

NM OA

2022 NMOA Annual Convention Newsletter



And We're Back!

After more than two years of the COVID-19 Pandemic it is great to be meeting in person, seeing old friends and colleagues, meeting new friends and colleagues and seeing our friends and vendors. Like Spring, there is light at the end of the tunnel. With so much unknown at the onset of the pandemic, we are certainly in a better place than we were two years ago. The profession of optometry has responded admirably, taking care of urgent and emergent patients keeping them out of the emergency rooms and hospitals. Once re-opened, you and your staff worked diligently to provide safe environments for your patients throughout the pandemic. Kudos to all of you!

NMOA Convention Update

Dr. David Magnus has provided an excellent schedule of 22 hours of Optometric Continuing Education and the Paraoptometric Committee has also assembled a full day of quality Continuing Education for the Paraoptometric.

Education is the main purpose of the NMOA Convention and everyone will leave with new knowledge!

We will have 44 great vendors in this year's Exhibit Hall! Please remember to visit the Exhibit Hall and thank the all vendors who are supporting your profession. With out the support of our vendors the meeting would not be possible.

For the 2022-2023 year we have a few vendors who are really committed to the NMOA and Optometry.

Our Diamond Level Sponsors are:

**Eye Associates of New Mexico
Pacific Cataract & Laser Institute**

Our Gold Level Sponsor is:

Juliette Eye Institute

Our Silver Level Sponsors are:

**Coleman Vision
NASSAU OOGP Vision Group
Walman Optical**

Our Bronze Level Sponsors are:

**Advanced Vision Technologies
CooperVision
RLab
VSP**

Please take the time to visit our awesome friends and thank them for their generous support.



Dr. Nicolette Estrada will be presenting a workshop, "Optometry as a Career" on Saturday, April 9th at the UNM Health Professional Symposium. The event provides high school and undergraduate students interested in health professions an opportunity to explore their passions and discover pathways into the field of their choice. The NMOA will also have an informational table providing information on Optometry as a Career and information on Optometry Schools.



Drs. Nicolette Estrada, Jamie Dunn & Sarah Bortz - 2019



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Let's Get Back to the PAC!

By Lynn Davis, NMO PAC Chair, AOA FAR for NM

I've, like, totally missed seeing you guys at the PAC Booth!

The PAC account has suffered a bit during the pandemic. We have been very careful not to over-extend our giving during these trying times. Many of you come by the booth to donate during our Spring Convention and obviously that hasn't been possible.



I'd like to thank the monthly donators for their continued support over the past two years:

Drs. Balfour, Berry, Cano-Howes, Clatanoff, Compton, Davis, Dunn, Geldert, Irons, Jarrell, A. Johnson, Koschmeder, Magnus, Morgan, Planitz, Thibodeaux, Wendler-Arevalo, and Zobel

So please stop by the PAC booth and give generously. Since raffles have been deemed *not* copacetic, there is no formal raffle. But there could be random prizes. Tubular!

Let's not forget our federal level AOA PAC. They have worked hard to keep our issues on the table. Drs. Berry, Chan and myself, as well as our own Rich Montoya, will be headed to Washington DC at the end of April to meet with legislators or their representatives.

Since no one puts baby in the corner, I will be in the middle of a row in the Exhibit Hall! See you there or be square.

BACK ← **GWCO CONGRESS 2022** ■■■

TO THE FUTURE

BEST PRACTICES AND BEYOND

GWCO
Great Western Council of Optometry

MONTH	DAY	YEAR	LOCATION
OCT	6-9	2022	OREGON CONVENTION CENTER PORTLAND, OR

Upcoming Eye Exhibit at Explora Children's Science Museum

By Mamie Chan, OD

Some of you may recall that a few years back, we were able to get a My First Eye Exam exhibit at the Explora's Children's Museum in Albuquerque. Members of NMOA and the optometric community generously donated equipment, as well as a grant from Healthy Eyes, Healthy People of the Optometry Cares, AOA Foundation, to create a mobile unit that could be taken around the state to educate kids and adults about the importance of eye exams through experiential learning. It was a great success, but because of the delicate equipment, a person needed to be present in order to facilitate learning about the equipment, optics, and ocular health.



Additionally, we have created a Vision Awareness Girl Scout patch in which a Girl Scout troop or member could earn a patch if they visit a doctor of optometry or visited the My First Eye Exam exhibit.

Explora is now building an addition off their main rotunda called "STEM in the Burque", which is aimed toward teens and looking at the multitude of ways that one could be involved in a STEM field, but in a different manner than one might think. Thanks to a generous donation from Tony and Carolyn Chan of \$5,000 and from NMOA for \$100, Explora will have a "permanent" exhibit in the STEM in the Burque area, which will reside there long term, but also have flexibility to be moved out or around for when Explora wants to use the space for events. While we had originally envisioned having an eye exam lane and optical, the Explora team pushed us to think outside the box and create an experiential education exhibit that invites teens to look at all the potential of all careers in the optometric field, not just doctors of optometry.

