

Academy Notebook

NEWS • TIPS • RESOURCES

WHAT'S HAPPENING

Practice Administrators Participate in AAOE Pilot Leadership Program

A select group of American Academy of Ophthalmic Executives (AAOE) practice managers will meet in Chicago later this month as part of a pilot leadership development program called Ophthalmic Practice Administrators Leadership Program (OPAL), which AAOE launched at AAO 2018.

This first cohort will attend the Academy's Ophthalmology Business Summit (OBS) on March 23 and 24—a business-focused “boot camp” designed to address the volatile and complex challenges facing ophthalmic practices. During the summit, participants will attend sessions on emotional intelligence, strategic management, and building a culture of collaboration. Additionally, the cohort will attend a special kick-off Insights Discovery session on March 22, when they will learn a powerful behavior-style tool designed to teach people how to perform at their highest level.

Program objectives. OPAL focuses on professional development in the areas of communication, time management, collaboration, and change management with the goal of fostering participants' leadership skills to drive



OPAL AT OBS. This year's OPAL cohort will attend the Ophthalmology Business Summit on March 23-24, following an OPAL behavioral workshop on March 22.

practice efficiency and encourage meaningful contributions to the field of ophthalmology.

Learning opportunities. Classroom-style learning is one key part of the program. In addition to the sessions at OBS, the OPAL program featured courses at AAO 2018, which participants attended in conjunction with an OPAL-specific session on mentorship. The group has also been engaging in bimonthly conference calls that use media, such as TED Talks and news articles, to spark discussions about leadership trends.

Individual projects. The capstone of the OPAL program is completion of individual leadership projects that address a specific gap or need within each participant's practice and/or community. After submitting project proposals in December, participants were paired with mentors who have experience in their proposed project area. They meet monthly with mentors via teleconferences. Participants have also

supported each other during monthly teleconferences by providing different perspectives on each other's projects and sharing their struggles, triumphs, and useful tips.

In October, this year's OPAL cohort will present their projects at the AAOE Practice Management Program and welcome the incoming 2020 cohort.

Hone your leadership potential. If you are an AAOE practice administrator or work with an AAOE practice administrator who could benefit from this program, consider an application for the 2020 OPAL class. The deadline is May 1. For more information, visit aao.org/opal.

Be Heard at Mid-Year Forum 2019

The Mid-Year Forum (MYF) brings ophthalmologists together to advocate for political change on behalf of patients and the profession. This year's program, held April 10-13 in Washington, D.C., offers a variety of opportu-



AMERICAN ACADEMY
OF OPHTHALMOLOGY®

nities to learn and to make an impact, including the following:

- sessions on hot topics such as attempting to control drug spending, creating an inclusive practice, and understanding private equity in relation to ophthalmology;
- Congressional Advocacy Day, when attendees and Academy facilitators visit Congress and their staff members to speak on key ophthalmic issues; and
- the Academy Council meeting, when the Board of Trustees will speak about its goals and priorities as well as give Academy members a chance to offer feedback.

Register today. To find more information on the program and to reserve your spot, visit aao.org/myf. The registration fee increases from \$225 to \$325 on March 7, and preregistration is available through March 25; Congressional Advocacy Day's lobbying events on April 11 are free to Academy members.

TAKE NOTICE

Ask the Ethicist: The Non-operating Expert Witness

Question. *I was asked to serve as an expert witness in a malpractice case involving visual loss related to cataract surgery. Although I am a general ophthalmologist and have performed many cataract surgeries in my career, I have not operated in several years. Is it ethical to serve as an expert?*

Answer. The trial judge will review your qualifications and determine whether you may testify. Typically, expert witnesses are practicing ophthalmologists who hold a current, valid, and unrestricted license. Considering that the opposing counsel will question your testimony and credentials as an expert witness, you must be very clear about your qualifications and the fact that you no longer operate.

Despite your status as a nonoperating physician, you are responsible for knowing about the accepted surgical techniques and standard of care relevant to the time and place of the case in question. The judicial process relies on expert witnesses to establish standard of care and therefore deviation from the standard of care. To help others



OPHTHALMOLOGY'S ADVOCATES. *Advocacy Ambassador Program members prepare for meetings with their House representatives during Congressional Advocacy Day, April 19, 2018.*

understand the case and distinguish between malpractice and maloccurrence, it is your role to present truthful, unbiased information supported by the literature.

The Academy does not wish to influence which cases you choose to serve on as an expert witness. However, if your testimony is challenged, the Academy will enforce Rule 16 of its Code of Ethics:

“Expert testimony should be provided in an objective manner using medical knowledge to form expert medical opinions. Nonmedical factors (such as solicitation of business from attorneys, competition with other physicians, and personal bias unrelated to professional expertise) should not bias testimony. It is unethical for a physician to accept compensation that is contingent upon the outcome of litigation. False, deceptive, or misleading expert testimony is unethical. For purposes of this Rule, expert testimony shall include oral testimony provided under oath; affidavits and declarations used in court proceedings; and certificates of merit signed, ratified, or otherwise adopted by the physician.”

Learn more at the Redmond Ethics Center, aao.org/clinical-education/redmond-ethics-center. Send questions to the Ethics Committee at ethics@aao.org.

