

# Academy Notebook

NEWS • TIPS • RESOURCES

## WHAT'S HAPPENING

### ■ Academy Persuades Walmart to Repackage Eyeglass Cleaner

On July 28, Gary S. Schwartz, MD, alerted the Academy that a patient had presented with a red eye after mistakenly using Walmart eyeglass cleaner as eyedrops. The cleaning product was being given as a sample in containers that strongly resemble eyedrop bottles, potentially causing confusion, particularly for people who are elderly and have problems with their vision.

“Another concern is that the bottle does not list active and inactive ingredients. Consequently, accidentally placing this solution in the eye could be very harmful, but the specific nature and extent of the injuries might be difficult to determine,” said Michael X. Repka, MD, Academy Medical Director for Governmental Affairs, who worked with Walmart officials to resolve the issue.

The retailer announced in mid-September that it will convert the potentially misleading container to a spray bottle in the near future. Dr. Repka said, “We are grateful that a member reported this to us and provided a photo, so that we can protect other patients from making the same mistake and possibly harming their eyes. We appreciate that Walmart shares our concern with this serious issue and is moving forward with re-packaging this product.”



***EYEDROPS?** Concerned about safety, the Academy convinced Walmart to change the packaging of its eyeglass cleaner sample.*

## TAKE NOTICE

### ■ Renew Your Academy Membership for 2014

By now you should have received your membership renewal packet in the mail. Respond immediately so you can continue to take full advantage of all the benefits of Academy membership. To ensure uninterrupted benefits, your Academy membership must be paid by June 1. To renew your membership online, visit [www.aao.org/member/paydues](http://www.aao.org/member/paydues). You also may renew by mail, fax, or phone.

***Questions?** Contact Member Services by phone at 415-561-8581, or by e-mail at [member\\_services@aao.org](mailto:member_services@aao.org).*

### ■ Notice of Resignation During an Ethics Investigation

At its September 2013 meeting, the Academy Board of Trustees approved a recommendation to publish information about an Academy fellow's resignation. Edward C. Kondrot, MD, of 31242 Amberlea Road, Dade City, Fla., resigned effective June 26, 2013. A challenge pursuant to the Code of Ethics was pending at the time of the resignation.

### ■ Anterior Segment Imaging: A Replacement for Gonioscopy?

The Academy's latest *Ophthalmic Technology Assessment (OTA), Evaluation of the Anterior Chamber Angle in Glaucoma*, reviews the evidence pertaining to the association between anterior segment imaging and gonioscopy to determine whether imaging aids in the diagnosis of primary angle closure (PAC).

*To read this and the full library of OTAs, visit [www.aao.org/ota](http://www.aao.org/ota).*

### ■ Ask the Ethicist: Genetic Testing

*Q: I have seen ads in various journals and have been approached by industry representatives regarding genetic testing that is now commercially available for a variety of inherited ocular disorders. The companies claim that these tests would allow me to identify patients who are at increased risk of developing disorders such as wet AMD, but I understand*

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**NEW CODING EDITS:** CMS clarifies appropriate use of modifier -25.

that the Academy is against such testing. Please clarify the Academy's position and how I can responsibly incorporate genetic testing into my practice.

A: In November 2012, the Academy Task Force on Genetic Testing published *Recommendations for Genetic Testing of Inherited Eye Diseases*.<sup>1</sup> The report discussed the following considerations.

- Each patient to whom genetic testing is recommended should receive genetic counseling both before and after the testing. If the physician is not qualified to provide such counseling, it should be performed by a certified genetic counselor.
- Direct-to-consumer genetic testing should be avoided, as it does not allow for counseling and appropriate interpretation of results.
- Genetic testing of individuals with presumed mendelian disorders for which the genetic basis is known and for whom genetic confirmation of the diagnosis is desired is appropriate. Such clinical testing should be performed in a CLIA-certified laboratory.
- Routine genetic testing of patients with complex disorders such as AMD and late-onset POAG is discouraged until results show benefit to patients

## AAO Meetings n Demand

■ **AAO MEETINGS ON DEMAND.** See the symposia and courses that you weren't able to attend during the Annual Meeting with AAO Meetings on Demand. More than 200 hours of content are available to purchase.

