CASE STUDY ON BILLING FOR OPTOMETRY

Introduction

MedicalBillersandCoders have been compelling in streamlining the whole billing process for an Optometry center in Texas. Our endeavors have been brought about determining billing repayment, billing administration, & arrangements identified with disavowal administration.

The Client- Background

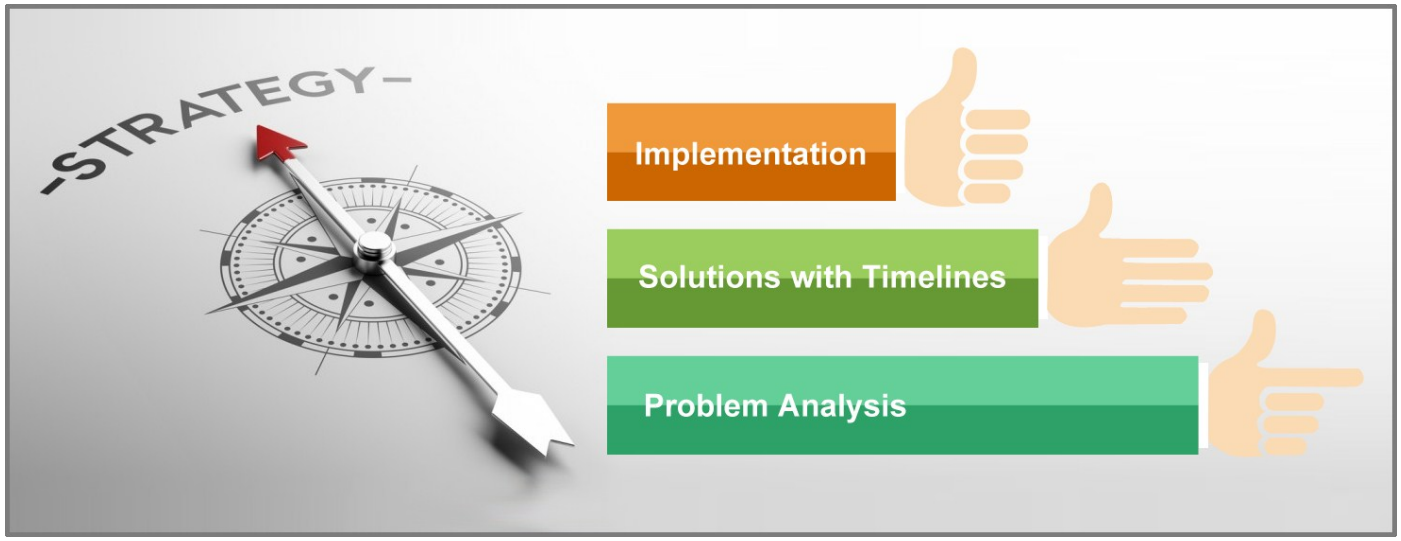
Comprehensive Ophthalmology an eye clinic practice in Texas

- **Infrastructure-** Own clinic with an in-house technicians and nurses practitioner working for the practice
- **Approximate Patient Visits-** 2200 patients each month

MedicalBillersandCoders was given the entire billing service of the eye clinic that included Vision Care & Studio Specs billing to take care of. Below are few of the problems the client faced:

Our Approach

For resolving issues of eye clinic, MedicalBillersandCoders had adopted a strategy for resolving critical issues. The strategy is based on complete process flow followed by various steps till final resolutions.



