

Marco Posterior Segment

AUGUST 2008



Welcome to the Marco Posterior Segment

What's New....

Upcoming Software Update

One of the biggest challenges for any piece of diagnostic equipment is to stay current with changes in technology. Whether it is hardware or software, a product needs to be adaptive in order to keep up with technological advances.

Talia is close to a final release of the new RTA 5 version DJ software. This update will provide more graphical and numerical reports than previous RTA 5 versions. Look for more information soon as the software reaches final release status.

Leveraging The RTA In Practice Practice Flow

A frequent question asked by experienced and new RTA 5 users is; "Scan now or at another visit?" While there is no correct answer, one of our more experienced RTA users, John Warren, OD has this to say; "I try to do as many RTA exams on the same day as their "doctor" appointment as possible. I do this for several reasons. First is that while many patients can be accurately examined with the RTA 5 without pupillary dilation, the testing is quicker and easier for my staff and the patient if the patient is dilated. I can also control the examination conditions better knowing that each and every exam on my patient is done under the same conditions. The second reason is that patients are busy just like we are. A second visit, whether they need to be dilated again or not, is not convenient for the patient. If I'm going to need to have the patient back for other procedures that will also require dilation, I may put the RTA examination off, but I rarely do that."

Whether you decide to order RTA examinations "same day" or at a later date, the key is to be consistent. This makes scheduling and office flow easier for your staff, and cuts down on confusion.

Bonus Operational Tip Data Acquisition

While the RTA 5 is an easy device to operate, there are always subtle tips and tricks that can make acquiring good scan data easier. Whenever you end up with a "glittery" area in the inferior or superior field of a scan, you can clear that artifact quickly and easily. After getting the edge of the pupil well focused, rotate the mouse wheel three clicks forward. This will remove the "sparkle artifact" almost every time you do this.

Advanced User Tips and Tricks Utilizing The RTA Slits

While each and every staff member who operates the RTA 5 is well trained, there are times when it's necessary to insure that the RTA Report accurately represents the anatomy examined. Because of the way



that the RTA collects and analyzes data, this is not only quick and easy to do, and carefully examining the actual images taken by the RTA can reveal more information about a patient.

In order to evaluate the data collected, it's necessary to look at the slits as they are displayed in the analysis window. By selecting a slit in the upper 24 windows or by clicking on the fundus photo, a magnified image of an individual slit appears just to the left of the fundus image. This slit image can be very useful when evaluating the quality of the data as well as the contents of the slit as well.

In this month's clinical case example, the patient has a Branch Retinal Vein Occlusion. The selected slit has intraretinal blood in its superior half. Notice how the light return in the laser slit is diminished in the area with the intraretinal blood. This is a great way to determine the depth and location of different retinal findings. You can see how the blood has thickened as well as moved the retina forward slightly.

Coding and Reimbursement Flexible Coding-Multiple CPT Codes

Because of the RTA 5's high resolution photography and retinal thickness and optic nerve data all in one examination session, RTA examinations can be reported with one of two CPT codes:



92250 - Fundus Photography is a binocular code which means that it is only billed once per exam, not once for each eye at each exam.

92135 - Scanning Laser Ophthalmoscopy is a monocular code. It is billed once for each eye that is examined. The Right (RT) and Left (LT) modifiers should be added for each eye in order to insure proper reimbursement.

Both codes cannot be billed for on the same date of service or visit. Choosing which code to use to report an exam is very individual but the clinical use of the data, frequency of examination and individual carrier rules should all be considered.

Be sure to keep the frequency of testing in mind when you are coding your visits. If you have a procedure denied by a third party payor, don't just accept the denial, find out if you coded things correctly and if necessary resubmit the claim.

CALENDAR

OCTOBER

Vision Expo West
October 3-5, Las Vegas, NV

Seminars at Vision Expo West:

Oct. 3rd, 11-12pm
"Gaining Greater Efficiency and Profitability In Your Practice Through The Use of Automated Refraction"
1 hour CE
Lou Catania, OD and Lorie Lippiatt, OD

Oct. 4th 3-4pm
"Structural Imaging In Glaucoma"
1 hour CE
John Warren, OD

NOVEMBER

AAO, November 8-11, Atlanta, GA

2009

Hawaiian Eye
January 19-23, 2009, Maui, HI

SECO, March 5-7, 2009, Atlanta, GA

Upcoming News New Product

As you may have heard, Marco has taken over the distribution of the MacuScope™. This exciting new technology measures the density of the Macular Protective Pigment which can be a marker for elevated risk for the development of Macular Degeneration.



