Chuck Brownlow, OD, President of Practice Management Incorporated in Wisconsin, made an excellent presentation during the afternoon segment of our NOA Legislative Conference and Third Party Seminar. Dr. Brownlow emphasized the need to change with the times, and to become familiar with Evaluation and Management Guideline requirements. He also stressed the importance of accurate and legible medical records, with specific recommendations that Nebraska ODs should follow to meet 3rd party requirements.

In addition, Dr. Brownlow addressed the need to gear up for an in-office compliance program (see page 4 of this newsletter for more information on compliance). He discussed relative values and their use in establishing logical fee schedules for optometric offices. He also spoke of the changes in Medicare’s punctal plug coding, and recent changes in relative values for foreign body removal codes as well.

Attendance at the Third Party Education portion of the Legislative Conference in Lincoln February 21st was excellent, no doubt in part to Chuck’s excellent reputation as a knowledgeable 3rd Party Speaker. The Nebraska Optometric Association was pleased to have Chuck as speaker at our conference. His knowledge plus his pleasant style of presentation actually makes 3rd party education enjoyable. If you were unable to attend this year, be sure to consider attending next February. And bring your insurance staff along, also!

### Special points of interest:

- How Long Should I Retain My Patient Records?: we give you some info
- National Diabetes Initiative: what about charging for my services?
- 3rd Party Web Page: what’s here and what’s to come—all that information is just a click away?
- Dr. Quack: Charging for Refraction in a cataract post-op setting

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Nebraska Medicaid’s Tim Valdez, R.N., Speaks at 3rd Party Educational Seminar

The Nebraska Optometric Association was pleased to have Tim Valdez, RN, Vision Care Specialist from Nebraska Medicaid, speak at our annual 3rd Party educational seminar this year. Tim, who is relatively new at his position, has been a quick learner and insightful in his new role. He presented the Title 471 regulation for vision services, focusing on covered and non-covered services. He also covered the process for requesting exceptions to non-covered services and the necessary paperwork. He spoke briefly about the backlog of claims and how this problem is being addressed.

The last part of his presentation covered third-party liability issues (insurance and Medicare). He closed with how managed care plans are supposed to cover services, how they are paid by Medicaid, and why they can have a different reimbursement rate than standard Medicaid.

Tim’s presentation was helpful, and the Nebraska Optometric Association appreciated him taking the time to address our group.

Dr. Quack Demonstrates New 3rd Party Newsletter and Web Page

Dr. Quentin Quack (aka Ed Schneider, O.D.) gave a brief presentation at the Lincoln 3rd Party Seminar held in conjunction with the Legislative Conference in Lincoln February 21st. Dr. Quack’s presentation outlined the goals and objectives of the NOA’s Third Party Consultant, demonstrated the reorganization of the new 3rd Party Newsletter, and then walked through a demonstration of the NOA’s current and upcoming 3rd Party Web Pages. These resources will make it possible, at the click of a mouse, to access the Nebraska Optometry Law, the optometry rules and regulations, the Medicare and Medicaid regulations, plus many other resources available on the Internet. The NOA web pages will contain direct hyperlinks to these resources; just click on the topic of interest and shortly that information will appear on the computer screen. Previous issues of NOA 3rd Party Newsletters will also be accessible, as will 3rd Party Bulletins.
We’re Your
Third Party Assistant

What, exactly, does your third party consultant wish to do for you and your staff, and how does he plan to do it? We thought we would provide you with a brief outline of our objectives.

1. **Educate members and staff about third party issues**, using
   a. Third Party Newsletter, including information on
      i. Recent changes (e.g., Medicare and punctal plugs)
      ii. Frequently asked questions (e.g., records retention)
      iii. Anticipated changes (e.g., HIPAA, Compliance)
      iv. Q & A (e.g., Dr. Quack)
   b. Periodic Bulletins
   c. Educational Seminars
   d. Third Party Web Page Updates.

2. **Provide immediately accessible, reliable third party resources**, using
   a. Indexed past issues of the Third Party Newsletter
   b. Third Party Web Page, indexed and linked directly to Medicare, Medicaid, our Licensure Law, and our Rules and Regulations

3. **Provide easily available consultation**, referenced with reliable and accurate third party resources, via
   a. Email: SchneiderEd@msn.com
   b. 24 hour, 7 day/week fax (1-402 466-7470)
   c. 24 hour, 7 day/week voice mail messaging (1-402 466-7470)
   d. 24 hour, 7 day/week emergency paging (1-402-790-7971).

