clinic for evaluation of keratoconus OS only.
- BCVA is 20/50 with glasses (multiple remakes and unstable refraction)
- BCVA with soft contacts is also 20/50
- K max is 46.5
- No scarring seen, but mild striae visible at cone apex
- Pachymetry is 525um over cone apex
- He complains of extreme light sensitivity



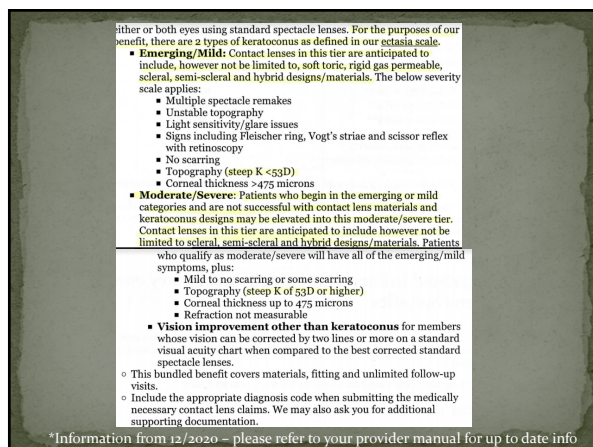
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Case 6 – The Classification

- How did I bill it?
- Why?
 - Multiple remakes?
 - Striae seen?
 - Quality of vision not ideal?
 - Light sensitivity



Case 6 – The Classification

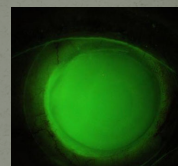
- Morale of the story: Refer to your provider manual for explanations of requirements for accurate billing

Case 7 – The Criminal

- JV – a 48 year old male had been seeing our clinic for months due to a recurrent corneal erosion
- Constant tearing, photophobia, poor vision, and pain in the left eye.
- Currently managed with bandage contact lenses, artificial tears, antibiotic drops and ointments, and lubricating gels
- Referred to me for specialty lens consult

Case 7 – The Criminal

- After discussing different options, we selected a scleral lens to try and help heal the ocular surface and provide some relief.
- Upon insertion, the patient immediately felt better and was more comfortable. We proceeded with a full scleral lens fitting.



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Case 7 – The Criminal

- At check out, *"Doc, I was wondering if I could pay next time because my eye is in so much pain and I can't see so I haven't been able to work"*
- Me: "Sure thing"

Case 7 – The Criminal

- Patient returns for scleral lens dispense
- Upon insertion, vision was 20/50 in each eye, and the patient could immediately feel relief
- After assessing the fit, we trained the patient insertion and removal techniques and he proceeded to check out
- Patient *"Doc, I can't tell you how much I appreciate you. Now that I can see and now that I can keep my eyes open, I can work this week and pay you next week at the follow up"*

Case 7 – The Criminal

- Patient no shows for his one week follow up
- Staff call multiple times to collect payment with no answer
- We send invoices, and ultimately send patient to collections

Case 7 discussion

- Fee set up and payment plan?
- What options are there and what does Dr. Woo do now?

Case 8 – The Non-Reader Part 2

- KL a 43 year old male presents to the office for a specialty lens consult due to a large scar from pseudomonas which has impacted his vision.
- With best corrected glasses, he can achieve 20/400 vision.
- We fit him with an bitoric gas permeable design, and his vision improved to 20/30

Case 8- The Non-Reader Part 2

- We successfully bill the fitting and lens to the patient's insurance through the online portal.

