May your holidays be tangle free!

From everyone at Omni Eye Specialists and Spivack Vision Center,

We wish you a very Happy Holiday and a Joyous New Year!

Thank you for your continued support and allowing us to aid in the care of your patients.

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President’s Message

Sean Clafin, OD, FAAO

‘Tis the Season

The holiday season is upon us. A time for coming home, gathering together, and being with family. These are some of the best things regarding this wonderful time of the year - the opportunity to be together, to be thankful, to give, and to receive.

During this holiday season, I am going to ask that we, as COA members, be thankful, give, and receive within our COA family. Be thankful for the opportunity to provide vision and eye health care for our communities. Give to the profession through the many avenues of advocacy. And for all of us, receive with true appreciation and humbleness.

I am going to go out on a Douglas-fir limb, especially during this time of the year, and also ask that everyone give more. First, it is important to thank everyone for the many ways you already give advocacy-wise – key people, legislatively, committee members, leaders, followers, volunteering, time spent. Additionally, a big “thank you” goes to all who give that monetary element which is vital to effective advocacy.

It is always an awkward ask for the monetary thing, but a necessary one. Often times, we are asked to donate or contribute. But I would like members to view the monetary give as an investment rather than a contribution or donation. Think of it as an investment in your practice livelihood regardless of where you may be in your practice lifecycle. Investments are not just one-time deals, but rather consistent and ongoing endeavors that produce yield.

A beautiful thing happened this past summer at the COA business meeting when “Christmas in July” occurred. Several COA members invested their first time, while others renewed their investment or increased their investment in our profession. This type of “infectious atmosphere” is what it will take to move the needle. If every AOA member gave $50, AOA-PAC would be the largest health care PAC nationwide.

So if you have not invested, you need to. If you have invested, you need to continue and consider investing more. A funny holiday story comes to mind, “He puzzled and puzzled till his puzzler was sore. Then the Grinch thought of something he hadn’t before… And what happened then? Well, in Whoville they say – that the Grinch’s small heart grew three sizes that day…” No need to rack your brain, it’s an easy decision – let your heart grow, give, and invest in your profession.

Wishing you and your family the best in this Holiday Season and in the New Year!
Bravo! Kudos!

We had a great turnout for the SCOS Meeting at the end of October in Colorado Springs. Dr. Forstot and Dr. Gustave provided 2 hours of CE to our members!

Tara Weghorst and Dr. Lindsay Sallecchia were “twinning” in polka dots and royal blue at her visit to Abba Eye Care

Great “poppin in” to Elite Vision in Colorado Springs to visit Dr. Leroy Popowski

COA and CSEPS hosted a successful Oktoberfest Mixer at Mockery Brewery in RiNo. It was well attended by Optometrists and Ophthalmologists alike!

Blessed with Babies

Dr. Megan Borden and Dr. Joe Borden welcomed a baby girl, Sophie Grace, on 11/3/16.

COA welcomes Allied members

Country Financial can help with Retirement Planning, Business Continuation Planning, Deferred Compensation, Key Person Insurance, Life Insurance, Asset Management, General Liability/Commercial Insurance, and Disability Income. Contact Dimitri Struck at dimitri.struck@countryfinancial.com

COA welcomes Student members

Veronica Ferris-Metzer (Alabama, 2017)
Devany Dougherty (Midwestern, 2018)

Did we miss your special event or big announcement (new associate or office, marriage, baby, award, recognition….you get the idea)!? Please let us know! We want to celebrate with you! Email us at coa@visioncare.org
Have questions about your dues?

Here at the Colorado Optometric Association, we strive to provide our members with the highest quality service. We have sensed confusion regarding the COA’s dues policy, and adhering to our goals, we are sharing with our membership the frequently asked questions about the COA Dues Policy, adopted November 4, 2011.

Q: Are membership dues payments made monthly? Annually?

A: It’s your choice! Although you have a year-long membership, the annual dues amount may be paid in monthly installments. If you want a 5% discount on your COA annual dues, you may receive such discount by either (1) paying your dues in full or (2) signing up for ACH monthly withdrawals.

Q: When are membership dues owed?

A: Statements are emailed on the 22nd of each month with payment due the following first of the month; however a grace period to the last day of the month is allowed. For example, a bill sent on the 22nd of January, payment is due on February 1st. COA allows a grace period until the end of February before your membership is no longer in good standing.

Q: What does “good standing” mean?

A: “Good standing” can be claimed by a member who owes COA no more than one month’s dues. But you are still a COA member! Good standing status confers membership advantages like the member rate at the Colorado Vision Summit, local society participation, and more!

Q: What happens if I don’t pay my dues by the end of the 30-day grace period?

A: You will receive an email indicating that you are no longer in good standing. The email will also state the 30 day balance due and the current month’s balance. Payment of both balances is required by the end of the current month.