Analysis

Issues proposed by Client at the beginning:

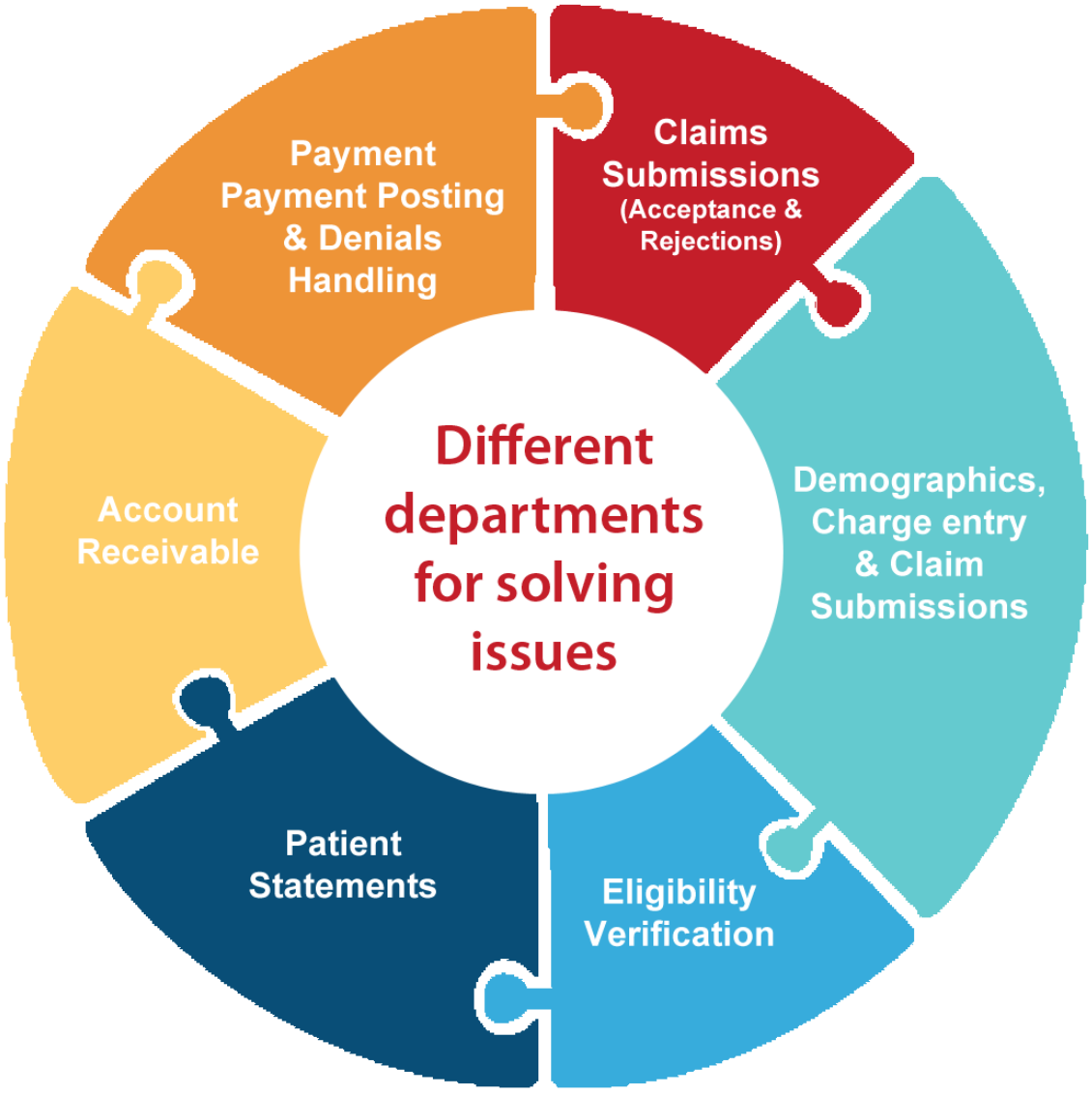
- To take care of their entire billing service using their PM System
- To improve the collections

Major issues identified by MedicalBillersandCoders while transition:

