Is this a Medical Visit?
By Brandi Phoenix CPOT

Why should it matter if a patient is being seen for a medical appointment or a vision appointment? The patient is coming in, and the seat is full. The Doctor should be happy right? It is always good to have full seats and schedules, but it is also important to understand the difference between a medical and a visual diagnosis when scheduling appointments. The staff’s job of scheduling proper appointments is as important as the doctor’s job of applying the right codes for billing. It should start the moment a patient schedules their appointment. This article will explore how to properly schedule appointments with a medical diagnosis as well as explain how schedulers can make the right call when allocating time in the exam lane.

Scheduling begins the moment the phone rings. Those responsible for answering phones must ask the appropriate questions to determine when an appointment is a medical appointment or a vision appointment. The staff member will also have to determine the time frame in which the patient is seen.

Medical Appointments
Optometrists are in business to provide ophthalmic solutions to improve vision for patients. Often, patients struggle to see out of their glasses for a medical reason. In order to be well informed, and schedule time properly, schedulers should have a background on what can be used as a medical diagnosis pertaining to vision.

Examples of Ocular Medical Conditions
- Glaucoma
- Macular Degeneration
- Retinal diseases and disorders
- Foreign Bodies and other corneal injuries
- Red eyes and infections

Examples of Systemic Medical conditions which may affect the eyes
- High Blood Pressure (67 million Americans¹)
- Diabetes (26 million Americans ²)
- Lupus and other Auto-immune related diseases

If a patient has been in the office before, many of these types of conditions will be readily available in their chart history. In such cases scheduling these medical appointments is very simple. If a patient is new to the clinic however, some detective work must be done by asking the right questions. Ocular medical conditions such as those listed above are often more familiar to the scheduler, but systemic ones may be easily overlooked. It is important to listen for clues to assist with scheduling these visits properly. If the patient is vague in responses, some prompting may be necessary. Ask the reason for their visit, ask if they have any history of vision diseases or medical diseases, and ask if a referring doctor is requesting the visit.
**Vision Appointments**

A regular vision appointment is routine, and involves the comprehensive visual system and focuses on the improvement of vision and eye health. Some examples of vision appointments are:

- Annual Exam
- Spectacle/Contact Lens Checks
- Contact Fittings
- InfantSEE Exams

Generally, all calls start off sounding similar. The patient will say he/she needs to schedule an appointment, or check-up. As a scheduler, it is important to dig deeper than this; there is no guarantee that the patient’s idea of a check-up is the same as the standard office practice’s idea of a check-up. When faced with this general comment, clarification is made by leading the patient through a series of questions.

Start by asking the patient’s name, and pull up their EHR to view their visit history. Next, glance through their appointment history to determine the type of appointments that he/she has had in the past. If it’s as simple as an annual update on contacts/glasses, or a follow up on a recent prescription then schedule per your practice standards. If the patient is established and has been followed for various visual defects or medical problems, you will know how to further assist the patient in making the proper appointment.

If the patient is new to the practice, take the time to find out about his or her past vision exams. Does the new patient wear glasses or contacts? Does he/she have any history of eye surgeries or problems? These questions do not have to be in-depth, just yes or no answers will suffice. Finally, ask if they have any medical conditions like diabetes or high blood pressure. After establishing answers to these simple questions, it is often easier to schedule the patient for the proper exam, however, when in doubt, check with a doctor or technician.

**Emergency Triage**

There are several ways to categorize visits that come up at the spur of the moment. Every patient’s eye health concern is of utmost importance. Unfortunately, every practice faces the challenge of making time for each patient. When screening calls, it is best to categorize patients into three priority groups: emergent, urgent and routine.

Emergent needs cannot wait. These are patients who come in with extreme pain or vision loss. When considering whether a patient needs to be seen for an emergency visit, consider the length of time that has elapsed since the onset. Has it started recently? How painful is it? Are there serious or sudden changes in vision? Have they experienced any flashes of light? If the patient answers “yes” to any of these questions, or if it is a metal foreign body, the patient should be seen immediately.

Urgent needs should be scheduled promptly, but can wait up to 24 hours if necessary. The patient’s need is considered urgent if they have redness, itching, growths, bumps, or swelling, especially if the symptoms have been going on for a week or longer.

Routine visits are usually made at the most convenient availability in the schedule. Routine visits can be medical in nature, and still be scheduled for the future. For example, when a patient stops at the check-out desk to pay for their visit, they can schedule their next visit. Routine visits encompass follow ups of all types, and annual exams.

If you have a hard time determining how to schedule a patient, and are worried about making a patient wait too long, check with a technician or doctor so you’re confident that you are scheduling the patient appropriately and meeting their needs in the best way for them and for the practice.
Insurance Considerations

- If a patient is seen by an optometrist for something pertaining to their medical well-being, the patient’s medical insurance can cover the visit.
- If a new patient has any of the above medical/visual conditions, he/she will have needs that are covered under their medical insurance.
- If the patient calls to make an appointment based on an emergent or urgent situation, he/she will be covered by medical insurance.
- If another medical office calls to request that a patient be evaluated or if a patient states that his/her doctor recommended the visit, these appointments will likely be medically based.

The patient may state that another doctor wants him/her seen because of complaints of headaches. Another example might be a patient advising that he/she must be seen because he/she takes a high risk medication for rheumatoid arthritis. In many cases, special testing is needed for these types of exams, and time should be allotted in accordance to office policies. Be aware of time allowances for various special procedures in order to allow for proper patient flow when scheduling these patients.

Sometimes vision insurance is used even when a medical diagnosis is present. This is determined as the doctor codes the visit, and at the billing window. It is not necessary for the scheduler to determine whether a visit will be coded and billed a particular way. Instead, the scheduler should simply assume the appointment will be a medical visit. Even if the exam ends up being routine the scheduler ensured that the patient’s allotted time is enough for their extended needs. If a patient with a history of diabetes uses his/her vision insurance for a regular exam and later in the same year starts having vision trouble (before the vision coverage year is up) the patient may be entitled to an additional refraction under medical coverage in the same coverage year. Taking care to understand this when a patient calls to schedule an appointment helps improve the quality of care your office provides. Even in doubt about the various benefits available to each patient that enters the clinic, it is possible to anticipate how each patient’s visit will be treated in generic terms.

In conclusion, it is always good to fill the doctor’s schedule. It is imperative to schedule appointments as accurately as possible so the patient gets the best quality of care, and the flow of the day is steady. Scheduling a medical visit is just as easy as scheduling a regular exam. One must simply do a little research and by asking the right questions. It is important to understand the ins and outs of each patient’s insurance in order to schedule time and appointment type appropriately, but with so many insurance coverages, it is impossible to know them all. What is important is that each patient feels their time is well spent, and that they are well taken care of during their visit. This excellence in care can start with scheduling their appointment thoroughly, and understanding their individual needs upon first contact.

About our Author

Brandi Phoenix is a CPOT. She has been with Gillette Optometric Clinic PC in Gillette, WY since 2009. She loves the latest technology in the optometry world, had has learned a vast amount from working in the Vision Source office with Doctors Mills, Jordan, Maycock, Fischer and Fischer. She lives in Gillette with her son Alex, daughter Olivia, and husband Matthew.

No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means (electronic, mechanical, photocopying, recording or otherwise) without the prior written permission of the publisher. Copyright 2016 American Optometric Association