

7-3-12

When scheduling surgery you must always have a statement in the plan stating that the risk and benefits of the surgery have been explained and then there must be a statement regard the patients wish to proceed, the type of surgery and the eye. The surgery center can't proceed without this being in the notes. Of course you can type this out but a short cut that you might want to use is the following, this works especially well for cataract surgery.

- After you have entered the diagnosis and go to the plan page you can edit the plan and then double left clicking in the plan area, you should see three options to choose from Cat OD, Cat OS, and Proceed. By clicking on one of the options it will fulfill the requirements of "risk and benefits" and the wish to proceed the cataract surgery and for which eye. The option that say "proceed" is a statement regarding 'risk and benefits; type of surgery and eye would need to be added. You can always make any changes that you feel are important before saving the assessment and plan.

Hopefully this will help. As always feel free to e-mail or call if you have any questions or recommendations.

Scherrie

7-5-12

Technicians:

Q: For testing done to both eyes, do I add each eye separately or not?

A: Testing should be added separately in two instances.

- First, if the test is billed separately for each eye, it should be entered separately. How do you know which tests fall under this category? If the test is listed on the testing drop down menu by each eye (Fluorescein angiography is an example), then it is a test that bills per eye and it should be entered separately for each eye.

- Second, if the test needs to be scanned in, it should be entered separately because only one image can be attached per test added.

Some examples of tests where you can enter it only once are 1) OCTs where the patient has a paper chart 2) Fundus photography/external photography where the images are electronically stored. Both of these are tests that do not bill per eye and that we are not scanning, so they can be entered once as an OU test. Please email me if you have any questions regarding this.

7-6-12

Check-in employees:

In addition to asking for changes to the patient's address and phone number upon check-in, start also asking patients for email addresses. This can be entered in the demographics section under their phone numbers. As we start meaningful use in August, several parameters relate to communication with patients. The easiest way to communicate with them is through email.

We are currently checking on what the "Pt Ref/None" boxes denotes. For now, leave this box empty.

7-9-12

Update on Patient Emails:

The "Pt Ref/None" does in fact mean "the patient refuses to give an email or does not have one." Upon checkin, all patients should either have an email entered or have the box marked.

For doctors, if the front desk forgets to do this, you can do it yourself by hitting the edit menu on the demographics page and select patient. You can then enter the email address and hit save. Once the email is entered, you will no longer get that annoying reminder upon signing off about the email not being there.

7-10-12

Update on Patient Emails:

The "Pt Ref/None" does in fact mean "the patient refuses to give an email or does not have one." Upon checkin, all patients should either have an email entered or have the box marked.

For doctors, if the front desk forgets to do this, you can do it yourself by hitting the edit menu on the demographics page and select patient. You can then enter the email address and hit save. Once the email is entered, you will no longer get that annoying reminder upon signing off about the email not being there.

7-11-12

Testing Smartscripsts:

As you may have noticed, the HVF error has been fixed. Just to go into more detail about testing smartscripsts, you will notice on the extended ophthalmoscopy tab and the testing tab, there is a gray field. When you enter a test, this gray field is filled with a number. That is the CPT code for the test. When you see the number there, it means that the code has been automatically forwarded to the charges.

When you add the testing to the Post Code tab, it does not double charge. I usually fill out the testing on the Post Code tab simply to give the billing department an exact record of what I want to bill. If you choose to not add the testing to the Post Code tab, please review your charges before signing off to ensure all testing forwarded correctly.

If you want to record the results of a test, but for some reason don't want to bill for it, you can go to the gray field and delete the number. When you go to the charges, you will see that this test will not be charged for. Hopefully this removes some of the mystery of how this billing system works.