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| --- | --- | --- | --- | --- |
|  |  | **Organizational Identifiers** |  |  |
|  | VAMCCONTROLQICBEGDTEREVDTE | Facility IDControl NumberAbstractor IDAbstraction Begin DateAbstraction End Date | Pre-fillQI pre-fillAuto-fillAuto-fillAuto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSNFINPTNAMEFPTNAMELBIRTHDTSEXRACEETHNICITYCOHORTAGE | Patient SSNFINFirst NameLast NameBirth DateSexRaceEthnicityCohortAge | Pre-fill: no changePre-fill: no changePre-fill: no changePre-fill: no changePre-fill: no changePre-fill: **can change**Pre-fill: no changePre-fill: no changePre-fill: no changeCalculate age at CATSURDT |  |
| 1 | catsurdt | Enter the date of the earliest cataract surgery performed at this VAMC during the timeframe from (computer display stdybeg to stdyend). | mm/dd/yyyy

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| --- |
| >= stdybeg and <= stdyend  |

**Pre-filled:****Abstractor can****change** | **Computer will pre-fill date from API-PM pull list.** If cataract surgery was performed on both eyes during the specified timeframe, please enter the date of the earliest cataract surgery performed. Please review the record to determine if the pre-filled cataract surgery date is correct. If pre-filled date of cataract surgery is incorrect, abstractor may enter correct date for the earliest cataract surgery performed at this VAMC during the specified timeframe.In some cases cataract surgery may be performed on both eyes on the same date. When this occurs the first procedure performed will be reviewed. The procedure on the second eye will be captured in a subsequent series of questions (see question 9, catsurdt2). |
| 2 | surgsite | On which eye was the earliest cataract surgery performed?1. Right (OD)
2. Left (OS)
 | 1,2 | Review the cataract surgery procedure report to determine the surgical site (eye). For example, cataract surgery was performed on the right eye, enter “1.”  |
| 3 | visacuity | During the timeframe from (computer display catsurdt + 1 day to catsurdt + 90 days), did the ophthalmologist or optometrist document the patient’s visual acuity? 1. Yes2. No  | 1,2If 2, go postcomp**Warning if 2** | Review post-operative ophthalmology and optometry notes during the 90 days after the cataract surgery (date entered in catsurdt) for documentation of visual acuity. **Acceptable methods to document visual acuity include:*** Manifest Refraction (MR) – measured by a technician or provider manually by a series of trial lenses
* Auto Refraction – machine reads automatically
* Cycloplegic refraction
* VA SC - visual acuity without correction or

VA CC - visual acuity with correction* Cylinder (CYL) correction

**Exclude:** pinhole (pH, PH) visual acuity, visual acuity using counting fingers (CF) and hand motion (HM), or visual acuity without a method attached |
| 4 | viseyebcvabcvadt | During the timeframe from (computer display catsurdt + 1 day to catsurdt + 90 days), enter the best visual acuity documented for the eye on which cataract surgery was performed and the date.

|  |  |  |  |  |
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| **Surgical Site**Will be prefilled as right (OD) or left (OS) based on surgsite = 1 or 2 | 20/xxWhole numbers10 - 400

|  |
| --- |
| Warning if20 /XX is greater than100 |

 | mm/dd/yyyy

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| --- |
| >catsurdt and <= 90 days after catsurdt |

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  | * **The intent of this question is to capture the best visual acuity (i.e., smallest number) documented during the 90 days after the cataract surgery by the** **ophthalmologist or optometrist.**
* **Acceptable visual acuity may be captured by manifest refraction (MR), auto refraction, Cycloplegic refraction, visual acuity without correction (VA SC), or visual acuity with correction (VA CC), and Cylinder (CYL) correction.**
* **Do NOT accept pinhole (pH, PH) visual acuity, visual acuity using counting fingers (CF) and hand motion (HM), or visual acuity without a method attached.**
* **Review ALL post-operative ophthalmology and optometry notes during the 90 days after the cataract surgery (date entered in catsurdt) for documentation of the best visual acuity in the affected eye (eye on which cataract surgery was performed).**
* Visual acuity may be documented by the ophthalmologist, optometrist or eye technician with co-signature by the ophthalmologist or optometrist.
* Enter the actual number for the best visual acuity (choose the lowest visual acuity, irrespective of method) documented in the 90 days after the cataract surgery.
* **Examples:**
	+ **Patient saw ophthalmologist for three post-operative visits.** Surgery was performed on right eye (OD). OD visual acuity was documented as MR 20/60, MR 20/30 and VA CC 20/25. **Enter 20/25 (lowest number🡪best visual acuity).**
	+ Surgery was performed on left eye (OS). OS visual acuity was documented as 20/25 pH, without glasses 20/40 and MR 20/30. **Enter 20/30 as visual acuity captured by pinhole is not acceptable.**
* If the same best visual acuity is documented on multiple dates during the 90 days after cataract surgery, enter the **earliest** date the best visual acuity was documented.
 |
| 5 | postcomp | During the timeframe from (computer display catsurdt to catsurdt + 30 days), did the ophthalmologist document any complications requiring an additional surgical procedure be performed within 30 days of the cataract surgery?* Retained lens fragments (residual parts of the natural lens such as the nucleus or cortex left in the eye)
* Endophthalmitis (serious infection in the eye)
* Dislocated lens implant
* Wrong power lens implant
* Retinal detachment
* Wound dehiscence
1. Yes
2. No
 | 1,2If 2, go to catsurdt2 as applicable | **Review all ophthalmology post-operative notes during the 30 days after cataract surgery for documentation of complications requiring an additional surgical procedure.****Only select value “1” if the additional surgical procedure was actually performed within 30 days post cataract surgery.** **Complications include but are not limited to:*** Retained lens fragments (residual parts of the natural lens such as the nucleus or cortex left in the eye)
* Endophthalmitis (serious infection in the eye)
* Dislocated lens implant - when the lens implant is not in correct position (in either the front or the back of the eye).
* Wrong power lens implant –the power of the intra-ocular lens (IOL) implant was not correct and another correct lens implant had to be inserted.
* Retinal detachment - the retina (a thin layer of tissue at the back of the eye) pulls away from its normal position in the back of the eye)
* Wound dehiscence (the wound ruptures along the surgical incision)

