



TOA NEWSLETTER

Texas Ophthalmological Association

Fall 2023

PRESIDENT'S MESSAGE

By H. Miller Richert, MD, president@TexasEyes.org



Fellow ophthalmologists, as I sit down to write this president's letter, I would like to thank the nominating committee for allowing me the privilege and honor to serve as your president for this year. It is an office I never visualized filling. I would also like to thank each of you for the words of encouragement and offers of assistance I have received. Also,

I would like to thank my predecessors for putting this organization in such a strong position as probably the best state ophthalmologic organization in the nation. One of my goals is, with your help, to not mess that up.

If you would allow me a personal reflection, I thought I would relate how my journey in ophthalmology came about. My first exposure to the profession occurred when I was 8 or 9 years of age in rural Western Oklahoma when my grandfather had cataract surgery on his second eye. His first eye had been done 20 years before. My parents, my younger brother and I made the trip to the "big city hospital" to see him after the surgery. He was so excited to tell us about the difference between the two surgeries. With the first one, he had to lie in bed 2-3 weeks with his head sandbagged (probably why he waited 20 years to do the second eye) to prevent movement and with the second one they had him up walking in the halls the next day. Back then it was still a hospital-based procedure, and they kept patients in the hospital 5-7 days. Despite the fact that intraocular lenses were not used then and after the eye healed, he was fit with aphakic "coke bottle" glasses with limited peripheral vision, he was so excited to be able to see to drive and work again and he was so appreciative of what his doctors had done. That made a great impression on me as a youngster. While I was in junior high, a cousin, 16 years my senior, was finishing his ophthalmology residency. He related how they were then doing cataract surgery using microscopes instead of loops and how intricate and precise the surgery was becoming. As a result, from junior high on, I knew I wanted to go

to medical school and possibly go into ophthalmology. Fortunately, through high school and college, I was able to work toward that goal, get into medical school, and obtain and complete my ophthalmology residency. In 1978, I then joined Drs James Tucker and Jimmy Walker in Abilene (how my wife, family and I got here is an interesting story for another time which I would be happy to share with anyone interested) and the rest, as they say is history. I joined the TMA and TOA as soon as I was eligible.

The TOA performs many functions that benefit each of us in our practice and benefit our patients, the people of Texas. During the 2021 legislative session, the TOA with your help was able to achieve a moratorium with optometry to prevent scope of practice expansion bills for several years. The agreement also holds non-physician practitioners who want to treat glaucoma to the same standard as ophthalmologists. It has created a peer review process for glaucoma complaints brought to the Texas Optometry Board. Each complaint must be initially reviewed by an ophthalmologist, and then brought to a panel of an equal number of ophthalmologists and optometrists which will recommend any disciplinary action to be taken.

Did we get everything we wanted? No. But I believe our wins were significant. With no new scope issues in eye care in the 2023 legislative session, we were able to help the House of Medicine with other scope issues. This partnership will be beneficial in the future. Also, our lobbyists, Jay Propes and Curtis Fuelberg, were able to audit bills to be sure nothing was in them to erode our wins or weaken our position in the future. They were able to get questionable language changed in those bills. With our legal counsel, Andrea Schwab, JD, they do a great job for us.

One of my duties/privileges as president is that I get to appoint new members to the EYE-PAC Committee to replace those members whose terms have expired. This allows me to get new people involved in the political process and hopefully increase the pool of active participants. I



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President's Message *continued*

know that those who rotate off will continue to remain active and available to help. Their contacts, interest and knowledge are still needed. I hope all of us will become involved in the political process. It is vital to help us maintain our profession and to protect the well-being of the citizens of Texas. If you have not previously done so, please consider contributing to EYE-PAC. We need to replenish our coffers before the 2024 election cycle starts. We need to support those office holders who understand quality eye care. We need to do this to give us a "seat at the table" when legislation is being discussed. Allied health PACs outspend us 10 to 1 and only about 20% of practicing ophthalmologists contribute. We need to do better than that. As has been previously said, "No man's life, liberty or property are safe while the legislature is in session." Whether you like it or not, we have to become politically active. Reach out to your local representatives and senators to establish a relationship. Volunteer to be a resource on anything medical, give directly to their campaign and volunteer to help personally if you can. Also, try to attend the TMA First Tuesdays when the Texas Legislature is in session. Personal contact goes a long way with legislators.

Another benefit of TOA membership is the annual CME program, and the session last May was outstanding. Dr. Robert Gross and his committee did an excellent job and I continue to hear positive feedback about the meeting. Each year I learn things I can bring back to my practice to help improve patient care or information I can use to refer them for service I am unable to provide. I want to also thank the Chairs of the Departments of Ophthalmology for their support. We have an excellent relationship between them and the TOA. Their willingness to actively participate helps make us stronger. Whether hosting Codequest meetings, communicating with legislators, speaking at our CME meetings, or allowing their fellow faculty members to speak at the meetings or encouraging resident participation, their cooperation is invaluable, and we are privileged to have them with us. It helps eliminate the "town and gown" barriers that may be present in other states.

As I close, I also want to thank our executive director, Rachael Reed, for the excellent job she does for us. She is one of the reasons TOA is so strong. At her suggestion and with the help of Dr. John Haley the TOA is able to put on the most successful Codequest meetings in the nation and the state organization benefits financially. If you haven't attended one of these meetings personally, I want to encourage you to do so along with sending staff. Dr. Haley gives the latest

coding updates and help using the correct code to get full compensation for the work you do and also helps give information to keep you from miscoding which could result in recoupment or a fine or worse. Remember, no matter who submits the code, the buck stops with you, the physician. Rachael does a great job running our organization and I extend my condolences to her for having to keep me out of trouble over the next year. I hope to see all of you next May for the TOA annual meeting in Dallas. I know Dr. Steve McKinley will do a great job organizing the CME portion of that meeting.



Mark your Calendar for the 2024 TOA Annual Meeting May 4-5 • Dallas

The Annual Meeting has been revamped so that you won't miss any valuable clinic time. It also will not overlap with TMA House of Delegate Sessions.

Look for registration information in January.



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Coding & Reimbursement Update



*By John Haley, MD, OCS, AAO Health Policy Committee, Novitas Medicare CAC,
Chair, TOA Liaison Committee to Third Party Payors and Peer Review Agencies*

coding@texaseyes.org

CMS released its proposed rule for 2024 physician payment and as usual, it continues the large downward fee spiral; recall grafts shown in the past that show a 26% decrease in physician reimbursement since 2001 until now. Now CMS proposes a 3.4% cut with a reduction of the Medicare conversion factor to \$32.75 from \$33.39 in 2023. Most of the cuts were due to budget neutrality adjustment to pay for the new visit complexity add on code CPT G2211 and other updates. CMS business as usual continues. Also, all our organizations led by the AMA are heavily pushing for physician payment reform. I have no idea where this will end up. Let's not get into details until the final rule is released later in the year as we all can hope for changes. Our organization continues to strongly protest this proposed rule.