4. **Act as an intermediary between our members and 3rd parties**, using direct access to the Medicare Medical Director, state Medicaid staff, and the provider relations personnel of state’s major insurers.

5. **When all other resources fail, provide personal opinion** on the question at hand.

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**National Diabetes Initiative—how do we charge?**

As we learned at the NOA Convention and also by way of the AOA News and the NOA Update, the Health Care Financing Administration (HCFA), the American Academy of Ophthalmology (AAO), the American Optometry Association (AOA), and each state’s Peer Review Organization (Sunderbruch Corporation in Nebraska) have launched a cooperative effort to increase the dilated eye exam rate among Medicare beneficiaries with diabetes.

Medicare diabetes patients can qualify for help in receiving a comprehensive ophthalmology eye examination by calling ophthalmology’s NECP. This service is provided at no out-of-pocket expense to the patient via OIG advisory opinion OIG AO 99-7.

Medicare diabetes patients can also qualify for help in receiving a comprehensive optometric eye examination by calling the AOA Diabetes Hotline. This program matches patients with a participating optometrist in their area who has agreed to perform a dilated eye examination and provide or arrange for subsequent care. In cases of financial need, the optometrist may waive the Medicare deductible and co-payment for these exams. Since optometry is not covered by the OIG opinion mentioned in the previous paragraph, decision on waiving of payment must be considered on a patient-by-patient basis by the optometrist.

AOA’s Diabetes hot line: 1-800-262-3947
AAO’s NECP hot line: 1-800-222-EYES
Diabetes Initiative Information: 1-888-691-9167
FAQ: How Long Should I Retain Patient Records?

Wondering how long you should save patient records? Tom Eichhorst, J.D., CAE, at the AOA office is St. Louis suggested these guidelines for record retention:

1. Medicare and other federal/state health care program patient records must be kept for at least seven years from the last services provided for the patient.
2. However, in Nebraska it is suggested that all patient records be retained for at least ten years from the last procedure. NOA attorney Larry Albers informed us that although there is a two year Statute of Limitations on malpractice action in Nebraska, the legislature has extended that to a total of ten years through the Statute of Repose. This allows a patient to bring action on conditions that do not immediately become apparent.

3. The record of a minor should be kept for ten years beyond when that minor reaches the age of majority (able to sign contract and make legal decisions for him/herself). In other words, if you last treated a child when s/he is 10 years old, you must keep the records until s/he is age 19 (age of majority) plus 10 more years (Statute of Repose), or until s/he is 29 years old.

4. Deceased patients records must be retained for 7 years if they are on Medicare. If the deceased is non-Medicare, Tom suggests that you consider these other issues before you dispose of the records:
   a. Is the estate closed?
   b. Is there any issue over the cause of death?
   c. Do you have patients who are descendants of the deceased who could benefit from the information in those records?

If you should be involved in a court case with a patient, the only information that equalizes the balance of power between the patient and the doctor in the jury’s eyes are good patient records.

Compliance: Application of Compliance Program Guidance

The following information was recently published in the Federal Register and entitled “Compliance Program Guidance for Individual and Small Group Physician Practices”. It directly impacts optometrists. A lengthy document, it has been distilled here for readability, and will be presented as a series of articles in this publication.

The OIG recognizes that there is no “one size fits all” compliance program, especially for physician practices. The applicability of their recommendations will depend on the circumstances of the particular physician practice. Each practice should undertake reasonable steps to respond to each of the seven elements of this guidance, depending on the size and resources of that practice.

Compliance programs not only help to prevent fraudulent or erroneous claims, but they may also show that the physician practice is making a good faith effort to submit claims appropriately. Physician practices should view compliance programs as analogous to practicing preventive medicine. An effective compliance program also sends an important message to a physician practice’s employees that while the practice recognizes that mistakes will occur, employees have an affirmative, ethical duty to come forward and report fraudulent or erroneous conduct, so that it may be corrected.

