



PRESIDENT'S MESSAGE

Who is Your Medical Doctor?

By Jacob Moore, MD, president@TexasEyes.org

There are patients who know the difference between a family physician and a nurse practitioner. Or who know the difference between the orthopedic surgeon and the physician assistant who both work in the same office. Our patients know the difference between an ophthalmologist and an optometrist. Our offices across Texas triage patients who just want to see an ophthalmologist every single day. These patients know there is a difference.

We all can perform one simple test of this hypothesis. When interviewing patients, I ask to confirm where to send correspondence: "Who is your Medical Doctor?"

I find an alarming percentage of the time the answer is: "Well it's a practitioner." Or possibly: "I go to Big Insurance Med Clinic, but I see a different person every time." Sometimes the patient does not know the difference and states: "I go to Dr. Anon's office" when I know they are referring to an allied health professional. Poor health literacy is a common problem across Texas. The majority of the patients I see know the difference, even in rural South Texas. Are the patients happy about their options? Do they have a choice to see a doctor?

During the 2021 Texas Legislative session, TOA leaders negotiated a brief moratorium on optometry scope of practice expansion. We cannot rest easy during this time. Changes in other states will certainly make our future battles for patient safety more difficult. And Texas is certain to see inappropriate scope of practice battles in 2023 with other allied health professions. Optometry continues to outpace ophthalmology as they raise funds and lobby for their cause.

We must use this time to build relationships with our local representatives so that we can educate them about patient safety when it is needed. During this moratorium, Ophthalmology needs to advocate for patient safety along with the Texas Medical Association as we are going to need TMA's help when the time comes again. Furthermore, we as individual physicians need to identify and energize the patients who call and ask specifically to see an ophthalmologist. The patient's voice will carry further than ours if they call a legislator and say: "I want to see a medical doctor!"

I would like to ask every TOA member to come to at least one TMA First Tuesday advocacy event this upcoming 2023 legislative session. One of the lessons we have learned is that virtual advocacy is not as effective as meeting face to face. Our legislators need to know that we are paying attention to what they are doing at home during campaign season and during session in Austin. Furthermore, the TOA needs to know which legislators will meet with

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Coding & Reimbursement Update



By John M. Haley, MD, OCS, AAO Health Policy Committee, Novitas Medicare CAC,
TOA 3rd Party Liaison Chair, TOA Newsletter Editor Coding@TexasEyes.org

CMS released its usual proposed final rules for the Medicare Fee Schedule in July. We were expecting the worst, and of course, we were not disappointed. In a year when we are just starting to recover from the pandemic and inflation is at a 40-year high of 7-8%, they hit us with a 4.4% overall payment cut. The proposed conversion factor goes to 33.08 from 34.60 in 2022. This includes an annual MACRA statutorily payment increase of zero, expiration of a 3% sequester cuts reprieve from last year and budget neutrality costs of 1.55% to pay for the increased fees to hospital, ER and nursing home visits and on top of that, all postop surgical visits will still be cut to pay for the EM increase last year. All this is on top of a 4% Medicare PAYGO cut delayed from last year to resume in 2023.

Value-based care is encouraged by lowering the standards for ACO to lower the downside risks to entry. That does not help ophthalmology, as there is no way we can participate. CMS' goal is to push all in traditional Medicare into an ACO by 2030. CMS is considering updating the data used in clinical labor pricing which is part of its calculations in the new MFS. RN salaries have increased about 60% and medical assistants' salaries have increased 40% in the last twenty years, but physician payments have actually decreased.

We have a large problem in physician reimbursement. All sectors (hospitals, nursing homes, big pharma, insurance companies) have more than kept up with inflation and to cap it off, this year Medicare

Advantage, despite costing more than regular Medicare for more well patient mix and not delivering improved care, are now proposed an 8% increase. Medicare Advantage plans currently derive huge profits from Medicare, and they want more while the providers slowly die. Involvement in politics is the only answer as it has worked well for other sectors. How many of us contribute to all our PACS-AMA, AAO, TOA and how many support political candidates who can help turn the tide? Answer is very few.

In any case, hopefully we can convince Congress that this approach is not sustainable for Medicare and a change will occur before January 1, 2023.

Cataract Chart Audits

There was a recent scare from Noridian MAC routine post payment audits of cataract charts. The audit revealed an error rate of 27-71% failure. The charges revealed documentation deficiencies of the LCD requirements. Now the MAC's have been trying in recent years to consolidate the LCD's to make the LCD consistent across their MAC states and among other MAC's but they still differ significantly among MAC's. Therefore, if you are going to perform a procedure that has an LCD, you must learn the local rules and comply. Fortunately, if you have been going to CodeQuest and following the rules, you will have no problem. [Our long-used TOA medical necessity for cataract surgery form](#) (English and Spanish) is up to date and continues to perform well, but you must use it on each individual eye, every time. It does no good to fill out the form with no indication of lifestyle

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impairment. Remember there is no longer a visual acuity requirement for cataract surgery, but a lifestyle impairment must be indicated. I did hear recently of a cataract audit in which the TOA form was signed, but no lifestyle impairment box was checked – actually a blank form. Come on!

Recent cataract audits across the country reveal that auditors are looking for the following information:

- ✓ Activities of daily living and BCVA
- ✓ A tolerable change in glasses will not improve the patient's vision
- ✓ Reasonable expectation that cataract surgery will improve vision
- ✓ With concomitant visual disease like glaucoma or retinal disease, there should be an expectation that the cataract should reasonably improve vision
- ✓ Patient desires surgery

Anyway, below is a summary of the latest 7/21 version of cataract LCD and TOA form so you can prevent the pain if you so desire. Print the form on [page 20](#) of this newsletter.

Novitas Cataract LCD

In consideration for cataract surgery, patients must have an impairment of visual function due to cataract(s) resulting in the decreased ability to carry out activities of daily living such as reading, viewing television, driving, or meeting occupational or vocational expectations. This LCD provides medically reasonable and necessary indications for both routine and complex cataracts surgery. Coverage will be based upon documentation that supports medical necessity and therefore covered by Medicare when one or more of the covered indications are present.

Covered Indications

Cataract surgery will be considered medically reasonable and necessary when one or more of the following indications are present:

1. Visual function no longer meets the patient's needs based on visual acuity, visual impairment, and potential for functional benefits.
2. Visual Impairment and function are not correctable by glasses or other non-surgical measures.