Wastage Modifiers

Effective July 2023 a new drug wastage modifier was required. For years, we have used the JW modifier to report physician administered drug wastage for over 1 unit. Most of our ophthalmology drugs do not require use of JW modifier as we have minimal drug waste as in all our anti VEGF drugs. However, for reasons unknown to me and many others, CMS now requires the JZ modifier to indicate there was not waste. So now we must use JZ on all Anti VEGF meds as there is no significant wastage.

Eylea HD doubles the mg dose in same 0.05cc volume – FDA approval is pending. And other alternatives to Eylea are coming online. Before you use HD it is best to wait a while to clarify reimbursement.

Medical Service Organizations (MSO) are becoming more common (Examples, SW Health Resources, WellMed)

The MSO takes patients from larger Medicare Advantage Plans like BCBS, Aetna, UHC, etc. and manages their care to control utilization and costs. Incidentally, the MSO's are very hard to deal with in my experience.

Communication is very difficult as there is no medical director or person in charge that can deal with problems. The MSO is the one that requires most of the pre-certs and pre-authorizations. Good luck speaking with a knowledgeable physician when you are questioning a decision. The problem is Medicare has no oversight to these plans and the only recourse is our local CMS regional office. Appeals are very frustrating. Many times, a letter from the patient to CMS or your local friendly congressman is your only choice as no one in the plans will even talk to you. We have just gone through over a year of absolutely terrible claims processing by a new incompetent vendor hired to process claims for SW Health Resources in Dallas. After a 1 ½ years of incompetent claims processing, several large physician groups in Dallas are finally filing lawsuits for a remedy. This is a big mess and should never have happened, but it is still happening and worse, Medicare Advantage Plans are now about 50% of all Medicare claims and are still increasing and finally a subspecialty ophthalmology group locally has been notified by the Humana Medicare Advantage plan that they are to be removed from the plan and they can get no response to inquiries as to why. No one to talk to. Same theme.



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MIPS and Veranna Health

I have made it very clear over the years that I think that the IRIS Registry has been one of the most innovative and far thinking projects the AAO has ever conceived, and I still believe this. For many years a Canadian company Figmd managed the IRIS Registry. In recent years as Figmd grew it became unable to handle all the numerous problems and could not continue to grow our IRIS plan, so the AAO hired a new company Veranna Health to manage and grow the IRIS Registry. Slowly, they have converted us over to their company over the last two years. We have waited patiently to have our EMR iMedicare converted. Each time we would call they would put us off a few months until finally at the last minute as reporting deadlines were near, conversion was completed. Then they tell us they could not convert our practice management system MedEvolve so they could not do our

reporting for us unless we performed all manual entry. Figmd always has reported for us successfully. Never mind they never had a problem with our PM system. They never told us of this deficiency in their system until it was too late to fix. I know David Parke, our long standing AAO executive is now in the Veranna Board of Directors and hopefully he will get these problems fixed quickly but not a good start for a new company that we in ophthalmology have come to totally depend upon.

The coding and payment policy in our Novitas Medicare region has been very quiet as to changes in ophthalmology. That is a good thing. Elsewhere in CGS, Palmetto, Noridian and WPS a new MIGs glaucoma LCD has presented and has been strongly protested. The final outcome is not presently known but could have serious consequences on the goniotomy procedures and other MIGs. Several of our strong TOA members have written support to oppose these proposed MIGs changes.

Co-management Principles Reminders

The July issue of AAO's *EyeNet* featured an opinion piece by Ruth Williams, MD entitled "[Referrals and Risk - Time to Reexamine Your Relationships with Optometrists.](#)" Dr. Williams explains well the potential dangers involved when referrals become routine.

Comanagement is for the benefit of the patient, not an arrangement to encourage referrals. The riskiest arrangement of all is when an ophthalmologist shares a portion of the fee for premium cataract surgery; this could violate the anti-kickback statute.

Review the AAO's [Comprehensive Guidelines for the Co-Management of Ophthalmic Postoperative Care](#). It is found at www.TexasEyes.org under forms and guidelines. TOA was a co-signer in 2016. As Dr. Williams states, "The safest option: do not pay the optometrist."

**"The safest option:
do not pay the
optometrist."**



Only 20% of TOA members give to EYE-PAC
We can do better than that. Give generously with your 2024 dues.



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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: I now do some femto cataracts. For use with a toric IOL, can I bill for the laser if we use it for toric marking in the cornea prior to the cataract extraction?.

Answer: You can never bill for the Femto laser. It can only be included in the premium package for Toric, presbyopia or other premium IOLs.

Question: When we do refractions, we have our patients sign a form explaining to them that only a very small number of insurance companies cover refractions, and that they will be responsible for upfront payment of the refraction. As you can imagine, we do get pushback from some patients who say they don't want a refraction done and they refuse to sign the form accepting responsibility for payment. We have been collecting the refraction fee upfront and filing with the patient's insurance for them. If their insurance covers and pays for the refraction, we immediately refund the patient's money they paid. For our cataract patients, refraction is necessary to get them scheduled for surgery. We do not release the eyeglass prescription to the patient until they have paid for the refraction service. Our first question is, are we required to even have the form for our commercial patients to sign? Secondly, is our policy of collecting upfront from our patients and then filing their insurance for them an okay policy to have?

Here is our third Question: Per the Federal Trade Commission (FTC), we can ask patients for upfront payment for refractions ONLY if we charge EVERY PATIENT for the refraction, regardless of whether or not they need the prescription or "any ophthalmic goods". The doctors don't always charge our patients for refractions. For instance, if there is no change in their prescription, they won't charge the patient for the refraction. But, according to the FTC, they are required to charge every patient for the service. Can you tell us what the standard is for this?

Answer: We do about the same thing. We require all who need a refraction to sign the refraction form. If they do not sign and we need to do a medical necessity refraction, we do it but no Rx ever is given without signing the form and paying for refraction. Some come back later and pay for a refraction when they realize they need a glasses Rx. Troublesome but if Medicare and insurance paid for refraction then we would get paid \$15 so be thankful for non-covered services.

Question: We have been asked by one of our referring OD's if they could send patients over for OCT's? The patients would be HRM patients, and the OD wants just an OCT done. Would that be something that could be done and billed to insurance? What liability would that put on us for the patient's care?

Answer: I believe that OCT can be broken into a technical and professional component at least for Medicare. So just charge the TC and bill it to insurance and let the OD bill the professional component to read and interpret the scan. Very little liability this way but covered by your medial insurance.

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Questions from the Herd *(continued)*

Question: A patient presented having splashed bleach in her left eye the previous evening. There was minimal corneal damage, and she was treated with topical and oral medications. The visit was coded as a chemical injury to her left eye: T26.61XA. Blue Cross denied the claim as “missing / invalid / Incomplete data” “at least one REMARK code must be provided.” What would be an appropriate additional code for this type of eye exam/treatment?

Answer: I expect BCBS wanted what specific injury was present. Like superficial keratitis or conjunctivitis.

Question: Can you comment on correct coding for Avastin with the JW and new JZ modifiers?

Our group used to purchase Avastin 1.25mg (0.05mL) with a needle attached (no waste). Now the supplier has changed and we use Avastin 2.5mg (0.1mL) and waste half of the medication with priming the needle.