While it is still a work in progress, we are working on several components in this exhibit. First, we have a model eye in which you could change the axial length to mimic refractive error, and we have lens donated from Rochester optical that will neutralize to make the image in focus on the retina. We also have donated phoropters from the past that will have the front of the phoropter see-through, or clear, and participants can see the instrumentation of the phoropter and we hope to link the connection of the minus lenses of the phoropter with the neutralizing minus lenses that focus the image on the back of the model eye. We also have brought in ocularist Andy McDowell from Albuquerque Eye Prosthetics, who has donated prosthetic eyes and will show the artistry that goes into their work, and we are hoping to have an iPad where the young adults can draw and imagine their own creative irises. Finally, we hope long term to have a oculus-style virtual reality head set for attendees to try on that simulate ocular disease.

We are so excited about this upcoming exhibit and NMOA's participation in the development. We will keep you updated on when it will be unveiled so you can visit, take your family, and support our community. We look forward to continue to show how NMOA is an integral part of the New Mexico community and how eyes are Eye-mazing!

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IDOC Services Available to Everyone!

By Alissa Irons, O.D.

I have belonged to IDOC, an alliance group for almost 10 years. I've learned so much and love the group of people who belong to it both in NM and around the country. In February 2022, IDOC announced that we are launching a variety of services to IDOC and even NON-IDOC members. These services are made to make your optometry life easier! Here's an overview of these services:

1. **IDOC Financial Services** – Our financial experts offer customized one-on-one guidance and advice as well as the most advanced business analytics in the industry. They can manage your everyday bookkeeping, offer insights into business performance and data analytics and help you choose the right path for practice transitions.
2. **IDOC HR Services** – With hotline access to HR experts, legal updates, standardized forms, templates and more, you can stay ahead of complex HR requirements.
3. **IDOC Marketing Services** – Our social media experts can take over your social media platforms and create carefully crafted messages and handle every detail of your digital marketing.
4. **IDOC Optical Services** – This service offers enhanced optical consulting along with a complete program of data-focused tools and best-practices designed to make retail sales a profit center for your practice.

I personally, used the HR services post-COVID to write an office handbook for my practice. It was written in accordance with NM labor laws and offers no ambiguity to my employees on what is required for my practice.

All these services are available whether you are in IDOC or not. Even if you are in a different alliance group! Our motto is "Independent Together" and I just love this because it truly encompasses what IDOC stands for – making you better on your own by sharing with others!

If you are interested in learning more about these services please feel free to contact me or IDOC directly at (203) 853-3333 or visit idoc.net.

I will wish you all continued success!

Alissa Irons, OD

alissaod@yahoo.com

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Dear Doctors:

On December 7, 2021, VSP hosted an OD peer to peer networking event at Ruth Chris Steak House! We had a fantastic time sharing ideas on practice management and growth! A big thanks to Eric Irons for organizing the dinner. There will be more events this year, so please watch for an invitation!

As you might have seen in the March 8 edition of *At A Glance*, the [VSP® Eyes of Hope®](#) Gift Certificates Program will be enhanced on **April 1**. VSP Eyes of Hope gift certificates will include VSP Choice Plan coverage for both adults and children and accommodate those who need materials-only benefits. During SECO 2022, Premier Academy360 introduced **three new role-focused course catalogs**, curated for the **doctor, manager, and optical staff**. This offers you a simpler way to find the recommended education for each practice role, **all at no cost to you**. These are outstanding resources for you and your staff! As we all know, proper training is foundational to the success of every optometric practice.

VSP implemented multiple changes as part of **simplifying the supplemental medical eye care offerings**. One of the changes included renaming VSP Primary EyeCare Plan to **Essential Medical Eye Care**. Based on this change, the previous Premier Academy360™ course "601N: Retinal Screening for the VSP Primary EyeCare Plan and Diabetic Eyecare Plus Program" has been replaced with "**601N: Essential Medical Eye Care**." This course is a requirement to attain the [Premier Academy360 American Diabetes Association Badge](#), which is displayed on your **VSP® Find a Doctor Directory** on [vsp.com](#). With over 1 million visitors monthly, the VSP Find a Doctor Directory offers practices with this badge **a powerful way to stand out**. If you haven't done so already, sign up for this course today!

VSP will be hosting the opening Exhibitors Reception on April 1st from 5:00-7:30. Also, VSP will have a booth at the Exhibit Hall. Please come by and see me: I would love to chat with you!

Contact me with any questions or concerns: 1@laicare.net

Lisa Shin, O.D.

VSP Ambassador/Representative for New Mexico



Biophotonic Scanner: The Future in the Palm of Your Hand

By Jennifer Planitz, OD

As Optometric Physicians, we often start our patients, or want to start our patients on supplementation to help prevent macular degeneration. But there's a problem... how do we know those supplements are working? And for that matter, how do we even know what's in those supplements?

The Supplement Reality

Supplements are not FDA regulated. A sting operation conducted by the New York State Attorney General's office in 2015 revealed that four out of five top selling herbal supplements at four national retailers – GNC, Target, Walmart and Walgreens – did not contain any of the nutrients listed on their labels. On top of that, many supplements on the market are petroleum-based and utilize synthetic vitamins which are not well absorbed by the body. To make matters worse, our patients have no way of knowing what to purchase when they are confronted with a deluge of brightly colored labels on the shelves at their local pharmacy. Marketing, not science, is informing these purchasing decisions.