3. The patient has undergone a preoperative examination that documents the following:
 - Inability to function satisfactorily due to visual impairment while performing various Activities of Daily Living.
 - Confirmation that cataract is causing the visual impairment or other ocular or systemic conditions.
 - Cataract is causing unacceptable glare, polyopia, or reduced quality of vision
4. There is clinically significant anisometropia in the presence of a cataract.
5. The lens opacity interferes with optimal diagnosis or management of posterior segment conditions.
6. The lens causes inflammation or secondary glaucoma (phacolysis, phaco-anaphylaxis)
7. There is worsening angle closure (phacomorphic glaucoma) due to increase in the size of the crystalline lens.
8. A significant cataract is present in a patient who will be undergoing concurrent surgery in the same eye, such as a trabeculectomy or a corneal transplant when the surgeon deems that the decreased morbidity of single stage surgery is of significant benefit over surgery on separate dates.

Complex Cataract Surgery

Complex cataract surgery will be considered medically reasonable and necessary when there is one of the following:

1. A miotic pupil that will not dilate sufficiently requiring the use of a mechanical iris expansion device (Iris retractors through four additional incisions, Beehler expansion device, or Malyugin ring) to adequately visualize the lens in the posterior chamber of the eye.
2. Pre-existing zonular weakness requiring use the capsular tension rings or segments or intraocular suturing of the intraocular lens.
3. Pediatric cataract surgery, intraoperatively difficult because of an anterior capsule that is more difficult to tear cortex that is more difficult to remove needing a primary posterior capsulotomy or capsulorrhexis.
4. Mature cataract requiring dye for visualization of capsulorrhexis.

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Goniotomy 65820

Goniotomy is a very old CPT code developed many years ago in the 1990's to describe pediatric goniotomy under general anesthesia and lots of post op time dealing with concerned moms.

With the popularity of MIGS procedures, goniotomy is being performed with a knife, laser, or other device. The procedures have caused the utilization of 65820 to spike and so the MAC carriers are now getting concerned and audits will most likely occur with more specific rules and perhaps at some point new CPT and RUC evaluation. With the current code descriptor and advice from the AGS and AAO, I feel that goniotomy, significant incision of the TM is required to bill the code. It is not reasonable to bill goniotomy to insert other glaucoma drainage devices – 66989, 66991, 0671T – if extensive incision of the TM is performed away from the device, goniotomy is reasonable (but are there studies that validate this approach?) Likewise, it is not appropriate to bill a goniotomy when one only makes TM puncture to inject viscoelastic. This goniotomy issue is getting attention and more to come soon.

COVID

Covid will be with us for many years and continues to evolve.

Omicron has caused cases to go way up but deaths are not, more contagious but less mortality down to 0.1% like the flu. Medical practice is approaching normality where masks are optional, but one must respect our patients' wishes. High-risk patients, the elderly, immunocompromised and those with multiple diseases still require more isolation and masking.

BEWARE OF AUTO POST

It may cost you a fortune or it may already have. One of the real benefits of EMR and office management systems is that they can take some of the new insurance payments and auto post them to individual patient accounts. It is simple, easy and gets the boring job done quickly and efficiently but beware. Is there any check on the system to be sure the claims are paid correctly? I guarantee any mistakes will not be in your favor.

Example: Before the first of this New Year 2022, one of our large Dallas managed care plans (probably to save money) changed their in-house claims processing system to another outside vendor. Big mistakes in proper allowable began right away. They would not answer our questions or even get it right after reprocessing each claim. They made it very difficult as we would refile each claim with lots of unnecessary paperwork or could do it by phone which required 45-60 minutes to talk to someone and then only one to three claims could be appealed at a time. You can imagine how long this takes and how much it costs the practice and still to this day, nine months later there are still the same mistakes. Charts are piled high with no end in sight.

We called around and a number of eye practices do not even know they have a problem as they are getting paid, but they auto post and no one checks the allowables, so they are leaving thousands on the table. In this case the guilty party is not Medicare Advantage plan but the contracts were passed to a third part administrator, an ACO for management. The ACO was under contract to UHC and Humana, who owned the MA contract. The ACO has been totally unresponsive so we are now turning to a new TMA service called the Reimbursement, Reviews and Resolution program (RRR). We recently used this new TMA service for a claim that we had worked for over a year and they were able to get payment. So try the RRR in bad cases that you just cannot get resolution. thank you, TMA. Of course, you must be a TMA member to participate. [Click here for full information.](#)

What can you do? First, check all auto posts to be sure they are correct. Appeal all mistakes and write letters to the medical director if problem persists. Most of these problems are occurring in the Medicare Advantage plans who are profiting at our expense. The Medicare Advantage plans only answer directly to CMS, so if you cannot get any satisfaction, write a letter to our regional CMS director and thoroughly and nicely explain the problem. Only CMS can put pressure on them to change.



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MIGS Reminder!

Goniotomy procedures performed in conjunction with insertion of a glaucoma drainage device is considered not reasonable and necessary.

We have detected an upward trend in the inappropriate billing of code combination 65820 reported with either 66989, 66991 or 0671T. This article is intended to provide guidance on how to properly bill for MIGS and remind providers of the instruction provided in LCD [L38233](#), Micro-Invasive Glaucoma Surgery (MIGS) and billing and coding article [A56633](#).

Codes defined:

- ▶ **65820** - Goniotomy defined as trabecular meshwork is incised and/or excised with a blade or other surgical instrument for at least several clock hours to create an opening into Schlemm canal from the anterior chamber, via an internal approach through the anterior chamber.
- ▶ **66989** - Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (e.g.,

trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more.

- ▶ **66991** - Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); with insertion of intraocular (e.g., trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more.

As of January 1, the group 3 code below is considered not reasonable and necessary and is non-covered.

- ▶ **0671T** is defined as insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant contract removal, one or more.

Per the LCD: Goniotomy procedure performed in conjunction with the insertion of a glaucoma drainage device is considered not medically reasonable and necessary. Routine performance of goniotomy with insertion of a glaucoma drainage device may be subject to focused medical review.