Answer: The AAO’s current position is that compounded drugs (eg Avastin) would not meet the definition for JZ modifier, as it is not a single-dose container based on FDA-approved labeling. There is also no wastage with compounded drugs.

Some pharmacies have been creating overfill for certain types of syringes. This is not reported as wastage as overfill is not subject to JW modifier.

Question: Our small practice does manual MIPS reporting via the IRIS registry. Most of our measures are clinical outcomes per eye, such as visual outcomes after 30 days or after 90 days. Thus, these measures are reported twice for each patient.

However, QPP 14 ARMD Dilated Macular Examination appears that it should only be reported once per patient. However, my administrator informs me that when she enters the patient data, all measures for both eyes pop back up. Thus: Should she record QPP 14, the dilated fundus exam twice per patient (since the measure pops up for the second eye)?

Or should she record QPP 14, the dilated fundus exam only on the data for the first eye (and simply leave the measure blank when recording data for the second eye)?

Answer: You are right that the measure is per patient, but I believe that then the exam can be reported twice per patient, because the measure is appearing twice.

Question: If I have patient who has stable glaucoma on latanoprost and stable cataract coming for an IOP check, can I code for 99214? I was told that I could not, because I did not prescribe or change a medication, but it seems at the code quest course that continuing a medication is considered medication management. In this case, because patient has 2 stable chronic conditions, I would think 99214 qualifies.

Answer: I agree. The new EM rules makes a level 4 easier.

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Questions from the Herd *(continued)*

Question: A 7-year-old girl presented today with a red left eye for 2 days. Slit lamp showed an embedded metallic foreign body. She was unable to cooperate for office removal of the foreign body and was admitted the same day to the local ER for “conscious sedation.” The foreign body was removed quickly without complication, and she was discharged home. Is it acceptable to charge for the office visit? What would be the correct code for removal of the F/B in the ER?

Answer: Use usual eye code or EM code for office visit. Then use ER visit code 99283 plus removal FB cornea code.

Question: We order vials from Besse and then Pine Pharmaceuticals puts the medication into single use syringes for us. Medicare is requesting our invoices, is this common? I have been here 17 years, and this is my first time experiencing this request. We have invoices from Besse (vials) and then invoices from Pine Pharmaceuticals (need both invoices to calculate the actual cost of each syringe of Avastin).

Answer: Ok you are legal so just send them the invoices so they can see what you are doing. Yes, they do this from time to time.

Question: I do see on the Novitas website that there are no exclusions to the 2% fee, including drugs. Has this always been the case? I swear the drugs used to be excluded. Does this apply to all insurers?

Answer: Always been true but only for Medicare.

Question: Are Sequestrations on all codes? I recall the are not supposed to be on J codes, but we have them on all codes, especially with Medicare Replacements.

Answer: I think Sequestration applies to all codes.

Question: United commercial is denying our payment for 4 clock hours goniotomy, saying it has to be “180 degrees.” CMS and AAO agree that 3 clock hours is a goniotomy. What can be done?

Answer: Yes goniotomy is very problematic outside Medicare and unfortunately it will be completely redone at the next CPT panel and then RUC reviewed. It is expected to take a very large hit. Meanwhile email Madison Switalla at AAO Washington office at mawitalla@aao.org. She can write a letter in your defense. I will stress that AAO has vigorously fought this non coverage decision without much success. Also, WPS has just release its new glaucoma device LCD which greatly limits devices to specific indications. No changes for Novitas yet.

C O D E *Quest* 2024

As Dr. Richert said in his president’s message, “Remember, no matter who submits the code, the buck stops with you, the physician.”

SAVE YOUR DATE:

Saturday, January 20: San Marcos

Saturday, March 2: Dallas

Friday, April 26: Lubbock

Saturday, April 27: Houston

Registration form enclosed.



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TOA Distinguished Service Award

The Distinguished Service Award is TOA's highest honor. The award celebrates and honors those who have gone above and beyond to care for and advocate for ophthalmology patients. The sitting president selects the awardee each year. Because the 2020 and 2021 annual meetings were canceled, two presidents were unable to present awards. This year, those past presidents and our current president will present Distinguished Service Awards to their chosen honorees.



2021 Distinguished Service Award

Presented by Mark L. Mazow, MD

Mr. Jay Propes

Jay Propes is a political/strategic consultant and lobbyist with over three decades of public-affairs and governmental relations experience at the state and federal levels. After graduating from Baylor in 1990 (B.A., Political Science & Economics), Jay began his career on Capitol Hill and then moved to Austin in mid-1992, which is when his work with TOA began. Jay served 8 years as Director of Governmental Affairs and Executive Director for the Texas Ophthalmological Association. During this time, he almost singlehandedly increased the membership and brought the association to new heights. Jay later shifted to full-time consulting, becoming one of the most well respected lobbyists in the state. Texas has some of the strongest patient safety laws in the country and much of that is undoubtedly due to Jay's hard work and dedication. We are fortunate that Jay has continued his work with Texas Ophthalmological Association.



2022 Distinguished Service Award

Presented by Lindsey D. Harris, MD

John Bishop, MD

John Bishop, MD has practiced as a pediatric ophthalmologist in Corpus Christi since 1985. His devotion to his patients has always gone beyond the clinic, as he has been instrumental in preserving access to care for Medicaid patients by working with the Texas Health and Human Services Commission. Dr. Bishop has been just as active on the legislative front, coming to the Texas State Capitol building and meeting with lawmakers long before public lobbying was prevalent. Dr. Bishop retired from private practice last year and now treats patients at the Mission of Mercy Clinic in Corpus Christi. But Dr. Bishop's advocacy has not waned - he was spotted in his white coat at the Texas Capitol during this 2023 legislative session, speaking on behalf of his patients. We owe Dr. Bishop a debt of gratitude for his years of dedicated service.



2023 Distinguished Service Award

Presented by Jacob J. Moore, MD

Chevy Lee, MD

Chevy Lee, MD, has been in solo practice in McAllen, Texas since 1979. He has always gone above and beyond to serve his patients while still finding time to be involved in organized medicine. In fact, he might hold the record for the most terms served

on the TOA Executive Council – across 21 years. Dr. Lee has served in almost every leadership role in TOA including that of president 2003-2004. He has also served as president of Hidalgo Starr County Medical Society, a TexPac district board member and an EYE-PAC committee member. Dr. Lee has been and continues to be a trusted friend to lawmakers in the Rio Grande Valley. We have always been able to count on Dr. Lee during some of the most ferocious patient safety battles. We thank Dr. Lee for his tireless dedication to his patients and his profession.



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TOA Members as Leaders

The TMA House of Delegates met this past May during TexMed. Ophthalmologists continue to play an important role in the House of Medicine at the local, state, and national levels. It is remarkable for such a small specialty to be so visible within the Texas House of Medicine.