Measuring Efficacy

What if we could offer our patients supplementation that proves its worth with science? A 30-second hand scan that measures carotenoid levels from a 2-3 month accumulation in the skin? What if we could really do something for our patients?

Enter the Biophotonic Scanner. With a simple 30-second hand scan you can illuminate your patient's risk for not only age-related macular degeneration, but also for glaucoma, cataracts, cancer, diabetes, metabolic syndrome, the list goes on. You can know for a fact if the supplements they bought from that pharmacy shelf are working or not. The sad reality is that, more often than not, these store-bought supplements are not helping our patients at all – putting them at-risk for debilitating, life-altering disease, even if they think they are doing something proactive (and spending their hard-earned money) to keep them at bay.

The Biophotonic Scanner uses Nobel-prize winning Resonance Raman Spectroscopy (RRS) technology to shine a blue light into the skin, measuring carotenoid status in the human tissue via a green light that is returned to the device when the blue light comes in contact with the yellow-orange carotenoids. Before this technology, this data was only available using a blood test – which is invasive, takes days to come back, and only yields data from a 24-48 hour period. Now this data can be gathered quickly, painlessly and affordably, thanks to this revolutionary technology developed at the University of Utah, validated by the National Institute of Health, and acquired by Pharmanex/NuSkin in 2003. The Biophotonic Scanner is beginning to revolutionize preventative health care empowering doctors and patients alike.

The Standard American Diet

While the ideal scanner score is a 50,000+ on a 100,000 scale, the average American score is a 24,000 (which is a D, if we were to give it a letter grade). Unfortunately, most Americans are eating the Standard American Diet aka, the S.A.D. diet. We are still living by the outdated food pyramid... and dying by it. And in between we are shaped like the food pyramid. Sugar makes us hungry, carbohydrates make us fat, and processed food makes us sick. It's amazing to think that 80% of life-altering chronic disease is preventable through proper diet and nutrition! But how to change an entire culture... in 30 seconds at the end of an eye exam? Our patients are losing vision from what is most often preventable disease. Wouldn't it be great if we could make a real impact that we could feel confident about?

The Pharmanex Difference

Now with the S3 BioPhotonic Scanner technology we can measure our patients' Skin Carotenoid Score and make an appropriate recommendation for supplements that actually work.

The Business Opportunity

If we didn't make a dime doing this it would be the right thing to do for our patients. The fact that we can be financially rewarded for doing the right thing makes it even better.

Curious? Stop by booth #30 for a complimentary hand scan and get your carotenoid levels measured today!

Dr. Dwight Thibodeaux at Accent Vision Specialists in Santa Fe now hosts an externship site for students in their senior year from the Illinois College of Optometry.

Juliana Vizza is currently finishing up her optometric training with him with help from Drs. Paul Tachau and Sean Hamishige.

They have a new student doctor rotating through their office every three months.

Autosomal Recessive Bestrophinopathy

Presented by: Juliana Vizza, Class of 2022, Illinois College of Optometry
Preceptor: Dr. Dwight Thibodeaux

A 25 year old Hispanic female presented with intermittent blurry vision unresolved by glasses, and halos around lights for the last 4-5 years. On examination, angles were narrow OU with IOPs of 35 and 33. A dilated fundus exam revealed yellow-white deposits in the mid periphery of the retina. An OCT indicated macular schisis with intraretinal fluid. C/D ratio was 0.9 OU, with glaucomatous cupping. It is unclear whether the associated significant visual field loss is from the retinal lesions or glaucoma. Patient was diagnosed with Chronic Intermittent Angle Closure Glaucoma and Retinoschisis. Pressure lowering medications were initiated and an emergent LPI was performed OU. She was sent for genetic testing for a likely hereditary retinal disorder and was found to have Autosomal Recessive Bestrophinopathy (ARB).

Bestrophinopathies are recognized as a disorder in the allele patterns of the *BEST1* gene and there are 4 recognized phenotypes. ARB typically presents with yellow-white midperipheral subretinal deposits, shallow anterior chambers, hyperopia, subretinal fluid, cystoid macular edema, and glaucoma. Visual acuity can range between 20/20 to <20/200 due to secondary complications of subretinal fibrous scars from CNVM. The typical age of onset is between the first and second decade of life, but has been initially diagnosed up to the fifth decade. There is no current approved treatment for the disorder, but genetic counselling is encouraged to determine the occurrence in families. To be symptomatic for the disease, the patient must be homozygous for the *BEST1* allelic mutation. If heterozygous for the allele, they will not present with ARB but will be a carrier; therefore they can pass the gene onto future generations going unnoticed. In this patient, both of her parents are heterozygous carriers of the *BEST1* allele. Each one of their children will have a 25% chance of getting the disease, 50% chance to be a carrier of the gene, and 25% chance of being unaffected and not a carrier.