TOB Glaucoma Complaint Process Explained

As previously reported, Texas Optometry Board (TOB) rules implementing SB993 have been finalized and they went into effect May 31, 2022. SB993 was enacted during the 2021 legislative session to ensure that Texas glaucoma patients treated by optometrists receive the highest standard of care, by requiring the therapeutic optometrist to meet the standard of care of an ophthalmologist, by creating a disciplinary framework that requires licensed physicians specializing in ophthalmology to be involved in the investigation of a therapeutic optometrist, to require collaboration between the Texas Optometry Board and the Texas Medical Board (TMB) regarding such investigations, by providing public

and online-searchable information about complaint and investigation history, and by ensuring that clear parameters exist for when a patient cannot be treated by a therapeutic optometrist and must be referred to an ophthalmologist immediately. [Read the final rules here.](#)

The process is underway and the list of disciplinary actions (updated quarterly) can be found on the TOB website [here](#). Complaints against optometrists can be submitted via the TOB website [here](#); the complaint form now includes specific questions about glaucoma. As always, complaints about ophthalmologists should be submitted to the TMB [here](#).



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Questions from the Herd

John Haley, MD and William Plauche, MD answer coding and reimbursement questions from TOA members at coding@texaseyes.org. They volunteer their time to provide this valuable service.

Question: During Codequest 2022, we talked about not billing the exam with the VF and the OCT on the same visit. Why is this the case? One of our glaucoma specialists always bills that way. He has the patient come in for a long appointment to get everything done 1x per year, then all other appointments are short IOP checks. He has been doing this for 18 yrs. I just need to give him a reason he needs to change.

Answer: Novitas bundles OCT and fundus photos on the same day but allows use under extraordinary circumstances. However, you make yourself an audit target. It is safer for you to rarely perform photos and Ictvon same day. Simply just do OV and one test on same day. Oct one visit, photos one visit and BF on another visit. Then everyone is happy, and you will avoid audits or do it your way and endure the audits. Simply choice.

Question: Am I correct that there is no vision requirement for NOVITAS for NdYAG Laser Capsulotomy?

Answer: You are correct, there is no vision requirement. You need a vision complaint from the patient & documentation of capsule fibrosis. For private plans, they could have their own requirements but most follow Medicare.

Question: My staff just informed me that United Healthcare has requested 108 charts for chart review within 8 days from my practice. My staff is dutifully complying with the request but is this excessive?

Answer: If this audit is a MA plan looking for diagnoses to increase their Medicare reimbursement, then we can say we cannot possibly copy those charts without hiring additional help. We will do this but must charge \$30/ chart to cover staff time in advance. Additionally, with these MA risk analysis reviews you often can ask for an extension and possibly a reduction in chart records. They often will agree when you request payment. If you do, make sure to request payment prior to delivery.

Question: I have a simple question regarding the written order for IOL Master. In Codequest 2022, Sue mentioned several times that the order for tests needs to be OD, OS or OU. So, when I document the order for the IOL Master in the chart, can I just write "IOL Master," or do I need to write "IOL Master OU?"

Answer: You need to order the eye to be tested. OD, OS OR OU. The order/sequence is based on medical necessity.

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Questions from the Herd *(continued)*

Question: I have a pt with L quadranopsia. He has a full visual field above midline and only half a visual field below midline (no left lower vision OU) due to a stroke. He and his neurologist keep asking me if he is legal to drive. What is TXDOT's position on this?

Answer: Physicians can use the Texas Medical Advisory Board (appointed by Tx Dept of State Health Services) [Guide to Determining Driver Limitation](#) – see Eye Defects chapter starting on page 34.

Also, here is the referral form physicians can use when referring patients who may have a medical condition that prevents them from safely driving:

<https://www.dshs.state.tx.us/medical-advisory-board/pdf/MABphysrefer.pdf>

Additional information that might be helpful:

<https://www.dshs.state.tx.us/medical-advisory-board/drivers.aspx>

Question: We have a patient with UHC primary and they have been referred to see our Low Vision specialist. Our Low Vision specialist is not contracted with UHC. We would usually offer self-pay rates (as we are not filing to UHC). However, this patient has Medicaid secondary. We are also not contracted with Medicaid but know that you cannot charge patients that qualify for Medicaid. How would we best handle this situation?

Answer: Physicians can establish a private-pay agreement with Medicaid patients UNLESS the patient is a qualified Medicare beneficiary (QMB), meaning the Medicare patient is very low-income and is eligible for Medicaid to pay for any copays and premiums. If the patient has UHC primary and is not a QMB (more information on QMB's here: [se1128 \(cms.gov\)](https://www.cms.gov/medicaid-eligibility)), then the practice can establish a [private pay agreement](#), which must be in writing and filed within the medical record. It's important that the agreement be very specific regarding what services are included within the agreement, signed and dated by the patient.

[Medicaid Provider Manual](#)

Section 1.7.11 Billing Clients

A provider is allowed to bill the following to a client without obtaining a signed Client Acknowledgment Statement:

- ✓ Any service that is not a benefit of Texas Medicaid (for example, cellular therapy).
- ✓ All services incurred on noncovered days because of eligibility or spell of illness limitation. Total client liability is determined by reviewing the itemized statement and identifying specific charges incurred on the noncovered days. Spell of illness limitations do not apply to medically necessary stays for Medicaid clients who are 20 years of age and younger.

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Questions from the Herd *(continued)*

- ✓ The reduction in payment that is due to the Medically Needy Program (MNP) is limited to children who are 18 years of age and younger and pregnant women. The client's potential liability would be equal to the amount of total charges applied to the spend down. Charges to clients for services provided on ineligible days must not exceed the charges applied to spend down.
- ✓ **All services provided as a private pay patient.** If the provider accepts the client as a private pay patient, the provider must advise clients that they are accepted as private pay patients at the time the service is provided and responsible for paying for all services received. In this situation, HHSC strongly encourages the provider to ensure that the client signs written notification so there is no question how the client was accepted. Without written, signed documentation that the Texas Medicaid client has been properly notified of the private pay status, the provider cannot seek payment from an eligible Texas Medicaid client. • **The client is accepted as a private pay patient pending Texas Medicaid eligibility determination and does not become eligible for Medicaid retroactively.** The provider is allowed to bill the client as a private pay patient if retroactive eligibility is not granted. If the client becomes eligible retroactively, the client notifies the provider of the change in status. Ultimately, the provider is responsible for filing timely Texas Medicaid claims. If the client becomes eligible, the provider must refund any money paid by the client and file Medicaid claims for all services rendered. A provider attempting to bill or recover money from a client in violation of the above conditions may be subject to exclusion from Texas Medicaid

Question: Last year our optical shop separated from the practice and obtained their own tax ID. We are still owned by the same physicians. They have asked that we share certain patient data with them. For example, a list of patients that received a new RX so that could reach out to the patients. I am concerned about a HIPAA violation. What are your thoughts?

