Optometry Coding & Billing Alert

BUILD A BETTER BUSINESS: Don't Be Left Empty-Handed -- Bill the Patient

You dont necessarily have to forgo payment due to denial.

Streamline your collections system and get your deserved money faster with these practice management tips. Optometrists: Clip and give this monthly section to your claims specialist.

When you put a claim through a patients insurance company and the payer doesnt pay, you need to know what the next step is to ensure your optometrist gets reimbursed for his services. But can you make the bill the patients responsibility? Heres what our experts have to say.

Dont Write Off the Claim

Make sure youre not writing off entire claims that payers deny. If the insurance company is not paying, most likely the bill becomes the patients responsibility, and you should send the bill directly to the patient.

If a claim does not get paid, the charges go to patient responsibility, and then the patient will usually call and we get them involved to help get the claim paid, explains **Ann Blake, CPC**, assistant office manager at a practice in Dubuque, Iowa.

First step: Review every denial that comes in before automatically passing the bill on to the patient. You need to make sure the denial is not because of a billing or coding issue on your part. If the payer is denying the claim for another reason, such as when the payer requires a referral before covering services by a specialist and the patient did not get a referral before seeing a specialist in your practice, you should bill the patient directly.

Make Sure Patient Understands His Responsibility

Clearly outline your billing practices and financial policies to your patients.

I have put in a clause in our patient intake forms that states by affixing your signature to this document, you understand that if your insurance carrier does not pay within 60 days or if you have failed to obtain a valid referral, you are responsible for payment of services, says **Connie Treonze,** a practice administrator in Union, N.J.

In the financial policy that our patients sign, it states that the bill is ultimately the patients responsibility; that we file insurance as a courtesy, says **Linda H.Huckaby,CMA (AAMA),** billing manager with Carolina Medical Rehabilitation in Greenville, S.C. After a reasonable effort, we will transfer the balance to the patient and let them deal with it from there. Note that filing insurance as a courtesy is fine if a practice does not participate, but if you participate with a payer youre required to file the claim.

Essential: Check your contracts to see if your payer allows these practices. Even though it seems fair to bill the patient, this practice may actually violate your thirdparty payer contracts, experts caution. If your contract does not mention billing patients after a denial as a prohibition -- in other words, if the topic is not addressed in the contract -- go ahead and bill the patient.