



TOA NEWSLETTER

Texas Ophthalmological Association

October 2020

“Advocacy has not and will not take a break during the pandemic.”

President’s Message

*By Mark L. Mazow, MD
president@TexasEyes.org*

First, I extend a special thank you to **Mark Gallardo, MD** for his outstanding service and leadership as the 2019-2020 TOA president. As the COVID-19 pandemic took hold of our state back in March, Mark pivoted quickly and guided our members through the complex and ever-changing executive orders coming out of the Governor’s office regarding elective surgery and safe office procedures. It was a stressful time, and Mark Gallardo provided a steady, calming, and compassionate presence. He worked closely with TOA staff to provide timely analyses of the orders and the subsequent Texas Medical Board emergency rules. He was the right president during bad times, and we owe him a debt of gratitude.

Around this time last year, I contemplated what my year as TOA president might look like. I never could have envisioned that a global pandemic would take hold in our country. Ophthalmology has been one of the hardest hit specialties in terms of patient volume. In the midst of this black swan event, the Centers for Medicare & Medicaid Services (CMS) has proposed an unacceptable 6% pay cut for our specialty for 2021. And on top of that, we are now on the eve of the next Texas Legislative Session. Hang on tight, it’s going to be a bumpy ride.

I think we can all agree that CMS’s proposed physician fee schedule for 2021 comes as nothing short of a body blow during a time when medicine and our communities are already suffering from the COVID-19 public health emergency. According to the AAO’s initial analysis, the estimated impact on total allowed charges for ophthalmology is -6%. While the proposed rule does take steps to increase access to care through telehealth, it simultaneously has the potential to drastically reduce patients’ timely access to surgical care.

It is completely tone deaf for CMS to enact cuts to any form of health care now. What can be done? Your memberships in organized ophthalmology are more important than ever. **Keep your memberships.** Our various societies and coalitions are working tirelessly to reverse or at least mitigate some of these devastating cuts by putting pressure on Congress to intervene. Contact your own members of Congress to explain how these cuts could impact your patients. Tell them what you see in your practice every day. Go to <https://www.aao.org/advocacy> for details and tools for taking action and contacting your members of Congress.

Texas’ Outlook

Advocacy has not and will not take a break during the pandemic. TOA continues its work to protect quality eyecare in Texas. One of our top priorities is to urge insurance plans to relax or waive prior auth requirements. We had success with WellMed this spring, convincing the company to reverse a requirement

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that cataract surgery patients receive counseling from primary care physicians regarding COVID-19 risks. The surgeon can now rightfully document this counseling. Additionally, TOA worked with the AAO to convince Aetna to remove the precertification requirement for HCPCS C9257 (Injection, bevacizumab, 0.25mg [Avastin]) [Intraocular dose]. (Remember that precertification requirements will remain in place for J9035 (Injection, bevacizumab, 10 mg [Avastin])).

We focus our attention now on commercial plans in Texas, asking them to lift burdensome prior auth and step therapy requirements to ease access to treatment for our patients. TOA is also joining a multitude of physician specialty societies, hospital associations, health care providers, and consumer advocates to petition Governor Abbott and state lawmakers to extend comprehensive health care coverage in Texas for the duration of this emergency.

January 12, 2021 – Day One of the Texas Legislative Session

No one seems to know yet what the 2021 Texas Legislative Session will look like. Passing a budget is the only constitutional mandate. It will be interesting to see how committee meetings will be conducted or whether visitors will be allowed to enter the Capitol building at all. But none of this means that we can let down our guard when it comes to protecting patients from dangerous scope of practice proposals. Every situation is a double-edged sword, and TOA will be as vigilant as ever in 2021 when it comes to protecting quality eyecare.

Let me conclude by saying that we do not have a blueprint as to how we can tackle these issues. No matter whether you are a solo practitioner or practicing in a large institution, we have all been dramatically affected by the medical, economic, and personal consequences of this pandemic. The TOA is here to help fight for the Ophthalmologists and citizens of Texas, but we need the help of our members to stay engaged on the local level with your local, state, and federal representatives.

TOA membership dues statements will be mailed next month. I know that times are difficult, but your continued membership is vital. A robust membership is the only way we can ensure that Ophthalmology continues to be the leader in caring for the citizens of Texas.

Hang in there. We are one day closer to the end of this than we were yesterday.

You can contact me at president@texaseyes.org.

Be well and stay safe,

Mark

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on Social
Media!**



@txoph



@txoph

Message from the Chair, TOA Liaison Committee to Third Party Payors and Peer Review Agencies

By John Haley, MD
coding@texaseyes.org

As summer has finally drawn to an end, I want to bring you up to date on third-party payors activity. It was a very boring spring and summer medical policy wise with COVID-19, slow medical practices, masks, distancing and sheltering at home. Financial stresses have been the most severe since beginning a practice. Thank goodness for the PPP and CMS payments. The financial stress has pretty much been relieved, but the other conditions will be with us for years, it appears. All medical meetings have been cancelled or were conducted on Zoom conferencing. Most of my learning has been by personal networking and that is almost dead except for ASCRS chat site, fortunately still active. The private insurance carriers have been relatively quiet except for the increased number of precerts required especially in the realm of the Anti-VEGF Intra Vitreal Injections. The IVI usually get approved but not without a hassle.

An update on BCBS TX is strange. After the billion dollar loss several years ago from the Obamacare rollout, TX BCBS went into a cost cutting campaign and retired or laid off almost of their seasoned medical directors, limiting severely the strong physician communication that we have had for years. Just recently they replaced President Dan McCoy, MD, for who knows what reason so things appear to be in free fall, and I have no idea where this will end.