Answer: I believe this would be a HIPAA violation and a violation of the Texas Privacy law. Please note: As an association, TOA cannot provide specific legal advice, but can provide members with general legal information.



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TOA Annual Meeting in Houston

Under the direction of **Jacob Moore, MD**, the 2022 Annual Meeting in April in Houston featured high caliber continuing medical education and an excellent resident competition.

TOA successfully returned to the in-person meeting format. The Annual Meeting featured top notch CME with speakers **Preston H. Blomquist, MD; Raymond Douglas, MD, PhD; Bitu Esmaeli, MD, FACS; J. William Harbour, MD; Douglas D. Koch, MD; John Hulleman, PhD; and Timothy McCulley, MD.**

Thank you to the TOA Education Committee: **Jacob Moore, MD**, Program Chair; **Lindsey D. Harris, MD; James P. McCulley, MD, FRCOphth(UK), FACS; and Christina Weng, MD.**

A highlight of the meeting was the presentation of TOA's highest honor, the Distinguished Service Award. On behalf of the membership, **President Lindsey D. Harris, MD** presented the award to **David L. McCartney, MD** of Lubbock. Texas Ophthalmological Association's Distinguished Service Award celebrates and honors those who have gone above and beyond to care for and ophthalmology patients and advocate for the profession.

David L. McCartney, MD has been the Chairman of the Department of Ophthalmology and Visual Sciences at Texas Tech University Health Sciences Center in Lubbock since 1994. He has been a TOA member since 1988. Dr. McCartney has trained countless young ophthalmologists who have gone on to care for our fellow Texans. He encourages his residents and fellows to participate in the Advocacy Ambassador program each year, and he has graciously hosted Codequest in the Tech facilities for several years. His faculty and staff hold him in high regard.



Congratulations to the winners of the **2022 Barry Uhr, MD, Memorial Prize in Comprehensive Ophthalmology.** The memorial prize was established by the TOA Foundation and David Shulman, MD, in 2011 to honor former TOA President, Barry Uhr, MD, of Dallas.

Before his passing in 2010, Dr. Uhr practiced comprehensive ophthalmology in Dallas for almost 40 years, but his care for patients extended far beyond direct patient care. He served as President, officer and longtime legislative committee member of TOA, President of Dallas County Medical Society, President of Dallas Academy of Ophthalmology, member of the Board of Trustees of the AAO, TexPac board, and several OMIC committees.

1st Prize

David Fell, MD, Ophthalmology Resident PGY-4, University of Texas Southwestern Medical Center, Dallas, TX
A Comparison of Visual Outcomes in Submacular Hemorrhage

2nd Prize

Karen Brown, MD, Ophthalmology Resident PGY-4, University of Texas Southwestern Medical Center, Dallas, TX
Facial Asymmetry in Unilateral Congenital Ptosis

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Change of Officers

On Friday, April 29, 2022, **Jacob Moore, MD** of Corpus Christi was installed as the 66th president of the TOA. Dr. Moore has served on the Executive Council since 2014. A fearless advocate for patients, Dr. Moore will lead the TOA through the 2023 Legislative Session which starts in January. You can reach Dr. Moore at president@texaseyes.org.

Dr. Moore thanked outgoing president, **Lindsey D. Harris, MD** of Houston. Dr. Harris did outstanding work during her term. She appointed and guided a task force to represent TOA during the implementation of SB993. She reorganized and chaired the EYE-PAC Committee in the wake of Dr. Shulman's unexpected death. These are only a few of her accomplishments.

As part of Dr. Harris' outgoing remarks, she officially recognized and thanked 2019-2020 president **Mark Gallardo, MD** of El Paso and 2020-2021 president **Mark L. Mazow, MD** of Dallas. Both of their terms ended at times when the annual business meeting had been cancelled.



Dr. Harris thanked Dr. Mazow for his service as 2020-2021 president.

The voting membership present at the TOA annual business meeting voted in new members of the Executive Council.

New & Relected Executive Council

MEMBERS

President-Elect:

Robert Gross, MD, MBA, Dallas

Secretary:

H. Miller Richert, MD, Abilene

Treasurer:

Ximena De Sabra, MD, Austin

Councilor:

Susan Fish, MD, The Woodlands
(new to executive council)

Councilor:

Eric Packwood, MD,
Fort Worth (new to executive council)

Councilor:

Justus Thomas, MD, Kingwood
(new to executive council)

Councilor:

Zev Shulkin, MD, Dallas

AAO Alternate Councilor:

Rajiv Rugwani, MD, Waxahachie

AAO Alternate Councilor:

Mark Gallardo, MD, El Paso

AAO Alternate Councilor:

Mark L. Mazow, MD, Dallas

CONTINUING TERMS

Councilor: **Steven McKinley, MD**, Austin

Councilor: **Kevin Kerr, MD**, Stephenville

Councilor: **Ryan Rush, MD**, Amarillo

Councilor: **Marie Bui, MD**, Austin

Councilor: **Davinder Grover, MD**, Dallas

AAO Councilor: **Sanjiv Kumar, MD**, Uvalde

AAO Councilor: **Robert Gross, MD, MBA**, Dallas

AAO Councilor: **Sidney Gicheru, MD**, Dallas

THANK YOU to those who completed their terms on the Executive Council:

Charlotte Akor, MD, Corpus Christi

Ann Ranelle, DO, Fort Worth



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TOA Bylaws Changes – *Significant Changes and New Language*

The members present voted to pass proposed TOA bylaws changes. The revised TOA bylaws can be found [here](#).

MEMBERSHIP – *What's New?*

- ✓ Requires completion of a three-year ophthalmology residency training period for provisional membership.
- ✓ Eliminates Senior Associate Membership. Current senior associate members may remain in the category for five years. After five years, remaining senior associate members will move to another membership category.
- ✓ Emeritus will change to Lifetime Membership. These fully retired members may opt to pay one-quarter of Regular dues to retain the right to vote and receive mailings.

OFFICERS & COUNCILORS – *What's New?*

- ✓ Makes immediate past president an officer.
- ✓ Terms start date is changed from date of annual meeting to June 1 through May 31. This solves the problem of a change in president during the legislative session.
- ✓ AAO Councilors and Alternate Councilors will be able to vote on matters before the Executive Council.
- ✓ Defines officer duties that may be delegated.

ANNUAL MEETING – *What's New?*

Removes the mandate that our annual scientific and business meetings be held in conjunction with Texas Medical Association's annual meeting. This allows flexibility for future meetings.