After numerous follow up appointments, procedures and testing, the patient is currently stable. After trying every IOP lowering drop, she had placement of an Ahmed GDI OS and Baerveldt GDI OD. In addition to the tube shunts, she has been taking Methazolamide 50mg BID PO and Cosopt PF 2%/0.5% BID OU. We are avoiding prostaglandin analogs due to the maculopathy. Her vision remains stable at 20/30-20/40 OU. Her ongoing treatment is to preserve what vision she has left. It is important to closely monitor the patient with serial OCTs, as a choroidal neovascular membrane could develop secondary to macular lesions.

Special Olympics vision screening? We are finally back!

Please come out and have some fun Saturday May 21st for the Special Olympics Opening Eyes Lions Club International vision screening. This is a great opportunity to volunteer with, learn from, and promote the health and dignity of individuals with intellectual disabilities. You will also familiarize yourself with different equipment and increase your skills in examining people with intellectual disabilities. Be part of this rewarding vision screening. Volunteer for a couple of hours or half the day.

For more information or to volunteer, please contact Dr. Erin Byrne at ecbyrne@eyenm.com

Special Olympics
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In Memoriam

**We will miss the members NMOA
who have passed since we last met.**

Dr. Elwyn Crume

Dr. Joe Duffy

Dr. Martin Johnson

Dr. Ed Leadingham

Dr. Ken Leadingham

Dr. Martin Johnson

Dr. Dixie Mayes

Dr. Oscar John Henry Marquardt

Case Challenge

By Sarah Bortz, OD, FAAO, Diplomate, ABO

History

A 33yoWM reports new onset “wavy” vision in the left eye for the past 3 days.

Examination

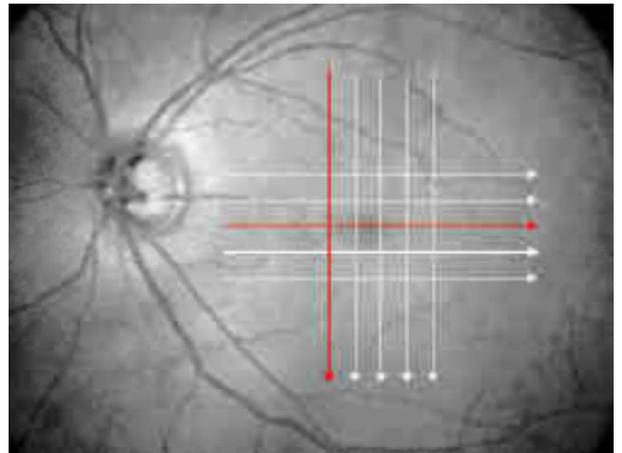
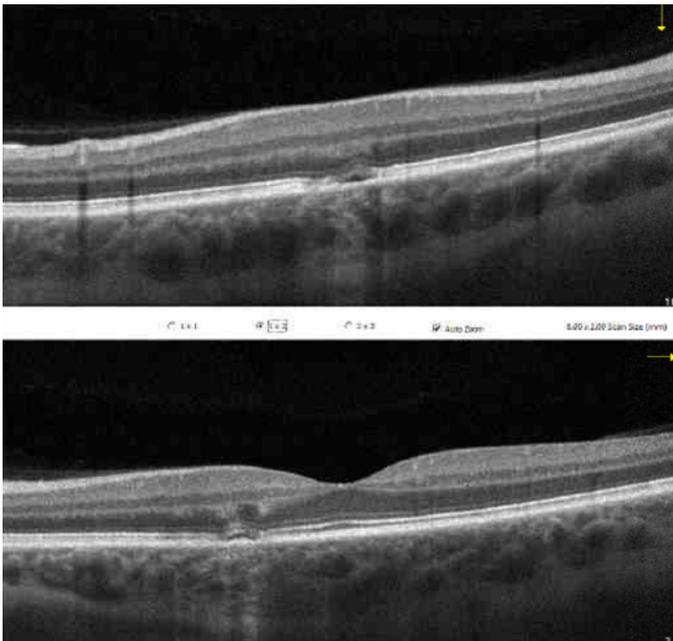
BCVA - 20/20 OD, OS

IOP - 12mmHg OU

Pupils, CVF and EOM – WNL

SLE WNL

DFE – pigment disruption nasal to fovea



1. What is the most likely diagnosis?
 - a. AMD – age-related macular degeneration
 - b. CSCR – central serous chorioretinopathy
 - c. CNVM – choroidal neovascular membrane
 - d. Macular scar

2. What is a risk factor for the above diagnosis?
 - a. Sleep disorders
 - b. Stress
 - c. Steroid use
 - d. All of the above

Dr. Bortz Case Challenge Continued

3. What is a systemic disease related to the above diagnosis?
 - a. Uncontrolled hypertension
 - b. Helicobacter pylori infection
 - c. Autoimmune disease
 - d. All of the above
4. What are potential treatment options for the above diagnosis?
 - a. PDT – photodynamic therapy
 - b. Observation
 - c. Intravitreal anti-VEGF
 - d. All of the above

Discussion

Central serous chorioretinopathy (CSCR) was first described by Albrecht von Graefe in 1866. Even after all this time, our understanding of the disease and treatment options continue to evolve. CSCR is a disease commonly characterized as affecting middle-aged white males with type-A personalities. There are a multitude of risk factors with corticosteroid use having the strongest association. Other risk factors include stress, gastrointestinal diseases, hypertension, sleep disturbances and autoimmune disease.