Our Medicare carrier Novitas has gone on a similar rampage letting go of three carrier medical directors and not replacing them. To me, this greatly limits any oversight function that they have and leaves the hen house exposed to errant foxes. The MAC carriers must rebid their contracts every 5-10 years and perhaps this is a way to get their costs lower to get the next bid but what do I know? Meanwhile, there is no one to help solve our problems or answer our questions - not a good path for a MAC.

Fortunately, we have not had many new problems that I am aware of with Novitas as COVID-19 has taken front stage with audits temporarily suspended, but the real kick in the head came with the release by CMS of the [proposed final rule for the 2021 MFS](#). We have known for some time that the E/M codes were to be simplified and revalued upwards to reward primary care physicians over surgeons. We presumed that we would be treated fairly but we, in fact all surgeons, were not. The eye codes were not included in the fee increases but we can use the E/M codes more frequently

C O D **Q** u e s t
2021

**Codequest Texas:
Saturday,
March 27, 2021
8 am – Noon.**

In the interest of safety, our current plan is for a live, remote seminar. All questions will be answered by our experts. As always, Codequest will offer CME, IJCAHPO and COE credits, and a certificate of completion for AAPC. It will also provide Self-Assessment CME for those pursuing maintenance of certification.

to our advantage. The real tragedy is that the E/M post-op visit codes included in all major/minor surgical fees for all surgical specialties did not get the fee increase. This is just wrong and will continue to be [fought by surgical organizations](#) prior to release of the final rule in November.

As everything in new Medicare fee schedules is revenue neutral, to pay considerably more for the E/M codes requires that the money come from somewhere. No new money has been put into the MFS pie. So, one just dilutes the conversion factor to \$32.26 which is a decrease of \$3.83 down from 2020 CF of \$36.09, a reduction of 10.6%, the lowest conversion factor since 1993. The CF dilution decreases the value of all our codes. Surgeons then get a double whammy when their post-op office visit E/M codes are not increased. These changes predict a significant reduction in cataract surgery of 9% but impact all surgical codes in a similar manner. So, overall, with an increase in E/M code reimbursement, ophthalmology is expected to have a 6% overall decrease in reimbursement. This on top of the disastrous COVID-19 experiences is too much. Now, the CMS MFS rule is not final, and much work is in process so we will wait and see. We will discuss how to better use the new E/M codes when we see the final rule. In the meantime, it would be very worthwhile to get the new AAO workbook and course [Conquering the New E/M Documentation Requirements for Ophthalmology](#). I think this is one of Sue Vicchrilli's best works ever, right up there with [The Coding Coach](#). Sue is the Academy's Director of Coding and Reimbursement. (AAO.org/coding products)

Novitas Avastin Policy Update

On August 22, 2019, Novitas revised local coverage article (LCA) A53121 instructing providers to report compounded Avastin (bevacizumab) for ophthalmic use with **HCPCS code J7999**. In this revision, they also eliminated J9035 and C9257 from the approved HCPCS codes in this article.

The policy provided confusing language when clarifying the site of service – J7999 should be reported “when billing in the non-outpatient hospital setting; not including the ASC setting” and “when billing in the hospital outpatient setting and the ASC setting”.

This language could easily be misinterpreted as a policy for facility use only. However, after multiple discussions with Novitas, TOA and the American Academy of Ophthalmology were able to confirm that this policy **requires J7999 compounded Avastin (bevacizumab) for ophthalmic use in the office setting (place of service 11) and for facility use.**

The confusion continued as practices reported that claims continued to be paid using J9035, and denials were received when billing J7999. Once again in December 2019 the Academy received confirmation from Novitas that bevacizumab for ophthalmological use should be reported with HCPCS J7999 and that J9035 was removed from Novitas policy A53121 on August 22, 2019 and does not support intravitreal administration of Avastin.

As practices received this message regarding the current policy, many embraced the change and reported paid claims for J7999, with the carrier priced reimbursement of \$85.00. A few reports of denied claims were received, but upon further review the denials were a result of incorrect NDC, or the absence of the medication name and dosage in Item 19 of the CMS-1500 form or electronic equivalent.

Once again on February 13, 2020, Novitas revised its policy (A53121) clarifying billing instructions for Avastin reported with J7999 - “For Part B, the actual number of mg utilized should be noted in Item 19 of the CMS Form 1500 or its electronic equivalent.” This message was communicated by both the TOA and Academy to its members.

Most recently in July 2020 practices that had successfully billed J7999 for almost a year started to receive intermittent denials from Novitas. Initial inquiries to the Novitas Carrier Medical Department (CMD) identified inconsistencies with claims processing as an internal issue and they would

resolve with additional re-training. As this news was reported amongst practices, some members reported that J9035 continues to be incorrectly paid by Novitas for intraocular use when billed.

The Academy has notified Novitas of the recent claim denials when reporting J7999 and has asked for resolution. Additionally, Novitas was notified of its continued incorrect claims processing of J9035 for intraocular use based on its own policy.

To avoid possible recoupment based on post-payment claims review, bevacizumab (Avastin) for ophthalmological use should be reported to Novitas with:

- HCPCS J7999, 1 unit
- Medication name and dosage in Item 19 of the CMS-1500
- 11-digit NDC in 5-4-2 format, 50242-0060-01

But to add additional confusion to Avastin billing, note the following: no private carriers and only a few Medicare advantage carriers will allow use of J7999. Almost all require use of J9035 so you must know your payor.