Members in TMA Leadership

Chair of the Board of Trustees:

Keith A. Bourgeois, MD (pictured)



Texas Delegation to the AMA:

Michelle A. Berger, MD,
Texas delegation vice chair

Council on Health Care Quality:

Marie B. Somogyi, MD

Council on Socioeconomics:

Audrey E. Ahuero, MD

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; Karl C. Bentley, MD; Shashi K. Dharma, MD; Robert Evans Gerald, MD; Robert D. Gross, MBA, MD; Lindsey D. Harris, MD; Kristen Hawthorne, MD; Jerry Dean Hunsaker, MD; Craig K. King, MD; Jack W. Pierce, MD; Steven H. McKinley, MD; Priscilla Metcalf, MD; Jacob J. Moore, MD; Alexander Pradip Sudarshan, MD; and Johnathan D. Warminski, MD.

TMA House of Delegates (ex-officio):

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

TMA House of Delegates (Alternate Delegates):

Shashi Alloju, MD; William L. Berry, MD; Aaleya Koreishi, MD; Hien K. Nguyen-Ngo, MD; Ann E. Ranelle, DO; H. Miller Richert, MD; George C. Thorne, Jr., MD; and 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; and Jacob J. Moore, MD.

Thank you to Outgoing

Secretary/Treasurer:

Michelle A. Berger, MD. She served in this TMA officer role for 9 years.



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Members in AAO Leadership

Texas is fortunate to have members who are active in all levels of organized medicine. Take a moment to thank these TOA members who serve within the American Academy of Ophthalmology:

Jane C. Edmond, MD is AAO president-elect and will begin her presidential term in January. She also serves on the FAAO Orbital Gala Committee.

Ore-Ofeoluwatomi O Adesina, MD serves on the AAO Annual Meeting Program Committee (neuro-ophthalmology).

Erica R Alvarez, MD serves on the Young Ophthalmologist-Advocacy Committee.

Mark Gallardo, MD serves on the AAO Committee for State Organizational Development; Regional Representative (Texas, Arkansas, Oklahoma, Louisiana) to the Secretariat.

Sidney K. Gicheru, MD is the Associate Secretary for State Affairs. He is also the Chair of the AAO Communications Advisory Committee. He also serves on the FAAO Orbital Gala Committee.

John Haley, MD serves as an ex-officio member of the Health Policy Committee. He also serves as one of the Representatives to Outside Organizations (AMA CPT Coding, alternate).

Lindsey Harris, MD, OCS serves on the OPHTHPAC Committee.

Christopher R. Henry, MD serves as chair of the webinar planning committee.

Daniel Johnson, MD co-chairs the Ophthalmic Knowledge Assessment Program Committee.

Gary Legault, MD (representing Society of Military Ophthalmologists) was elected by the AAO Council to serve on the Subspecialty/Specialized Interest Section Nominating Committee. This one-year term will begin in January, 2024. He also serves on the AAO Eyewiki Ocular Trauma Committee.

Andrew G. Lee, MD serves on the AAO Committee on Aging and he co-chairs the Ophthalmic Knowledge Assessment Program Committee.

Timothy J McCulley, MD serves on the OTAC – Oculoplastics and Orbit Panel.

J. Morgan Micheletti, MD serves on the ONE Network – Cataract Subcommittee.

Aaron Miller, MD, MBA continues his term as AAO Secretary for Member Services. He is also chair of the AAO Awards Committee and an ex-officio member of the Membership Advisory Committee and the Minority Ophthalmology Mentoring Executive Committee. He also serves as one of the Representatives to Outside Organizations (American Orthoptical Council).

Ankoor R Shah, MD serves as an ex-officio member of the Health Policy Committee. He is also an alternate on the RUC Committee.

Oluwatosin U Smith, MD serves on the EyeCare America – Seniors EyeCare Committee and the Steering Committee.

J. Timothy Stout, MD, PHD, MBA continues his term as AAO Secretary for Lifelong Learning & Assessment. He also serves on the Ophthalmic Knowledge Assessment Program Committee.

Vincent Venincasa, MD serves on the Museum Program Committee.

Christina Y Weng, MD, MBA serves on the Eyewiki Retina/Vitreous Committee and on the OTAC – Retina/Vitreous Panel.

Michael T Yen, MD serves on the AAO Eyewiki Editorial Board and chairs the Eyewiki Oculoplastics/Orbit Committee. He also serves on the Webinar Planning Committee.



TOA Job Board

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

[TexasEyes.org/job-board](https://www.texaseyes.org/job-board)



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TOA Annual Meeting and Change of Officers

TOA held a very successful annual meeting in Fort Worth this past May. We had outstanding participation and the return of the ophthalmology-specific exhibit hall. Thank you to program chair **Robert D. Gross, MBA, MD** for his dedicated work in putting the program together, including acquiring a medical flight kit for the presentation on in-flight emergencies. Thank you to those who served with him on the Program Committee: **Drs. Jacob J. Moore, Jane Edmond, J. William Harbour, Timothy J. McCulley, Lawrence Shafron, and Heather Winslow.**

On Saturday, May 22, 2023, **H. Miller Richert, MD** of Abilene was installed as the 67th president of the TOA. Dr. Richert has served on the Executive Council since 2010. A life member of EYE-PAC, Dr. Richert will lead the TOA through the next election cycle.

Dr. Richert congratulated outgoing president, **Jacob J. Moore, MD** of Corpus Christi on his successful year. Dr. Moore guided TOA through a tough 2023 Texas Legislative Session where 11,000 bills were filed, and things moved quickly. Dr. Moore attended every First Tuesday lobbying day and traveled to Austin to testify and attend meetings. Dr. Moore is a true patient advocate.

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

New & Reelected Executive Council Members

- President-Elect: **Steven McKinley, MD**, Austin
- Secretary: **Kevin Kerr, MD**, Stephenville
- Treasurer: **Zev Shulkin, MD**, Dallas
- Councilor: **Sherif Khalil, MD**, Houston
- Councilor: **Kenneth Maverick, MD**, San Antonio
- Councilor: **Becky Fredrickson MD**, Pearland
- AAO Alt Councilor: **Rajiv Rugwani, MD**, Waxahachie
- AAO Alt Councilor: **Mark Gallardo, MD**, El Paso
- AAO Alt Councilor: **Mark L. Mazow, MD**, Dallas
- AAO Alt Councilor: **Lindsey D. Harris, MD**, Houston

Automatic

- President: **H. Miller Richert, MD**, Abilene
- Past President: **Jacob J. Moore, MD**, Corpus Christi

Thank you to **Ximena De Sabra, MD**, of Austin who has completed her officer term.



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Members in the News

TOA Past President and former state Senator **Dawn Buckingham, MD**, made history as she was sworn in on Jan. 9, 2023, as the first female in charge of the Texas General Land Office. Dr. Buckingham was active in organized ophthalmology and organized medicine for many years before serving in the Texas Senate 2017 - 2022. Congratulations to Dr. Buckingham!

Jane Edmond, MD, received the Lifetime Achievement Award from Houston Methodist Hospital & Houston Ophthalmologic Society in September.

UT Southwestern Medical Center Department of Ophthalmology honored TOA past president **Sidney K. Gicheru, MD**, as its Distinguished Alumnus during the 43rd Annual Resident & Alumni Day this summer.

