

Chasing the “Benjamins”: Billing & Coding Bootcamp 2026 2 hours

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Description:

This course provides optometrists with an up-to-date review of medical billing and coding changes relevant to eye care in 2026. It emphasizes compliance, proper documentation, and optimization strategies for CPT, ICD-10, and E/M coding. Attendees will gain tools to reduce billing errors, enhance reimbursements, and navigate audits effectively

Learning Objectives:

- Identify and apply the 2025 CPT and ICD-10 coding changes relevant to optometric services
- Distinguish between medical and routine billing scenarios using updated documentation standards
- Implement compliant coding strategies to reduce audit risks
- Use current best practices for billing common procedures like OCT, fundus photography, and E/M visits
- Understand payer-specific updates and how to navigate Medicare and commercial insurer changes

Course Outline:

(10 minutes)

- I. Coding
 - a. Importance of accuracy
 - b. Each eye coded separately
 - c. Resources
- II. Billing
 - a. Correlates with coding
 - b. Resources
 - c. Pitfalls and Mistakes
- III. Local Carrier Determination

(15 minutes)

- IV. Refraction
 - a. 92015
 - b. ABN needed for Medicare
- V. Changes for 2026

- a. New codes
- b. Telehealth coding rules
- VI. New Patient
 - a. 3 years
- VII. Eye Codes
 - a. 92004
 - b. 92002
- VIII. Evaluation and Management Coding
 - a. 99 codes
 - b. Time
 - i. Software tracks
 - ii. Doctor time only not staff
 - c. Medical Decision Making
 - i. 99202 straightforward decisions making
 - ii. 99203 low decisions making
 - iii. 99204 moderate decisions making
 - iv. 99205 high decisions making
- IX. G Code (G2211)
 - a. Billed with E/M not 92004
 - b. Acute treatment not billed
 - c. Building ongoing relationships with the patient, focal point of care for serious condition

(30 minutes)

- X. Examples of billing
 - a. Stable chronic illness
 - i. Problem with an expected duration of at least a year or until death
 - ii. Example
 - 1. HTN
 - 2. Cataracts
 - 3. Glaucoma
 - 4. Diabetic
 - 5. Dry eyes
 - b. Acute Illness
 - i. New short-term problem with low risk of morbidity, self-limited or minor
 - ii. Example
 - 1. Conjunctivitis
 - 2. Corneal abrasion
 - 3. Dermatitis
 - 4. Episcleritis
 - c. Chronic Illness with exacerbation, progression or side effects of treatment
 - i. Chronic illness that is acutely worsening, poorly controlled or progressing
 - 1. Example
 - a. AMD

- b. Glaucoma, uncontrolled
 - c. Dry Eyes
 - d. Glaucoma with ocular surface disease
 - d. Undiagnosed new problem with uncertain prognosis
 - i. Condition likely to result in high risk of morbidity without treatment
 - 1. Example
 - a. Retinal hole
 - b. Retinal detachment
 - c. AMD
 - d. Corneal Ulcer
 - e. Acute illness with systemic symptoms
 - i. Illness that causes symptoms and high risk of morbidity without treatment
 - 1. Example
 - a. Diabetic, uncontrolled with elevated blood sugar
 - b. HTN, uncontrolled with headaches
 - c. Iritis with joint pain
 - d. Dry eyes, patient is dehydrated
 - f. Acute, complicated injury
 - i. Injury which required treatment that includes evaluation of body systems
 - 1. Example
 - a. Diplopia, following a fall, needs MRI
 - g. Chronic illness with severe exacerbation, progression or side effects of treatment
 - i. Severe exacerbation or progression of a chronic illness
 - 1. Example
 - a. Glaucoma, progression, IOP 45, stopped medications
 - h. Acute/Chronic Illness/Injury with threat to life or bodily function
 - i. Acute illness with systemic symptoms or acute complicated injury or chronic illness or injury with exacerbation and/or progression of side effects of treatment, that poses a threat to life or bodily function without treatment
 - 1. Examples
 - a. Angle closure glaucoma
 - b. Central Retinal Artery Occlusion
 - c. Optic Neuropathy
 - d. Malignant HTN
 - e. Temporal arteritis
 - f. Things that cause "loss of vision"

(20 minutes)

- XI. Global Periods
 - a. Cataract surgery and YAG
 - i. 90 days
 - b. Punctal Plugs
 - i. 10 days

