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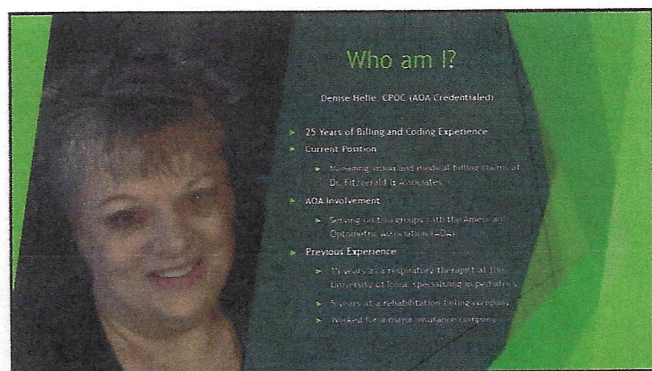
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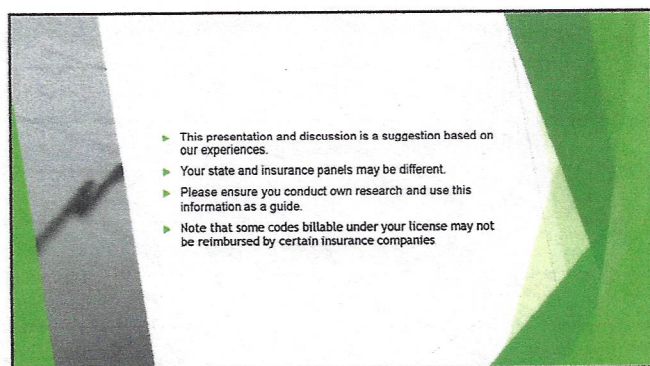
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**Triage calls**

Ask the right questions, so when that patient checks into your office you know exactly why they are there and who will be responsible for the bill.

The most important question of to ask if this exam is routine or if there is a medical reason for the visit.

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**Medical Insurance**

Always verify the medical insurance before the patient checks into your office.

When verifying make sure to check to see where the patient is with their deductible and if there is also a copay and/or co-insurance.

Try to collect up front. It is much harder to chase the money later.

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- Always have any visits pre-approved
- Get the pre-approval on paper
- Make sure you get the claim adjuster's contact information
- Know where to send claims
- Make sure you get the claim number
- DO NOT see the patient before you get written approval

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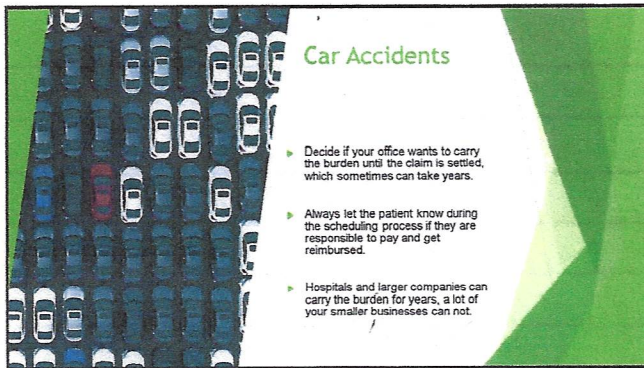
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### Car Accidents

- ▶ Decide if your office wants to carry the burden until the claim is settled, which sometimes can take years.
- ▶ Always let the patient know during the scheduling process if they are responsible to pay and get reimbursed.
- ▶ Hospitals and larger companies can carry the burden for years, a lot of your smaller businesses can not.

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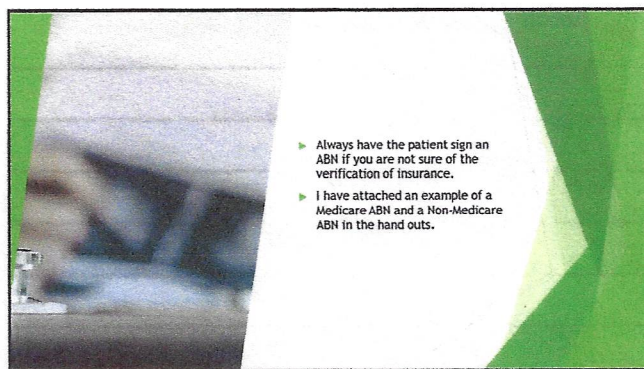
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- ▶ Always have the patient sign an ABN if you are not sure of the verification of insurance.
- ▶ I have attached an example of a Medicare ABN and a Non-Medicare ABN in the hand outs.

