



INLAND EMPIRE HEALTH PLAN
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Inland Empire Health Plan



Vision Provider Newsletter Issue 11

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THE ROLE OF VISION PROVIDERS IN STROKE PREVENTION

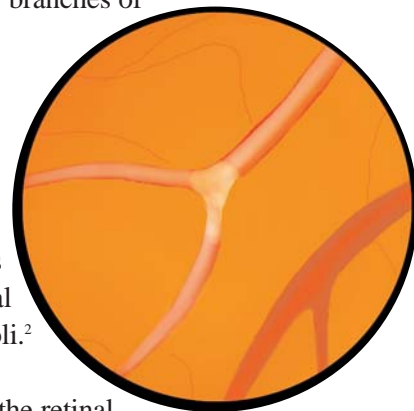
By Mark G. Condell, O.D.

It's been approximately 40 years since Hollenhorst first suggested a correlation between the "bright plaques in the retinal arterioles"¹ and atheromatous carotid artery disease. Hollenhorst reported that among 235 patients with occlusive disease within the carotid arterial system, 27 or 11% had from a single to several dozen bright, orange-yellow plaques situated at various bifurcations of some of the retinal arterioles.

Hollenhorst states in an article published in a 1961 issue of the Journal of the American Medical Association that, "It is probable that these bright plaques are embolic crystals of cholesterol arising from ulcerating atherosclerotic lesions situated on the cardiac valves or in the endothelium of the aorta or carotid arteries."

In conclusion, Hollenhorst writes, "It is suggested, although not confirmed pathologically, that these plaques are cholesterol crystals or liquid cholesterol dislodged from eroded atheromatous lesions in the aorta or the innominate, carotid, or ophthalmic arteries. When such lesions are seen in the retinal arterioles, the examiner routinely should palpate and auscultate the carotid arteries, and should refer the patient for investigation of the cardiovascular system." Logic would imply that multiple emboli shower "downstream" into other branches of the arterial system and what travels to the retinal vasculature can also travel to the cerebral vasculature.

Eleven years later, in a subsequent study published in a 1973 issue of the American Journal of Ophthalmology, Hollenhorst reports a 65% mortality rate among 208 of the original group known to have retinal cholesterol emboli.²



As a tribute and a legacy to Dr. Hollenhorst, the retinal cholesterol embolus is commonly known as the "Hollenhorst Plaque".

Discussion

Stroke from any cause represents the third leading cause of death in the United States. Over 700,000 strokes occur each year, resulting in approximately 165,000 deaths. Stroke is also the leading cause of serious long-term disability

Inside this issue...

Using the Right Codes for Faster Claims Processing

Simple tips to get your claims on the fast track

Save the Date

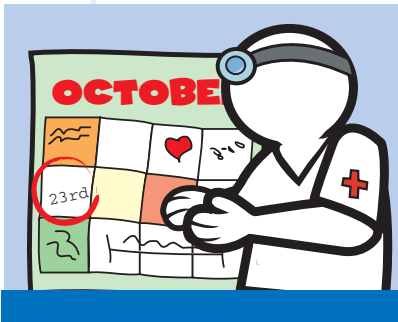
Announcing IEHP's 3rd Annual Ocular Pathology Symposium

Vision Incentive Program funded through 2005

DRE's up 5 fold since 2001

continued on page 2...

Save The Date!



Sunday, October 23, 2005

IEHP 3rd Annual Ocular Pathology Symposium

Six hours of COPE approved optometric continuing education

**FREE to
IEHP
Vision
Providers**

**Special Guest Lecturer
Dr. John McGreal**

**Assistant Professor of Pharmacology
University of Missouri, St. Louis School of Optometry**

Understanding the Medicare Guidelines

(COPE Course 9373-PM) - 3 hours

Reviews the latest CMS E/M coding changes, eye coding, fee schedules, documentation, and Medicare compliance. Sample forms and case studies will be used for clinical correlation.

New Pharmaceuticals in Clinical Practice

(COPE Course 9097-PH) - 1 hour

Reviews the latest pharmaceutical agents including indications, dosages, side effects and complications. Proper strategies for implementing new pharmaceuticals in clinical practice will be highlighted.

The Latest Trends in Contemporary Medicine

(COPE Course 9516-SD) - 2 hours

If you are tired of hearing "another eye lecture," and don't want to read thousands of medical journals, this provocative course is for you! Designed to keep advanced primary care optometrists aware of all important medical breakthroughs, this unique program reviews the most recent advances in every medical specialty over the last 12 months.