- Insurance verification done In-house was not detailed
- Important information like patient's having Medical/Routine vision coverage was not collected from Insurance
- Vision services like Refraction are always non-covered by Medicare and most of the commercial Insurance. Hence, does not need to submit to Insurance
- Identifying Routine Vision Coverage (like Eyemed and VSP Plans that are accepted by Practice) on Eligibility Verification was important. Services like Refraction are covered when there is Routine Vision Coverage
- Coding was not done as per Insurance billing guidelines. (CMS Local/National Coverage determination)
- Fee schedule was not updated as per current CMS Fee schedule in the PM system
- Insurances claims' filing was done through paper submissions when it can be submitted electronically for expedite processing
- Claim Rejections/Denials not worked on time and resubmitted back to Insurance for Processing.
- Eye Surgeries like Cataract Sx performed were billed without reporting the laterality Modifier on claims to Insurance. This is one important thing that can be found by OIG Audits conducted by U.S. Department of Health and Human Services.

Solution

A dedicated team of MedicalBillersandCoders, supervisor with the team was deputed to handle the problems of billing. The team consisted of full time employees for Insurance Verification, Medical Coding, And Medical Billing and Denial/AR Experts.



Eligibility Verification

- Dedicated employee, an expert on Insurance eligibility verification was assigned to complete this task on daily basis
- Insurance Eligibility Verification process was completed in 24hours prior to the appointments
- Providing accurate estimation on patient's responsibility (like specialist office visit co-pay's, deductibles and co-insurances) prior to appointment that helped practice front desk to collect the payment upfront
- Requesting prior authorization/referral from PCP's for services that required authorization/referrals
- Alerting the Front Desk person prior to appointments on patient's Insurance plan that does not cover certain vision services
- Alerting the Front Desk person to collect any missing/incomplete Insurance information from patient while the patient checks in for appointment

MedicalBillersandCoders resolved this issue in a week's time by providing accurate information to the practice

Demographics, Charge Entry and Claim Submissions

- Front Desk was taking care of entering all patient demographics and insurance information in the Practice Management Software
- Front Desk would scan all super bills and any accompanying documents such as ABN's etc. to MedicalBillersandCoders via FileZilla (FTP) daily
- MedicalBillersandCoders downloads the superbills and any accompanying documents from FTP and code the charts accurately using CMS billing guidelines to enter the charges into the PM system within 24hrs from the time MedicalBillersandCoders receives the superbills
- MedicalBillersandCoders alerts the client on any missing/incomplete information on superbills on same day and collect the missing/incomplete information to resolve the same within 48hrs time
- Upon entering the charges into the Practice Management system

MedicalBillersandCoders did a 100% audit on all the charges entered and file the claims electronically to Insurance for expedite processing

Claims Submissions: Acceptance and Rejections

- Dedicated employee, to work on any claim rejections
- MedicalBillersandCoders did a prompt follow-up to see if all the claims filed are accepted or rejected

MedicalBillersandCoders would investigate the rejected claims & take appropriate action as required on same day & resubmit the claim back to Insurance for processing

Payment Posting and Denials Handling

- Practice continued to receive insurance checks/EOBs at Office. (Except those that were not done via ERA)
- MedicalBillersandCoders downloaded the files from FTP and post payment EOB's, charge slips into the PM software scanned by the front desk. The ERA's were downloaded from the portal
- MedicalBillersandCoders take care of entire posting & transferring the remaining balance (Patient Responsibility) to secondary insurance or patient billing. MDCP also takes care of secondary payer billing accordingly
- MedicalBillersandCoders provided a dedicated employee to capture & post the denials into the PM system
- MedicalBillersandCoders would investigate the claims denied by Insurance companies, the reasons why the claims are denied & take appropriate action accordingly. Also, alert the provider's on any important denials related to coding, if any information missed on medical records documentation
- MedicalBillersandCoders sent daily payment posting reports along with the clarification log if any

Account Receivable

- Dedicated employee, an AR analyst team to work on AR outstanding claims
- MedicalBillersandCoders generated a detailed AR Aging report from the Practice Management system every month & followed up on all the outstanding claims with Insurance
- MedicalBillersandCoders worked on all outstanding claims and would take care of any denials, patient balance and take the appropriate action on every claim
- MedicalBillersandCoders categories the AR detailed report and provided summary report to the practice every month with a AR analysis report and clarification log
- Clarification log contains important information that is required from the Practice to resolve any issues.