DUES – *What's New?*

The EC can adjust dues without a membership vote. It is important for the leadership of any membership organization to have the authority to set dues to ensure the financial well-being of the organization. It should be noted that TOA dues have not increased in over 20 years and there are no current plans to raise them.

STANDING COMMITTEES – *What's New?*

Omits obsolete committees. The President will still be able to appoint task forces as needed.

PROPOSED ADDED LANGUAGE: EXECUTIVE COUNCIL – *What's New?*

- ✓ Adds a clause stating that the Executive Council superintends EYE-PAC. This makes the EC ultimately responsible for the PAC and gives ability to change the PAC's operating rules as needed.
- ✓ Adds a clause allowing for a disaster board in the event of a Force Majeure.

PROPOSED ADDED LANGUAGE – *Quorum and Act of Members*

Better defines a quorum of members, the Executive Council and other committees or councils for voting purposes.

PROPOSED ADDED LANGUAGE – *Meetings by remote communications technology; voting methods*

Allows meetings to be held meet remotely and allows members to vote remotely.



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TOA Member as Leaders

The TMA House of Delegates met this past April during TexMed. Ophthalmologists continue to play an important role in the House of Medicine at the local, state, and national levels. Within the Texas Medical Association, many TOA members serve in leadership roles. It is remarkable for such a small specialty to be so visible within the House of Medicine. Here is a listing of those members serving within the TMA:

Officer – Secretary/Treasurer

Michelle A. Berger, MD

Board of Trustees Vice Chair

Keith A. Bourgeois, MD, member at large

Texas Delegation to the AMA

Lyle Thorstenson, MD, delegate;
Michelle A. Berger, MD, Texas delegation vice chair

Interspecialty Society Committee

Jack W. Pierce, MD, committee chair
Shashi Alloju MD, alternate delegate

TMA Past President

Alan C. Baum, MD (2000)

TMA House of Delegates

Audrey E. Ahuero, MD
Michelle A. Berger, MD
Shashi K. Dharma, MD
Robert Evans Gerald, MD
Victor Hugo Gonzalez, MD
Robert D. Gross, MD
Lindsey D. Harris, MD
Jerry Dean Hunsaker, MD
Craig Kent King, MD
Sanjiv Ramesh Kumar, MD
David Lloyd McCartney, MD
Jacob J. Moore, MD
Jack W. Pierce, MD
Ann E. Ranelle, DO
H. Miller Richert, MD
Alexander Pradip Sudarshan, MD
George C. Thorne, Jr., MD
Johnathan D. Warminski, MD

TMA House of Delegates (ex-officio)

Alan C. Baum, MD
Michelle A. Berger, MD
Keith A. Bourgeois

TMA House of Delegates (Alternate Delegates)

John Marshall Haley, MD
Steven H. McKinley, MD
Ryan Bradford Rush, MD
Jordan D. Spindle, MD

TexPac District Chairs

Audrey E. Ahuero, MD
(and Candidate Evaluation Committee
alternate delegate)
Victor Hugo Gonzalez, MD
Jerry Dean Hunsaker, MD
Joseph T. Kavanagh, MD
Chevy Chu Lee, MD
Jacob J. Moore, MD.

Thank you TO TOA'S FOUNDATION CONTRIBUTORS

The John Henry & Anna Marie Fish Memorial Fund
Dr. & Mrs. Gary Edd Fish, MD
Dr. & Mrs. John R. Fish, MD
Dr. & Mrs. Kenton Fish, MD
&
The Eyecare Consortium of
Texas Scientific Education Fund



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EYE-PAC Backs Winners Vote in November!



The Texas legislative session begins January 10, and we must continue to educate lawmakers on the importance of quality eyecare. Your TOA political action committee endorses candidates who support quality eyecare, regardless of party affiliation. 92% of EYE-PAC's endorsed candidates won their primary elections back in March and May.

Now we are on to the general election. The EYE-PAC Committee has published its list of endorsed candidates which is online here and printed in this newsletter.

TOA members worked hard delivering campaign contributions and strengthening relationships. You

can always [contribute to EYE-PAC here](#). Follow on Twitter [@eye_pac](#). If you are interested in serving on the EYE-PAC Committee, email Dr. Moore at president@texaseyes.org.

Thank you to our member of EYE-PAC: Lindsey Harris, MD, chair; Jacob Moore, MD, TOA president; Robert Gross, MD, TOA president-elect; Sidney Gicheru, MD, TOA Legislative Committee Chair; M. Kelly Green, MD, Marble Falls; Kristen Hawthorne, MD, Austin; Sanjiv Kumar, MD, Uvalde; H. Miller Richert, MD, Abilene; Jack Pierce, MD, Austin; Zev Shulkin, MD, Dallas; Victor Gonzalez, MD, McAllen; Susan Fish, MD, Conroe; Chevy Lee, MD, McAllen; and Mark Mazow, MD, Dallas.



IMPORTANT DATES

- Oct. 11** Last day to register to vote
- Oct. 28** Mail ballot application deadline
- Oct. 24 - Nov. 4** Early voting
- Tuesday, Nov. 8** **ELECTION DAY**



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Candidates Endorsed by EYE-PAC for the 2022 General Elections

EYE-PAC supports lawmakers and candidates who understand the issues surrounding quality eyecare. EYE-PAC is a bipartisan political action committee.

Texas Land Commissioner

[Sen. Dawn Buckingham, MD](#) (R-Lakeway)

Texas Senate

SD 1 [Sen. Bryan Hughes](#) (R-Mineola)
SD 4 [Sen. Brandon Creighton](#) (R-Conroe)
SD 5 [Sen. Charles Schwertner, MD](#) (R-Georgetown)
SD 6 [Sen. Carol Alvarado](#) (D-Houston)
SD 8 [Sen. Angela Paxton](#) (R-McKinney)
SD 10 [Rep. Phil King](#) (R-Weatherford)
SD 13 [Sen. Borris Miles](#) (D-Houston)
SD 14 [Sen. Sarah Eckhardt](#) (D-Austin)
SD 15 [Sen. John Whitmire](#) (D-Houston)
SD 16 [Sen. Nathan Johnson](#) (D-Dallas)
SD 17 [Sen. Joan Huffman](#) (R-Houston)
SD 18 [Sen. Lois Kolkhorst](#) (R-Brenham)
SD 21 [Sen. Judith Zaffirini](#) (D-Laredo)
SD 24 [Pete Flores](#) (R-Pleasanton)
SD 25 [Sen. Donna Campbell, MD](#) (R-New Braunfels)
SD 26 [Sen. Jose Menendez](#) (D-San Antonio)
SD 27 [Morgan LaMantia](#) (D-McAllen)
SD 28 [Sen. Charles Perry](#) (R-Lubbock)
SD 29 [Sen. Cesar Blanco](#) (D-El Paso)
SD 30 [Sen. Drew Springer](#) (R-Muenster)
SD 31 [Kevin Sparks](#) (R-Midland)