Order the Subspecialty Day meetings or the Annual Meeting highlights separately, or get the Premier Collection, which contains both. Your order will include online access and a USB drive for off-line access to selected products. Although the files contain slides and synchronized audio, you can also download just the MP3 files.

To order, visit [www.aao.org/on-demand](http://www.aao.org/on-demand).

■ **ONE SPOTLIGHT: More than 3,000 clinical images to browse, download, and share.** The Academy's library of high-resolution clinical images is now a free resource for all members. Enjoy unlimited downloads of images, which you can use in presentations and handouts and on websites. Or upload your photos to the library for your colleagues to use.

To view, visit [www.aao.org/one](http://www.aao.org/one), select "Multimedia," then click "Images."



in terms of optimizing surveillance or treatment strategies.

- Genetic testing of presymptomatic minors who may have inherited an untreatable disorder should be avoided unless the ophthalmologist and genetic counselor believe that it is in the family's best interest, and both parents are in agreement.

For more information or to submit a question, contact the Ethics Committee staff at [ethics@aaopt.org](mailto:ethics@aaopt.org).

<sup>1</sup> Stone EM et al. *Ophthalmology*. 2012; 119(11):2408-2410.

## Academy Logo Now Available for Your Use

Add the Academy logo to your CV, biography, and award acknowledgments, or use it for your practice web-

site, business cards, office letterhead, and presentations. Using the logo builds patient confidence by demonstrating membership in the world's leading ophthalmic organization.

To download, visit [www.aao.org/member](http://www.aao.org/member).

## Nominate a Colleague for the Laureate Award

The Academy is accepting nominations through Jan. 31, 2014, for the Laureate Recognition Award. This award recognizes an outstanding ophthalmologist whose significant scientific contribution to the field has shaped modern ophthalmology.

To submit a nomination, visit [www.aao.org/about/awards](http://www.aao.org/about/awards), go to "Laureate Recognition," then select "Information" and "Nominations."

## MEETING MATTERS

### Claim New Orleans CME Credits by Jan. 15

CME credits earned at the 2013 Annual Meeting and/or Subspecialty Day must be reported by Jan. 15, 2014.

As a service to members only, the Academy maintains a transcript of Academy-sponsored CME credits earned, provided that the member reports those credits to the Academy. Members may also report credits earned through other CME providers so that their record is available on a single transcript.

Claim your CME credits online at [www.aao.org/cme](http://www.aao.org/cme).

### Meeting Archives

Visit the Meeting Archives to download course handout PDFs, find scientific posters, watch Videos on Demand, view highlights from the Opening Session, and more.

For more information, visit [www.aao.org/aa-archives](http://www.aao.org/aa-archives).

### Mark Your Calendar for Chicago 2014

Join us in Chicago for AAO 2014, in partnership with the European Society

of Ophthalmology. The meeting will take place Oct. 18 to 21 at McCormick Place. It will be preceded by Subspecialty Day on Oct. 17 and 18.

For meeting updates, visit [www.aaao.org/2014](http://www.aaao.org/2014).

## ACADEMY STORE

### ■ Updated Study Guide: 4,000 Questions and 1,400 Topics

The *Practicing Ophthalmologists Learning System, 2014-2016*, has been updated for use on mobile devices. This online program is ideal for preparing for MOC exams—the concise outline format allows for efficient study of more than 1,400 topics. More than 4,000 self-assessment questions are included so that you can create custom, timed exams to assess your knowledge.

To learn more, visit [www.aaao.org/learningsystem](http://www.aaao.org/learningsystem).