**Suggested data sources:** ophthalmology notes, procedure reports, operative reports**Associated CPT codes and descriptions:**

|  |  |
| --- | --- |
| **CPT Code** | **CPT Name** |
| 65235 | REMOVE FOREIGN BODY FROM EYE |
| 65860 | INCISE INNER EYE ADHESIONS, LASER TECHNIQUE |
| 65880 | INCISE INNER EYE ADHESIONS, INCISIONAL TECHNIQUE |
| 65900 | REMOVE EYE LESION |
| 65920 | REMOVE IMPLANT OF EYE |
| 65930 | REMOVE BLOOD CLOT FROM EYE |
| 66030 | INJECTION TREATMENT OF EYE |
| 66250 | FOLLOW-UP SURGERY OF EYE, REVISION OR REPAIR OPERATIVE WOUND OF ANTERIOR SEGMENT |
| 66820 | INCISION SECONDARY CATARACT |

**Cont’d next page** |
|  |  |  |  | **CPT codes cont’d**

|  |  |
| --- | --- |
| **CPT Code** | **CPT Name** |
| 66825 | REPOSITION INTRAOCULAR LENS |
| 66830 | REMOVAL OF LENS LESION |
| 66852 | REMOVAL OF LENS MATERIAL |
| 66986 | EXCHANGE LENS PROSTHESIS |
| 67005 | PARTIAL REMOVAL OF EYE FLUID |
| 67010 | PARTIAL REMOVAL OF EYE FLUID, SUBTOTAL WITH MECHANICAL VITRECTOMY |
| 67015 | RELEASE OF EYE FLUID |
| 67025 | REPLACE EYE FLUID |
| 67030 | INCISE INNER EYE STRANDS |
| 67031 | LASER SURGERY EYE STRANDS |
| 67036 | REMOVAL OF INNER EYE FLUID |
| 67039 | LASER TREATMENT OF RETINA |
| 67041 | VITRECTOMY FOR MACULAR PUCKER |
| 67042 | VITRECTOMY FOR MACULAR HOLE |
| 67043 | VITRECTOMY FOR MEMBRANE DISSECT |
| 67101 | REPAIR DETACHED RETINA, CRYOTHERAPY |
| 67105 | REPAIR DETACHED RETINA, PHOTOCOAGULATION |
| 67107 | REPAIR DETACHED RETINA, SCLERAL BUCKLING |
| 67108 | REPAIR DETACHED RETINA, WITH VITRECTOMY |
| 67110 | REPAIR DETACHED RETINA BY INJECTION OF AIR OR OTHER GAS |
| 67141 | TREATMENT OF RETINA, CRYOTHERAPY, DIATHERMY |
| 67145 | TREATMENT OF RETINA, PHOTOCOAGULATION |
| 67250 | REINFORCE EYE WALL |
| 67255 | REINFORCE/GRAFT EYE WALL |

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| 6 | postcomp1postcomp2postcomp3postcomp4postcomp5 | During the timeframe from (computer display catsurdt to catsurdt + 30 days), what complication(s) requiring an additional surgical procedure was documented?**Indicate all that apply:**1. Retained lens fragments (residual parts of the natural lens such as the nucleus or cortex left in the eye)
2. Endophthalmitis (serious infection in the eye)
3. Dislocated lens implant or wrong power lens implant
4. Retinal detachment
5. Wound dehiscence
 | 1,2,3,4,5 | **Please select all post cataract surgery complications documented within 30 days after the cataract surgery.**If dislocated lens implant or wrong power lens implant is documented, select value 3. Suggested data sources: ophthalmology notes, procedure reports, operative reports |
| 7 | compsurg | Enter the date the surgical procedure related to the post-operative complication was performed.  | mm/dd/yyyy

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| --- |
| >= catsurdt and <= 30 days after catsurdt |

 | Enter the exact date the surgical procedure related to the post-operative complication was performed.Suggested data sources: ophthalmology notes, procedure report, operative report |
| 8 | typesurg | Enter the name of the surgical procedure that was performed.