Congratulations to **Marie B. Somogyi, MD** of Austin, who graduated from the 2023 TMA Leadership College.

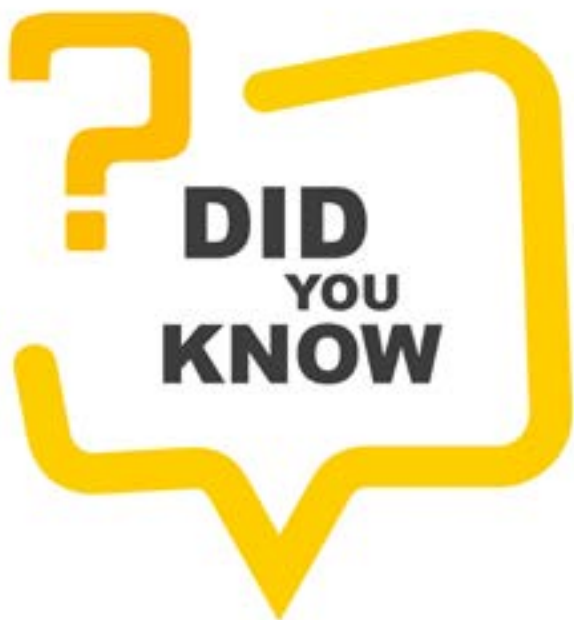
The AAO announced its annual Secretariat Awards, which recognize individuals for their contributions and volunteer activities that support the AAO and the profession:

From the Secretary for Annual Meeting: **Ronald L. Fellman, MD**, Dallas; and **Andrew G. Lee, MD**, Houston.

Several TOA members have received awards from the AAO Board of Trustees:

AAO Senior Achievement Award (Individuals earning 30 points and approved by the Awards Committee and the Board of Trustees receive the Senior Achievement Award.): **Malena M. Amato, MD**, Austin; and **Davinder Grover, MD**, Dallas.

AAO Achievement Award (Individuals earning 10 points and approved by the Awards Committee and the Board of Trustees receive the Achievement Award.): **Paul L. Proffer, MD**, Amarillo.



TOA Foundation

The John Henry & Anna Marie Fish Lecture was endowed by ophthalmologist brothers Gary E., John R., and Kenton H. Fish in 1997 to honor their father (also an ophthalmologist) and mother. The endowment also saw the creation of the Texas Ophthalmological Association Foundation.

The original endowment will never be spent, but the TOA Foundation has grown thanks to the ongoing generosity of individual TOA members and the EyeCare Consortium of Texas. Each year, the TOA Foundation supports the Annual Scientific Meeting, specifically underwriting the John H. and Anna Marie Fish Memorial Lecture as well as the Barry Uhr, MD, Memorial Prize in Comprehensive Ophthalmology. It also funds the David G. Shulman, MD, Legislative Education Scholarship.

Read the full history and view the roster of lecturers at www.TexasEyes.org/toaf. Anyone may donate to the TOA Foundation, a 501(c)3 charitable organization.



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New Members

Provisional

Matthew Adams MD, MBA, Plano
 Masih Ahmed, MD, Houston
 Erica R. Alvarez, MD, El Paso
 Kent Anderson, MD, San Antonio
 Lucy Bailey, MD, Houston
 Jana Crear, MD, Houston
 Calvin Eshbaugh, MD, Temple
 John Esters, MD, Harker Heights
 Samuel C. Faith, MD, MPH, El Paso
 Oliver Fischer, MD, Round Rock
 Moulaye Haidara, MD, Arlington
 Sawyer Hall, DO, Longview
 Joshua B. Heczko, MD, McKinney
 Richard Hession, MD, Dallas
 Ziad Husseini, MD, Dallas
 Gene Kim, MD, Austin

Peter Lam, MD, Victoria
 Grace C Lindhorst, MD, Houston
 Clinton Long, MD, Sherman
 Shaam Mahasneh, MD, Mansfield
 Anam A. Mazharuddin, MD, Houston
 Rocky L. McAdams, MD, Abilene
 Charles Medert, MD, Austin
 Matthew S. Porter, MD, Lubbock
 Matthew S. Recko, MD, Temple
 Kevin Shen, MD, Houston
 Marie Brenner Somogyi MD, Austin
 Phillip Tenzel, MD, Dallas
 David Truong, MD, Fort Worth
 Carlos Vazquez, MD, El Paso
 Jennifer Wall, MD, San Antonio
 Chase M. Wilson, MD, Houston

Fellow

Makayla McCoskey, MD (TOC in Austin)
 Vimal Sarup, MD (Valley Retina
 Institute in McAllen)

Lucy Mudie, MD, MPH (Baylor
 College of Medicine in Houston)

Resident

Elahhe (Ella) Afkhamnejad, MD,
 University of Texas Medical Branch,
 Galveston
 Brandon Bates, MD, The University of
 Texas at Austin, Dell Medical School,
 Department of Ophthalmology, Mitchel
 and Shannon Wong Eye Institute, Austin
 Dominick Canady, MD, UT
 Southwestern, Dallas
 Philip Cheng, MD, PhD, UT
 Southwestern Medical Center, Dallas
 Alden Gregston, MD, UT Southwestern
 Medical Center, Dallas
 Cynthia Guerin, MD, Texas Tech
 University HSC, Lubbock
 Cody Hansen, MD, UT Southwestern,
 Dallas

Lena Hummel, MD, University of
 Texas Medical Branch, Galveston
 Oshin Joseph, MD, Baylor Scott &
 White Eye Institute, Temple
 Sarah Kamal, MD, Baylor College
 of Medicine, Houston
 Sarah Kenny, MD, UT Southwestern,
 Dallas
 Raul Membreno, MD, Baylor Scott &
 White Eye Institute, Houston
 Maria Morrow, MD, UT Southwestern
 Medical Center, Dallas
 Arman Mosenia, MD, MSE, The
 University of Texas at Austin, Dell
 Medical School, Department of
 Ophthalmology, Mitchel and Shannon
 Wong Eye Institute, Austin

Michelle Nguyen, MD, UT Health
 San Antonio
 Gina Pham, MD, Baylor College of
 Medicine, Houston
 Madeleine Puig, MD, UT Health
 San Antonio
 Misty Ruppert, MD, Texas Tech
 University HSC, Lubbock
 Anindya Samanta, MD, Texas Tech
 University Health Sciences Center,
 Lubbock
 Kirby Taylor, MD, The University of
 Texas at Austin, Dell Medical School,
 Department of Ophthalmology, Mitchel
 and Shannon Wong Eye Institute,
 Austin

In Memory

Steven Hutson Dunn, MD,
 died on Tuesday, March 28th
 after battling frontotemporal
 dementia. He was 63.

Dr. Dunn was TOA president
 from 2007 - 2008.

Michael A. Bloome, MD
 of Houston died September
 5, 2023. He was a beloved
 mentor to many residents.

He joined TOA in 1975.

Raymon L. Font, MD
 died August 5, 2023. He was
 an ocular pathologist who
 taught most residents who
 studied in Houston.