Prior Authorization of Blepharoplasty and Botox Procedures Required as of July 1

Blepharoplasty PA is only required when done in hospital or HOPD, NOT IN OFFICE OR ASC.

Surgeons report preauthorization denials erroneously made by Novitas:

Referencing L35004, preauthorization denied as the records did not include:

- a lateral (side-to-side) view photography
 - o L35004 actually requires: **Photographs document obvious dermatochalasis, ptosis, or brow ptosis; and such photographs must be good quality frontal photographs, with the gaze in primary position, looking straight ahead. The photos must demonstrate a distance of 2 mm or less from the central corneal reflex to the upper eyelid**

margin or skin that overhangs the eyelid margin (pseudoptosis), or Symptomatic skin rests on the upper eyelashes that cause a decrease in peripheral vision and/or upper field of vision, and photographs document the skin on the eye

- history or physician examination
 - o **CMS criteria do not state that the exam to determine the need for surgery must be included as part of preauthorization**
- visual field test with taped and untaped eyelids
 - o **Upper Eyelid Blepharoplasty is considered medically necessary when: Clinical notes, rather than formal visual field testing, support a decrease in peripheral vision and/or upper field vision; and**
 - o **Visual fields, included taped and untaped, have not been required since March 2016.**

Remember: Blepharoplasty/blepharoptosis and/or brow ptosis photos require patient's name, date of birth and a brief description (interpretation/report).

The article and local coverage determination requirements are published at aao.org/lcds.

Full requirements for HOPD preauthorization can be found at <https://www.aao.org/practice-management/news-detail/prior-authorization-blepharoplasty-botox-procedure>.

The Academy is addressing these issues with Novitas.

If you have received a preauthorization denial for reasons other than listed above, please remove all patient information, scan and email to coding@texaseyes.org.

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. They also represent ophthalmology before the Novitas Carrier Advisory Committee.

Questions from the TOA Herd

Question: We recently submitted paperwork for prior authorization following Novitas and CMS guidelines for upper eyelid surgery. They had recently started requiring prior authorizations for some procedures. I submitted a request for blepharoptosis repair 67903. A letter was received back which informed us of our denial. We had submitted a request for blepharoptosis repair 67903 but it appears her denial was based on the criteria for upper blepharoplasty 15823. It appears that the clinical review nurse is not differentiating between the two procedures (15823 vs 68903) and their separate criteria. It appears to be an inappropriate rejection. What can we do?

Answer: You are not the first to receive these inappropriate rejections. Novitas is in chaos. We and AAO are trying to re-educate those who are pre-authorizing. They fired all medical directors in JH region. Be sure you read the LCD AND BE SURE YOUR photos are of very good quality that show the Ptosis and with a ruler meets the criteria. Then send it back for appeal.

Question: Today I repaired an iris defect from a previous surgery in the left eye. This was a separate procedure (the cataract surgery was 6 months ago). The defect was closed with 2 iris sutures tied by McCannel & Siepser knots. Coding for this is unfamiliar to me and my team. Could you please help me with the correct ICD-10 code and CPT code for this diagnosis and procedure?

Answer: 66682 and DC of pupil abnormality. And since this was performed long after the global period ended, only modifier -RT or -LT is required.

Question: Can you administer an anti-VEGF injection (Avastin/Lucentis) for macular edema during a 90-day global period after focal laser CPT 67210 was administered for the SAME DIAGNOSIS (diabetic retinopathy with macular edema example CPT E11.3212 for the left eye)?

Answer: Yes, an injection billed in the global period of a major surgery (90 day) can be billed with modifier -58.

Question: Is 67105 CPT code to be utilized with pneumatic retinopexy only?

Answer: 67105 can be billed when laser is performed to repair RD. Not just used for s/p pneumatic retinopexy. Note: Should not be billed the same day as a pneumatic as it is bundled.

Question: Our practice is a group of two physicians. One physician is considering working at a satellite office in a smaller community one day a week. We are on paper charts. However, that one physician, at the satellite office, is considering using an EHR system. All billing would still be under a single tax ID (the main office and the satellite office). Would 90 days reporting EHR through the one physician at the satellite office one day a week be sufficient to achieve 25% Promoting Interoperability score?

Answer: Yes, you could achieve the measures and meet the 25% score under the Promoting Interoperability with that arrangement. You should also consider that as a small practice you can apply for the Hardship Exception for this category with the scoring re-weighted to Quality.