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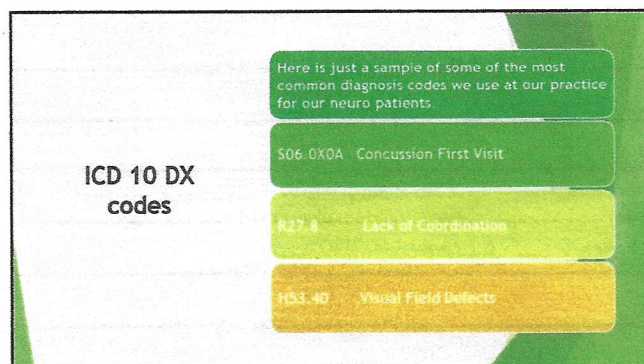
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### ICD 10 DX codes

Here is just a sample of some of the most common diagnosis codes we use at our practice for our neuro patients.

- S06.0X0A Concussion First Visit
- R27.8 Lack of Coordination
- H53.40 Visual Field Defects

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### 97 codes

In some states optometrists are able to bill 97 codes (go for it), yet some insurances refuse to pay them. You can even try using the GP modifier.

If you are not sure, try billing on one patient, follow the claim and see how it pays out.

In the state of Iowa, we do not get paid for 97 codes.

Be careful, some states have paid 97 codes and now they will not.

Are 3 modalities (97 codes), paying more than 99 codes—bill one find out.

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### CPT Codes used for new neuro evaluation patients

99205

99204

After the initial evaluation, you must think like a therapist, not an optometrist.

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### S.O.A.P. Charting

- ▶ First thing listed on your SOAP note is Chief Complaint.
- ▶ The chief complaint is a description of why the patient is presenting for healthcare services.

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**S= Subjective**

► This component includes patient-reported symptoms, such as pain, discomfort, or emotional distress.

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**O= Objective**

This component includes objective data, such as vital signs, laboratory data, or physical examination findings.

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**A=Assessment**

This component includes patient-reported symptoms, such as pain, discomfort, or emotional distress.

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**P=Plan**

- ▶ **Plan:**
- ▶ This component includes the healthcare provider's plan for treatment, including medications, procedures, and follow-up care.

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**Time:**

- ▶ Office and Other Outpatient EM Services Physician/other QHP time includes the following activities (when performed):
- ▶ Preparing to see the patient (eg, review of tests)
- ▶ Obtaining and/or reviewing separately obtained history
- ▶ Performing a medically necessary appropriate examination and/or evaluation
- ▶ Counseling and educating the patient/family/caregiver

**Billing on Time**

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**Billing on time continued**

- ▶ Ordering medications, tests, or procedures
- ▶ Referring and communicating with other health care professionals (when not reported separately)
- ▶ Documenting clinical information in the electronic or other health record
- ▶ Independently interpreting results (not reported separately) and communicating results to the patient/family/caregiver
- ▶ Care coordination

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### 2021 Requirements for E/M Codes 99202-99205

Code	History/Exam	MDM	Total Minutes
99202	Medically appropriate history and/or examination	Straightforward	15-29
99203	Medically appropriate history and/or examination	Low	30-44
99204	Medically appropriate history and/or examination	Moderate	45-59
99205	Medically appropriate history and/or examination	High	60-74

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### 2021 Requirements for E/M Codes 99212-99215

99212	Medically appropriate history and/or examination	Straightforward	10-19
99213	Medically appropriate history and/or examination	Low	20-29
99214	Medically appropriate history and/or examination	Moderate	30-39
99215	Medically appropriate history and/or examination	High	40-54

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### FEAR of Billing 99 code (False Evidence Appearing Real)

E/M codes are billable as long as you have the documentation to support it.

Think in ink. If you considered it, suspected it, reviewed it, discussed it, monitored it or ruled it out. Document it.

Not documented, not done. If it is not documented, even if everyone knows it was done, you cannot bill it.

