

Top 10 Mistakes Made When Billing and Coding for Medically Necessary Contact Lenses

by Clarke Newman, OD, FAAO

1 Not learning the billing policies for each and every code for each and every carrier for which the doctor is a provider on an annual basis.

2 Contracting as a provider for insurance plans that do not make financial sense for one's practice.

3 When prescribing hybrid lenses, failing to use the V2599 CPT Level II (HCPCS) code when medical necessity is established. Include the description the company name (SynergEyes), product name (UltraHealth) and lens type (hybrid lenses).

4 Failing to pre-verify patient coverage of medically necessary contact lenses before seeing the patient.

5 Poor documentation and failing to establish medical necessity based on the ordering, interpretation, and plan modification of tests rationally based on the chief complaint.

6 Failing to charge for follow-up visits when appropriate and knowing when one can charge for those services.

7 Failing to have pre-written letters of medical necessity and brochures about medically necessary contact lenses.

8 Failing to provide letters of medical necessity with all V2599 and 92499 submissions.

9 Failing to provide clear direction, verbally and in writing, to the patient with regard to who is responsible for paying for what.

10 Failing to have a skilled insurance coordinator on your staff and meeting with him/her on a daily basis.