- Question:** Regarding Cataract/Anterior Segment, prior to day of surgery, we typically do a full pre- op exam prior to surgery and bill that visit. On the day of surgery, we typically do a “preoperative history and physical exam” and “day of surgery presurgical reassessment.” Is that history and physical exam billable? If so, what code(s)?
- Answer:** No billable exam should be titled pre-op. That term implies that it is included in the 10% of the surgical code. Instead it is the exam to determine the need for surgery. While CMS no longer requires an H&P prior to surgery, your facility may require one. To be paid, it can’t be performed the day before surgery - as that too would be considered part of the 10% of the surgical code. Documentation should support the appropriate level of E/M 1995 general exam documentation guidelines - which would be either a 99212 or 99213.
- Question:** There are times we must remove fluid from the anterior chamber to relieve increased IOL doing the global period. We “open” an existing paracentesis with a forceps/needle rather than “create” a paracentesis with a blade. Is 65805-78-LT still a good code if we “open” an existing paracentesis rather than “create” one?
- Answer:** If you open an existing paracentesis, it’s considered postop. If you create a paracentesis either at your office or in a facility it is a wound revision, CPT code 66250 with modifier -78 and the eye modifier.
- Question:** Do both tech time and doctor time count toward the total time for telemedicine visits and billable phone calls?
- Answer:** Physician time only. No staff unless they are PAs or NPs who are licensed to practice medicine.
- Question:** We normally code a level 5 exam when we schedule cataract surgery however during the meeting did you say a level 4 was appropriate for this type of exam?
- Answer:** To submit 99205 or 99215 you must meet high risk medical decision making. Not that the patient might go blind or have devastating visual loss but they WILL if you don’t do something about it - NOW. Rarely applies to cataract surgery. We rarely use level 5 codes and certainly not for cataract surgery. You can use level 4 in a new Pt exam if you satisfy the EM requirements.
- Question:** I’m a current PGY4 resident at Texas Tech in Lubbock. What study resource would you recommend in preparation for the OCS exam?
- Answer:** Kudos to all of the doctors who take responsibility for coding and billing! AAO.org/ocs has a practice exam plus a list of all references. If taking the OCS exam, the best reference is the *Complete Guide to the Essentials*. If taking the OCSR exam, it’s the *Complete Guide to Retina Coding*. The exam is also open book - so any resource can be used.
- Question:** Medicare has a new LCD this year for the ISTENT. CPT 0376T is no longer covered. Do you know the reason for this change? Is an ABN required since it is a non-covered service?
- Answer:** There is no additional payment to the surgeon for the second stent in iStent inject. Neither Novitas nor the patient can be billed.

Legal/Regulatory Q&A

As an association, TOA cannot provide specific legal advice, but can provide members with general legal information.

Question: I got a fax from a legal office for a patient who wants short term disability; records from my office are being requested. Can I charge for sending these records?

Answer: The TMB allows for reasonable fees, but a physician may not charge a fee if the request is related to disability. Board rules define a reasonable fee for providing paper copies of medical records as no more than \$25 for the first twenty pages and \$.50 per page for every copy thereafter. A reasonable fee for providing copies of medical records in electronic format is a charge of no more than: \$25 for 500 pages or less and \$50 for more than 500 pages. Also, a reasonable fee of up to \$15 may be charged for executing an affidavit, if requested.

A physician may not charge a fee for a medical or mental health record if the request is related to a benefits or assistance claim based on the patient's disability. A reasonable fee for copies of imaging studies shall be no more than \$8 per copy of an imaging study.

Question: Is there a requirement to have a "laser safety officer" in an ophthalmology clinic?

Answer: Yes, the Texas Department of State Health Services' Radiation Safety Licensing Branch registers lasers and laser safety officers. Full information here: <https://www.dshs.texas.gov/radiation/lasers/registration.aspx>

Question: There is confusion in our practice about whether Tramadol and Tylenol #3 fall under the new PMP documentation requirements. Do they?

Answer: Both Tramadol and Tylenol # 3 are considered opiates and fall into the category of drugs requiring prescribers to check the PMP. ALL drugs within these four classes: opioids, barbiturates, benzodiazepines, and carisoprodol are included.

Question: If a physician conducts a wrong site surgery, what entities if any must this be reported to?

Answer: This is called a Preventable Adverse Event (PAE). These events happen because of something that went wrong or was not done while the patient was being cared for. Texas law requires general hospitals and surgery centers to report certain events to DSHS. They should be reported to <https://www.dshs.texas.gov/IDCU/health/preventable-adverse-events/PAE-Reporting.aspx>. This site lists the various types of PAE to be reported and it houses a searchable database.

Member Benefit: TOA will answer members' questions regarding: Healing Art Identification Act, Texas Medical Practice Act, Texas Optometry Act, Texas Optician Act and regulatory and licensure questions as they pertain to the practice of medicine in Texas. No malpractice, reimbursement or practice management inquiries. Send your inquiry to exec@texaseyes.org.

In Memory

We have learned of the deaths of the following longtime TOA members:

Jerome Byers, MD of Dallas. Dr. Byers joined TOA in 1961.

Don Merrill Smart, MD of Dallas. Dr. Smart joined TOA in 1971.

William B. Snyder, MD of Dallas. Dr. Byers joined TOA in 1967.

Robert M. Tenery, Jr, MD, of Dallas. Dr. Tenery joined TOA in 1978. He was a past president of Texas Medical Association.

Congressional Advocacy Day

TOA increased its number of scholarships for residents and fellows to attend the 2020 Congressional Advocacy Day, last April in Washington, DC. Unfortunately, the event was canceled due to COVID-19. As always, we thank the programs for approving time off to these ambassadors and future leaders. We recognize the residents and fellows below who were selected by their residency directors for these scholarships. They are our future advocates:

Baylor College of Medicine
Mohamed “Mo” Mohamed, MD

**Baylor Scott & White Eye
Institute**
Timothy Sipos, MD

Texas Tech University HSC
Peter Clark, MD
Madison McMenemy, MD

**The San Antonio Uniformed
Services Health Education
Consortium**
Gregory “Bryant” Giles, DO
Marshall Hill, DO

**University of Texas Health
Science Center Houston**
Colleen Yard, MD

**University of Texas Medical
Branch**
Karima Khimani, MD
Eric Niespodzany, MD

UT Health San Antonio
Alexander Foster, MD
Effie Rahman, MD

**UT Southwestern Medical
Center**
David Fell, MD
Parsha Forouzan, MD
Isabella Herrera, MD
Zachary Keenum, MD
David Seamont, MD

New 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.*

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

TOA Annual Meeting & Change of Officers

The TOA 2020 meeting was canceled due to the global pandemic. Thank you to the Education Committee members for the hard work they put into planning that program: **Mark L. Mazow, MD, chair; Mark Gallardo, MD; and James P. McCulley, MD, FRCOphth(UK), FACS.**

Mark L. Mazow, MD of Dallas was installed as the 64th President of the TOA on Saturday, May 2 by automatic progression. Dr. Mazow has served on the TOA Executive Council since 2000. Dr. Mazow practices oculoplastic surgery in Dallas and is a strong advocate for patient safety.