The OIG recognizes that there is no “one size fits all” compliance program
Dear Dr. Quack: When billing claims to Medicare for E&M services 99212 and also A-scan 76519 on the same day, the E&M service has been denied due to “this procedure/service is not paid separately” and “cannot pay for this service when performed during the same session as previously processed service for the beneficiary”. For about the last three months these claims have been denied this way. What gives?

Dr. Quack’s Quote: We check with Medicare on this one, and you now need to use a –25 modifier on the 99212 E&M code. This is a modifier to E&M service provided when there is also a separate procedure performed the same day (example: E & M service 99212-25 and A-scan procedure 76519). According to CPT, both items can have the same diagnosis code. This should take care of your problem. Incidentally, Dr. Pat Price is not completely comfortable with this new edict from HCFA, and is going to advocate changing it, I believe. Stay tuned.

Post-Op Charge for Refraction

Dear Dr. Quack: When I have a cataract post-op patient who has had surgery on both eyes within 90 days, and whom I have co-managed, how often should I charge for refraction?

Dr. Quack’s Quote: There is no hard and fast rule here. Dr. Quack and his associates have had some spirited discussions regarding this topic, and we have come to the rather arbitrary conclusion that a refraction should be charged under this post-op scenario when the patient ultimately obtains a tangible benefit from the refraction. In other words, when we actually write a post-op Rx, whether for one eye or both, we charge for refraction, but not otherwise. So, if we do a refraction O.D. at week 1, 3, and 5, and then O.S. at week 1, 3 and 5, and then prescribe once for both eyes, we charge for one refraction. However, if we prescribed the O.D. lens on one occasion, then the O.S. lens a couple months later, we would eventually charge for two refractions. This is our own arbitrary answer to this question, but it seems fair and reasonable in that it does not overcharge the patient, and doesn’t give away a service.

BCBSN Alpha Prefixes

Dear Dr. Quack: My office staff has informed me there is a new plan for BCBS with beginning plan number of CFC. We are familiar with the YEP an YET plans. However, it appears that this new plan is suppose to cover up to $150 toward a routine eye exam. This seems a little out of the ordinary. Please confirm and also let me know if we are to also give the normal material discount of 17.5% to these plan holders.

Dr. Quack’s Quote: There are about 18 other alpha prefixes for BCBS policies in Nebraska besides the YES (traditional indemnity) YEP (Blue Preferred PPO), YET (Supplement to Medicare), and YEM (HMO-POS business). The one you refer to is a special group: Commercial Federal. Due to the space limitations here, I would suggest that you review your BCBSN Update of April, 2000 to learn the other prefixes and the groups to which they refer. Unfortunately, we have yet to receive from BCBSN, the explicit vision benefits of these various plans, so you will need to contact your BCBSN provider relations person to get that information. See your December, 2000 BCBSN Update for their names and phone numbers.
Carrot stuck up one side of his nose, and a dead carp stuck up other!

Dr. Quack Quote: Dr. Quack Quote:
Well, this fellow certainly has his problems. And it sounds like you have used most of the weapons in your armamentarium. (Hair transplant? You might want to take a look at your licensure law…)

Luckily, Dr. Quack has had some experience with these type of patients in the past, and understands the underlying problem. It’s all related to the last sentence in your question and is rather easily rectified. It’s pretty obvious to Dr. Quack that this poor fellow simply isn’t eating the way he should.

Dear Dr. Quack, I have a patient with a multitude of visual symptoms and, as yet, I have been unable to help him despite my best efforts. He has diplopia, anisometropia, photosia, hemianopsia, erythopsia, in addition to vertigo, impotence and indigestion. I’ve tried everything, including prism, orthoptics, topical steroids, and hair transplant. What’s could be his underlying problem? Incidentally, to top it off, the last time he came to the office he had a carrot stuck up one side of his nose, and a dead carp stuck up other!

Dr. Quack Quote: Well, this fellow certainly has his problems. And it sounds like you have used most of the weapons in your armamentarium. (Hair transplant? You might want to take a look at your licensure law…)

Luckily, Dr. Quack has had some experience with these type of patients in the past, and understands the underlying problem. It’s all related to the last sentence in your question and is rather easily rectified. It’s pretty obvious to Dr. Quack that this poor fellow simply isn’t eating the way he should.