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TOA At Work

TOA Helps Avert Drastic Proposed Surgical Fee Cuts

In November, 2022, HHSC proposed drastic fee cuts to ocular adnexa surgery and ophthalmology services, including a decrease of up to 40% to strabismus. These cuts would have only exacerbated the access to care crisis for children in Texas. TOA partnered with Texas Medical Association, Texas Pediatric Society, and Texas Association for Pediatric Ophthalmology and Strabismus to combat these cuts. Several of our members wrote letters and testified about how these cuts would impact patients. We are happy to report that HHSC accepted our recommendations and did not adopt any reductions to the eye/ocular surgery codes.

Aetna Reconsiders ASC Cut

In February, we learned that Aetna planned a significant and unexplained cut to reimbursement of cataract extraction and intraocular lens implantation. It involved a reassignment of cataract extraction with intraocular lens CPT codes 66982, 66983 and 66984 from Aetna Enhanced Grouper (AEG) 8 to AEG 5, resulting in a 29 percent cut in payment to the ASC.

TOA President **Jacob Moore, MD**, sent a letter to Aetna explaining that patients could lose access to high quality cataract care in an ASC settings as a result of this update. We received a positive response from an Aetna executive, explaining that they adjusted assignments to allow for reimbursement consistent with the complexity level of each procedure.

New Anesthesia/Analgesia Consent and Disclosure Form

The Texas Medical Disclosure Panel adopted a new anesthesia/analgesia consent and disclosure Form, effective Sept. 1, 2023. Both the English and Spanish forms can be found at [TexasEyes.org](https://www.texaseyes.org) under Quick Links – Forms and Guidelines.

You can send questions about the form directly to the TMDP via email: HHSC_TMDP@hhsc.state.tx.us.

Here are a couple of questions from members:

Question: There are several parts of the form that are not applicable to cataract surgery in an ASC. For example “Dentist Anesthesiologist...” Can we remove those portions that are not applicable?

Answer: The state form provides liability protection. Providers may adapt the form to meet their particular needs but should check with their attorney to be sure that the form maintains the baseline components included in the state form to extend the protection.

Question: The form calls for a witness and that witness’ address. If a staff member is serving as witness, may they list the facility address instead of a home address?

Answer: Yes.

DEA Registration Now Requires Training on Substance Use Disorder

Starting June 27, physicians who are new or renewing DEA registrants as of that date will need to have completed eight hours of training on opioid or other substance use disorders. Criteria for the eight hours of CME are flexible, and the eight hours of training can be broken up. Physicians won’t have to submit training related documentation but should be able to reference it in the event of an audit.

TOA members may earn two hours of approved training by watching a video produced and accredited by the Texas Orthopedic Association. This is a free TOA member benefit. All information is found at [TexasEyes.org](https://www.texaseyes.org) (look at quick links).

Other organizations such as TMA and the Texas Opioid Training Initiative appear to have CME that satisfies the requirement.



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EYE-PAC

TOA President H. Miller Richert, MD announced the following who will join him on the EYE-PAC Committee:

- Mark L. Mazow, MD, chair, Dallas
- Steve McKinley, MD, Austin, TOA president-elect
- Jacob Moore, MD, Corpus Christi, TOA past president
- Zev Shulkin, MD, Dallas
- Susan Fish, MD, The Woodlands
- Chevy Lee, MD, McAllen
- Lindsey Harris, MD, Houston
- Kevin Kerr, MD, Stephenville
- Ore-Ofeoluwatomi O. Adesina, MD, Houston
- Cynthia Beauchamp, MD, Dallas
- Marie Somogyi, MD, Austin
- Mark Gallardo, MD, El Paso
- Rocky McAdams, MD, Abilene
- Kyle MacLean, MD, Dallas
- William Burkes, MD, San Angelo
- Lindsey Harris, MD, Houston

(all past chairs may vote)

EYE-PAC is TOA's political action committee, which is a vital advocacy tool. The contributions you make to EYE-PAC go directly to support Texas state representatives and senators (and candidates) who have proven that they support quality eye care and patient safety. EYE-PAC is bi-partisan and has only 1% overhead costs. Your TOA dues dollars may not be used by EYE-PAC. Contribute at www.eye-pac.org or along with your dues this fall.

The committee will next determine endorsements for the March 5, 2024 primary elections.



Thank You

The EYE-PAC Committee would not be where it is today without the work of immediate past chair **Lindsey Harris, MD**. When founder and long-time chair David G. Shulman, MD, died unexpectedly in 2021, Dr. Harris simultaneously served as EYE-PAC chair and TOA president. She revitalized the committee and oversaw the creation of operating rules.

Thank you also to the Committee members who recently completed their terms. They stepped up when the Committee was rebuilding. We owe each of them and Dr. Harris a debt of gratitude for their tremendous work;

- M. Kelly Green, MD**, Marble Falls
- Kristen Hawthorne, MD**, Austin
- Sanjiv Kumar, MD**, Uvalde
- Jack Pierce, MD**, Austin
- Victor Gonzalez, MD**, McAllen



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2023 Legislative Summary

State lawmakers filed several thousand bills related to medicine and healthcare policy during the 2023 legislative session. Fortunately, your patients did not face a threat to quality eyecare this session because TOA and organized optometry are honoring a multiyear moratorium prohibiting any changes to optometric scope of practice.

The TOA Executive Council did closely track two vision related bills and mitigated where necessary to improve patient care:

HB 1696 by Rep. Brad Buckley / SB 860 by Sen. Bryan Hughes

Caption: Relating to the relationship between managed care plans and optometrists and therapeutic optometrists.

Summary: The goal of this bill was to amend the Texas Insurance Code to revise provisions regarding access to optometrists and therapeutic optometrists empaneled by managed care plans, including vision plans, without commercial influence. Similar marketplace concerns were addressed back in 2015 under S.B. 684, which included ophthalmologists in the list of providers.

The bill as initially filed, however, created confusion, because it would have required payment equality between ophthalmologists and optometrists (and therapeutic optometrists), without regard to their specialties and subspecialties, or the extent and differences among the medical examinations and procedures performed. The bill also would have prohibited a health plan from identifying an ophthalmologist, optometrist (or therapeutic optometrist) differently from other practitioners based on any characteristic other than professional degree held and would have prevented a health plan from recommending a patient to obtain services from one provider over another, even if the provider had specialties that matched the patient’s need.

When initially filed in February, HB1696/SB860’s captions included “and ophthalmologists” per the existing statute. TOA Executive Council members expressed concerns that this bill did not acknowledge ophthalmology subspecialists which would only compound patients’ confusion when trying to distinguish and select providers. There was also concern about the “any willing provider” aspect of the language.

Outcome: Due to TOA’s advocacy, the bill authors recognized the confusion that patients experience in distinguishing among the many eyecare providers and agreed to strike “ophthalmologist” not only from the proposed bill but from the existing statute. It is rare for existing statutes to be revised so significantly. The bill was signed by Governor Greg Abbott and was effective September 1, 2023.

HB 2081 by Rep. Stephanie Klick / SB 820 by Sen. Lois Kolkhorst

Caption: Relating to the registration of vision support organizations; imposing a fee; requiring an occupational registration; providing a civil penalty.