The annual ritual of handing over the presidential gavel from the outgoing administration to the next was sidetracked this year, as was the annual business meeting. This year, the agenda had included the weighing of proposed bylaws changes, including a vote on a proposed organizational name change for the association. Rather than holding a remote business meeting, the Executive Council (EC) decided to table the vote on proposed bylaws and name changes until next year's TexMed/TOA meeting to allow all members to project their opinions on these important topics.

Regarding elections, in May the EC asked the TOA voting members to allow use of a provision within the Texas Business Organizations Code, chapter 6 to remotely vote in new members of the EC (uncontested seats only.) Via an online vote, the majority of TOA members authorized the remote election. The slate of nominees was subsequently approved as presented by the Nominating Committee:

OFFICERS

President: Mark L. Mazow, MD (*automatic progression*)

President-Elect: Lindsey Harris, MD (*new office*)

Secretary: H. Miller Richert, MD (*new office*)

Treasurer: Jacob Moore, MD (*new office*)

Past President: Mark Gallardo, MD (*automatic*)

COUNCILORS

Ann Ranelle, DO

Ximena De Sabra, MD

Steven McKinley, MD (*new to the EC*)

Charlotte Akor, MD

Ryan Rush, MD

Zev Shulkin, MD

Marie Bui, MD

Davinder Grover, MD, MPH

AAO COUNCILORS

Chevy Lee, MD
Robert Gross, MBA, MD
Sidney K. Gicheru, MD

AAO ALTERNATE COUNCILORS

Rajiv Rugwani, MD (*new office*)
Sanjiv Kumar, MD (*new office*)

TMA INTERSPECIALTY SOCIETY COMMITTEE

Delegate: Jack W. Pierce, MD
Alternate Delegate: Sashi Alloju, MD

TOA MEMBERS AS LEADERS

The TMA House of Delegates met this past September remotely. 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:

Keith A. Bourgeois, MD, member-at-large

Council on Legislation:

Victor H. Gonzalez, MD, member

Council on Practice Management Services:

Johnathan Warminski, MD
and Aaleya Koreishi, MD, members

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;
Sashi Alloju MD, alternate delegate

TMA Past President:

Alan C. Baum, MD (2000)

TMA House of Delegates:

Audrey E. Ahuero, MD; Charlotte M. Akor, MD;
Robert Gerald, MD; Robert D. Gross, MBA, MD;
Lindsey D. Harris, MD; Jerry Hunsaker, MD;
Craig King, MD; Chevy Chu Lee, MD;
Jacob J. Moore, MD; Ann E. Ranelle, DO;
Ryan B. Rush, MD; Alexander P. Sudarshan, MD;
Rosa A. Tang, MD, MPH, MBA;
Johnathan D. Warminski, MD and
Dan A. Willis, MD.

TMA House of Delegates (ex-officio):

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

TMA House of Delegates (Alternate Delegates):

Shashi K. Dharma, MD; John T. Dugan, II, MD;
H. Miller Richert, MD; Adam L. Spengler, MD;
and Frank V. Terrell, MD.

MEMBERS HONORED BY AAO

Several TOA members will receive awards from the AAO Board of Trustees in conjunction with the 2020 Annual Meeting:

Senior Achievement Award:

Robert M. Feldman, MD, Houston

Achievement Award Recipients:

R. Galen Kemp, MD, Waxahachie
Michelle R. Butler, MD, Dallas
Karanjit S. Kooner, MD, Dallas
Venkateswara V. Mootha, MD, Dallas

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

From the Secretaries for Clinical Education; Curriculum Development; editor-in-chief, the ONE Network; Online Education; Lifelong Learning and Assessment; and the Chief Medical Editor, EyeNet Magazine:

Preston H. Blomquist, MD, Dallas
Misha F. Syed, MD, League City

Members in the News

The Bexar County Medical Society awarded its Golden Aesculapius Award to TOA Past President **David Shulman, MD** in January. Dr. Shulman served as president of the BCMS in 1995, president of the BCMS Foundation in 2003 and president of the San Antonio Society of Ophthalmology in 1997.

Judith Kirby, MD of Dallas was featured as an “Unsung Hero” as part of the American Academy of Ophthalmology’s 2020 Year of The Eye. Dr. Kirby is one of more than 5,000 ophthalmologists nationwide who volunteer through the AAO’s EyeCare America® program to provide eye exams for people in her community who generally don’t have health insurance.

Members of the AAO Council have elected **Sidney K. Gicheru, MD** as Deputy Section Leader of the State Section of the Council. His one-year term will begin January 2021.

Two TOA members have been selected to join the prestigious AAO Leadership Development Program, Class of 2022 (postponed due to COVID-19):

Lindsey D. Harris, MD, FACS - Dr. Harris is a retina specialist in Houston and she is TOA’s president-elect. Dr. Harris was nominated by TOA past president **Mark Gallardo, MD** and is sponsored by the TOA.