Texas House of Representatives

HD 6 [Rep. Matt Schaefer](#) (R-Tyler)
HD 7 [Rep. Jay Dean](#) (R-Longview)
HD 11 [Rep. Travis Clardy](#) (R-Nacogdoches)
HD 12 [Rep. Kyle Kacal](#) (R-College Station)
HD 14 [Rep. John Raney](#) (R-College Station)
HD 16 [Rep. Will Metcalf](#) (R-Conroe)

HD 18 [Rep. Ernest Bailes](#) (R-Shepherd)
HD 19 [Ellen Troxclair](#) (R-Austin)
HD 21 [Rep. Dade Phelan](#) (R-Beaumont)
HD 24 [Rep. Greg Bonnen, MD](#) (R-Friendswood)
HD 26 [Rep. Jacey R. Jetton](#) (R-Sugar Land)
HD 28 [Rep. Gary Gates](#) (R-Rosenberg)
HD 30 [Rep. Geanie W. Morrison](#) (R-Victoria)
HD 31 [Rep. Ryan Guillen](#) (R-Rio Grande City)
HD 32 [Rep. Todd Hunter](#) (R-Corpus Christi)
HD 34 [Rep. Abel Herrero](#) (D-Robstown)
HD 38 [Erin Gamez](#) (D-Brownsville)
HD 41 [Rep. Bobby Guerra](#) (D-Mission)
HD 42 [Rep. Richard Raymond](#) (D-Laredo)
HD 46 [Rep. Sheryl Cole](#) (D-Austin)
HD 50 [Rep. James Talarico](#) (D-Round Rock)
HD 51 [Lulu Flores](#) (D-Austin)
HD 52 [Caroline Harris](#) (R-Round Rock)
HD 53 [Rep. Andrew Murr](#) (R-Junction)
HD 54 [Rep. Brad Buckley, DVM](#) (R-Salado)
HD 55 [Rep. Hugh D. Shine](#) (R-Temple)
HD 57 [Richard Hayes](#) (R-Denton)
HD 60 [Rep. Glenn Rogers, DVM](#) (R-Graford)
HD 61 [Frederick Frazier](#) (R-McKinney)
HD 62 [Rep. Reggie Smith](#) (R-Sherman)
HD 64 [Rep. Lynn Stucky, DVM](#) (R-Denton)
HD 71 [Rep. Stan Lambert](#) (R-Abilene)
HD 72 [Rep. Drew Darby](#) (R-San Angelo)
HD 75 [Rep. Mary Gonzalez](#) (D-Clint)
HD 76 [Suleman Lalani, MD](#) (D-Sugar Land)
HD 78 [Rep. Joe Moody](#) (D-El Paso)
HD 79 [Rep. Claudia Ordaz Perez](#) (D-El Paso)
HD 80 [Rep. Tracy King](#) (D-Uvalde)
HD 83 [Rep. Dustin Burrows](#) (R-Lubbock)

HD 87 [Rep. Four Price](#) (R-Amarillo)
HD 88 [Rep. Ken King](#) (R-Canadian)
HD 90 [Rep. Ramon Romero, Jr.](#) (D-Fort Worth)
HD 95 [Rep. Nicole Collier](#) (D-Fort Worth)
HD 96 [Rep. David Cook](#) (R-Manfield)
HD 97 [Rep. Craig Goldman](#) (R-Fort Worth)
HD 98 [Rep. Giovanni Capriglione](#) (R-Southlake)
HD 99 [Rep. Charlie Geren](#) (R-Fort Worth)
HD 101 [Rep. Chris Turner](#) (D-Grand Prairie)
HD 102 [Rep. Ana-Maria Ramos](#) (D-Richardson)
HD 107 [Rep. Victoria Neave](#) (D-Dallas)
HD 108 [Rep. Morgan Meyer](#) (R-Dallas)
HD 109 [Rep. Carl Sherman](#) (D-DeSoto)
HD 111 [Rep. Yvonne Davis](#) (D-Dallas)
HD 112 [Rep. Angie Chen Button](#) (R-Garland)
HD 114 [John Bryant](#) (D-Dallas)
HD 115 [Rep. Julie Johnson](#) (D-Farmers Branch)
HD 116 [Rep. Trey Martinez Fischer](#) (D-San Antonio)
HD 117 [Rep. Philip Cortez](#) (D-San Antonio)
HD 118 [Rep. John Lujan](#) (R-San Antonio)
HD 119 [Rep. Liz Campos](#) (D-San Antonio)
HD 121 [Rep. Steve Allison](#) (R-San Antonio)
HD 123 [Rep. Diego Bernal](#) (D-San Antonio)
HD 127 [Charles Cunningham](#) (R-Humble)
HD 130 [Rep. Tom Oliverson, MD](#) (R-Cypress)
HD 134 [Rep. Ann Johnson](#) (D-Houston)
HD 136 [Rep. John Bucy, III](#) (D-Austin)
HD 138 [Rep. Lacey M. Hull](#) (R-Houston)
HD 141 [Rep. Senfronia Thompson](#) (D-Houston)
HD 142 [Rep. Harold Dutton, Jr.](#) (D-Houston)
HD 147 [Jolanda Jones](#) (D-Houston)

Paid political advertising by EYE-PAC of the Texas Ophthalmological Association, Rachael Reed, Treasurer, EYE-PAC
Thank you for supporting TOA, [EYE-PAC](#) and the candidates who support quality care for your patients.



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AAO Leadership Development Program

Congratulations! Congratulations to three TOA members who were selected for the highly competitive AAO Leadership Development Program (LDP). The following are among the select twenty included in the LDP Class of 2023:

Ore-Ofeoluwatomi O. Adesina, MD – nominated by North American Neuro-Ophthalmology Society

Lindsey D. Harris, MD, FACS, Houston – nominated by Texas Ophthalmological Association

Christina Y. Weng, MD, MBA, Houston – nominated by Women in Ophthalmology

Dr. Weng was recently featured in the AAO's "Why I love Being an Ophthalmologist" series; [view it here](#).