Summary: This policy aimed to amend the Business & Commerce Code to provide for the annual registration of vision support organizations (VSOs), which are entities that, under one or more agreements, provide two or more business support services to a state licensed optometrist or therapeutic optometrist. TOA Executive Council members expressed concern that a VSO could be construed to include the practice of physicians specializing in ophthalmology. TOA president Jacob Moore, MD, spent an entire day in Austin to testify and ask the Senate Health and Human Services Committee to exempt physicians from this bill.

Outcome: Thanks to Dr. Moore’s testimony and TOA’s advocacy, the final bill exempts a physician licensed by the Texas Medical Board who has an ownership interest in three or fewer locations from registering as a VSO. The language regarding “three or fewer locations” was an expected outcome because it mirrors existing statute where a legal entity such as a physician’s practice offering ophthalmic goods at three or more locations is categorized differently.

Note that this policy is effective September 1, 2023, but provides that a VSO is not required to register with the Texas Secretary of State before February 1, 2024. TOA will update you on that process later this year.



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TOA Members Walked the Halls to Stop Scope Creep

Ophthalmology is a part of the House of Medicine and our members came out this session to lock arms with other specialists to protect patients. More than 130 scope-of-practice expansion bills were filed. Thank you to these members who took the time to attend one or more First Tuesday Lobby Days:

Charlotte Akor, MD
Darrell Baskin, MD
John Bishop, MD
Sidney Gicheru, MD
Victor Gonzalez, MD
M. Kelly Green, MD
Jerry Hunsaker, MD
Sanjiv Kumar, MD
Steve McKinley, MD
Jacob J. Moore, MD
Jack Pierce, MD
Marie Somogyi MD

Medicine's efforts were very successful. No scope of practice bills were passed.

Champions of Vision

During the 2023 Legislative Session, sitting president **Jacob J. Moore, MD**, presented TOA's Champion of Vision Award to two of the strongest patient advocates in today's Texas Legislature: **Rep. Steve Allison and Rep. Greg Bonnen, MD**.

The award recognizes public officials who have demonstrated a commitment to the advancement and protection of quality eye care. Rep. Allison of San Antonio has served since 2019, and from the very start, he stood out as a champion, meeting with physicians and patients alike to learn the complicated issues surrounding medicine.

Rep. Bonnen is a neurosurgeon from League City and has served in the Texas Legislature since 2013. He is a staunch patient safety advocate. We are particularly grateful for Rep. Bonnen's hard work in 2021 with the passage of the Gold Card PA bill and his ongoing efforts to improve upon it.

We thank Representatives Allison and Bonnen for all that they do for Texans!



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2023 Advocacy Ambassadors

“Thank you for allowing me to attend this life-changing event. I have learned so much and am excited to bring the spirit of advocacy back to my residency program!”

2023 Advocacy Ambassador

Texas was well represented last April at the AAO’s Congressional Advocacy Day and Mid-Year Forum in Washington DC. Congressional Advocacy Day is a unique opportunity for physicians to lobby members of Congress on the issues that affect ophthalmology. The meeting had a record high attendance.

TOA was pleased to send 11 ophthalmologists-in-training via the David G. Shulman, MD Legislative Education Fund. We appreciate their program chairs for allowing them to take time off to advocate:

- Elahhe (Ella) Afkhamnejad, MD**, University of Texas Medical Branch
- Sara Fard, MD**, UT Health San Antonio
- Cynthia Guerin, MD**, Texas Tech University HSC
- Lena Hummel, MD**, University of Texas Medical Branch
- Oshin Joseph, MD**, Baylor Scott & White Eye Institute
- Sarah Kamal, MD**, Baylor College of Medicine
- Sejal Lahoti, MD**, UT Southwestern Medical Center
- Raul Membreno, MD**, Baylor Scott & White Eye Institute
- Maria Morrow, MD**, UT Southwestern Medical Center
- Gina Pham, MD**, Baylor College of Medicine
- Madeleine Puig, MD**, UT Health San Antonio

Thank you to these practicing TOA members for advocating for patients in DC:

- Ore-Ofeoluwatomi O. Adesina, MD**
- Darrell E. Baskin, MD**
- Jane C. Edmond, MD**
- Sidney K. Gicheru, MD**

- Erica R. Alvarez Gonzalez, MD**
- Robert D. Gross, MBA, MD**
- John M. Haley, MD, OCS**
- Lindsey Harris, MD**

- Jacob J. Moore, MD**
- Aaron M. Miller, MD, MBA**
- Christina Y. Weng, MD, MBA**



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2023 Award Winners

Congratulations!

Congratulations to the winners of the 2023 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.

1st Prize

**Radiation Induced Optic Neuropathy:
A Case Series and Review**

Alden Gregston, MD

UT Southwestern Medical Center

2nd Prize

**RD & Laser Prophylaxis Outcomes in
Optically Empty Syndromes**

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The University of Texas at Austin, Dell Medical School, Department of Ophthalmology, Mitchel and Shannon Wong Eye Institute



Dr. Gregston is pictured with program chair Robert D. Gross, MBA, MD

View a list of all past winners at TexasEyes.org/Uhr



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AG Opinion Could Impact Your In-house Optical Shop

In summer 2022, the Texas Optometry Board asked the Texas Attorney General whether a legal entity wholly owned and controlled by at least one licensed physician that is also a manufacturer, wholesaler, or retailer of ophthalmic goods violates Occupations Code section 351.408 if it enters into a contract with an optometrist (whether an independent contractor or employee) and directly sets and controls the fees of the optometrist, sets the specific hours the optometrist may see a patient, and establishes the total amount of time the optometrist may meet with a patient.

The Attorney General answered as follows: “Whether a person under the physician’s control, supervision, or direction is exempt from regulation under Occupations Code subsection 351.005(a)(2)(B) does not turn on whether the person is an employee or independent contractor. And whether a physician’s specific degree of supervision of an optometrist or treatment and care of a patient will impact the Board’s action against an optometrist involves fact questions that are outside the purview of an attorney general opinion. A legal entity wholly owned and controlled by at least one licensed physician that is also a manufacturer, wholesaler, or retailer of ophthalmic goods is exempt from Occupations Code section 351.408 only if the legal entity has offices at three or fewer locations.”

How does this opinion impact your practice?

If you employ optometrists or work with independent contractor optometrists AND if you sell ophthalmic goods, this could impact you based on how many locations you have. For example, if you, a physician, own three or fewer entities and sell optical goods as part of the practice(s), the TOB cannot sanction your employed or independent contractor optometrist for violations of the optometry act such as not having a separate entrance for the optical shop or because you control the hours of operation or because you dictate the optometrist’s fees.

But in that same scenario where you, the physician, own four or more entities (for example, one main practice and three satellite clinics where any of the locations includes an optical shop), your employed or independent contractor optometrist could be disciplined by the TOB for violations such as not having a separate entrance for the optical shop or because you control the hours the optometrist may see patients, etc.



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Texas Ophthalmological Association 2024 Codequest Registration

In conjunction with the American Academy of Ophthalmic Executives

Which course?