Armed with this information, doctors are now able to make specific life style, eye wear protective and nutritional recommendations.

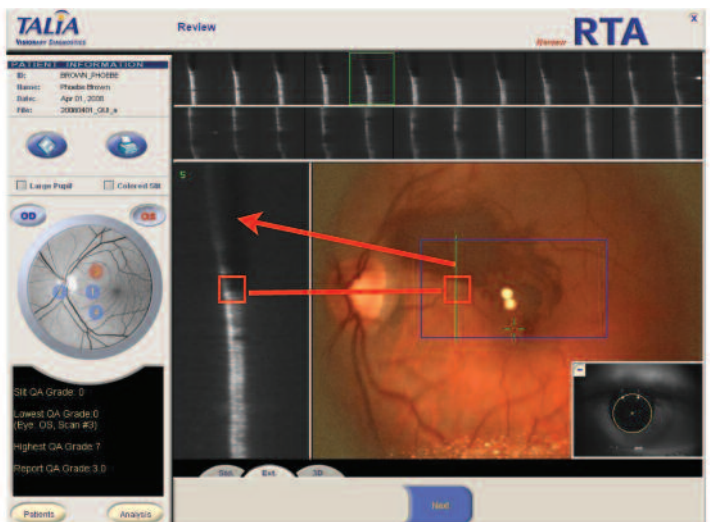
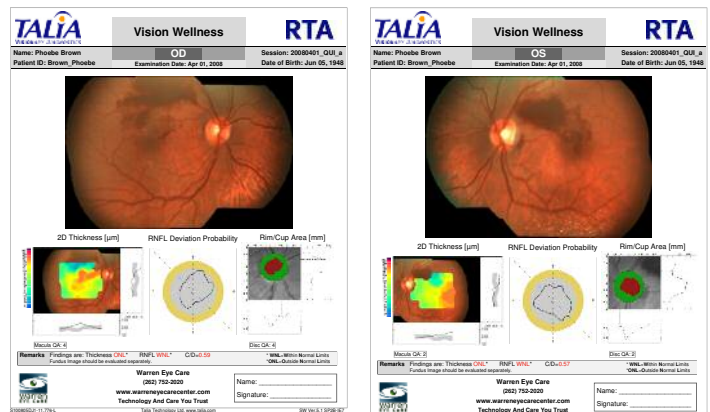
Please contact your Marco Area Manager for more information about the MacuScope and look for even more information in the next "Posterior Segment."

CLINICAL CASE: BILATERAL BRVO

This 58-year-old African American patient presented for a "routine eye examination" with complaints of blurry vision. Her medical history was positive for hypertension with questionable control. Best corrected VA's were 20/30 OD and 20/40 OS. Anterior segment examination was unremarkable.

The RTA examination is to the right. Notice the hemorrhage superiorly in both eyes. The location of the blood can be seen in the slit report below the Vision Wellness reports. Notice how the area of hemorrhage extends inferiorly into the macula, OS>OD.

This patient was referred to a local retinologist because of concerns of poor compliance with care. She may be receiving IVK injections in both eyes if the hemorrhage and edema do not clear in a timely fashion. This case highlights the utility of the thickness maps as well as examining the slit data.



Marco Posterior Segment

SEPTEMBER 2008

RTA 5
Fundus | Macula | RNFL | ONH | Disc



Featured
at VEW in
Vegas

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What's New....

RTA Viewer Software

While the printed reports for the RTA 5 are very useful, they should not be the only way that the RTA's output is viewed and analyzed. We have talked about some of the more advanced features in the RTA software which provide even more detailed analysis of the clinical data. Many users (and their patients) have benefitted from using the advanced analysis features. The only restriction is needing to be at the RTA unit to use these advanced features. It is not necessary to be at the RTA in order to use all other features, however. The RTA 5 Viewer Software provides all of the functionality of the RTA unit itself, other than image capture. Data can be evaluated, reanalyzed, modified, saved and exported from any computer in the office that has the RTA Viewer software installed. This frees up the RTA 5 for other clinical examinations while previous exam data can be evaluated by the doctor or technicians.