Since 1998, the Academy's Leadership Development Program has helped identify and develop future leaders of state, subspecialty and specialized interest societies. During the one-year program, class participants learn about leadership, advocacy and association governance. Participants meet in person four times and conclude their time in the program by completing a project in one of 10 key areas.

Past TOA graduates of the LDP include:

Cynthia Beauchamp, MD ★ Jeremiah Brown, MD ★ Dawn C Buckingham, MD, FACS
Garvin H Davis, MD ★ Sidney K Gicheru, MD ★ Todd M Hovis, MD
Gary L Legault, MD ★ Helen Ka-Fun Li, MD ★ Aaron M Miller, MD, MBA
Ann Ranelle, DO ★ John W Shore, MD



Happy Retirement to Sue Vicchrilli, COT, OCS, OCSR

With mixed emotions, we wished happy retirement to longtime AAO Codequest instructor **Sue Vicchrilli, COT, OCS, OCSR**. Sue taught the last course of her distinguished career for us in Houston last March. John Haley, MD, OCS and the entire crowd honored Sue and thanked her for her years of instruction with these words: "Sue and I have been strong partners for 22 years. Dallas was her first AAO Codequest and Houston her last. I feel very fortunate to have had this relationship. Sue will be greatly missed as she has truly made a difference in our lives."

TOA will again bring this valuable program to you and your entire staff. Registration will open in November:

Codequest

C O D E
Quest
2023

Saturday, January 14...San Marcos

Friday, March 24.....Lubbock

Saturday, March 25.....Dallas

Saturday, April 1.....Houston



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Member Updates

In Memory

Clemens A Struve, MD *of Corpus died summer 2022.*

He joined TOA in 1963 and served as TOA president 1977-78.

A. Melinda Rainey, MD *of Austin died in September, 2022.*

She was a pediatric ophthalmologist and longtime member of TOA.

Members Honored by AAO

Several TOA members received awards from the AAO Board of Trustees in conjunction with the 2022 Annual Meeting in Chicago:

Senior Achievement Award: **Dawn Buckingham, MD, FACS**, Austin; **Timothy J. McCulley, MD**, Houston; and **Charles C. Wykoff, MD, PhD**, Bellaire.

Individuals earning 30 points and approved by the Awards Committee and the Board of Trustees receive the Senior Achievement Award.

Achievement Award Recipients: **Gary L. Legault, MD**, San Antonio and **Ankoor R. Shah, MD**, Houston.

Individuals earning 10 points and approved by the Awards Committee and the Board of Trustees receive the Achievement Award.

Secretariat Awards – The following awards recognize individuals for their contributions and volunteer activities that support the AAO and the profession:

From the Senior Secretary for Clinical Education, the Secretary for Online Education; and Secretary for Lifelong Learning and Assessment: **Davinder S. Grover, MD**, Dallas.

From the Secretary for Quality of Care: **Michael T. Yen, MD**, Houston.

From the Secretary for State Affairs and the Secretary for Federal Affairs: **Mark L. Mazow, MD**, Dallas.

Big News for Texas!

TOA's own **Jane Edmond, MD** has been nominated by the AAO Nominating Committee and Board of Trustees as president-elect of the AAO. Once elected in Chicago, she'll serve as president of the AAO in 2024. A native of El Paso, Dr. Edmond is the Inaugural Chair and Professor, Department of Ophthalmology, Dell Medical School, Director, Mitchel and Shannon Wong Eye Institute in Austin. If elected, Dr. Edmond will be the second Texan to serve as AAO president. The first was [Whitney G. Sampson, MD, \(1932-2000\)](#) who was president in 1984. Dr. Sampson was also TOA president 1975-1976.

TOA's own past president **Senator Dawn Buckingham, MD** won her primary runoff race for Texas Land Commissioner. She will face a Democrat opponent the November election, and if elected, Senator Buckingham will be the first physician elected to statewide public office, a significant victory for medicine.



TOA Job Board

The new [TOA job board](#) is the perfect place to look for ophthalmic personnel or partners, and sell/buy equipment, and more.

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Prior Auth Gold Card Final Rule is Ready

October 1 Start Date

Texas Department of Insurance (TDI) released the [final rule](#) on August 15, 2022, to implement Texas' new prior authorization gold card law, [HB 3459](#), which was sponsored in the 2021 Texas Legislature by Rep. Greg Bonnen, MD, and TOA past president **Sen. Dawn Buckingham, MD**. TOA was a stakeholder in the rulemaking.

TOA is continuing to analyze the final rule, and, whether you are an ophthalmologist or practice administrator, you may want to read the rule (linked above), which is broken up into the following parts:

1. The first part focuses on TDI's justification for the different sections of the rule.
2. The middle section provides TDI's responses to stakeholder comments, and some of the responses provide important insight into TDI's reasoning.
3. The final few pages provide the adopted sections.

High-Level Concepts:

- ✓ The law states that a physician who meets a 90-percent threshold during the evaluation period for a particular service will receive the gold card. No action is needed on your part - health plans are required by rule and law to communicate those things to the physicians by October 1.
- ✓ Texas laws affect only health plans that are regulated by the Texas Department of Insurance, such as Obamacare plans, some small group plans and almost two million state employees (ERS and TRS). The law will not affect ERISA plans (Congress has jurisdiction over ERISA plans).
- ✓ Of note, all 31 Texas state senators voted for the legislation in May 2021. It is said that "all politics is local," and your state lawmakers understood the tremendous burden that some prior authorizations have had on patients.

- ✓ What about rescissions of the gold card? The law specifies that a health plan can rescind the gold card if, based on a retrospective review of between five to 20 cases, the physician did not meet the preauthorization standards. The rule and law lay out the process for physicians to challenge rescissions.
- ✓ The law requires a reviewing physician to be licensed by the state of Texas, and a subsequent question directed the regulators to determine whether a Texas administrative medical license would suffice. The final rule's answer is: "yes."
- ✓ Beyond the actual treating physician, how does the gold card apply to referring physicians, physician partners in a group or delegated mid-level providers? The final rule provides guidance.
- ✓ Are ancillary services associated with a service – such as prescription drugs, imaging and laboratory services – exempt from the preauthorization? TDI provides extensive commentary, and the answer is "yes" if it is associated with the preauthorization service.
- ✓ TDI provides scenarios in which a referring physician, a physician's partner or mid-level provider delegated by the physician performs the service.
- ✓ Two Texas Members of Congress – Michael Burgess, MD (D-Lewisville) and Vicente Gonzalez (D-McAllen) – introduced gold card legislation at the federal level. While it is unlikely to pass Congress in 2022, the issue will feature a lot of momentum going into the 2023 Congress.