CSCR can be classified as acute, recurrent or chronic, although there is not a formal definition for the chronic classification. Imaging studies support that CSCR is caused by abnormal choroidal vascular flow causing accumulation of subretinal fluid.

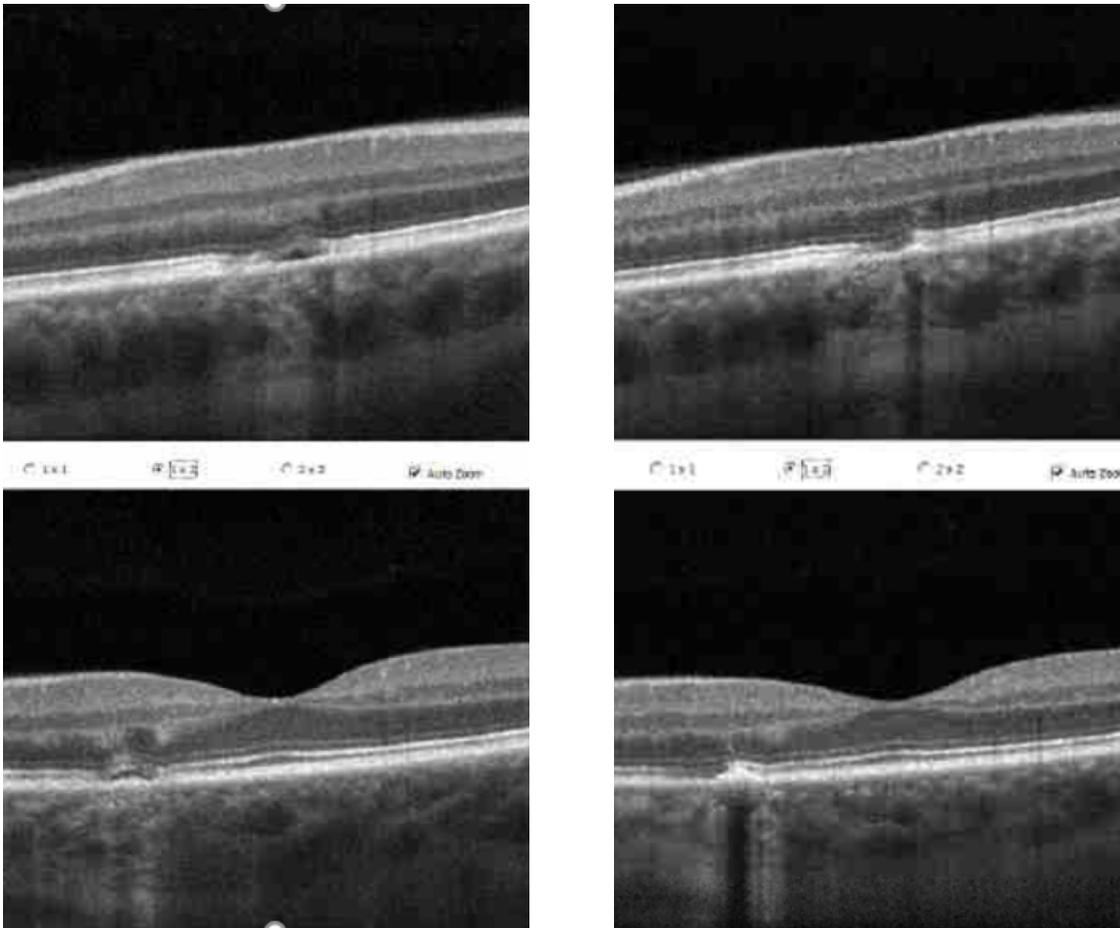
Acute CSCR is typically self-limiting with subretinal fluid resolving in eighty four percent of patients after six months. Visual acuity can continue to improve as much as twelve months following acute event. Recurrent and chronic forms of CSCR may cause permanent damage to the photoreceptor layer resulting in permanent visual disturbances. Approximately fifty percent of patients will have recurrence within the first year.

On DFE, acute CSCR appears as a discrete lesion in the posterior pole with elevation caused by subretinal fluid accumulation. On OCT, pigment epithelial detachment (PED) with distortion of photoreceptor outer segments is commonly visible. The OCT above has a less common presentation for acute CSCR, with very little subretinal fluid, but there is clear evidence of distortion of the ellipsoid zone (ellipsoid component of photoreceptors) and the interdigitation zone (apical processes of the RPE and cone outer segment). Refer to this article for more information about the consensus for nomenclature on OCT imaging. [https://www.aaojournal.org/article/S0161-6420\(14\)00187-0/fulltext](https://www.aaojournal.org/article/S0161-6420(14)00187-0/fulltext)

Dr. Bortz Case Challenge Discussion Continued

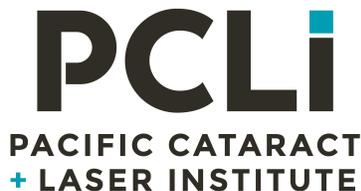
Managing risk factors is a good first step in helping patients with CSCR. Patients should be educated about discontinuing steroid use and seeking out tools for stress management. Because of the high rate of resolution following acute CSCR, management is typically observation for these patients. If CSCR becomes chronic or recurrent, treatment options to consider are focal laser photocoagulation (if leakage is $>500\mu\text{m}$ from the fovea), photodynamic therapy and intravitreal anti-vascular endothelial growth factor. Keep a lookout for emerging treatments that are being studied including subthreshold diode micropulse laser and systemic management options such as corticosteroid antagonists and oral acetazolamide.

