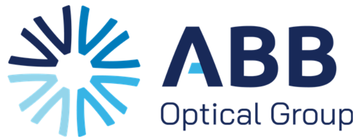


Practice Development Series

Billing and Coding Tips for Specialty Lenses with Stephanie L. Woo, OD, FAAO, FSLS

An interview with Craig W. Norman, FCLSA

Craig Norman
Dr. Stephanie Woo, thank you for getting together with me to answer a few followup questions from the many attendees of the December 12, 2019 Practice Development Educational Series webinar sponsored by ABB Optical.

Here's our first question.

"Where can I go to get more information about billing sclerals or billing specialty lenses?"

Dr. Stephanie Woo
I think a great resource is gpli.info.

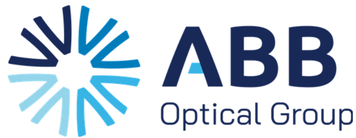
The Gas Permeable Lens Institute has a lot of different resources, not only webinars where you can listen in and watch somebody present, but there's also lots of documents and articles which you can read. There's lots of articles in Contact Lens Spectrum, and the AOA Focus Magazine, Modern Optometry, and Optometry Times as well.

Additionally, there is sclerallens.org, which is the Scleral Lens Education Society. It houses some free resources and videos for billing and coding.

Craig Norman
Okay. That is terrific. As far as presenting the fees in the office, is that something that you do, or does your staff do, or do you and the staff do together?

Dr. Stephanie Woo
In the beginning, nobody in our office was aware of how to do any this, so I had to do everything myself. I would present the fees to the patient as the doctor and go over everything to answer all the patient questions. To some extent, I still do that now because often patients have questions that the staff don't fully know the answers to. More and more though, as I get further along in my career and my staff understands more, they know what the answers are to the most common questions that come up.

Yet, I still educate patients myself and present my fees, which is kind of out of character for other eye doctors like cataract surgeons, as they always have a surgery coordinator. I still feel it's valuable, because the patients have a lot of questions, and instead of the staff members saying, "Okay, hold on, I'll be right back," then coming to talk to me, before responding to the patient, I just think it's more professional if I can just answer any questions that they have up front.



Practice Development Series

Craig Norman
That is helpful, and it's a terrific practice builder when can relate that information to your patients, especially during the fitting process.

I can relate the opposite to you as well. Recently, I was at the dentist, and the dentist just told me what was going to happen quickly followed by someone else in the office who explained the fees, which seemed like a reasonable and professional approach to me. I expected the dentist to fix my sore tooth but didn't expect him to explain how much my insurance was going to cover. I guess, depending on the patient, either approach can work well.

Craig Norman
Next question is, *"How do I bill medical insurance for scleral lenses?"* I think the question could also be put, "Do I bill differently for scleral lenses than I do for corneal lenses?" How would you answer that?

Dr. Stephanie Woo
The concept is roughly the same, where you bill a service code or a CPT code to the insurance, but instead of using 92310, which is a corneal gas permeable lens, you would use 92313, which is a corneal-scleral lens fitting. Thus, the code is going to be a little different.

The V codes are different as well. Instead of using V2510, which is a corneal gas permeable lens, you'll be using V2531 for a scleral lens. You will still bill all of the follow-up visits and everything the same as you would, with any other contact lens follow-up, but you'll be changing the actual CPT code and the V codes, and along with the fees, because usually, they're a little bit different than corneal GP fees.

Craig Norman
So, for instance, a patient presents to you with bilateral keratoconus. Is the whole billing process the same for corneal or scleral lenses except for utilizing the two codes you mentioned?

Dr. Stephanie W
Yes, except keratoconus does get a little bit trickier, because that fitting code is 92072. Regardless of what lens type you're using, you use that code for keratoconus patients, but the V codes will be different depending on what type of lens you're using. But, for any other irregular astigmatism fitting, for example corneal transplant or a large corneal scar you would use the other 923xx type of codes.

Craig Norman
Is there always only one fee associated with these codes, or can it vary?

Dr. Stephanie Woo
I think what you're asking is about 92072, because you could be doing multiple things under that category, do you change the fees? Technically, for a code, let's say 92072, that code should always correspond with one fee.

But, that's not always the case.

Let's use as an example that your fee for 92072 is $100. Typically, every time you use 92072, no matter what type of lens fitting, you would use that exact fee.

You can alter that fee though, for code 92072 by utilizing your own modifier for different lens fitting categories. This is primarily interoffice as a method to delineate the type of lens fitting you did and for explanation to the medical insurance that you performed a different fitting. For instance, if you have a keratoconus patient you might use a soft toric lens on a mild case, and a scleral lens on an advanced case. You would still use the 92072 code, but you would add modifiers to the end of that code to indicate the type of fit that was performed. The price will also usually be different with the different modifiers.

Craig Norman
So, if I understand what you're saying rather than put LT or RT as a modifier, you would one like SF, for special fitting. Is that correct?

Dr. Stephanie Woo
Exactly.

Let's say you have a patient that is coming in, a regular, normal patient that's coming in for a soft contact lens fitting.

You would use your 92310, which is a corneal lens fitting, but then you could use a modifier like TR for a soft toric lens fitting, or MF, for multifocal. The foundation code is still always going to be that 92310, with the internal modifiers, to identify which fitting you did. This is due to the different fee schedule for the different types of fittings (sphere contact lens fitting vs multifocal may have different pricing).