Cynthia L. Beauchamp, MD - Dr. Beauchamp is a pediatric specialist in Dallas and is sponsored by the American Association for Pediatric Ophthalmology and Strabismus.

Welcome New Members

The following ophthalmologists joined TOA since the last newsletter:

PROVISIONAL

Fatima H. Ali, MD, *Plano*
Naghham Al-Zubidi, MD, *Houston*
Joshua Atkinson, MD, *Houston*
Melissa A. Bohonos, MD, *Houston*
Jennifer Cao, MD, *Irving*
Jonathan Jan, MD, *Conroe*
Kevin Jong, MD, *Houston*
Kelly Larkin, MD, *Houston*
Kyle MacLean, MD, *Irving*
Marlene Morales, MD, *Houston*
Jennifer Murdock, MD, *Houston*
Mamta Patel, MD, *Dallas*
Ruchi D. Shah, MD, *Houston*
W. Colby Stewart, MD, *Houston*
Justus W. Thomas, MD, *Kingwood*
Richard G. Urso, MD, *Bellaire*
Sushma Yalamanchili, MD, *Houston*

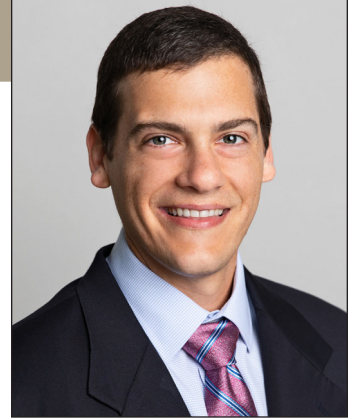
RESIDENT

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Gregory “Bryant” Giles, DO, *Converse*
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Hannah Muniz Castro, MD, *Houston*
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Effie Rahman, MD, *San Antonio*
Colleen Yard, MD, *Houston*
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Proud to be an Eye Physician

Ophthalmology is one of the best specialties in medicine. Our members tend to be leaders in their communities and life-long learners with diverse interests.

An interview with Timothy Sipos, MD



Tell us about yourself.

I grew up in Sugar Land, TX, went to medical school at Texas A&M University College of Medicine, and now I am currently in my last year of residency at Baylor Scott & White Health in Temple, TX. The immediate future remains up in the air at the moment as I have just applied for retina fellowship and I will find out in December where I will be spending the next two years.

How was your residency training interrupted or altered due to the pandemic?

Fortunately for our program, we never had to enact the surge protocol created by our hospital. In terms of training, with the state-mandated shutdown of all elective cases, our surgical volume significantly decreased. However, we quickly developed a response to Covid-19 by running an urgent care clinic and seeing consults in the hospital. With patient care being limited to urgent patients only, there have been several instances of patients falling under the radar. As I have been completing my senior year glaucoma rotation, I have noticed an increasing volume of glaucoma cases. I believe this is not a coincidence, but rather a direct consequence of the pandemic and patients not being able to receive the care they need.

You have served as an AAO advocacy ambassador two times and have even attended a TMA First Tuesday as a resident. What inspired you to get involved with advocacy?

Since high school, I have never been afraid to voice my opinion and stand up for my beliefs. I was first exposed to advocacy at the beginning of medical school by engaging at the state and national levels with TMA and AMA, respectively. After my first meeting, I realized how passionate I was about protecting patient safety and the field of medicine. I have since focused my passion for advocacy towards ophthalmology and plan on continuing to use my voice to speak for those who cannot speak for themselves.

Why did you choose ophthalmology?

I had the opportunity to participate in mission work during college, which helped me find my passion for medicine. During my clerkship rotations in medical school, I quickly realized how much I enjoyed the focus and intensity required for surgery. Ophthalmology represented the ideal field where I could unite my desires to provide care to the underserved by challenging both my mind and hands.

Where do you see ophthalmology in 10 years – especially in terms of the advancements in AI?

I am excited to see how advancements in AI will help with the screening and management of conditions such as glaucoma and diabetic retinopathy. One area where I believe Covid-19 has helped to advance medicine is the reliance on telehealth. We are currently beginning glaucoma screenings where the patients come in for testing and IOP checks, and the findings are then discussed with the patient over the phone. As technology continues to improve, I believe there will be more virtual encounters.

If it couldn't be ophthalmology, what would your dream career be?

This is a difficult question! I would enjoy being a baseball analyst. I grew up playing baseball and have continued to be a die-hard Houston Astros fan. I would be stimulated and engaged by the critical thinking and analytics involved. It also would not hurt to have the inside scoop on trade rumors and baseball gossip!

What do you enjoy doing in your free time?

I enjoy spending time outdoors such as hiking, camping, running, and hunting. As mentioned before, I love watching the Astros! Trying new recipes in my cast iron skillet and smoking meats on my grill also provide quite the entertainment and a full stomach!

*New Member
Benefit
Free CME!*

New Pain Management CME Requirement

The 2019 Texas Legislature passed three different laws that require physicians to complete two hours of CME in during each two-year licensing period. The mandate applies to the renewal of a license on or after September 1, 2020.

TOA is providing members with the two hours with an online course free. The on-demand course will result in:

- Two CME hours.
- Two ethics hours.
- Two hours to fulfill the state's opioid prescribing mandate.

Simply go to www.texaseyes.org/opioidcme for instructions.

Once you complete the videos and fill out your evaluation form, TOA will e-mail the CME certificate to you several days later.