Use the Right Codes for Faster Claims Processing

Accurate coding avoids unnecessary denials and is key to prompt reimbursement. Use these simple tips to get your claims on the fast track:

- As the doctor, select the code yourself.** No matter who actually does the coding in your practice, you are the person who treats the patient and knows best what code applies.
- Consider using a coding form** that lists all services you perform and most common diagnoses you encounter with their corresponding codes. Simply check the correct codes and route to your staff.
- Link the diagnosis code (ICD-9) to the service code (CPT)** to establish medical necessity.
- Be as specific with ICD-9 Codes as possible.** If it takes five digits to describe a diagnosis, use all five.
- Code only what you can support with a definitive diagnosis.** If you suspect a specific condition and refer a patient to a specialist to confirm it, code only the sign or symptom that brought the patient to see you until you get test results or confirmation of your diagnosis.
- Code your primary diagnosis first,** the main reason for the patient visit.
- Code coexisting conditions only if they affect your care of the patient in that visit.**

...Stroke Prevention

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in the U.S. In 2004 the estimated direct and indirect cost of stroke in the United States was \$53.6 billion.³

Stroke is a cardiovascular disease. Eighty-eight percent of all strokes are due to arterial occlusion causing ischemia; the remainder are mostly due to hemorrhage. Embolization from ulcerated atherosclerotic lesions at the bifurcation of the common carotid artery is considered the most common mechanism causing ischemic strokes.

The risk of stroke increases with age, and in the presence of hypertension, diabetes, smoking, atrial fibrillation, obesity, hyperlipidemia, and elevated homocysteine level.

Ninety percent of all extracranial carotid lesions are due to atherosclerosis.

In view of the high prevalence of hypercholesterolemia and the aging population in the United States, physicians and Vision Providers must be alert to the risk factors that may be uncovered during a well-performed history.

Risk factors for Stroke

Absolute risk factors:

- Transient ischemic attacks (TIAs)
- Amaurosis fugax (transient visual loss)
- Presence of a Hollenhorst plaque in the retinal arterioles
- Presence of a calcific plaque or a thrombus in the retinal arterioles

Relative risk factors:

- High blood pressure (140/90 mm Hg or higher)
- Diabetes
- Carotid, coronary and peripheral artery disease.
- History of prior stroke (CVA) or heart attack (MI)
- Current history of anticoagulant (Coumadin or warfarin) or antiplatelet (Plavix) therapy
- High serum cholesterol
- Atrial fibrillation
- Tobacco use

Vision Providers who encounter a patient with any of the above risk factors must carefully inspect the retinal vasculature. Ophthalmoscopy plays an important role in the evaluation of these individuals since the eye is the only place where one can directly view blood vessels.

It is the duty of the physician and Vision Provider who encounter a patient with any type of retinal emboli to make the appropriate and immediate referral for evaluation of risk for imminent stroke.

References:

¹Hollenhorst, RW, Significance of Bright Plaques in the Retinal Arterioles, JAMA. 1961 Oct 7; 178:23-29.

²Hollenhorst, RW, Morbidity and Survivorship of Patients with Embolic Cholesterol Crystals in the Ocular Fundus, Am J Ophthalmol. 1973 Jan; 75(1):66-72.

³American Stroke Association: www.strokeassociation.org

American Heart Association: www.americanheart.org

Interesting facts about your IEHP patients!

- 8 of 10 Members are children
- the average Member is 14 years old
- 7 of 10 adult Members are female
- half of child Members are boys, half are girls
- for every 10 Members: 6 are Hispanic, 3 are Caucasian, and 1 is African American
- 7 of 10 Members speak English, 3 speak Spanish
- 88% are in Medi-Cal, 10% are in the Healthy Families Program, and 2% are in Healthy Kids

MAY IS HEALTHY VISION MONTH



The focus of Healthy Vision Month 2005 is to increase the use of vision rehabilitation services and adaptive devices by people with visual impairments.

Please join us in telling IEHP Members with low vision about the many benefits and resources available to help them stay active and independent:

- IEHP covers all vision exams and medically necessary aids.
- Members can see a low vision specialist without a referral. If low vision is not your specialty, call your Provider Services Representative to find a specialist for your patient.
- Many community organizations promote independence and self-reliance for people with low vision by offering training, support, and vision aids – all at no cost.

