



A CME/CE On-Demand Webcast

Practice Management Update: 2007 and Beyond—Changes in AMD Management

www.clinicianschannel.com/AMD2007

Syllabus

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6. Return to your practice and mentor the learning experience with your colleagues. Projects In Knowledge will provide extra material for this effort.

Sincerely,

Robert S. Stern

President

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Introduction

Age-related macular degeneration (AMD), a retinal disease causing severe vision loss, is a major source of blindness in individuals older than 55 years of age. Neovascular AMD, the form of the disease that accounts for 85% of severe AMD-related vision loss, occurs when abnormal blood vessels are formed under the macula. Without treatment, the vision in most eyes with neovascular AMD deteriorates rapidly within 2 years. The approval of new treatments for neovascular AMD, including novel antiangiogenic agents, has greatly increased the ability to treat this crippling disorder. However, these new therapies pose additional challenges in practice management and in obtaining Medicare reimbursement.

In *Practice Management Update: 2007 and Beyond—Changes in AMD Management*, a panel of experts will review state-of-the-science treatments for neovascular AMD and provide guidance in managing the flow of AMD patients in the practice setting and in understanding the procedures to follow for obtaining reimbursement under the 2007 Medicare guidelines. We welcome you to this timely discussion of major changes in the treatment of AMD.

Drugs or Investigational Agents Mentioned in This Presentation

Projects In Knowledge requires that faculty disclose any reference(s) to unlabeled or unapproved uses of drugs or devices as part of their presentations. The audience is advised that this CME/CE activity will contain such discussion.

Generic	Trade Names
Anecortave	Retaane®
Bevacizumab	Avastin®
Cand5	—
Combretastatin	—
Dexamethasone	Decadron® Dexone®
Pegaptanib	Macugen®
Ranibizumab	Lucentis®
Sirna-027	—
Squalamine lactate	Evizon™
Verteporfin	Visudyne®

Program Information

Target Audience

This activity will be directed to office-based practice managers, physicians, and nurses/nurse practitioners involved in the financial responsibilities associated with the practice and management of patients with age-related macular degeneration (AMD).

Activity Goal

The goal of this activity is to review treatment options and practical business aspects of managing patients with AMD.

Learning Objectives

- Integrate knowledge of the need for early diagnosis in at-risk patients and the efficacy and safety/toxicity of current and emerging therapies, including anti-VEGF therapies, into strategic therapy regimens for patients with AMD to minimize their loss of vision.
- Assess the implications of new 2007 Medicare changes concerning AMD management, including targeted therapies, to develop strategies that maximize reimbursement and integrate anti-VEGF therapies into regimens that improve patients' vision outcomes.
- Identify and evaluate strategies for incorporating efficiencies into the practice setting to obtain reimbursement for patient services, including new anti-VEGF therapies, and to ensure best practices and improved patient outcomes.

CME INFORMATION: PHYSICIANS

Statement of Accreditation

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Credit Designation

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CE INFORMATION: NURSES

This activity has been approved by the American Association of Critical-Care Nurses (AACN) for 1.0 contact hour.
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CE INFORMATION: PRACTICE MANAGERS

This program may qualify for continuing education credit in the American College of Medical Practice Executives (ACMPE). To apply for ACMPE credit, submit an ACMPE generic credit hour form with a copy of this program.

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Faculty Roster



Angela M. Chambers, RN, MBA
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Angela M. Chambers, RN, MBA, is Executive Director of Business at Associated Retina Consultants, Ltd, in Phoenix, Arizona, where she is responsible for all financial and operational functions of the practice. She also provides a full range of consulting services to medical practices through her own firm, Chambers Practice Management Consulting, Ltd, and in addition serves as a consultant for Specialty Physicians Services, Ltd, in business plan/network development. Ms. Chambers received her RN degree from Gateway Community College in Phoenix and a master's degree in business administration from the University of Phoenix in Mesa, Arizona.



Sharam Danesh, MD
Vitreoretinal Surgeon
Associated Retina Consultants, Ltd.
Associate Professor
Department of Ophthalmology Retina Services
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Sharam Danesh, MD, is currently in private practice with Associated Retina Consultants, Ltd, in Phoenix, Arizona. His past experience includes positions as Assistant Professor, Department of Ophthalmology, Queens University, Kingston, Ontario, Canada; Attending Vitreoretinal Surgeon, Hotel Dieu Hospital and Kingston General Hospital; and Acting Residency Program Director, Department of Ophthalmology, Queens University, Kingston. He received his medical degree from the University of British Columbia and completed residencies at the Ottawa Hospital and the University of Ottawa before going on to a vitreoretinal fellowship at the University of Iowa in Iowa City. Dr. Danesh has participated in numerous clinical trials, and his work has been published in a variety of peer-reviewed medical journals.



