

Solution Choice Improves Success Rate

Solution biocompatibility an issue for many contact lens wearers

Steve Lutz, O.D., Ann Arbor, MI, recently became concerned about potential interactions between some multi-purpose solutions

and specific contact lens materials, particularly the new silicone hydrogel materials. Dr. Lutz had been dispensing a polyhexamethylene biguanide-

based multi-purpose solution with a new silicone hydrogel lens design, and he became aware of the potential for significant corneal staining.



Dr. Lutz

Dr. Lutz routinely is using the Andrasko Corneal Staining Grid (www.staininggrid.com), in the selection of the lens materials and multi-purpose solutions. The grid shows corneal staining associated with various solution and contact lens material combinations. Dr. Lutz says the findings in the grid, which he and his associates use when they are recommending the most biocompatible solution for the prescribed contact lens, adds credence to what he tells his patients.

Continued on page 4

Biocompatible Combinations Related to Corneal Staining^{1,2}

Solution Type		UNISOL [®] 4 Saline Control	OPTI-FREE [®] RepleniSH [®] MPDS	ReNu MultiPlus [*] MPS <small>Available in private label</small>	Complete MoisturePLUS [*] MPS
Lens Type	ACUVUE [®] 2	1%	5%	1%	2%
	PureVision [*]	2%	7%	73%	48%
	OASYS [*]	2%	5%	9%	5%
	O ₂ OPTIX [*]	2%	5%	24%	18%
	NIGHT & DAY [*]	2%	3%	24%	16%

■ 10% ■ 10%-20% ■ >20%
†Average amount (area) of corneal staining at 2 hrs. Information is based on the results of 5-period crossover study design (N=30). Data updated July 20, 2006. *Trademark of another company. For a complete and updated grid see www.staininggrid.com

References: 1. Contact Lens Research Services. Andrasko corneal staining grid. Available at <http://www.staininggrid.com>. Accessed September 8, 2006. 2. Andrasko GJ, Ryan KA, Garofalo RJ, et al. Compatibility of silicone hydrogel lenses with multi-purpose solutions. Alcon Laboratoires, Inc. Poster presented at: ARVO; April 2006; Fort Lauderdale, FL.

To register for the annual meeting, contact **Dr. Richard Hults** by e-mail at reh@drhults.com and contact **Kim Collings** to book hotel and air (800.233.7790 or e-mail kcollings@travelhouseagency.com).

Here are highlights of the Nov. 5-9 meeting in Playa del Carmen.

Sunday, November 5

- ◆ 12:30 p.m. Golf at Playacar Golf Club
- ◆ Evening: Welcome reception

Monday, November 6

- ◆ Presentations by title sponsors Alcon and CooperVision



iArriba! Make Your Plans for Mexico

- ◆ Morning meeting: Four hours of CE, sponsored by Alcon. **Murray Fingeret, O.D., F.A.A.O.**, New York, NY, talks about glaucoma treatments: "Who to Treat; When to Treat; Medication Updates."
- ◆ Six hours of CE, sponsored by ALLDocs. **Kerry Gelb, O.D.**, reviews medical eye procedures in three hours of lecture and three hours of lab. Continues on Tuesday.

- ◆ Spouse trip to Cancun—for beach visits and/or shopping
- ◆ Afternoon: Vendor Fair

Tuesday, November 7

- ◆ Dr. Gelb's six hours of CE on medical procedures concludes.
- ◆ Family snorkeling day to Xel Ha, a spectacular natural aquarium and water park



Continued on page 4

Treat Dry Eye Symptoms for Patient Comfort, Profitability

The health history questionnaire for patients in the Asheville, NC, practice of **Sid Morse, O.D.**, includes several questions about dry eye. "I find that often patients say they use a lubricating drop once or twice a week, but

their dry eye symptoms persist," he explains. "At that point, I switch them to SYSTANE® Lubricant Eye Drops and instruct them to use the drops several times each day." Often, that switch is sufficient, Dr. Morse says. And if it's not, it becomes docu-

mentation in the patient's record that regular use of lubricant drops didn't resolve the problem. That's a step in the guidelines for medical billing for punctal occlusion, he says.

"If in the course of an eye exam I feel that the patient might benefit from the use of SYSTANE®, I'll recommend it and not bill medically for it," Dr. Morse says. "But if the symptoms don't resolve fully, the fact that the patient was using it makes the case for me that this is a medical dry eye issue. Then I'll move into prescribing Restasis* in conjunction with SYSTANE® or punctal occlusion. Then we move into medical billing for those services," he says. Dr. Morse says he'll recommend SYSTANE® Free Lubricant Eye Drops for any patient who is likely to use the drops multiple times each day.

