

Insurance Matters

(1 hour)

Joy Livingood Gibb, ABOC

Description:

Correct coding and billing for insurance companies is of utmost importance to the financial wellbeing of a practice. This course will explore ways to implement policies and procedures to communicate with the patient regarding an encounter billed to their vision plan or their medical insurance. We will also explore the most commonly used modifiers, codes and when and how to correctly use them and how to make sure you are receiving best possible reimbursement.

Learning Objectives: Upon completion of this course attendees should be able to:

- 1) Define why accuracy is critical in successful filing
- 2) Create strategies to improve workflow and reimbursement
- 3) Define some of the most commonly used codes and modifiers

Timed Outline

Introduction – 5 minutes

What are some of the most common billing errors you encounter?

How can we improve our workflows to guard great billing practices?

Insurance Information Gathering – 10 minutes

Collecting information

Who is the primary card holder

Demographics of primary cardholders

Relationship to cardholders

Primary vs secondary

Always have a picture of the insurance card

Collecting information prior to visit

Online paperwork

Electronic verification of benefits through software

Taking photos of cards before the patient arrives

Verification of both medical and vision benefits

If verification cannot be obtained, reschedule or cash pay

Medical vs vision benefits – 10 minutes

Always have both on file – the reasoning

What constitutes a medical visit vs a routine/preventative visit?

How do you clarify the difference and educate the patient?

Do you know if a vision plan covers essential medical and what is their definition of essential medical

Is it possible to coordinate benefits (ie: refraction fee)

Reimbursement fees and secrets – 10 minutes

Do you know your fee schedules with each carrier?

Have you adjusted what you charge accordingly?

When do carriers pay top dollar?

Diabetic – preventative vs medical example

If you are doing two or more line items you will want to place highest paying item first

Accuracy and Modifiers – 10 minutes

Documentation is key

Document at appointment scheduling, in reason for appointment, supporting information such as refractions, medications, symptoms, etc.

Do not lead the patient when taking history

If something comes up during a “routine exam” stop and explain why this may need to be two separate appointments

Is a prior authorization needed?

ABN for refraction fees on Medicare patients, non-covered charges, etc

Common modifiers and when to use them

Designating physical anatomy for place of care

Same procedure for second eyes

Separate test needed during same appointment

Order of modifiers

Make sure dates are accurate and that codes are supported by appropriate documentation of exam

Conclusion - 5 minutes

Insurance billing is a constant learning experience

Homework can help you find money

Q&A / Questions