New Human Trafficking CME Requirement

The 2019 Legislature passed a new law that requires all clinicians, including physicians, to complete at least one hour of CME related to human trafficking that is approved by the state of Texas. Texas Health and Human Services must provide at least one hour of this education free of charge. This requirement applies to the renewal of a license on or after September 1, 2020. Note that this requirement also pertains to optometrists, nurses and surgical assistants (not technicians).

Go to <https://hhs.texas.gov/services/safety/texas-human-trafficking-resource-center/health-care-practitioner-human-trafficking-training> to take the HHS-approved course in human trafficking, free of charge.

Texas Talking Book Program

The Texas Talking Book Program, part of the Texas State Library and Archives Commission, provides free library services for Texans with blindness or visual, physical, or reading disabilities. Registered TBP users may borrow books and magazines in digital audio, Braille, and large print.

Materials and playback machines are mailed to the participant's door, completely free of charge - even the return postage is free of charge.

TBP reader consultants are available to assist participants (leave a voice mail) Monday - Friday at 800-252-9605 or email tbp.services@tsl.texas.gov.

Physician Wellness

TOA immediate past president **Mark Gallardo, MD** made the statement below regarding physician wellness. The AAO has a list of helpful wellness resources at <https://www.aao.org/member-services/individual-wellness>.

“As physicians we are asked to show compassion, to be kind, observant, sympathetic and empathetic, but our own psyche is rarely addressed. And when it is, it is to determine if we are fit to practice medicine. Depression and anxiety are real, and we all know doctors are not immune to their crippling grip. If you find you are overwhelmed for any reason (quarantine, isolation, loneliness, financial difficulties, compromised relationships, etc.) reach out to someone. Call a colleague who can understand your emotions, talk to your spouse, a friend, a family member. It is almost taboo to utter a physician’s psychological status. We are not robots and sometimes we need to have the ability reach out to someone for an emotional crutch. Don’t be ashamed or afraid to seek help.”



TOA president **Mark L. Mazow, MD** and the TOA invite you to a virtual roundtable with **Congressman Michael Burgess, MD** on Wednesday, October 14 at 6 pm, CT.

This is a special event for all TOA members, regardless of your district or party affiliation. This is not a fundraiser; there will be no solicitation of funds and no requirement for a donation to be on this call.

Rep. Burgess wants to discuss areas of interest to Texas ophthalmologists. Dr. Mazow stated, “This is a unique opportunity that I hope all of you will take advantage of. Congressman Burgess has been very helpful for patients and physicians and this is our opportunity to let him know our concerns and how the federal Government can help us take care of our patients. I urge each of you to make time to attend.”

Rep. Burgess represents the majority of Denton County and parts of Tarrant County. He is the most senior medical doctor serving in the US House of Representatives today.

To join, simply RSVP to Susan Lilly or Grace Huffman at grace@lillyandcompany.com and the dial-in information will be sent to you.

**SAVE
the
DATE**

May 14-15, 2021

**TOA’s Annual Meeting
will be held in
conjunction with Texas
Medical Association’s
TexMed Conference
in Austin.**

**Lindsey Harris, MD is
chair of the education
committee for the 2021
conference.**





Texas Ophthalmological Association
401 W. 15th Street, Ste. 825
Austin, TX 78701

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Upcoming Events

December 4-5, 2020

TMA Advocacy Retreat
Virtual Event

March 27, 2021

Codequest 2021
Virtual Event

April 21-24, 2021

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

May 14-15, 2021

TOA Annual Meeting
& TexMed
Austin

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



EYE-PAC supports lawmakers and candidates who understand the issues surrounding quality eyecare, regardless of their party affiliation.

EYE-PAC of the Texas Ophthalmological Association 2020 Endorsements

TEXAS SENATE

SD 1 Sen. Bryan Hughes (R)
 SD 4 Sen. Brandon Creighton (R)
 SD 6 Sen. Carol Alvarado (D)
 SD 11 Sen. Larry Taylor (R)
 SD 12 Sen. Jane Nelson (R)
 SD 13 Sen. Borris L. Miles (D)
 SD 18 Sen. Lois Kolkhorst (R)
 SD 20 Sen. Juan “Chuy” Hinojosa (D)
 SD 21 Sen. Judith Zaffirini (D)
 SD 24 Sen. Dawn Buckingham, MD (R)
 SD 26 Sen. José Menéndez (D)
 SD 27 Sen. Eddie Lucio, Jr. (D)
 SD 28 Sen. Charles Perry (R)
 SD 29 Rep. César Blanco (D)
 SD 30 Rep. Drew Springer (R)
(special election)

TEXAS HOUSE

HD 1 Rep. Gary VanDeaver (R)
 HD 4 Rep. Keith Bell (R)
 HD 6 Rep. Matt Schaefer (R)
 HD 7 Rep. Jay Dean (R)
 HD 8 Rep. Cody Harris (R)
 HD 9 Rep. Chris Paddie (R)
 HD 10 Jake Ellzey (R)
(open seat)
 HD 11 Rep. Travis Clardy (R)
 HD 12 Rep. Kyle Kacal (R)
 HD 13 Rep. Ben Lemán (R)
 HD 14 Rep. John Raney (R)
 HD 16 Rep. Will Metcalf (R)
 HD 17 Rep. John Cyrier (R)
 HD 18 Rep. Ernest Bailes (R)
 HD 21 Rep. Dade Phelan (R)
 HD 22 Rep. Joe Deshotel (D)
 HD 24 Rep. Greg Bonnen, MD (R)
 HD 26 Jacey Jetton (R) 🔥
(open seat)
 HD 28 Rep. Gary Gates (R) 🔥
 HD 29 Rep. Ed Thompson (R) 🔥