Whether the patient has bothersome symptoms of dry eye or a medical case of dry eye, Dr. Morse says the complaint is common and a potential practice-builder. Any time he can tell patients about the services he offers, "in the long run, it does help build the practice. They tell their friends, and my reputation as a medical service provider grows." ■

*Trademark of another company



FROM THE PRESIDENT'S DESK

Mexico Beckons



It's not too late to make plans to attend the annual meeting in Playa del Carmen, Mexico, from Nov. 5-9. In fact, there are dozens of reasons to do so right away. We're going to have a great program—our best yet. Special thanks to **Dr. Richard Hulst** for all of his work preparing the program. He was also the brain trust behind our meetings in Miami in 2005 and Las Vegas in 2004.

Dr. Gelb

Be sure to review the tentative agenda starting on page 1. You'll see that we have something for everyone: 10 hours of CE and practical support for O.D.s working to build their practices, fun events for family members and spouses, and free time to enjoy the spectacular surroundings of the Mayan Riviera.

This will be the best meeting we've had. The locale, the hotel and the camaraderie combine to make this the best meeting of the year. More than 80 O.D.s have already signed up. Please join us.

We look forward to seeing you there.

Kerry Gelb, O.D.
drkmg@comcast.net



Special Thanks to Sponsors

Vendor partners supporting the annual meeting are:

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ZeaVision

Be sure to visit our sponsors at the Vendor Fair to be held Monday and Wednesday afternoons and Thursday morning during the annual meeting.

ALLDocs Web Site Launched

Go to www.alldocsod.com

The screenshot shows the ALLDocs website interface. At the top left is the ALL DOCS logo. Below it are navigation links: Home, Events Calendar, National Meeting, Photo Gallery, Newsletter Archive, Membership Information, Sponsors & Links, and Contact Us. A 'Home | Events | 8/2006 ALLDocs' breadcrumb is visible. The main content area features a 'SURVEY' section asking if the user attended the annual meeting in Mexico, with a 'Click here to answer this question and others...' link. To the right is a 'Were you at last year's national meeting?' section with a photo of Drs. Case, Rudman, and Verdore and a 'More information...' link. Below these are 'FEATURED ARTICLES' including 'Medical Billing Success Stories: Treating Allergies an Entry Point to Medical Billing' by Dr. Messingole and 'National Meeting: Meeting to Be Informative and Fun'. A 'Latest Columns' section lists 'The Leading Edge' by Kerry Gelb, O.D., 'The AllDoc Detail' by John Ruppas, O.D., M.B.A., and 'Contact Lens Opportunity' by Bob Scott, Senior Director of National Accounts. A 'Newsletter Archive...' link is at the bottom.

Implementing the Medical Model

Ocular surface disease and contact lens solutions problems often co-present

By **John Rumpakis, O.D., M.B.A.**



Dr. Rumpakis

A new patient says he wears his two-week hydrogel disposable lenses for seven to 10 weeks and occasional extended wear, and has switched to a generic contact lens solu-

tion. The patient complains of decreased wearing time and redness. A comprehensive eye exam and refraction, with external ocular evaluation, shows large perilimbal loops extending deep into the peripheral cornea. Superior tarsal examination shows moderately large papillae extending to the lash line. The quantity and quality of the tear film are questionable, showing many areas of significant surface staining. The balance of the examination essentially is unremarkable. The patient is refitted in a two-week daily wear disposable contact lens and prescribed OPTI-FREE® RepleniSH™ MPDS.

Two weeks later, the patient has noticed significant improvement in ocular comfort, tolerates the lenses well and is no longer bothered by redness. However, the quality and quantity of the tear film remains unchanged, and staining is still significant. The patient is prescribed SYSTANE® Free Lubricant Eye Drops to use *b.i.d.* at a minimum, and throughout the day if the contact lenses are removed.

Let's look at the medical coding that would accompany this case, assuming that an appropriate case history, examination and medical decision elements are properly recorded.

Initial Presentation

Comprehensive Ophthalmological Exam (new patient)	92004
Determination of Refractive State	92015
Fitting of Contact Lenses (not including follow-up care)	92310

Two-Week Visit

E/M Problem Focused (established patient)	99213
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With the advent of silicone hydrogel lenses, practitioners have had to be much more cognizant of **prescribing a system** of lenses and solutions together for optimal performance, comfort and health. With the potential interaction and potential reactivity of specific solution and lens combinations, corneal staining and lid reactions may be observed. When presented with this in the clinical setting, realize that you have a medical eye condition that must be addressed, treated and resolved. This would not fall within the "contact lens follow-up" visit category, where you would provide the medical eye care in a pre-determined package price, but would be billable to the medical carrier with the

appropriate medical diagnosis.

Remember to make sure that your medical record is thorough and establishes medical necessity and that you are following the guidelines of the level of case history, examination performed and medical decision-making performed. If the practitioner approaches the medical management of this patient appropriately by recognizing the medical nature of the solution/lenses interaction, then the patient and the practitioner can have a positive outcome by prescribing an appropriate combination system of solution and lenses and billing the medical carrier for the resolution of the presenting corneal and lid reactions. ■

Punctal Occlusion

Let's say that in the case above, while SYSTANE® Free Lubricant Eye Drops solved a significant degree of the dryness, the patient required a more permanent solution—punctal occlusion. On the next visit, collagen plugs are inserted into both of the inferior puncta. This visit, incorporating the occlusion of the inferior puncta, would be coded as follows, using the E modifiers to note the inferior puncta. Be aware that some carriers currently are limiting the provider to occluding only two puncta per visit.

