

Optometry

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 8 AM - 5 PM	6+

Provider Schedule Ages

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 without 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.
- Mostly used for emergency walk ins/call ins that have been triaged by the care team.

For Optometry, we do have one additional form we need to track for patients with NDMA BCBS Medicaid Expansion. Patients with this form of insurance need to complete a specific form to inform them that the visit they are completing is not covered by their insurance. It is a specific NDMA requirement, though most patients with NDMA will not have vision coverage anyhow.

The front desk is required to get the initial form to the patient and assist them in signing the document as well as putting the patient's insurance ID on the form. Once this has been completed and signed, get the form to the Optometry technician or the optometrist and they will complete the rest with the patient. Once these are returned to the front desk, we are to get them into the hands of our billing team who handle the rest from there. PSRs obtain the Provider Signature & date, the Patient Name, Patient Signature & date, and simply explain something to the effect of "Your Optometry visit is a non-covered service per your insurance, this form is simply acknowledging that you are responsible for any costs associated with today's visit" or something like that. A laminated

copy of the Optometry Fee Schedule could be at the desk, if they are curious to know what the fees for certain services are, but of course, it would be impossible for Front Desk staff to anticipate what services will be rendered in the exam room. Once those pieces are captured on the form, I would ask that a PSR scan the form to myself, or the Billing email. We can discuss what works best. The Billers will gladly add the Procedure/Item/Service and Billed Charge after the visit has been coded. Billing will keep the forms on file, in anticipation of an audit.

When scheduling a patient in Optometry

We should be asking 3 specific questions

1. What are you wanting to be seen for at this visit?
 1. This should be noted in the appointment notes, even if it is something as simple as “Eye exam for glasses”
 2. This is largely already happening every time we are scheduling a patient, so keep it up!
2. Have you had any recent changes in your vision?
 1. pay attention to trigger phrases or anything that may sound of concern.
 2. Feel free to ask follow up questions if you suspect there could be an issue not covered by a trigger phrase below.
 3. If the patient mentions any trigger phrases, do not ask question 3. Instead move to the next step in this emergency process as documented under “Trigger Phrases”
3. When was your last eye exam?
 1. 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.

Trigger Phrases

If question 3 gets you 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. When did this happen?
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, and you have collected the additional information, please get ahold of the Optometrist to get guidance on what next steps need to be taken. In the event that the Optometrist is not in office that day, these questions should be routed to the charge nurse.

They will need the information you have gathered and will either speak to the patient themselves to complete additional triaging or will offer you specific information to relay to the patient.

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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