Academy Year in Review

Academy leadership, staff, and countless volunteers work hard to provide you with the best member experience. Find out what the Academy achieved in the last year on all fronts, including

advocacy, education, and public service. The *2018 Year in Review* highlights some of the Academy's greatest achievements, including the following:

- establishing a permanent research fund to advance the practice of pediatric ophthalmology;
- launching a campaign to build a new Museum of Vision;
- lobbying for ophthalmology's best interests in state and federal government affairs; and
- developing an award-winning public education campaign.

Learn more at aao.org/yearinreview.

Submit Your Research to *Ophthalmology Retina*

Ophthalmology Retina seeks to publish original research that will be of strong interest to retina specialists globally. The selection process favors papers that teach clinicians how to make better diagnoses, implement preferred treatments, and follow accepted practice patterns with the goal of delivering the best outcomes for patients.

Submit your research at www.eviser.com/profile/#/ORET/login.

Subscribe at aao.org/store.

MEETING MATTERS

Submit an AAO 2019 Abstract

Want to contribute your expertise to the world's most comprehensive ophthalmology meeting? The online submitter for AAO 2019 paper/poster and video abstracts opens March 7 and closes on April 9.

Posters. Starting in 2019, all posters will be electronic. Posters will be available to view on terminals in the convention center, online, and through the Mobile Meeting Guide. Selected poster authors will present their posters onsite at the Poster Theater.

Submit your video and paper/poster abstract at aao.org/abstracts. **Find abstract guidelines** at aao.org/presenter-central.

Important Dates

Registration and hotel. Mark your calendar: Academy and American Academy of Ophthalmic Executives members can register and make hotel reservations for Subspecialty Day (Oct. 11-12) and AAO 2019 (Oct. 12-15) in San Francisco starting June 12. Non-members can do so starting June 26.

Find more information at aao.org/registration and aao.org/hotels.

Event reservations. The annual meeting is a great opportunity to connect with colleagues. Hold your 2019 alumni or related group event in an official Academy hotel. You can now explore available locations, determine function hours, and reserve hotel meeting space through the Academy by using aao.org/meetingspace.

International Attendees

If you are traveling to the United States to attend AAO 2019, you may need a visitor visa. There are several steps to apply for a visa, so get started early. To help you obtain travel documents, the Academy has created an online tool that will create a personalized letter of invitation to attend AAO 2019.

Visit aao.org/visa.

D.C. REPORT

Academy to CMS: Make Part B Demonstration Voluntary, Well-Defined

The Academy is urging the Centers for Medicare & Medicaid Services (CMS) to take several important steps to ensure that its new Part B drug demonstration is a success for both patients and physicians.

As part of this national test, which is slated to begin in 2020, Medicare would adopt lower prices based on what foreign countries already pay through an International Pricing Index. It also would separate physicians' payments for handling and inventory costs from the price of the drugs.

As CMS continues to discuss the program's design, the Academy has urged the agency to carefully define expectations of vendors who would now purchase and deliver drugs, and to ensure that the demonstration will not lower average sales price-based payments for those physicians not participating.

Additionally, in response to CMS' recent statement that the program will be mandatory, the Academy has issued comments stressing that the demonstration must be voluntary. The Academy objects to CMS making this program mandatory because previous attempts to establish competitive acquisition programs failed to demonstrate their viability.

Although some of this proposal's broad details are known thanks to Academy conversations with the agency and published reports, CMS is still working to determine additional important details and tactics for implementation. Throughout the planning process, the Academy has been engaging in a dialogue with Administrator Seema Verma and her staff to try to ensure that this concept works for our profession. Thus far, Academy efforts have been met with assurances that the demonstration would be designed in a way to limit disruption to physicians and patients.

SAVVY CODER

Code-A-Palooza Answers

For the questions, see Savvy Coder on page 47.

1: A—yes. CCI does not currently bundle 92133 and 92083, which are therefore both payable. **Tip:** Each test can have frequency edits that may vary by payer, so be sure to check your payer's policy. Furthermore, some payers may not consider it medically necessary to perform both tests—optic nerve evaluation and visual fields—together or separated by a short period of time. However, they may consider it appropriate to alternate use of these tests at the proper time intervals.

2: B—CPT description. Some non-Medicare payers may not allow payment the same day as an exam because of the "separate procedure"

wording in the code's description.

3: C—unlisted procedure. Unlisted procedure codes may have "YYYY" listed as the global period. This means that the carrier, rather than CMS, determines whether the global concept applies and establishes a postoperative period, if appropriate, at the time of pricing.

4: B—denied. Unfortunately, there is no modifier available to indicate that the exam is unrelated to the procedure. Even listing the unrelated diagnosis wouldn't be enough; to get paid, you would need to go to review.

5: D—submit nothing. You can't submit an exam code when no medically necessary elements of the exam have been performed.

6a: C—99205-25-57. Because the exam was performed the same day as a minor surgery (67105), append

modifier -25 to indicate that the exam was a significant and separately identifiable service. Modifier -57 indicates that the decision to perform major surgery (67108) was made at this exam. (Note: You cannot use -25 if the exam was performed solely to confirm the need for the minor surgery.)

6b: B—67105-LT + 67108-79-RT. CCI bundles 67105 with 67108, which may tempt you to use modifier -59 to unbundle them. But the two procedures were performed on different eyes; therefore there is no need to unbundle them.

7: C—only the professional component. Because the patient is currently an inpatient, it is as if the hospital owned the equipment. Remember to use place of service code 21 to indicate inpatient hospital.