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## May 2018: The Time is NOW!

As you peruse our trade magazines, journals, and social media outlets, you have without question read about some pretty interesting technology that WILL change the way we practice optometry. Every now and then we hear about something new that could radically alter our profession. And at each turn, we have adapted to those challenges by adopting new technology, expanding our scope, and passing legislation allowing us to continue caring for our patients. That time to prepare for a radical shift in eye care appears to be coming again. And if we sit back and hope it passes without us all needing to change, we will likely be sorry.

Online refractions are here and will only get more accurate. Automated refractors that can easily be run by a technician are already in use in many of our own offices. And now those are being remotely run by off-site techs in some locations. At least two national chains are already performing refraction only exams and having an ophthalmologist sign off on the prescription. And we all know many companies who never verify a patient prescription before filling a glasses or contact lens order. The days of refracting-only care is far gone. And those banking on never billing medical care will be left behind. "Routine" only eye care, when we are simply providing a refraction and little more, are soon to be gone.

Those reading this article are likely the ones who are paying attention and are already providing medical eye care every day. The term "preaching to the choir" comes to mind. But as I receive questions from doctors around the country, I am often alarmed by what is asked. I am happy to answer these questions and am grateful to be in the position to help, but it scares me to see that some of our colleagues have had little to no training in billing for medical care. In other situations it has been so long since they coded for a foreign body removal that they don't know what code to use. And even more alarming, they don't even know where to look it up!

Everyone needs to start somewhere. If you have a question, even one you think is basic, PLEASE send it in. We want to help you learn the rules and become comfortable billing for medical eye care. This is the future of our profession. There is already a huge divide in optometry. Some of us only refract, and others are practicing full medical optometry. The divide seems to be deepening, but we can't let it. I recently spoke to a group of doctors who practice in a regional corporate eye care clinic with many locations. They called me to help teach their doctors how to document properly and code correctly for medical care. Their business primarily has provided refractive eye care with the purpose of producing glasses prescriptions they could fill. However, their leadership recognizes the huge amount of revenue they could be collecting if they also provided medical eye care. They also see the writing on the wall that refractive-only care is a very short-term business plan as technology advances.

There is still time for us to adapt our businesses to meet this need. Every report I have read in the past 10 years has pointed to a significant shortage of ophthalmologists in the coming years. And we all know, we are producing a pretty large number of new optometrists. The outcome of this is pretty obvious; optometry will continue to grow and fill in the gaps our surgical colleagues are leaving. As we see the refraction become less of a part of our business, we will be able to fill in that void by caring for the medical needs of our patients. And in order to do this, proper documentation and accurate coding will become an even more crucial aspect of our day.

To get started, you need to start at the beginning. There are three national sources for medical documentation and coding information with which doctors should become comfortable. Start by reading the 1997 Documentation Guidelines. This will give you the basics of what a record needs to include and also how to grade an office visit. Then review the current version of the Current Procedural Terminology (CPT) and the International Classification of Disease (ICD10) books. Take time to look through the beginning of the books. There are a few pages in each of them that tell you things such as how to use the books, what a chief complaint is, how to determine a new vs. established patient, what "excludes" means, and many other great hints. Take the time to learn these rules...your career depends on it.