There are some minimum hardware requirements as the RTA 5 data analysis is very graphical, but most computers that are used in exam rooms on doctor's personal desks for EHR or other uses will usually support the RTA Viewer software. Check with your Area Manager to find out more about the RTA Viewer software and hardware requirements, you'll be glad you did!

Advanced User Tips

3D Analysis—how to put the power of the moving picture to work for you

One of the analytical features of the RTA 5 that really separates it from its competitors is the 3D Analysis feature. Using this feature you are able to evaluate any of the RTA 5 scans in three dimensions. Utilizing power graphical manipulation software, the optic nerve, macula and peripapillary area can all be viewed in 3D with the RTA 5 and the RTA 5 Viewer software. Each scan is used to create a three dimensional image that can be tipped, tilted, sliced (from all six directions, top, bottom, temporally, nasally, inferiorly or superiorly. This type of analysis is great for not only clinical decision making, but also for patient education. If a picture is worth 1,000 words, what is a moving three dimensional picture worth for patient education? The 3D view is accessed from the main work window. Just click on the 3D tab towards the bottom of the window and you'll be able to select the scan that you want to view. There are several options that can be turned on and turned off depending on the individual case and each doctor's preferences for viewing the data, such as directional cues, red-free photo, linear to angular measurement function, colorized slits, and comparison to normal at the same size, shape and angle.

One of the more frequently used options for display is the fundus image overlay. This feature places the fundus image on top of the 3D reconstruction, helping the user identify structures and see the exact location of retinal surface pathology. The varying reflectance values can also be displayed within the reconstruction. While different colors don't indicate different structures or pathologies, many times these colors are helpful to distinguish

boundaries between pathologies such as fluid, drusen or cysts.

The best way to learn which features you want to use is to work with different patient files in the 3D section of the software.

Coding and Reimbursement

Don't Take "No" For An Answer...

Remember that insurance companies are in the business of collecting premiums, not paying out claims! Couple that with all of the different specialties and technologies that are part of health care and it's easy to see why many insurance carriers don't understand fundus imaging and structural analysis, as they relate to clinical care or coding and reimbursement. If you file a claim for 92135 or 92250 and it is rejected, be sure to check for these common errors, correct any and resubmit the claim once you fix them. Common errors:

- No ICD-9 code linked to the procedure
- The wrong ICD-9 code linked to the procedure
- Linking a cataract diagnosis to 92135, for example
- Too frequent use of 92135—consider switching to 92250 for this claim
- Missing data elsewhere on the claim

The bottom line is to never take an insurance claim denial as correct at face value. Many eye care providers (and even more so their staff) figure that if the insurance company denies the claim, it must be "unpayable" when it may indeed be a totally valid claim and should be paid.

Other Posterior Segment News

Welcome MacuScope

After an exhaustive period of due diligence and research, Marco and

MacuChek have forged an

alliance for the

sales distribution

and support of

the MacuScope

and MacuHealth

with LMZ3

nutritional supplement. The MacuScope is a scientifically validated instrument that measures the density of three pigments in the macula; Lutein, Zeaxanthin and Meso-Zeaxanthin. Reduced levels of these pigments in the macular region has been linked to an elevated risk for the development of Macular Degeneration. Researchers at Florida International University have been studying the link between MPPD (Macular Protective Pigment Density) and MD for decades. They not only have shown a connection between low MPPD levels and MD, they have also shown that MPPD levels can be increased by oral nutritional supplementation. This technology allows eye care providers to make scientifically guided recommendations to their patients when it comes to nutritional supplementation. For more information about the MacuScope and MacuHealth, contact your Marco Area Manager and look for more information about these exciting technologies to come.

Macular Supplementation

The Science Behind MacuHealth with LMZ3

The idea of nutritional supplementation and reduction of pathology risk is not a new concept, but supplementing with specific carotenoid pigments is.

