

Optometry training guide

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Our Optometry department is still growing. As such, please ensure you communicate with your supervisor to ensure that the information you are seeing below is up to date with current practices.

Providers:

Provider	Schedule	Ages
Dr. Priya Janjrukia	Monday - Thursday 9 AM - 5 PM	6+

Appointment types:

Appointment Type	Duration	Description
New Pat Comp (New Patient Comprehensive Exam)	60 minutes	This appointment will be used for any patient looking to establish with Spectra as their Optometry home.
Est Pat Comp (Established Patient Comprehensive Exam)	60 minutes	The annual check up appointment for patients that are already established with our Optometry team. All of Dr. Hall's patients, even if they have never met with Dr. J, will need to start with this appointment type.
Follow Up	30 minutes	Scheduled after a comp exam or at the request of the care team to follow up on a specific issue/question from a previous visit.
Limited	30 minutes	Limited exam for a specific issue. Used for emergency walk-ins/call-ins that have been triaged by the optometrist or charge nurse.

NDMA BCBS Medicaid Expansion - Optometry Form Process

Purpose: Patients with NDMA BCBS Medicaid Expansion must complete a specific form acknowledging that their optometry visit is not covered by insurance. This is a **North Dakota Medicaid requirement**.

Front Desk Responsibilities:

- Provide the NDMA form to the patient.
- Assist the patient in:
 - Signing the form
 - Adding their insurance ID
- Once signed, **have the patient hold onto the form where they will then hand it off to the optometrist.**
- Explain to the patient:

"Your Optometry visit is a non-covered service per your insurance, unless deemed medically necessary by your insurance. This form provides proof that you acknowledge your financial responsibility for any costs associated with today's visit."

- Optionally, provide access to a **laminated Optometry Fee Schedule** for reference.
- Weekly or intermittently, check the status of the folder they are placed in by the provider and bring them up to the Revenue Cycle Coordinator's office, or down to the mail room and put into the Billing cubby.

Provider/Tech Responsibilities:

- Complete the remaining sections of the form with the patient during the visit.

Billing Responsibilities:

- Add the **Procedure/Item/Service** and **Billed Charge** after coding is complete.
- Retain the form on file for audit purposes.

When scheduling a patient in Optometry

The first question to ask once a patient has stated that they want an optometrist appointment:

"Are you having any issues with your eyes/vision, or is this a standard exam?"

If a standard exam, ask when their last eye exam was - If under a year, inform the patient that their insurance (if they have any) may not cover the visit and they should contact their insurance provider to ensure that it will be.

Make sure to note their reason in the appointment notes. Especially if this is for a diabetic eye exam.

Check for trigger phrases or anything that may sound of concern

1. Feel free to ask follow up questions if you suspect there could be an issue not covered by a trigger phrase below.
2. If the patient mentions any trigger phrases, move to the next step in this emergency process as documented under "Trigger Phrases"

Trigger Phrases

If you get any of the following phrases, we need to follow up and gather more information to get to a provider.

1. "Flashes of light"
2. "Floaters"
3. "Curtain over my vision"
4. A sudden change in vision
5. Severe pain
6. Intense red eye
7. Severe light sensitivity
8. Vision loss (rapid)



Any mention of traumatic injury or blood coming out of the eye should be directed to present to

the ER ASAP.



Gather the following information if you hear any trigger phrases.

1. How long has this been happening?
2. Does it cause pain?
3. Is this affecting your vision?
4. What is a good phone number to call back in case we get disconnected?

What to do next

If a patient mentions a trigger phrase:

1. Get in touch with a provider, either the optometrist, or charge nurse if there is no doctor in that day.
2. Present them the information you have collected from the call
3. Await next steps from the provider.
 1. Next steps could include
 1. The provider calling them back/getting the call transferred to do additional triaging.
 2. Being given specific instructions to relay to the patient in question.

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