Punctal Occlusion

Occlusion of the puncta, lower left 68761-E2

Occlusion of the puncta, lower right 68761-E4

Also know that coding for punctal occlusion has become more complicated in recent years because of carrier requirements of medical necessity and documentation guidelines. Keep in mind that medical necessity rules the day, and whatever testing you do to establish the need for occlusion (e.g. QuickZone, lissamine green or Schirmers) must be recorded. It is critical that before you bill for punctal occlusion you become very familiar with your local coverage determinations (LCDs) for CPT code 68761, occlusion of the puncta by plug. Since many carriers follow your regional Medicare policies, be aware of changes in policy. For example, the recent interpretation of policy by the OIG (Office of Inspector General) suggests that one should no longer bill for the office visit on the same day as punctal occlusion unless the office visit is for work performed over and above the standard work associated with this surgical procedure. If you do bill an office visit on the same day as the surgical procedure, be sure to use modifier -25 to qualify the office visit as separately identifiable, and make sure that your medical record clearly reflects the additional work required. Take special note to record the prior recommendation of the palliative therapy, as many carriers require that medical necessity be established and documented.

If you follow the simple guidelines that are provided to all of us, it is easy to benefit both your patient and your practice. ■

GUEST COLUMN FROM COOPERVISION

Does Oxygen Permeability Limit
DW Hydrogel Success?

Harvard Sylvan, O.D.
Director, Professional Development

For the past few years, there has been an unprecedented marketing emphasis, both to the doctor and directly to the patient, on oxygen permeability as *the* factor for successful *daily* wear.

However, there is a growing realization that oxygen permeability is just one of several important factors for successful daily wear. In the May 2006 issue of *Contact Lens Spectrum*, Vistakon's **Derrick Artis, O.D.**, wrote, "A perfect hydrogel lens would allow for adequate oxygen to minimize hypoxic complications, yet it would retain beneficial conventional hydrogel characteristics such as low modulus to help

maximize successful lens wear."

In an April 2006 *Review of Optometry* article, **Art Epstein, O.D.**, stated, "There is an emerging realization that oxygen transmissibility is not the end-all, be-all of ocular health, as was once thought. After a certain point of Dk/t is reached, a law of diminishing returns takes hold, and other characteristics of a lens become just as significant, if not more so."

Our patients trust us to fit them with lenses that satisfy their needs, regardless of marketing hype. After meeting the criteria to achieve good vision and safeguard ocular health by prescribing a lens with a Dk/t of higher than 24 for daily wear (the Holden-Mertz Criteria for sufficient oxygen transmission), then a lens that provides the most comfort would seem to be the ideal choice.

PC Hydrogel™ lenses have more than adequate Dk/t—44 for two-week XC™ lenses and 52 for monthly Proclear® Compatibles—and excellent optics. However, these lens materials' resistance to both dehydration and deposits makes them the most comfortable choice for your patients.

Please contact your CooperVision rep for updated information about special offers and promotional programs for the entire PC Hydrogel family of lenses. ■



Dr. Sylvan

Reconnect with Dr. Sylvan

Dr. Harvard Sylvan is no stranger to ALLDocs. For 15 years, he held leases in three Connecticut LensCrafters locations. He served as ALLDocs president from 1995 to 1999 and continued as a board member through 2001. In addition, he served for four years as a member of the OAC.

Dr. Sylvan says, "I am very pleased to be working at CooperVision. We have a very exciting pipeline of contact lenses that will be released over the next two years. Most important to me is that in my role as Director of Professional Development, I will have the opportunity to see so many of my ALLDocs friends more frequently."

Dr. Sylvan encourages questions—or hellos—and can be reached directly at 203.214.1812 or at hsylvan@coopervision.com. ■

Solution

Continued from page 1

"My review of the scientific studies on lens and solution combinations, along with my experience with the silicone hydrogel lens, has forced me to look patients right in the eye and say, 'Silicone hydrogel lenses have a ton of advantages. But they're finicky. I recommend patients do not switch to generic solutions. I recommend they use OPTI-FREE® RepleniSH® Multi-Purpose Disinfecting Solution.'" ■

Plans for Mexico

Continued from page 1

Wednesday, November 8

- ◆ Session: **Craig Thomas, O.D.**, on medical billing and medical model optometry
- ◆ Seminar: Reclaiming Contact Lens Profitability
- ◆ Afternoon session: Lens-Crafters executive team



- ◆ Afternoon: Vendor Fair
- ◆ Spouse trip to ancient Mayan ruins at Tulum

Thursday, November 9

- ◆ Morning: Vendor Fair
- ◆ Departures