Q: And if I don’t pay by the end of the 60-days?

A: Once your dues payments are 60 days late, the Board of Trustees will vote on whether to initiate the termination process. If the Board votes to terminate your membership, the President will send a letter to you stating three options: pay the entire balance past due and the current month’s balance, request a dues waiver based on economic misfortune, or submit a letter of resignation to COA.

Please reach out to the COA office at coa@visioncare.org if you have any further questions! We are happy to work with you to get everyone on the same page.

Membership Corner

The COA is not raising dues again this year, however, you will see an increase in your dues amount from the AOA increase of $28. You will be invoiced for the 2017 membership year in December.

If you need to change your membership level or have any questions, please contact the office at (303) 863-9778 or coa@visioncare.org.

DID YOU KNOW?

You can get email updates about Medicaid changes by signing up at www.colorado.gov/HCPF (Click on the “For our providers” tab then click “Big changes” and scroll down to find “sign up today.”)
We proudly work with optometrists, co-managing care of your patient.

**Happy Holidays**

*from the ICON Eyecare family to you and yours!*

We are proud to work alongside you as your center of ophthalmology excellence. Keep an eye on your email as exciting CE announcements will be coming soon! If you are not receiving our emails, please reach out at rsvp@iconeyecare.com to be added to the list.

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Dave Guhl, OD
Lindsay Sallecchia, OD
Daniel Giovagnoli, OD
Lee Guo, OD
Steven Turpin
Bill Straub, OD
Doug Streifel, OD
Kelsey Haugen
Richard Schugar, OD
Jessica Lewis, OD
Michael Kirol, OD
John Bryant, OD
Paul Hulse, OD
Pearl Shin, OD
Diane Reddin, OD
Lou Spinozzi, OD
Tom Lesjak, OD
Liq Orleans, OD
Raymond (Craig) Finch, OD
Scot Morris, OD
Ty Clase, OD
Kenneth Headington, OD
Maygen Enochs
Morry Hsu, OD
Richard Anderson, OD
Yvonne Morrisey, OD
Paul Foutz, OD
Heather Sanner, OD
Michael Torgerson, OD
Shawn Cottrell, OD
Sunni Kovar, OD
Sarah Scoggin
Stacy Hieb, OD
Gene Johnson, OD
Andrew Peter, OD
Andy Kamenski, OD
Cynthia Musante, OD
Kayla Nervick, OD
Kyle Treick, OD
Natalie Santelli, OD
Eric Strautman, OD
Norman Miller, OD
Bob Stanga, OD
Gary Poteet, OD
Christine Shukis
Tara DeRose, OD
Annie Palmer, OD

Did we miss your special day? Please call the COA office so we can correct our list.

Meet a Member
CRYSTAL KASPER

Place of birth: Hobart, Indiana
Family: Husband Tony, kids in the future God willing
COA member since: 2016
Lived in Colorado since: 2013
My first job was: Cutting the fairways on a golf course
I became an optometrist because: I received my first pair of glasses in the 2nd grade and it was life-changing to see the details I was missing. I wanted to make that impact with people.
I earned my OD degree from: Nova Southeastern University
My favorite thing about optometry: Getting to know my patients and helping their ocular needs.
My favorite vacation spot is: Anywhere in the mountains or the tropics.
My favorite way to spend free time is: Outdoor activities including skiing, hiking, biking, sporting events and trying new food.

Why am I a COA Member: To be a part of an organization that allows me to meet other optometrists, be a part of something bigger and make necessary changes in our profession through the association.
COA Year in Review

Continuing Education Programs

In 2016, Colorado Optometric Association offered 86 hours of Continuing Education to its members through local society meetings and our annual conference, Colorado Vision Summit.

Membership numbers continue in increase

Membership Initiatives:
1. The COA Staff and Board of Trustees continued the tradition of "Poppin’ in Visits" and brought over 60 tins of popcorn to our members’ offices.
2. The COA Staff visited the students of SCO and Pacific College of Optometry, connecting with more than 40 future ODs hoping to move to CO.
3. Our Young Professionals Committee hosted 6 well-attended events in the Denver area.

In the last 3 years, we have continued to see a net increase in members of 15+ per year.
Advocacy

Top 3 Political Wins from 2016
1. Meeting with COA Members and Senator Mike Coffman
2. Contact with the VA to improve claims and payments
3. Removal of PAR on polycarbonate lenses from Medicaid

$50,000
The amount raised by COA members for AOA PAC.