Below is OCT imaging of the above patient 8 months following the acute event. Subretinal fluid has resolved, but likely caused by persistent disruptions to the ellipsoid and interdigitation zones, metamorphopsia is still present.



Acute 8 months later.

Answers 1-b, 2-d, 3-d, 4-d

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Eye Associates of New Mexico - 2022-2023 NMOA Diamond Sponsor

Eye Associates of New Mexico has been providing eye care to New Mexicans for over 30 years. With 25 optometrists and 26 ophthalmologists in 13 locations, Eye Associates provides medical and surgical services to a large part of the state. This includes many underserved areas bringing specialty care that may otherwise be unavailable. Eye Associates continues to work closely with many excellent optometrists across the state to provide care for their patients. With the help of these optometrists, recent addition of electronic health records, and the dedicated staff of our Doctor2Doctor program we have dramatically improved our referral and co-management services resulting in excellent teamwork and patient care. We look forward to another 30 years of providing the highest quality care to all New Mexicans.

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ROBERT F. MELENDEZ, MD

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NASSAU OOGP Vision Group - 2022-2023 NMOA Silver Sponsor



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HISTORY

For over half a century, NASSAU has been the preferred distributor of vision care products for the optical community. In 2020, Nassau Vision Group merged with OOGP, an optical distributor based in Grants Pass, Oregon. Since then, the two businesses have been known as NASSAU OOGP Vision Group. This merge was encouraged by the need to provide customers with the best products and services on the market.

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Advanced Vision Technologies - 2022-2023 NMOA Bronze Sponsor



Advanced Vision Technologies

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CooperVision - 2019-2020 NMOA Bronze Sponsor



CooperVision, a unit of The Cooper Companies, Inc. (NYSE:COO), is one of the world's leading manufacturers of soft contact lenses. The Company produces a full array of monthly, two-week and daily disposable contact lenses, all featuring advanced materials and optics. CooperVision has a strong heritage of solving the toughest vision challenges such as astigmatism and presbyopia; and offers the most complete collection of spherical, toric and multifocal products available. Through a combination of innovative products and focused practitioner support, the company brings a refreshing perspective to the marketplace, creating real advantages for customers and wearers. For more information, visit www.coopervision.com.

RLab - 2022-2023 NMOA Bronze Sponsor

RLab is an **independent** ophthalmic lab who specializes in partnering with accounts to enhance their practice, and their patients' vision. We are proud to offer a wide variety of lenses including name brands like Varilux, Hoya, Shamir, Seiko and others, as well as our own in-house designs. We also offer the full suite of Crizal AR coatings, along with house brand options. RLab provides your practice with an innovative partner that will focus on the needs of your practice, along with providing you with the quality, dependability, service, and delivery that you demand. For more information, visit our website at www.rlab.com.

VSP Global - 2022-2023 NMOA Bronze Sponsor

VSP Global®
We help people see.

In 1955, a small group of optometrists had a vision to provide affordable, accessible, high-quality eye care to the world. They formed the first prepaid, not-for-profit vision benefits company, VSP® Vision Care. That vision has evolved into VSP Global, with five complementary businesses that combine high-quality eye care insurance, high-fashion eyewear, customized lenses, ophthalmic technology and retail solutions to help people see around the globe.

See what's possible at vspglobal.com

2022 NMOA Exhibit Hall

Friday, April 1, 2022 - 5:00pm-7:300pm

Saturday, April 2, 2022 - 11am-2pm

Please take the time to attend the Exhibit Hall

We appreciate all the Vendors who support Optometry

WICHE



Western Interstate Commission for Higher Education

Western Interstate Commission for Higher Education - WICHE Professional Student Exchange Program (PSEP)

The WICHE PSEP program for Optometry has been reinstated for New Mexico!

An affordable pathway to healthcare education. Health professionals are in high demand, especially in underserved rural areas of the West. Educating more students for careers in healthcare is crucial. But it doesn't make fiscal sense for less populous states to create their own programs in every health care field.

With out-of-state tuition for some health care programs often exceeding resident tuition by over 300 percent, this can be daunting for tomorrow's health professionals. It may saddle them in debt, force them to leave their community for more lucrative opportunities, or discourage them from pursuing a passion to heal.

WICHE collaborates with 11 Western states and territories to provide a solution. Through the Professional Student Exchange Program (PSEP), students pursuing careers in 10 health fields – ranging from optometry to dentistry to veterinary medicine – may enroll in participating programs across state lines and receive substantial tuition support from their home state or territory. Through PSEP, a student can save \$34,100 to \$133,600 on tuition over the duration of a health degree study. By participating in PSEP, Western states and territories benefit by inspiring and compelling graduates to return home to practice and bolster the professional health care workforce of their communities.