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Texas Advocacy Ambassadors Lobby for Patients in DC



*Kathryn Lewis, MD; Taylor Lind, MD;
Sean McAndrews, and Sanjiv Kumar, MD
at the office of Rep. Chip Roy*

Texas was well represented by our six advocacy ambassadors at the AAO's Congressional Advocacy Day and Mid-Year Forum in Washington DC last week. Thank you to their residency programs for allowing the time off. They were our first group of [David G. Shulman, MD Legislative Education Scholarship recipients](#):

- ✓ **Juliet Hartford, MD**, Baylor College of Medicine
- ✓ **Kathryn Lewis, MD**, UT Health San Antonio
- ✓ **Taylor Lind, MD**, UT Health San Antonio
- ✓ **Alexis Pascoe, MD**, University of Texas Medical Branch
- ✓ **Rohini Sigireddi, MD**, Baylor College of Medicine
- ✓ **David Szynkarski, MD**, University of Texas Medical Branch

Texas was also represented by this group of practicing ophthalmologists:

Drs Cynthia Beauchamp, Robert Gross, John Haley, Sanjiv Kumar, Mark Mazow, and Aaron Miller.

All met with members of Congress to discuss Medicare, Onerous Prior Authorization and Step Therapy requirements, VA issues and National Eye Institute funding. Pictured below are Drs. Lind and Lewis.

Ambassador Kathryn Lewis, MD, wrote: "The experience of advocating on Capitol Hill was such a unique experience. The conversations I had have opened my eyes to the legislative process in our nation and how it affects our patients and practice."

Next year's Congressional Advocacy Day and Mid-Year Forum will be held April 19-22, 2023.



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2023 TOA Dues Are In the Mail!

2023 TOA dues will be in the mail in October. Please renew your membership and contribute generously to EYE-PAC and the TOA Foundation.

Yet Another Reason to Belong to TOA: OMIC Discount Changes

Ophthalmic Mutual Insurance Company (OMIC) has a long history of partnering with TOA. Currently, OMIC insureds who are members of TOA are eligible to receive a 10% risk management discount off their annual OMIC policy premium if they complete an approved OMIC risk management event. Historically, “approved” events have been determined by each society as either (1) completion of any OMIC risk management live or online course, or (2) attendance at an OMIC risk management seminar conducted during a partner society meeting. This 10% discount recognizes your society membership by awarding an additional 5% discount to the standard 5% OMIC risk management discount.

OMIC recently announced that they are simplifying this process. Beginning January 1, 2023, OMIC will automatically award a 5% discount to insureds who are current members of a partner society such as TOA. You will simply need to tell OMIC which society(ies) you actively belong to and they will provide a 5% discount when your policy renews. A single 5% discount is available, regardless of the number of societies to which you belong. Additionally, all insured physicians completing an OMIC risk management event will also receive the standard 5% risk management discount regardless of partner society member status.

In summary, all OMIC insureds who are members of a partner society will continue to be eligible to earn the same overall discount (10%) by maintaining membership in their society and by participating in an OMIC risk management event. ***The only change is that OMIC will reward your partner society active membership without the requirement that you attend an OMIC risk management event.***

Welcome New Members!

Provisional

Justin Aaker, MD, Georgetown
Ore-ofeoluwatomi Adesina, MD,
Houston

Jeffrey Crowder, MD, San Antonio

Arash Davanian, DO, Dallas

Matthew E. Emanuel, MD, Dallas

Daniel Johnson, MD, MBA,
San Antonio

Joshua Jones, MD, Tyler

Helen Lee Kornmann, MD, PhD,
Dallas

Vipin P. Kuriachan, MD, Irving

Timothy J. McCulley, MD, Houston

Hiren R. Parekh, MD, Arlington

Ankoor Shah, MD, Houston

Nisha V. Shah, MD, Bellaire

Christina Weng, MD, Houston

Active Duty Military

Noah Kim, DO, Fort Bliss

Resident Members

Samantha Arsenault, MD

Karen Brown, MD, Dallas

Sara Fard, MD, San Antonio

Juliet Hartford, MD, Houston

Sejal Lahoti, MD, MPH, Dallas

Kathryn Lewis, MD, San Antonio

Taylor Lind, MD, San Antonio

Cherilyn Mae Palochak, MD,
San Antonio

Aish Ramamurthi, MD, Dallas

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[Coding Questions](#)

Medical Necessity for Cataract Surgery

Date	Chart #
Patient Name	
Reason for exam today (patient's words)	
What specific improvements in your daily life do you hope to gain with surgery?	
Best corrected Snellen VA - Distance	20/20/
Near	Medium BAT if glare symptoms: 20/20/
With blinking, good light and proper bifocal.	

Visual Functional Status (circle responses)	Complete all lines	
1) Do you have difficulty seeing street signs or to drive? (curbs, freeway exits, traffic lights, halos/glare around lights)	YES	NO
2) Do you have difficulty seeing TV or movies? (faces, numbers, or printing)	YES	NO
3) Do you have difficulty reading small print with good light, blinking and proper glasses? (books, newspaper, telephone book, medicine labels, instructions)	YES	NO
4) Do you have difficulty performing detailed work? (sewing, knitting, crocheting, embroidery, bating a fish hook or other fine task)	YES	NO
5) Do you have difficulty with personal correspondences? (writing checks, reading bills, filling out forms)	YES	NO
6) Do you have difficulty with leisure activities such as sports or hobbies? (playing card games, bingo, dominoes, or sport activities such as bowling, hunting, golf, tennis, other _____)	YES	NO
7) Do you have visual difficulty functioning around the house? (cooking, ironing, general household upkeep, climbing steps or curbs, dialing telephone, telling time on watch, using public transportation)	YES	NO
8) Are you unable to see and recognize faces of people? (in church, grocery store, clubs, and other daily activities)	YES	NO
9) If you live alone and wish to remain independent, are you unable to care for yourself with your present vision?	YES	NO

Do you have any of the following <u>VISUAL SYMPTOMS</u> ?	Complete all lines	
1) Double or distorted vision?	YES	NO
2) Glare, halos, rings around lights?	YES	NO
3) Difficulty with color perception?	YES	NO
4) Difficulty with depth perception?	YES	NO
5) Worsening of vision -- blurred vision?	YES	NO

Right Eye

Patient Signature _____

Left Eye