Research has shown that oral ingestion of the ingredients in MacuHealth with LMZ3 leads to increased serum levels of the

pigments which has been shown to result in increased MPPD levels, at the macula.

Individuals who have low MPPD levels have twice the likelihood of developing MD than people who have an average MPPD level.

This means that if we can increase a patient's MPPD level from the low range to the average range, we may reduce the risk or delay the onset of developing Dry Macular Degeneration by 50%.

Ask your Area Manager for more information about reducing your patients' risk for MD—your patients will be glad that you did.

Online Information

RTA User's Webinar

The monthly Posterior Segment webinar titled "Marketing the RTA 5 in Your Practice" will be held on Tuesday, September 23RD at 9PM Eastern time. Please contact us at webinars@marco.com to register for this webinar and to receive log in instructions.

Vision Expo West User's Group Meetings

Dr. John Warren will be conducting four retina product user's group meetings at Vision Expo West. The meetings will focus on what's new with the RTA 5 and cover the MacuScope and MacuHealth with LMZ3. Sessions will be held in both the mornings and afternoons of Friday, October 3 and on Saturday, October 4. The morning meetings will start at 10:45AM and the afternoon meetings will begin at 1:00PM. All sessions will be held at the Marco Booth 5071.

CALENDAR

OCTOBER

Vision Expo West October 3-5
Las Vegas, Nev., Booth 5071

Seminars at Vision Expo West:

Oct. 3RD, 11-12PM

"Gaining Greater Efficiency and Profitability In Your Practice Through The Use of Automated Refraction"
1 hour CE
Lou Catania, OD and Lorie Lippiatt, OD

Oct. 4TH 3-4PM

"Structural Imaging In Glaucoma"
1 hour CE
John Warren, OD

MARCH 2009

SECO March 5-7, 2009
Atlanta, Ga., Booth 335

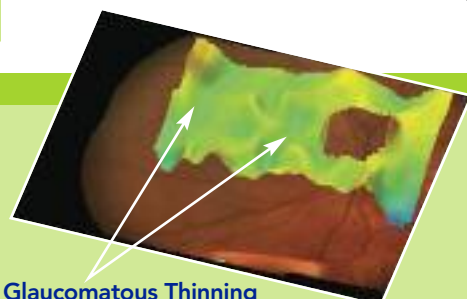
To pre-register, send an email to htowns@marco.com indicating which session you would like to attend, along with any RTA 5 or MacuScope questions you would like to see addressed. Pre-registrants will receive an extra entry in the daily iPod drawing upon attending the meeting.

Feel Lucky? Vision Expo Daily iPod Giveaways

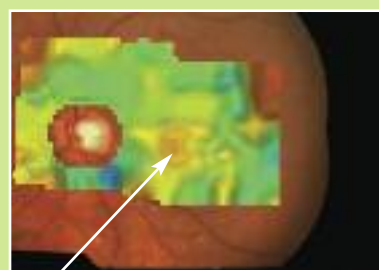
Marco will be giving away a 4GB iPod nano at the conclusion of the show on both Friday and Saturday at Vision Expo West. Simply stop by booth 5071 and view a short presentation on the MacuScope and MacuHealth with LMZ3 on the iPod in the booth to have your name entered in the daily drawing. At the conclusion of each day, a lucky winner's name will be drawn. Pre-register for a retina products user's group meeting (dates and times are elsewhere in this newsletter) and attend for an extra chance at winning!



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Glaucomatous Thinning



Macular Cyst

CLINICAL CASE: DIABETES AND GLAUCOMA

Submitted by Janet Mint, OD

Imaging Diabetes and Glaucoma In The Same Patient With The RTA

This 64-year-old gentleman presented for his annual comprehensive eye exam in December 2007. His medical history is significant for hypertension for 10 years and borderline diabetes, with his blood sugar levels diet controlled. He is also being treated for

glaucoma for 4 years and has mild cataracts. At his March pressure check appointment, he reports that he recently started a diabetes medication. The RTA exam in July reveals findings of glaucoma and a macular cyst/ DME in his left eye. Note the areas of macular thinning in both eyes, as well as the obvious area of thickening in the left eye. This case is a good example of how the RTA allows the practitioner to investigate more than one diagnosis.