90
For the 2016 Legislative Session, the COA had 90 active keypeople

MARKETING & Communications

We launched our weekly e-newsletter, COAngle, to keep you up to date on the latest goings-on at the COA

We launched our new website, which is now streamlined with the AOA, making it easier to pay your dues online and log in to the member portal using your AOA credentials

We increased our Facebook Page "likes" by 25%

We updated the look of Viewpoints to give it an "eye-catching" and modern style
Management of Retinal Diseases

Our meeting will inform practitioners of the current state of knowledge, diagnosis and treatment for commonly encountered retinal conditions and practice patterns to assist in state-of-the-art patient care. This is a free accredited event. Upon conclusion of this activity, the participants will be able to identify when referral is necessary and outline current retinal treatments.

Registration 7:30a–8:00a
CE/CME 8:00a–12:30p

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- Retinal Treatments
- Corneal Treatments
- Glaucoma Management
- Eyelid Surgery

Call us at 970.221.2222 to schedule your tour of our facilities or a surgical observation!
Visit Us at the 2016 Colorado Vision Summit
The Truth About Modifier -25 and Billing a Foreign Body Removal

A 34-year-old WM presents to your office with pain of the right eye for the past 3 days. It is red, watering, and photophobic. He was working on his car’s exhaust system a few days ago and his eye has been irritated ever sense. You perform a slit lamp exam and find a metallic foreign body imbedded in the cornea with a rust ring. You remove the foreign body with a 27G needle and use an Alger brush to remove the rust ring. A bandage contact lens is inserted and you schedule the patient for a follow up in two days.

How do you code this encounter?

This is one of the most misunderstood coding situations I encounter, yet most doctors I speak with think they have it figured out. The problem we have is that many “experts” have been confusing us for many years by giving out information that is incorrect. The first concept we need to understand is that a surgical code includes an office visit. That means in most situations, it is inappropriate to bill both an office visit (99000 or 92000) on the same day as you do a surgical code like a FB removal (CPT 65222). The exception is when the office visit is a “significant, separately identifiable evaluation and management [E/M] service.

Meaning...if the office visit is unrelated to the surgery, then you can bill both by adding -25 to the office visit code. For example, you could bill both if a patient is in the office for a 6-month glaucoma check and they happen to also have a FB that needs to be removed. The office visit would have the glaucoma diagnosis code and the FB removal would have the FB diagnosis code. But if the office visit’s diagnosis code is for any reason related to the diagnosis used for the surgery, it would not holdup in a review. During a review an auditor would look at a diagnosis like “pain in and around the eye” and very easily determine that it was caused by the piece of metal that was removed. And as a result, they would recoup the office visit payment.

The next very common error in this situation is that the doctor will also bill 65435 (removal of the corneal epithelium) on the same day if they use an Alger brush. This part does get a little more confusing, but most sources will state that if this is done at the same time as the FB removal it is bundled together and you should only bill 65222. If the patient develops a rust ring a few days later and you perform the debridement at that time, you may bill 65435 at that point. However, one source (CPT Assistant) states in one reference that you should simply bill 65222 again because the rust ring is technically a foreign body. The point here is that you should not bill them both on the same day. A foreign body removal does have a zero-day global period, so if a rust ring removal is performed on another day you can bill for it at that point. Because the reference material has conflicting information, it is up to the provider to choose which code they feel is the most appropriate. If they are ever audited, they would at least be able to say they are aware of the controversy and explain why they chose the code they did. I know many of you are thinking, “But I have billed both of these the same day many times and they have always been paid.” Remember, just because it got paid, does not mean you did it right. Using a different diagnosis code for each surgical procedure may get it past the computer system, but an auditor may not be as forgiving.

Finally, the bandage contact lens (92071). If a bandage contact lens is used, you may bill for it along with the surgical code...usually. Some payers might consider a bandage CL as part of the wound care that is covered under the FB removal code. But the majority do not. Another gray area here is that most payers (like Medicare) bundle the cost of the actual lens with the fee paid for 92071. Therefore, you do not bill separately for the materials. If the payer does reimburse for the materials, you would bill for them with 99070 Supplies and materials, or 92326 Replacement of contact lens, or the appropriate V code such as V2523 (contact lens, hydrophilic, extended wear). The only way to know is to find a Local Coverage Determination or to call the specific payer.

continued on page 12
The Truth About Modifier -25 and Billing a Foreign Body Removal
(continued from page 11)

So, how do you properly code for the above case?

**Initial Visit**

- CPT: 65222 - RT (Removal of foreign body, external eye; corneal, with slit lamp)
  - ICD-10: T15.01A (Foreign body in cornea, right eye, initial encounter)
- CPT 92071 – RT (Fitting of contact lens for treatment of ocular surface disease)
  - ICD-10: T15.01A (Foreign body in cornea, right eye, initial encounter)

**Follow Up**

99000 or 92000 code that best describes the care provided.

Sorry this tip is not a simple “Do it this way” kind of article. The situation has so many “ifs and “buts” that you need to understand it in its entirety to make the proper coding decision.