For more information please visit the following:

<https://www.wiche.edu/tuition-savings/psep/for-students/psep-application-info-by-state/>

<https://www.wiche.edu/tuition-savings/psep/psep-faq/>

Please share this information with any students you know who may be interested in optometry school.

A Friendly Reminder

Contact Lens Prescription Release - Make sure you are in compliance with the New Mexico Contact Len Rx Statute

This is a notice regarding the Contact Lens section of the NM Optometry Statute. **Please make sure your office is in compliance regarding contact lens prescription and contact lens prescription release.**

Below are the pertinent contact lens sections of the NM statute with the subsections regarding timing of prescription, length of prescription and prescription release You may find the entire contact optometry statute and board rules on the NM Optometry Board website: <http://www.rld.state.nm.us/boards/optometry.aspx>

61-2-10.4. Contact lens prescription; required elements; restrictions. (Repealed effective July 1, 2024.)

A. A contact lens prescription shall:

(5) indicate a specific date of expiration, which shall be twenty-four months from the date of the prescription, unless, in the professional opinion of the prescriber, a longer or shorter expiration date is in the best interests of the patient.

61-2-10.5. Replacement contact lens prescriptions. (Repealed effective July 1, 2024.)

E. The replacement contact lens prescription that a licensed optometrist provides a patient:

(2) shall contain, subject to the provisions of Subsection F of this section, an expiration date for the replacement contact lens prescription of not more than twenty-four months from the time the patient was first examined;

F. The licensed optometrist shall enter into the patient's medical record the valid clinical reasons for a shorter expiration date and shall provide the patient with a written and oral explanation of the clinical reasons for a shorter expiration date.

In response to the reminder we sent last fall regarding the Contact Lens Rx Release we had several inquiries regarding the AOA's recommended care of a CL patient, particularly regarding "progress evaluations". In response to these inquiries, you will find the link to the AOA Optometric Clinical Practice Guideline - "Care of the Contact Lens Patient" here: <http://www.aoa.org/documents/optometrists/CPG-19.pdf>

Included in the Guideline is a section on Progress Evaluations on Page 28

This Optometric Clinical Practice Guideline for Care of the Contact Lens Patient describes appropriate examination and treatment procedures for the evaluation and treatment of patients wearing contact lenses. It contains recommendations for timely diagnosis, management, and when needed, referral consultation with or treatment by another health care provider. This Guideline will assist optometrists in achieving the following goals:

- *Identify patients who might benefit from contact lens wear*
- *Evaluate patients who wear, or who desire to wear, contact lenses*
- *Maintain and improve the care of patients wearing contact lenses*
- *Manage complications encountered during contact lens wear*
- *Inform and educate other health care practitioners as well as the lay public about contact lens care*
- *Assist in the professional care of patients wearing contact lenses.*

Coding for presbyopia eye drops

What are the proper coding options when doctors of optometry prescribe eye drops as an adjunctive treatment option for presbyopia? The AOA's coding experts review several alternatives for billing eye examinations.

Written by the AOA's Coding & Reimbursement Committee.

The U.S. Food and Drug Administration (FDA) recently approved an eye drop for presbyopia (ICD-10-CM code H52.4). Additional medication regimens are currently under development. The AOA Coding and Reimbursement Committee has been asked to recommend the proper coding options when doctors of optometry prescribe eye drops as an adjunctive treatment option for presbyopia. To address this issue, the committee will review several different types of alternatives for billing eye examinations.

Medical insurance (including Medicare) covers the diagnosis and treatment of diseases and disorders of the eye and adnexa. An office visit meets the standard of medical necessity when patients present with chief complaint(s) that are medical in nature and/or for follow up for known medical conditions. Claims for medical visits are typically coded with either the 92000 (General Ophthalmological Services) or the 99000 (Evaluation and Management) CPT® codes. Refractions (CPT 92015) are typically not covered during these medical visits and are the responsibility of the patient (CPT definitions do not include 92015 in the 92000 or 99000 codes).

Well vision benefits typically include an eye-health examination and a refraction to evaluate whether the patient needs visual correction in the form of glasses or contact lenses. Typically, the patient presents with no medical chief complaint(s) or known ocular pathology. The refractive diagnoses for well vision benefits are myopia, presbyopia, hyperopia, astigmatism or emmetropia. Most claims for well vision benefits are coded with the 92000 CPT codes (with or without the refraction code) or HCPCS S0620/S0621 (routine ophthalmological examination including refraction; new patient/established patient codes). Well vision benefit plans often bundle the payment for refraction service into the reimbursement for another service code performed during the same visit. Per HIPAA rules, they are not permitted to state that a refraction service is a component of the General Ophthalmological Service codes or the Evaluation and Management (E&M) codes.

