

Optometry Coding & Billing Alert

READER QUESTIONS: Don't Waste Time Billing \$0 Charges

Question: I bill post-op visits with 99024 and charge \$0. Sometimes it goes through, but today I had a status message that BCBS rejected my claim with three services of post-op visits stating: "at least one line item charge amount must be > than zero." I should not be charging anything for the post-op visits. What do I do?

Washington Subscriber

Answer: Don't bother billing out the zero-dollar post-op services with 99024 (Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason[s] related to the original procedure).

You should delete the claims and disregard the rejected claims. Blue Cross Blue Shield (BCBS) does not want to track non-charges.

In fact, most payers only want follow-up or postop care submissions that contain fees.

Suggestion: The patient's medical record should contain documentation of any post-op visit. You may also want to post the charge to your system for internal audit and tracking purposes.

Your software should then allow you the option of not sending the claim for zero-charge services. This would work the same as services entered as "N/C." You may need to consult your software vendor for assistance on entering "zero" charges without a claim being generated.

Money saver: If you are paying your clearing house by the claim, you are wasting your money as well. Set up an agreement with your clearinghouse that they will not bill out -- or charge you for -- zero-dollar claims.