For more information visit or refer your patients to:

Blindness Support Services*

www.blindnesssupport.com

Lighthouse for the Blind*

www.lighthouse4theblind.org/bwelcom/

Recordings for the Blind and Dyslexic*

www.rfbd.org/mediapr3.htm

Healthy Vision 2010

www.healthyvision2010.org

California Department of Rehabilitation

www.rehab.cahwnet.gov

Braille Institute

www.brailleinstitute.org

Lighthouse International

<http://www.lighthouse.org/>

The Center for the Partially Sighted

www.low-vision.org

Lions Clubs International

www.lionsclubs.org

The Macular Degeneration Partnership

www.amd.org

** partners with IEHP to provide access information and alternative format materials to Members with disabilities*



*Healthy Vision Month is a national eye health campaign sponsored by the National Eye Institute (NEI) and the National Institute of Health to promote the vision objectives in **Healthy People 2010**, a national disease prevention initiative that identifies opportunities to improve the health of all Americans.*

We'd like to thank the generous sponsors of IEHP's 2nd Ocular Pathology Symposium

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ADVANCED MEDICAL OPTICS

Pfizer

And a special thanks to



for donating an Ocular Maxfield Standard 90 (Model OI-STDM)
and an Ocular Three Mirror 10mm Gonio Lens (Model OG3M-10) to the event's raffle.

IEHP Vision Incentive Program (VIP) funded through 2005

Thanks to your efforts in making VIP a success, we're now seeing 5 times more IEHP Members with diabetes for annual diabetic retinal examinations (DREs) than we did in 2001.

In 2005, IEHP Members with diabetes will again be eligible for a free pair of glasses when they see you for their annual DRE. You will be reimbursed at the current rate of \$41 for the DRE, plus an additional \$100 for the extra pair of glasses.

VIP Reminders...

- Any TPA Provider that offers both clinical and dispensing services may participate.
- Even if IEHP Members present the VIP promotional postcard, you must still get an authorization.
- The VIP DRE incentive is for Members with diabetes who have not had a DRE in the past 11 months.

Want to participate?

If you're a TPA Provider offering both clinical and dispensing services, all you need to do to participate is sign a Letter of Participation. It's that easy!

Call your Provider Services Representative today at (909) 890-2958.

Note: If a Member has symptoms of active diabetic retinal disease before they are eligible for their benefits, you may render care under the TPA program. However, the Member is not eligible for the VIP incentive.

PIA Optical Lab Reminder...

When ordering lenses for IEHP Medi-Cal Members, you must use the Prison Industry Authority (PIA) optical laboratory **corresponding to the county of your office address**, not the IEHP Member's county of residence. All PIA optical orders must be submitted on a PIA Optical Lab Order Form.

San Bernardino and Riverside County

Valley State Prison for Women
Optical Laboratory
CCWF/VSPW
23370 Road 22
Chowchilla, CA 93610-4329
(800) 377-8953
(559) 665-5147 Fax

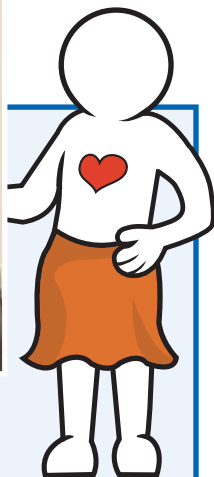
Glass orders for all counties should be directed to the PIA optical laboratory at:

California State Prison – Solano
Optical Laboratory
2100 Peabody Road
Vacaville, CA 95687-6615
(800) 700-9861
(707) 454-3214 (fax)

Los Angeles County Providers

R.J. Donovan Correctional Facility
Optical Laboratory
480 Alta Road
San Diego, CA 92179-0002
(800) 772-1226
(619) 671-7581 Fax

San Bernardino Providers!
Valley State Prison for Women is now
your PIA laboratory.



Spotlight on...

Karena Perez Vision Provider Services Representative

Karena Perez, Vision Provider Services Representative for San Bernardino County, has been with IEHP since April 23, 1999.

Karena is looking forward to a very exciting 2005. She will be awarded a Bachelor's degree in Human Services from the University of Phoenix in June, and plans to apply for the MSW Program at Cal State San Bernardino.

Also early this year, Karena, her husband and their 4-year old daughter Janessa welcomed a new baby girl into their family. Mia Areli Perez, weighing 9 lbs. 3 oz., was born February 9, 2005. "We have many reasons to celebrate this year," said Karena.

Karena has been on maternity leave since the beginning of January and will be returning to work mid June.

Jacqueline Quintana, PSR for Riverside County, will service both counties until then.

Remember...

For faster submission and processing of your VERs, go online at www.iehp.org. A few simple clicks of your mouse are all it takes for instant results. No more paperwork, faxing, filing, or waiting.

If you have questions or need help, call your Provider Services Representative.

Your opinion matters

- Your suggestions and recommendations guide us when designing programs and establishing policies.
- Your input leads to better care for our Members.
- Knowing your needs helps us support you.

So let's talk!

By Phone (909) 890-2958

By Fax (909) 890-1935

By e-mail condell-m@iehp.org

And please call your Provider Services Representative about our twice-yearly Provider Round Table meetings. It's your chance to talk with us and meet other IEHP Vision Providers.



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