The following scenarios may help with decision regarding coding:

- A patient presents for a refractive or well vision examination and has either well vision benefits or is self-pay for the visit. The chief complaint indicates difficulty seeing at near point. The diagnosis is determined to be presbyopia. The doctor of optometry recommends glasses, contact lenses and/or eye drops for presbyopia. The claim is submitted to the well vision benefits plan or the patient pays for the entire visit. Glasses or contact lenses may be covered for the presbyopia but plan benefits may vary. If the presbyopia eye drops are prescribed, clear documentation that appropriate patient education was given to the patient on the proper use and potential side effects of the drops is advised. Because the treatment plan offered both optical and/or presbyopia eyedrops as reasonable and effective options, the prescription of the presbyopia eyedrops would be considered a part of the treatment plan and no additional charge for the issuance of the prescription would be justified. At this time, there are no known well vision benefits that are covering the eye drops for presbyopia correction.

Coding for presbyopia eye drops (continued)

- A patient presents for a medical visit and also indicates they are having problems seeing at near or even asks about the use of the new eye drops for presbyopia. The doctor of optometry addresses the presenting or existing medical problem(s), documents the findings and the treatment plan and chooses the appropriate examination code. To address the complaint of blurred near vision that has been determined to be nonmedical in nature, if appropriate, the refraction (92015) should be billed to the insurance carrier with the diagnosis of presbyopia (H52.4 ICD-10-CM). The refraction is typically denied by the medical carrier and becomes either the patient's or existing vision benefit's responsibility. After the performance and documentation of any additional appropriate testing and patient education on the proper use and potential side effects of the drops, the provider may decide to prescribe drops for presbyopia. If selecting an E&M code on the basis of time, any fee associated with the evaluation and consultation leading to the prescribing of the presbyopia eye drops would be included in the level of E&M code chosen. While the discussion of the management and risks/benefits of the presbyopia drops can be included in time counted toward the E&M visit, the time for the refraction cannot be counted as it is separately billed. When using Medical Decision Making (MDM) for the selection of E&M code, the prescribing of medication may increase the level of MDM for the visit but only because the chief reason for the visit was medical.
- If the doctor decides the prescribing of eye drops for presbyopia warrants a separate office visit to perform a therapeutic trial under supervision or for a follow up once using the medication, careful documentation that these visits would be noncovered services is advised. A signed ABN (Advanced Beneficiary Notice of Noncoverage) or private insurance equivalent is recommended. The claim would be submitted with a GX modifier appended when using the examination code with the presbyopia diagnosis. Providers are advised to avoid the use of any diagnoses codes that do not accurately describe a patient's condition for presbyopia. A Good Faith Estimate (GFE) of noncovered services might be provided if required to comply with the new No Surprises Act.
- Two other coding options for example No. 3 might be considered. The HCPCS code S9986, defined as a not medically necessary service(patient is aware that service is not medically necessary) could be used. In this scenario, the patient is advised in advance that it will not be a covered charge and if submitted to insurance, the claim would be noncovered and the patient's responsibility. The use of the unlisted general ophthalmologic code (92499) might also be considered; however, insurance carriers typically require specific documentation be sent to the carrier and would most likely result in the denial of the claim. Again, the use of an ABN or the private insurer equivalent and a GFE should be considered when using either of these coding approaches.

It is the opinion of the committee, and per HIPAA, that only approved CPT and HCPCS codes should be used for provider billing. The AOA Coding and Reimbursement Committee advice is for doctors of optometry to remain consistent in their billing practices and have the same fee schedule for everyone regardless of their insurance coverage.

If your state allows you to dispense medications and prescribe from your office, the patient would be charged your typical fee for the medication. Otherwise, a prescription would be written and filled by the patient's pharmacy.

NEW MEXICO OPTOMETRY BOARD

At the beginning of this year, Governor Michelle Lujan Grisham appointed the following doctors to serve on the NM Optometry Board:

- **Dr. Lynn Davis (Rio Rancho)**
- **Dr. Thomas Kunz (Las Cruces)**
- **Dr. Daniel Mayes (Hobbs)**
- **Dr. Dwight Thibodeaux (Santa Fe).**

The profession of optometry owes a great deal of appreciation to the following doctors for their service on the NM Optometry Board. They have volunteered countless hours dedicated to protecting the public and governing the practice of optometry. Thank you for your commitment to the profession!

- **Dr. Craig Clatanoff**
- **Dr. Jane Compton**
- **Dr. Alissa Irons**

The primary purpose and obligation of the Board is to protect the health, safety, and welfare of the public by providing laws and regulations to govern the practice of optometry and to safeguard against any unprofessional, improper, incompetent, and unlawful practice of the profession, the most significant of which could result in blindness or loss of life.

The profession is in good hands with Drs. Davis, Kunz, Thibodeaux and Mayes serving on the Optometry Board. Congratulations on your appointments!

The NM Optometry Board also has a new Board Administrator, Ms. Roberta Perea. If you need to contact Ms. Perea at the NM Optometry board you may email the Board at optometry.bd@state.nm.us or call 505-476-4500.

Save the Date

2022 NMOA Mid-Year Convention

September 30 - October 1, 2022

Drury Plaza Hotel, Santa Fe, NM

Save the Date

2023 NMOA Annual Convention

April 13-15, 2023

Sandia Resort, Albuquerque, NM