CPT code	ICD 10	Fee
92310	H17.11 (central corneal opacity)	\$500
V2511 (Gas permeable toric, per lens)	H17.11 (central corneal opacity)	\$500

Total billed to vision insurance = \$1000

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Case 8 – The Non-Reader Part 2

- EOB return states \$800 (out of \$1000 billed) paid

CPT code	ICD 10	Fee
92310	H17.11 (central corneal opacity)	\$500
V2511 (Gas permeable toric, per lens)	H17.11 (central corneal opacity)	\$500

HCPCS	Annual Replacement ¹	Planned Replacement ¹	Daily Replacement ¹
V2500*	\$451	—	—
V2501*	\$585	—	—
V2502*	\$691	—	—
V2503*	\$605	—	—
V2510*	\$657	—	—
V2511*	\$800	—	—
V2512*	\$900	—	—
V2513*	\$825	—	—
V2520	\$500	\$650	—
V2521	\$679	\$804	—
V2522	\$750	\$863	—
V2523	\$650	\$775	\$800
V2530*	\$700	—	—
V2531*	\$2,300	—	—
V2599**	\$1,300	\$1,650	—
Piggyback	\$1,300	\$1,650	—

VSP Information as of 7/7/17

Case 8 – The Non-Reader Part 2

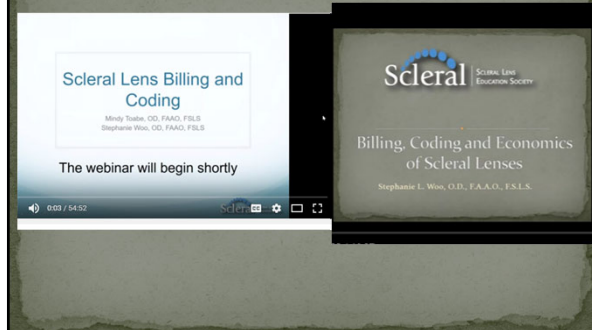
- Morale: Carefully read through your provider manual to gain full understanding



Final thoughts

- Insurance reimbursement rates vary drastically
- Price your fees appropriately based on the amount of time spent with the patient and necessary supplies/equipment
- Many free resources, articles, webinars, etc on GPLI.info, sclerallens.org

YouTube.com



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Improve Office Efficiency

ABB Verify On-Demand

- Real-time Vision Care Eligibility
- Centralized Eligibility Platform
- No PM system integration required!
- All in-network vision care payers on one screen
- Results in under 30 seconds
- Integrated options are available

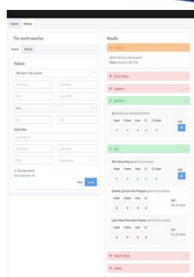


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Communicate with Patients

ABB Verify Unused Benefits Targeting

- Targets patients without an appointment
- Specific to in-network vision care payers
- Patient must have unused benefits
- Communicates via email & text
- Minimal staff interaction
- Must be using a supported PM system
- Turn wasted benefits into incremental revenue



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Expand Patients' Access to Care



- Telemedicine built by eye doctors, for eye doctors
- Flexibility for remote medical care
- Increasing revenue and maximize reimbursement
- Improve in-office efficiencies
- HIPAA compliant platform to message and call patients
- Attracting new patients and grow referrals
- Improving compliance
- Charging capabilities

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Track & Measure Performance



- Accurate Data
- Mobile Access
- Live Benchmarking
- Customized Dashboard
- Multi-location Comparisons
- Team Engagement Tools
- Doctor & Team Performance Measures

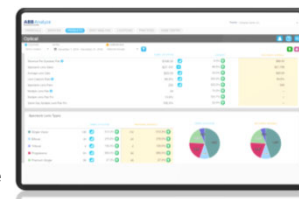


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Specialty Vision Products- Consultant Team



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Our extensive team of Specialty Vision Consultants are your go-to when looking for the strategies, educational information and resources that will help you take your ABB sales to the next level. Call us right away when you are seeking assistance in solving your specialty vision products, wearables, and/or other ABB products. Our Specialty Vision Consultants are available and ready to help you with your specialty vision products. You can reach us by email at SpecialtyVision@abb.com or we can provide you with the best contact person and phone number to reach your local ABB office or our Specialty Vision Consultants.

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- One bundled shipment means time and money saved!
- One statement and one payment means easy reconciliation
- Measure your specialty portfolio growth in one simplified report
- Lunch and Learns, staff trainings, live webinars, wet labs, and scleral boot camps

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