## MEMBERS AT LARGE

### ■ People

The Cornea Society awarded Rafael Allan Oechsler, MD, the 2013 Cornea Society/Richard C. Troutman, MD, DSc (HON) Prize during the Cornea Society/Eye Bank Association of America Fall Educational Symposium



DR. OECHSLER.

on Nov. 15. The award is bestowed annually by the society for the paper published in *Cornea* during the previous year that was judged to be most outstanding and innovative and was authored by an investigator

40 years of age or younger. The award-winning paper was titled “*Fusarium* Keratitis: Genotyping, In Vitro Susceptibility and Clinical Outcomes.”

Dr. Oechsler said, “I would like to thank our team for all their efforts to complete this work. Special thanks to

## D.C. REPORT: Appropriate Use of Modifier –25

**O**n July 1, the National Correct Coding Initiative (NCCI), a Medicare program integrity contractor, released a series of new coding edits. These edits bundle established patient E&M codes and eye-visit codes with all 0-, 10-, and 90-day global surgical procedures. The new edits also enable exams to be unbundled from minor surgical procedures if the edit has a “1” designation. This is done by affixing the modifier –25 to the exam code.

**The Academy points out a problem.** NCCI edits are built into Medicare claims processing software; these edits establish or enforce coding criteria for billing services. Because of an oversight in Medicare Administrative Contractors’ computer systems, claims for eye-visit codes (CPT codes 92012 and 92014) using modifier –25 were initially denied. The Academy immediately intervened, causing CMS to temporarily suspend the new edits and reprocess all claims that were erroneously denied.

**CMS response acknowledges Academy’s earlier argument about intravitreal injections.** In reprocessing the claims, CMS recognized the Academy position on intravitreal injections (CPT code 67028). The Academy had outlined its position based on provisions in the *Medicare Claims Processing Manual* at

a meeting with CMS officials in 2012. At this meeting, the Academy highlighted the appropriate medical scenarios that would prompt an examination on the same day as an intravitreal injection. The Academy explained that neovascular AMD is a chronic bilateral disease and that the standard of care requires regular bilateral ocular examination in many patients. In addition, the AMA/Specialty Society Relative Value Scale Update Committee’s valuation for CPT code 67028 is based on the agency’s own data, which indicate that the typical patient receives an E&M service on the day of the injection.

To demonstrate an examination’s necessity and the subsequent use of modifier –25, accurate and complete documentation of treatment protocols and the E&M or eye-visit service is critical.

**What ophthalmologists must do.** To demonstrate an examination’s necessity and justify the subsequent use of modifier –25, it is critical for the physician to have accurate and complete documentation of treatment protocols and the E&M or eye-visit service. Following are circumstances in which an E&M service is considered a separate, identifiable service with an intravitreal injection:

• A patient with neovascular AMD in the right eye being treated on an as-needed (pro re nata) protocol, who received an intravitreal injection last month, presents for examination to determine the need for an additional injection.

• A patient with neovascular AMD who is on a monthly injection protocol presents for a previously scheduled injection in the left eye. On the day of injection, the patient complains of visual loss in the right eye.

• A patient with bilateral neovascular AMD who received an intravitreal injection in each eye at separate visits last month presents for examination to determine the need for treatment in either eye. The left eye is treated today and the right eye is scheduled for treatment on another day. On the subsequent treatment day for the right eye, the patient is complaining of discomfort and visual loss in the left eye. The modifier –25 is appropriate for both visits.

The modifier –25 is not appropriate in the following scenarios:

• A patient presents for a previously scheduled injection in the left eye. There is no medical necessity to examine the right eye. In this case, the examination of the left eye is considered to be included in the routine preoperative evaluation for an intravitreal injection.

• A patient with bilateral disease presents for his regularly scheduled injections on the same day. The preoperative evaluation is included with the intravitreal injection. The second injection is billed with the modifier –50.