---

**FEDERAL OVERTIME RULE DELAYED**

All doctors can delay plans to increase overtime pay to salaried employees as Federal Courts review the legality of the new overtime regulation. Effective Jan. 1, 2017, employers are required to pay $9.30 an hour or more to comply with Amendment 70.

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THE LOWDOWN ON COLORADO OPTOMETRIC CONTINUING EDUCATION (CE)

By Lew Cutter, Jr., O.D.

The medical world is a fast-changing place. You may not be aware but the data and information in your resource manuals will have changed in four years and every four years thereafter. It is vital to you and your place in our profession to not just keep your knowledge current but to keep studying in areas that are outside of your day to day work and areas that challenge you to interconnect to the rest of the medical community.

So, here are your obligations:

Colorado CE requirements cover a 2-year period and on-going 2 year renewals if you have an active license. At the time of this writing, the 2-year period began April 1st 2015 and will end March 31st of 2017. The April to March cycle has been consistent for the past 30 years.

If you are a new graduate or a new licensure to Colorado, you have NO first-year requirements for CE. However, if your new licensure occurs in the middle of the 2-year cycle you are then obligated to complete 12 hours of continuing education before the next 2-year renewal period.

After the first 2 years, each Colorado Optometrist is required to accumulate 24 hours of educational study. Obviously, you cannot recount your past CE credits for the next renewal period. Fresh classes and fresh knowledge! All CE must be clinically-based. That is; you don’t get to count promotional classes on subjects like financial planning, retirement, or insurance programs. And while Practice Management is very important, subjects like leadership training, personnel management, management principles, book-keeping or client relations DO NOT count and must be done on your own time.

There are 3 ways to obtain clinically–based CE.

1. Conferences and Lectures.
   The Colorado Optometric Association provides CE hours with the annual Colorado Vision Summit in July and with the four local societies throughout the year. You can always refer to the COA Events Page (colorado.aoa.org) for a list of upcoming CE events.

2. Internet Based CE.
   You are limited to only 8 CE hours in this category. The subjects of study must be offered by Professional or Association Journals, Accredited Schools/Colleges of Optometry, or be COPE approved and they must include a post-test evaluation.

   This an under-utilized area for obtaining CE credits. You are limited to 4 CE hours in this category. Note that only 1 hour of CE per every 2 hours of clinical observation at a clinic that is staffed by professors or adjunct professors from an accredited College of Optometry or Medical school can be applied. However, this category is an excellent reason to spend a day at your local surgery or vision therapy referral clinic.

Last thoughts:

Make life easier for yourself by utilizing your Optometric Education (OE) tracker app provided by the national Association of Regulatory Boards of Optometry (ARBO) when you attend conferences, meetings or take online classes.

The CE requirements you obtain for your state licensure can also be used to meet your American Board of Optometry (ABO) requirements if you are an ABO Diplomate.
In the spirit of the season, we extend a heartfelt Thank You and wish you and yours the very best in the New Year.

From all of us at Insight Vision Group
As previously mentioned, most Practice Management CE is not approved for your licensure. However, occasionally you will find a cross-over subject that includes practice management AND is COPE approved. These classes can be counted toward your renewal requirements.

Enjoy the CE meetings as a time to catch up with your long-lost peers and friends.

If you have other questions, please see the DORA website. Specifically research State Board rules and policies:

- Rule 21.00
- Policy 30-2
- Policy 30-3

Thanks to the DORA website for my liberal use of their verbiage.

Meet a Member

SUNNI KOVAR

Place of birth: North Dakota
Family: Husband Sean, expecting in April 2017
COA member since: August 2016
Lived in Colorado since: November 2013
My first job was: As a waitress
I became an optometrist because: I have always been way more interested in eyes than anything else.
I earned my OD degree from: Pacific University College of Optometry
My favorite thing about optometry: Every patient is different – treating/fixing vision is the best feeling.
My favorite vacation spot is: TreeHouse in Nicaragua’s rainforest.
My favorite way to spend free time is: Going for a run.

Why am I a COA Member: To meet doctors in the Colorado area.
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Thank you to all of our COA members who have contributed to AOA PAC this year to make Optometry stronger. If you are interested in donating, please visit colorado.aoa.org/advocacy/support-aoa-pac

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Tuesday, Jan. 10, 2017
6:00-7:15 pm
What to Do for the Tearing Patient:
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Tuesday, Feb. 7, 2017
6:00-7:00pm
Masses and Bumps of the Eyelids
and Surrounding Areas

This series is approved by COPE and accredited by ARBO for 2.25 hours of CE. Please call 303.839.1616 to RSVP no later than one week prior to each lecture.

Visit www.colorado.aoa.org and click on CCVIP under the Programs & Information tab

View short early intervention articles to assist you in continuing care for patients with mild visual impairment

Download a provider list of Colorado OD’s who provide referral based low vision care in your area

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