- c. Minor procedure (<10 days)
- d. Major procedure (>10 days)
- XII. Procedure Billing
 - a. OCT
 - i. Optic nerve
 - ii. Macular
 - iii. Angiography
 - b. Photos
 - i. Internal
 - ii. External
 - c. Visual Field
 - d. Gonioscopy
 - e. ERG
 - f. Colorvision
- XIII. Modifiers
 - a. Documentation
 - b. Usage
 - c. Post-operative care
 - i. RT or LT
 - ii. 55 (co-management)
 - iii. 79 (under care for separate co-management)
 - d. Eyelid
 - i. E1, E2, E3, E4
 - e. -25 modifier
- XIV. Audit Risk and Compliance
 - a. Payer policies
 - b. Red Flags
 - c. Audit triggers
 - d.
- XV. Key Takeaways Billing and Coding

(35 minutes)

- XVI. Accounts Receivables
 - a. Money Owed to the Practice
 - i. Insurance
 - 1. Vision Plans
 - 2. Medical Insurance
 - ii. Patients
 - 1. Co-pays
 - 2. Deductibles
 - 3. Non-covered services
 - iii. Third-party
 - 1. Workers' Compensation
 - b. Metrics

- i. AR Days
 - ii. % AR over 90 days
 - 1. 10-15%
 - iii. Net Collection Rate
 - 1. How much you are collecting vs what is owed
 - iv. Patient AR vs Insurance AR
- c. Example of Aging Report
 - i. 0-30 days
 - 1. 60%
 - ii. 31-60 days
 - 1. 20%
 - iii. 61-90 days
 - 1. 10%
 - iv. 90+
 - 1. 10%
- d. Managing Account Receivable
 - i. At the time of service
 - 1. Verify insurance
 - 2. Collect copays/deductible
 - 3. Clear estimates
 - ii. After Service
 - 1. Submit billing timely and accurately
 - 2. "What is the cost of error in filling incorrectly?"
 - 3. Monitor Claim status
 - 4. Post Payments and adjustments
 - 5. Send statements
 - a. How do you send statements?
 - iii. Follow-up
 - 1. Flag aging accounts (>60 days)
 - 2. Reminder system (texts, email, calls)
 - 3. Payment plans or credit cards on file policies
 - 4. Send to collections
 - iv. Common Pitfalls
 - 1. Delayed claim submission
 - 2. Insurance rejections/denials
 - 3. Uncollected copays
 - 4. High patient AR
 - 5. Not reconciling EOBs
 - v. Tools to improve AR
 - 1. Practice Management Software
 - 2. Integrated clearinghouse
 - 3. Text-to-pay systems
 - 4. Online Portals
 - 5. Collections Policy

- 6. Staff Training
- vi. Outsource AR
 - 1. >20% over 90 days
 - 2. Staff is undertrained
 - 3. Losing money due to unfiled, uncollected claims
- e. Setting Benchmarks to Track
 - i. Total AR as \$ of Monthly Gross Revenue
 - 1. Aim for total AR to equal or less than 1 month of gross revenue
 - ii. Days Sales Outstanding
 - 1. Measures how fast you are collecting payments
 - iii. % of AR >90 days
 - 1. <10-15%
 - iv. Net Collection Rate
 - 1. >95%
 - v. Patient AR vs Insurance AR
 - 1. Excess patient AR = poor point-of-sale collection
- f. Adjustments
 - i. Heavy medical practice
 - ii. High Medicaid population
 - iii. High volume/multiple locations
- g. How to Calculate
 - i. Days Sales Outstanding
 - 1. $DSO = \text{total AR} / \text{average daily charges}$
 - 2. $\text{Average Daily Charges} = \text{total charges over past 3 months} / 90$
 - 3. Goal: <30-40 days
 - ii. % of AR over 90 days
 - 1. $\text{AR} > 90 \text{ days} / \text{total AR} \times 100$
 - 2. <10-15%
 - iii. Net Collection Rate
 - 1. $(\text{Total Payments} \div (\text{Charges} - \text{Contractual Adjustments})) \times 100$
 - 2. Goal >95%
 - iv. Checklist
 - 1. Review AR aging report (weekly)
 - 2. Monitor DSO and net collections (monthly)
 - 3. Collect Copays and deductible at the time of service (daily)
 - 4. Submit claims within 48 hours (daily)
 - 5. Follow up on unpaid claims >30days (weekly)
 - 6. Train staff on billing and workflow and scripts (quarterly)

(10 minutes)

XVII. Questions / Discussion