Dr. Feilmeier, Dr. Miller, Dr. Hofling-Lima, Dr. Alfonso, and Mrs. Shi. I am receiving this award in the name of this group of very thoughtful and hardworking individuals. It has been a great honor to be selected among so many other outstanding and deserving studies. Thank you very much, Professor Richard Troutman and the Cornea Society, for this award, and I hope we will be able to continue giving our little contribution to the ophthalmological community for improving patients' lives. We feel very humbled and motivated by this important award."



**DR. O'BRIEN.**

Joan O'Brien, MD, was selected to receive the 2013 Women in Ophthalmology/Suzanne Veronneau-Troutman Award. The award was presented to Dr. O'Brien during the Academy Annual Meeting in New Orleans.

The award is given in recognition of the woman who has done the most in the preceding year to promote the role of women in ophthalmology. Dr. O'Brien said, "I am truly honored to receive this award, which has also honored the women who first achieved success in our field. This honor reflects their accomplishments, as well as the many talents and accomplishments of the more junior women I have had the pleasure to know, who follow on in this tradition of excellence."



**DR. SMADJA.**

The International Society of Refractive Surgery (ISRS) awarded David Smadja, MD, of France with the 22nd Annual Richard C. Troutman, MD, DSc (HON) Prize during the ISRS Awards on Nov. 15. This prize recognizes the scientific merit of a young author publishing in the *Journal of Refractive Surgery* and includes a \$5,000 honorarium from the Troutman Endowment.

Dr. Smadja said, "I am aware of the significance of this award, and I'm extremely honored to be the 22nd Troutman Prize awardee. In addition to this personal achievement, I really hope that this prize inspires some of my younger colleagues to continue their efforts in this exciting field of research, creating new insights for improving our field."



**LEADERSHIP DEVELOPMENT IN THAILAND.** In Bangkok, Oct. 1-3, the Royal College of Ophthalmologists of Thailand (RCOPT) launched its Leadership Development Program (LDP) led by its new LDP director, **Anuchit Poonyathalang, MD**, and by **Catherine Green, MbCHB (Australia)**. RCOPT President **Paisan Ruamviboonsuk, MD**, and Executive Committee member **Prin Rojanapongpun, MD**, welcomed the inaugural RCOPT LDP class with motivational remarks about the difference they could make in organized ophthalmology. Dr. Green, Academy LDP alumni **Sidney Gicheru, MD (Texas)**, and **Linda Tsai, MD (Missouri)**, along with Gail Schmidt, Academy director of Ophthalmic Society Relations, served as session faculty.

On Aug. 31, the Academy Foundation granted the **Sunil K. Rao, MD, Memorial Retina Fellowship Award** to **David J. Ramsey, MD**, and **Christina Y. Weng, MD**. The award is given to two ophthalmologists who demonstrate outstanding achievement in research on retinal disease, and it provides financial support for attendance at the Annual Meeting.

**Marguerite McDonald, MD**, was featured in CNN's *Life's Work* series, which showcases people who are innovating and pioneering in the field of medicine. The series highlights Dr. McDonald's performing the world's first laser vision correction procedure in 1988, the world's first excimer laser treatment for hyperopia in 1993, and the first epi-LASIK procedure in North America in 2003, among other medical accomplishments.

"It is very gratifying for me to see people all over the world enjoying excellent vision without glasses or contact lenses," Dr. McDonald said. "I was honored to play a role in the development of this technology."

**Who's in the News**  
Geoffrey C. Tabin, MD, was featured by ABC World News in an Oct. 2 segment on the Himalayan Cataract Project, which works to eradicate preventable and curable blindness through high-quality ophthalmic care, education, and a world-class eye care infrastructure. ABC News anchor David Muir joined Dr. Tabin and his team from Ethiopia's Quiha Zonal Hospital as they restored sight to 723 patients in Mekelle, Ethiopia. The Academy has partnered with the Himalayan Cataract Project in the past to provide free Annual Meeting registration to physicians in developing countries.