HD 30 Rep. Geanie Morrison (R)
 HD 31 Rep. Ryan Guillen (D)
 HD 32 Rep. Todd Hunter (R) 🔥
 HD 33 Rep. Justin Holland (R)
 HD 34 Rep. Abel Herrero (D)
 HD 35 Rep. Oscar Longoria (D)
 HD 36 Rep. Sergio Munoz, Jr. (D)
 HD 37 Rep. Alex Dominguez (D)
 HD 38 Rep. Eddie Lucio, III (D)
 HD 39 Rep. Armando “Mando” Martinez (D)
 HD 40 Rep. Terry Canales (D)
 HD 41 Rep. Bobby Guerra (D)
 HD 42 Rep. Richard Pena Raymond (D)
 HD 43 Rep. J.M. Lozano (R)
 HD 44 Rep. John Kuempel (R)
 HD 45 Rep. Erin Zwiener (D) 🔥
 HD 46 Rep. Sheryl Cole (D)
 HD 48 Rep. Donna Howard (D)
 HD 49 Rep. Gina Hinojosa (D)
 HD 50 Rep. Celia Israel (D)
 HD 51 Rep. Eddie Rodriguez (D)
 HD 52 Rep. James Talarico (D) 🔥
 HD 53 Rep. Andrew Murr (R)
 HD 54 Rep. Brad Buckley, DVM (R) 🔥
 HD 55 Rep. Hugh Shine (R)
 HD 56 Rep. Charles “Doc” Anderson,
 DVM (R)
 HD 57 Rep. Trent Ashby (R)
 HD 58 Rep. DeWayne Burns (R)
 HD 59 Shelby Slawson (R)
(open seat)
 HD 60 Glenn Rogers, DVM (R)
(open seat)
 HD 61 Rep. Phil King (R)
 HD 62 Rep. Reggie Smith (R)
 HD 63 Rep. Tan Parker (R)
 HD 64 Rep. Lynn Stucky, DVM (R) 🔥
 HD 66 Rep. Matt Shaheen (R) 🔥
 HD 67 Rep. Jeff Leach (R) 🔥
 HD 68 Rep. Drew Springer (R)
 HD 71 Rep. Stan Lambert (R)
 HD 72 Rep. Drew Darby (R)
 HD 75 Rep. Mary Gonzalez (D)
 HD 76 Rep. Claudia Ordaz Perez (D)
 HD 77 Rep. Evelina “Lina” Ortega (D)
 HD 78 Rep. Joe Moody (D)
 HD 79 Rep. Art Fierro (D)
 HD 80 Rep. Tracy King (D)
 HD 82 Rep. Tom Craddick (R)
 HD 84 Rep. John Frullo (R)
 HD 86 Rep. John Smithee (R)
 HD 87 Rep. Walter “Four” Price (R)
 HD 88 Rep. Ken King (R)
 HD 90 Rep. Ramon Romero, Jr. (D)
 HD 92 Jeff Whitfield (D) 🔥
(open seat)
 HD 93 Rep. Matt Krause (R) 🔥
 HD 95 Rep. Nicole Collier (D)
 HD 97 Rep. Craig Goldman (R) 🔥
 HD 98 Rep. Giovanni Capriglione (R)
 HD 99 Rep. Charlie Geren (R)
 HD 101 Rep. Chris Turner (D)
 HD 102 Rep. Ana-Maria Ramos (D) 🔥
 HD 103 Rep. Rafael Anchia (D)
 HD 104 Rep. Jessica Gonzalez (D)
 HD 107 Rep. Victoria Neave (D)
 HD 108 Rep. Morgan Meyer (R) 🔥
 HD 109 Rep. Carl Sherman (D)
 HD 110 Rep. Toni Rose (D)
 HD 111 Rep. Yvonne Davis (D)
 HD 112 Rep. Angie Chen Button (R) 🔥
 HD 113 Rep. Rhett Andrews Bowers (D) 🔥
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 HD 118 Rep. Leo Pacheco (D)
 HD 120 Rep. Barbara Gervin-Hawkins (D)
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 HD 122 Rep. Lyle Larson (R)
 HD 123 Rep. Diego Bernal (D)
 HD 124 Rep. Ina Minjarez (D)
 HD 125 Rep. Ray Lopez (D)
 HD 126 Rep. E. Sam Harless (R) 🔥
 HD 127 Rep. Dan Huberty (R)
 HD 130 Rep. Tom Oliverson, MD (R)
 HD 133 Rep. Jim Murphy (R) 🔥
 HD 134 Rep. Sarah Davis (R) 🔥
 HD 135 Rep. Jon E. Rosenthal (D) 🔥
 HD 136 Rep. John H. Bucy III (D) 🔥
 HD 137 Rep. Gene Wu (D)
 HD 139 Rep. Jarvis D. Johnson (D)
 HD 141 Rep. Senfronia Thompson (D)
 HD 142 Rep. Harold V. Dutton, Jr (D)
 HD 144 Rep. Mary Ann Perez (D)
 HD 145 Rep. Christina Morales (D)
 HD 146 Rep. Shawn Nicole Thierry (D)
 HD 147 Rep. Garnet Coleman (D)
 HD 149 Rep. Hubert Vo (D)
 HD 150 Rep. Valoree Swanson (R)