Craig Norman
Does the insurance company ever come back to you asking, *"What is this code all about?"*

Dr. Stephanie Woo
Yes. Some of them will accept it because they're just looking for the front five numbers, not really caring what's on the backend. Others are extremely particular and if you have anything additional, they'll kick it out. Then you've got to communicate with them to explain the modifier.

Craig Norman
I'm curious, have you ever analyzed how many different plans or variation of reimbursement plans you deal with within a year?

Dr. Stephanie W
I don't think we've ever done that but there's a lot, mostly on the medical side. With vision insurances, most are very similar. If somebody has vision insurance A, usually the expectations are similar and the way you bill things is very similar. But like in one of the cases I spoke about in the webinar, there's always a random outlier where there's a special plan, that is completely different, and really throws a wrench into the mix.

You must always be super cautious making sure you're reading every little detail on the benefit plan.

Craig Norman
Do you think the number of plans is more than 20 for your office?

Dr. Stephanie
Yes.

Craig Norman
More than 50?

Dr. Stephanie Woo
I would say 50 is probably a good number. I mean, I'm sure it's more than that if you get into the nitty gritty of every single patient's medical plan and their specific benefit package, but yeah, I would say 50 is probably a good number.

Craig Norman
And that special benefit package is this whole subset, right? Depending on what's been negotiated from an employer, a company, a university or whatever, that there might be a little bit different benefit?

Dr. Stephanie Woo
Yes. So sometimes you could have vision insurance X, but John Smith who is on that insurance has completely different benefits than Tyler Jones.

Even though they have the same insurance company, they may have different plans, even if they are employed by the same company. My husband was going through his insurance options on what he could select and had options like selecting a higher deductible or a lower deductible. Even with the vision insurance, he could select minimum coverage, which is just an exam only, or he could select exam and glasses. There are so many different options available nowadays, it's hard to keep track.

Craig Norman
For instance, if you and I work for Woo Optometry, and you choose the all-inclusive plan, and I choose the cheapest plan, we're paying different fees each month, and we get different benefits. Yet, we both think we have same insurance that is paid for through Woo Optometry.

Dr. Stephanie Woo
Exactly. And that's what can make understanding insurance difficult sometimes.

Craig Norman
For sure. If there's 50 different insurances you must deal with, that's an amazing labyrinth to have to work through, just to get reasonably compensated for your services.

Dr. Stephanie Woo
This is why it's really important to have a good billing staff member or team. They are the person who communicates with the insurance carrier, the ones that are on hold, and having to explain the case, and getting the information to the right person. Having a good biller or billing team is critical for the financial success of the practice.

Craig Norman
That actually leads into the next question I have which is "*what is the best way to educate your staff regarding specialty lens billing, and how do you manage that on an ongoing basis?*" What is your philosophy regarding this type of training?

Dr. Stephanie Woo
For training, as mentioned in the webinar, we've done a lot of it together, where we will go onto the portal, log in together, and go through each input step by step. If we get to a point where we say, "Are you interpreting it like this? Yes or no?" And if we are on different pages, then we'll call the insurance company and say, "Hey are we interpreting this question correctly?"

So just going through the initial training together is the best way to learn, but also webinars and publications such as this. There are other resources mentioned previously as well, although webinars and real life billing seem to be the best method.

Dr. Stephanie Woo
To keep track of reimbursements we also use a flow sheet. This can be in a spreadsheet or software format or a simple paper log. We use a system where we document the patient's name, date of service, what was billed and the amount. It also includes the date the EOB comes back, when the payment is made, and the paid amount.

I am constantly auditing that log, then asking questions such as "how come Mrs. Smith was billed 90 days ago and we still haven't gotten paid? Let's call the insurance and see what's going on."

It provides a quick snapshot of what's going on with the specialty lens patients, so we can communicate with insurance whenever we find what appears to be an issue.

Craig Norman
Whether it's on paper or a spreadsheet, doesn't matter. The key to what you're saying is using the tracking log as a financial tool to look at large amounts of information at the same time. I know there are software dashboards such **ABB Analyze** that can be pull out this data from the EHR also. Regardless of the method for gathering the information it's really a great tool to use.

Dr. Stephanie Woo
I agree.

Craig Norman
Can you bill medical insurance and vision insurance concurrently within the same year?

Dr. Stephanie Woo
If it's two completely different fittings and different lenses, you probably could, but you can't do a fitting and then bill each of them for the same date of service.

I have had patients where they previously used their medical insurance, but then got vision insurance as well, and they want a second pair or they feel like their vision has changed, so they come back in six months later to see what's going on. I don't think there's any issue in that case to bill another fitting to a different insurance company.

Craig Norman
Dr. Woo, is there anything else that I should ask you here that would be important to add, that wasn't addressed in the webinar?

Dr. Stephanie Woo

One of the best pieces of advice I can give, is making sure that the staff, patients, and doctors are all fully aware of how reimbursement/payment will be made.

In the beginning, I didn't do any justice for the patients when I didn't educate them on how much their out of pocket was going to be. Also, it certainly didn't help the staff go to bat for me in any way, when the patient's calling them upset. The staff need to know that you will help them in any way possible, and know you are there for them.

I think getting everybody on the same page and having it in writing, really has saved us, because the staff can refer back to the signed contract. The patient always has a copy of their contract, so they can look back and see what they agreed to. If there's any issues they can look at that and say, "Oh, okay. Yes, I did sign that," and it's clearly stating what to expect."

Craig Norman
Thank you, Dr. Stephanie Woo. Your recent webinar was terrific and this Q&A session extremely interesting as well.