San Marcos, Jan. 20 (by Jan 15) Dallas, March 2 (by Feb 26)

Lubbock, April 26 (by April 22) **See Reverse Side for Houston**

1: Registration & Fees (check one registrant category):

		Per Person early	Per Person later	Total
<input type="checkbox"/>	TOA Member and/or Staff	\$295 x _____	\$350 x _____	
<input type="checkbox"/>	Non-Member Ophthalmologist and/or Staff	\$395 x _____	\$450 x _____	

2: Name of Ophthalmologist associated with this registration:

3: Registrant Listing (please complete all lines for each registrant for continuing ed. purposes; copy page for additional names):

Full Name & Credentials: _____

Job Title: _____ Clinic _____

Mailing Address: _____

City/State/Zip: _____ Email: _____

Full Name & Credentials: _____

Job Title: _____ Clinic _____

Mailing Address: _____

City/State/Zip: _____ Email: _____

ADA: check here if you need any auxiliary services identified with the Americans with Disabilities Act.

4: Payment

NEW Members* check here to include 2024 dues of \$300 in this payment.

Method: check payable to TOA VISA MC AMX

Card Number: _____

Expiration Date: _____ CVV# _____

Name on Card: _____

Billing Address (if different from above): _____

Return this form to: Mail: Texas Ophthalmological Association, 401 w. 15th St., Ste. 825, Austin, TX 78701

Fax: (512) 370-1637; Register online: www.TexasEyes.org; Email to exec@TexasEyes.org, or call (512) 370-1504.



2024 Codequest Registration **Houston**

1) Registration for a *Single Course*:

<input type="checkbox"/>	Fundamentals of Coding (8 – 11:15 am)	By April 22	After April 22	Total
TOA Member and/or their Staff		\$295 x _____	\$350 x _____	\$
Non-Member Ophthalmologist and/or their Staff*		\$395 x _____	\$450 x _____	\$

<input type="checkbox"/>	Codequest 2024 (12:15 – 3:30 pm) <small>(intermediate course)</small>	By April 22	After April 22	Total
TOA Member and/or their Staff		\$295 x _____	\$350 x _____	\$
Non-Member Ophthalmologist and/or their Staff*		\$395 x _____	\$450 x _____	\$

AND/OR SAVE! Registration for *Both Courses*:

<input type="checkbox"/>	BOTH: Fundamentals of Coding (8 – 11:15 am) and Codequest 2024 (12:15 – 3:30 pm)	By April 22	After April 22	Total
TOA Member and/or their Staff		\$450 x _____	\$500 x _____	\$
Non-Member Ophthalmologist and/or their Staff*		\$550 x _____	\$600 x _____	\$

2) Name of Ophthalmologist associated with this registration: _____

3) Registrant Listing (please complete all lines for each registrant for continuing ed. purposes; add pages for additional names):

Fundamentals morning only Codequest afternoon only Both Courses

Full Name & Credentials: _____

Job Title: _____ Clinic _____

Mailing Address: _____

City/State/Zip: _____ Email: _____

Fundamentals morning only Codequest afternoon only Both Courses

Full Name & Credentials: _____

Job Title: _____ Clinic _____

Mailing Address (if different from above): _____

City/State/Zip: _____ Email: _____

4) Payment

NEW Members* check here to include 2024 dues of \$300 in this payment.

Method: check payable to TOA VISA MC AMX

Card Number: _____

Expiration Date: _____ CVV# _____

Name on Card: _____

Biling Address (if different from above): _____

Return this form to: Mail: Texas Ophthalmological Association, 401 w. 15th St., Ste. 825, Austin, TX 78701
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ADA: check here if you need any auxiliary services identified with the Americans with Disabilities Act.



Employed Physicians - Your Right to Advocate on Behalf of Your Patients and Profession

The American Academy of Ophthalmology has been asked by members about their rights as employed physicians to advocate. The information below has been prepared by the AAO:

Many Americans are surprised to learn that private employers aren't bound by the free speech protections of the First Amendment (it's more complicated for state or federal government employers). A small handful of states protect employees' free speech at the state-law level, but as a general rule, private employers can in fact lawfully take action against their employees when those employees make statements with which the employers disagree, or just don't like.

While most employment attorneys and HR professionals would tell private employers it's typically a bad idea to take adverse action against an employee based on that employee's speech or advocacy (as there can be all sorts of general business and reputational harm to the employer, as well as other theories of legal liability), it's not unlawful to do so under federal law or in most states. This legal framework can have a chilling effect, making employees unwilling to make statements their employer may dislike.

This affects ophthalmology, as employing entities might not want their ophthalmologists to make statements about important public policy issues that also affect revenue, such as optometric co-management or scope of practice expansion. So, if you're dedicated to speaking out on behalf of your patients and profession, what can you do, whether you're just finishing residency or fellowship, or have been practicing for thirty years and have a practice that private equity is looking to acquire?

- Set expectations early. Whether you are interviewing for your first job, or your practice is being courted by private equity, tell the entity that may become your employer that advocating for the profession of ophthalmology and quality patient eye care is an important value to you. This may be best accomplished after you have an offer. Tell them what you do currently and what you expect to be able to continue

to do, whether it's being a Member or Fellow of the Academy or state ophthalmology society, attending the Academy's Mid-Year Forum and meeting with Members of Congress, writing the VA about scope of practice, or contacting your state legislators about state regulation of health care. Even on an informal basis, try to avoid any future argument that your employer didn't know what you had in mind.

- Get protections in writing. Even though federal and most state law doesn't protect employees' rights to free speech, contract law can provide such guarantees. While the Academy can't offer specific legal advice, an employment agreement could include a clause that either "prohibits prohibitions" on speech and advocacy, or affirmatively states that the employee can continue to engage in speech and advocacy on behalf of patients and the profession of ophthalmology. Employers may be hesitant to agree to such terms, but if you're the star ophthalmologist they are looking for, you may have some leverage to get protection in the contract itself.
- Keep the Academy updated. As suggested above, much of the pressure on employed ophthalmologists to remain quiet on important issues of policy can result from an informal chilling effect, rather than formal restrictions. If this is happening to you, reach out to Academy staff at exec@texaseyes.org. Of course, the Academy knows that some people have confidentiality terms in their employment agreements, and the Academy would never encourage anyone to violate those. But if informal restrictions are standing in your way, let us know so that we can stay informed about challenges facing our community and our ability to advocate for our patients and profession.

The statement above is not intended as legal advice, and the American Academy of Ophthalmology expressly disclaims any attorney-client relationship with the reader. Employment law and agreements are complicated subjects, and if you have specific questions, you should retain your own attorney.



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Upcoming Events

SATURDAY, JANUARY 20

Codequest
San Marcos

APRIL 18-20

AAO Congressional Advocacy Day
& Mid-Year Forum
Washington, DC

SATURDAY, APRIL 27

Codequest
Houston

SATURDAY, MARCH 2

Codequest
Dallas

FRIDAY, APRIL 26

Codequest
Lubbock

MAY 4-5

TOA Annual Meeting
& TexMed 2024
Dallas

Go to www.TexasEyes.org or contact TOA at 512-370-1504.