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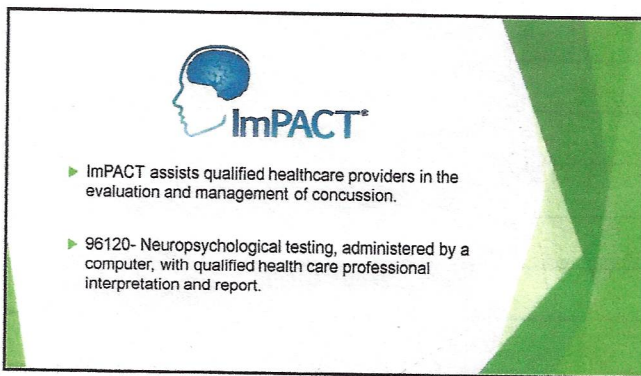
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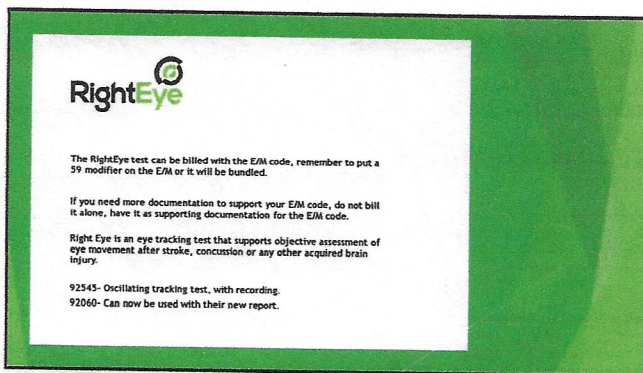
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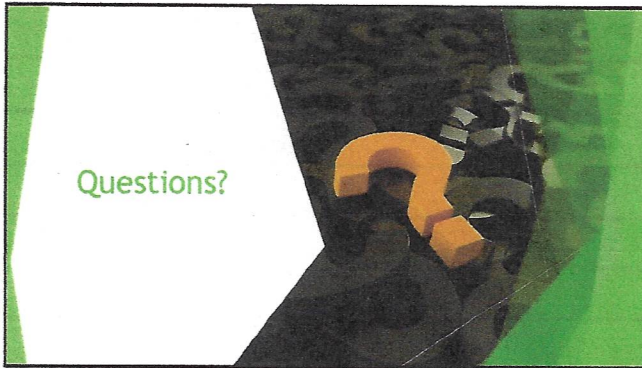
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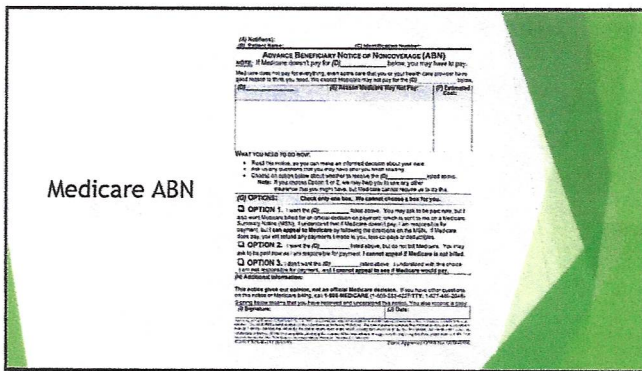
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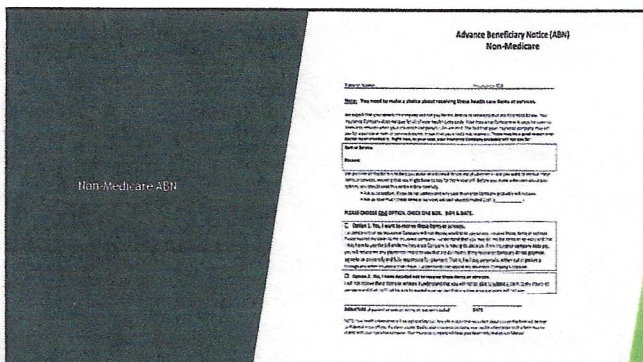
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Therapy Services, Daily Treatment Note and Billing Chart

Client Name: 99214 Date: 6/29/2024 Time: 10:00 AM Total Time: 45 minutes

Activity	Time	Notes
Warm-up	5 min	
Cardio	10 min	
Strength	20 min	
Flexibility	5 min	
Cool-down	5 min	

Subjective: The patient reports feeling better after the session. The patient reports feeling better after the session. The patient reports feeling better after the session.

Objective: The patient reports feeling better after the session. The patient reports feeling better after the session. The patient reports feeling better after the session.

Plan: The patient reports feeling better after the session. The patient reports feeling better after the session. The patient reports feeling better after the session.

Trainer: The patient reports feeling better after the session. The patient reports feeling better after the session. The patient reports feeling better after the session.

Supervising Doctor: The patient reports feeling better after the session. The patient reports feeling better after the session. The patient reports feeling better after the session.

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