William T. Koch, COA, COE, CPC
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William T. Koch is a Certified Ophthalmic Assistant (COA), a Certified Ophthalmic Executive (COE) and a Certified Professional Coder (CPC). Presently, he is an Associate Consultant with the Corcoran Consulting Group in San Bernardino, California. He provides extensive consultation in third-party reimbursement issues, with a particular focus on Medicare. Before joining Corcoran Consulting Group, he was the administrator of an ophthalmology practice and the Clinical Research Coordinator for multiple FDA-approved clinical trials in the treatment of vision disorders, and has assisted in the examination and gathering of research information for several peer-reviewed articles. Mr. Koch has attended the DeVry Institute of Technology and Arizona State University School of Business.

Medicare 2007 and Beyond—Impact on AMD

William T. Koch, COA, COE, CPC

Recently, several novel therapies for the treatment of neovascular, or wet, age-related macular degeneration (AMD) have become available, including photodynamic therapy and antiangiogenic agents such as pegaptanib, ranibizumab, and bevacizumab. Although the advent of new and improved treatments is a welcome development, these therapies present additional coding and reimbursement challenges for providers. This presentation reviews coding designations and tips for reimbursement when providing these treatments.

It is of obvious importance to utilize the correct coding for these new procedures and to be cautious of yet unapproved indications and their associated reimbursement issues. Bevacizumab has not received FDA approval for the treatment of wet AMD; thus,

providers should proceed cautiously in administering this drug and in attempting to receive reimbursement. Prior to delivering treatment, providers should check their Medicare carrier's website to determine whether the carrier reimburses for the use of bevacizumab in the treatment of wet AMD or follows an "unlabeled use of drug" policy. Carriers that follow an unlabeled use policy can exclude the entire charge for the drug in question and its administration, as well as charges for any other services, such as office visits, which are primarily for the purpose of administering an unlabeled drug. In addition, providers should be aware that vigorous informed consent is required for any off-label use and should utilize an Advance Beneficiary Notice (ABN) before administering treatment.

Overview of AMD Therapy

Sharam Danesh, MD

Age-related macular degeneration (AMD) is a retinal disease that results in severe vision loss. Dry AMD, a nonneovascular form of the disease characterized by the presence of drusen and abnormalities of the retinal pigment epithelium, accounts for approximately 85% of cases, but only 15% of those resulting in severe visual loss. The less common but more serious wet, or neovascular, AMD is distinguished by the development of a choroidal neovascular membrane (CNVM), the growth of neovascular vessels that destroy the normal structure of the retina, and—in end-stage disease—the appearance of a disciform fibrovascular scar in the subretinal space. Symptoms of wet AMD include blurred central vision, central scotoma, and distortion.

The advent of several novel therapies has greatly increased the ability to preserve vision in patients with wet AMD. Photodynamic therapy, the use of a photosensitizing dye activated by light to cause occlusion of neovascular vessels, is beneficial in patients having a CNVM with >50% classic component but, at best, only slows visual loss. New antiangiogenic agents that inhibit the growth of neovascular vessels by blocking vascular endothelial growth factor (VEGF) have proven more efficacious. The two approved anti-VEGF agents, pegaptanib and ranibizumab, both help to preserve vision, whereas ranibizumab also improves visual acuity. Other antiangiogenic treatments being explored for use in wet AMD include bevacizumab, VEGF trap, and small interfering RNAs, as well as dual and triple combinations of these modalities.

AMD Best Practices for Best Patient Care

Angela M. Chambers, RN, MBA

In order to improve patient processes we must look critically at every aspect of our organization and determine what is absolutely necessary in order to create an environment that not only improves efficiency, but increases revenue and decreases cost without sacrificing the quality of patients' experience. The model presented here offers proven suggestions for improving patient flow, facilitating the processing of claims and collections, organizing drug inventory, and capitalizing on reimbursement strategies. For example, one means for improving patient flow is to designate a specific room and establish a separate schedule for administering injections. Suggestions for improving claims and

collections include utilizing pharmaceutical reimbursement management teams for problems with specific carriers and requesting that the State Department of Insurance intercede in disputes with your insurance carriers. Tracking drug inventory can be made more efficient if all drugs are delivered to a central location and disbursed to other locations after labeling with an identifying number that corresponds to the inventory log. Although these and other suggestions are useful tips on improving office operations, perhaps the greatest value of this model is in providing a framework for looking at your own organization and how you might implement change.



Practice Management Update: 2007 and Beyond—Changes in AMD Management

Suggested Readings

Ahmadiéh H, Taei R, Soheilian M, et al. Single-session photodynamic therapy combined with intravitreal bevacizumab and triamcinolone for neovascular age-related macular degeneration. *BMC Ophthalmol.* 2007;7:10. [Epub ahead of print]

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