Patient Statements

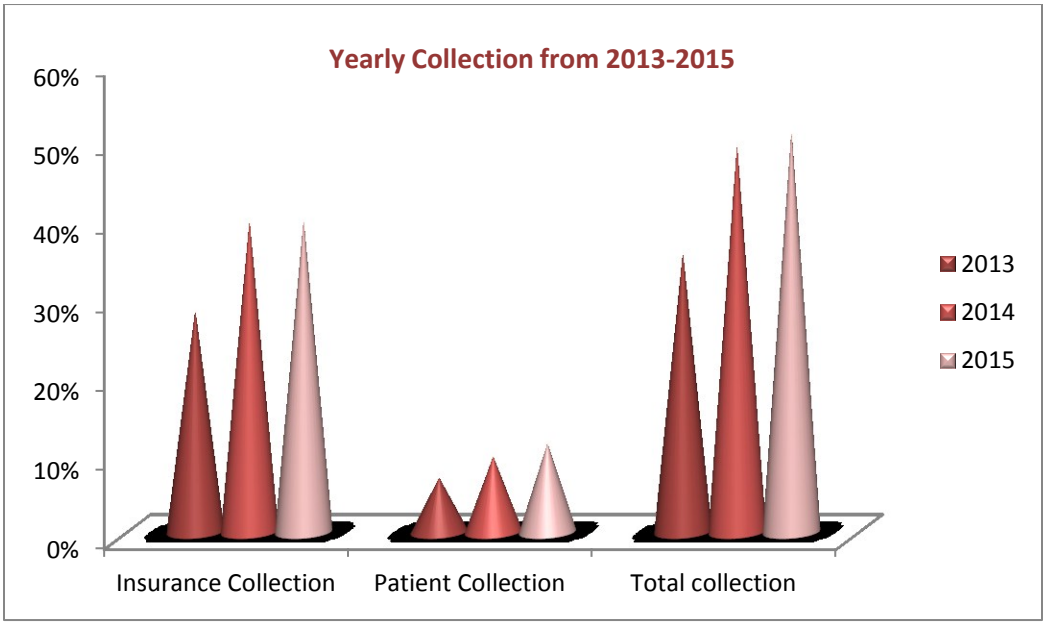
- Patient statements were generated on First week of every month after the month closure
- Dedicated employee to verify Patient true balance with the EOB posting in the system for accuracy
- Secondary and tertiary Insurance billing is confirmed if any in the system
- Dedicated employee an specialist to handle patient incoming calls and answer their query related to statements
- Follow-up with Patients on their outstanding balance

Results

MedicalBillersandCoders team worked daily on the billing process, as there were insurance collections that had been worked on for the various years. MedicalBillersandCoders had improved the collection.

- MBC took over the billing from year 2014.
- The Insurance collection accordingly to monthly deposits for year 2014 were at 39.26%
- The Patient collection accordingly to monthly deposits for year 2014 were at 9.53%
- The total collection % of practice for year 2014 improved by 13.55% compared to year 2013
- The Insurance collection % accordingly to monthly deposits for year 2015 as of August 2015 is at 39.38%
- The Patient collection % accordingly to monthly deposits for year 2015 as of August 2015 is at 11.20%
- The total collection % of practice for year 2015 as of August 2015 is improved by 1.80% compared to year 2014

Our Performance Parameter



Conclusion

The practice is very satisfied with the results and following this MedicalBillersandCoders has been diligently working towards improving the billing system, reducing the error rates and streamlining all the billing functions for the practice.

With currently have an entire team dedicated to the practice including an ongoing research done in terms of any industry changes within eye clinic to guide the billing team- so they can work towards achieving maximum collections for the practice while the doctors can be solely looking into patient care.