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 | Free text | Enter the name of the surgical procedure as documented in the procedure report. |
| 9 | catsurdt2 | Enter the date of the second cataract surgery performed at this VAMC on (computer display catsurdt). | mm/dd/yyyy

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| Must = catsurdt |

**Pre-filled:****Abstractor can****change**Abstractor canenter 99/99/9999**If 99/99/9999, go****to end** | **Computer will pre-fill date from API-PM pull list.** Please review the record to determine if the pre-filled cataract surgery date is correct (i.e., cataract surgery on the other eye was performed on same date entered in catsurdt). If pre-filled date of cataract surgery is incorrect, abstractor may enter default 99/99/9999 to indicate second cataract surgery on the other eye was not performed at this VAMC on same date.  |
| 10 | surgsite2 | On which eye was the second cataract surgery performed?1. Right (OD)
2. Left (OS)
 | 1,2**Cannot enter 1 if surgsite = 1; cannot enter 2 if surgsite = 2** | Review the cataract surgery procedure report to determine the surgical site (eye) of the second cataract surgery performed on the same date as catsurdt.  |
| 11 | visacuity2 | During the timeframe from (computer display catsurdt2 + 1 day to catsurdt2 + 90 days), did the ophthalmologist or optometrist document the patient’s visual acuity? 1. Yes2. No | 1,2If 2, go postcomp20**Warning if 2** | Review post-operative ophthalmology and optometry notes during the 90 days after the cataract surgery (date entered in catsurdt2) for documentation of visual acuity. **Acceptable methods to document visual acuity include:*** Manifest Refraction (MR) – measured by a technician or provider manually by a series of trial lenses
* Auto Refraction – machine reads automatically
* Cycloplegic refraction
* VA SC - visual acuity without correction or

VA CC - visual acuity with correction* Cylinder (CYL) correction

**Exclude:** pinhole (pH, PH) visual acuity, visual acuity using counting fingers (CF) and hand motion (HM), or visual acuity without a method attached |
| 12 | viseye2bcva2bcvadt2 | During the timeframe from (computer display catsurdt + 1 day to catsurdt + 90 days), enter the best visual acuity documented for the eye on which cataract surgery was performed and the date.

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| **Surgical Site**Will be prefilled as right (OD) or left (OS) based on surgsite2 = 1 or 2 | 20/xxWhole numbers10 - 400

|  |
| --- |
| Warning if20 /XX isgreater than 100 |

 | mm/dd/yyyy

|  |
| --- |
| >catsurdt2 and <= 90 days after catsurdt2 |
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 | * **The intent of this question is to capture the best visual acuity (i.e., smallest number) documented during the 90 days after the cataract surgery by the** **ophthalmologist or optometrist.**
* **Acceptable visual acuity may be captured by manifest refraction (MR), auto refraction,** **Cycloplegic refraction visual acuity without correction (VA SC), or visual acuity with correction (VA CC)** **and Cylinder (CYL) correction.**
* **Do NOT accept pinhole (pH, PH) visual acuity,** **visual acuity using counting fingers (CF) and hand motion (HM), or visual acuity without a method attached.**
* **Review ALL post-operative ophthalmology and optometry notes during the 90 days after the cataract surgery (date entered in catsurdt2) for documentation of best visual acuity in the affected eye (eye on which second cataract surgery was performed).**
* Visual acuity may be documented by the ophthalmologist, optometrist or eye technician with co-signature by the ophthalmologist or optometrist.
* Enter the actual number for the best visual acuity (choose the lowest visual acuity, irrespective of method) documented in the 90 days after the cataract surgery.
* **Examples:**
	+ **Patient saw ophthalmologist for three post-operative visits.** Surgery was performed on left eye (OS). OS visual acuity was documented as MR 20/60, MR 20/30 and VA CC 20/25. **Enter 20/25 (lowest number🡪best visual acuity).**
	+ Surgery was performed on left eye (OS). OS visual acuity was documented as 20/25 pH, without glasses 20/40 and MR 20/30. **Enter 20/30 as visual acuity captured by pinhole is not acceptable.**
* If the same best visual acuity is documented on multiple dates during the 90 days after cataract surgery, enter the **earliest** date the best visual acuity was documented.
 |
| 13 | postcomp20 | During the timeframe from (computer display catsurdt2 to catsurdt2 + 30 days), did the ophthalmologist document any complications requiring an additional surgical procedure be performed within 30 days of the cataract surgery?* Retained lens fragments (residual parts of the natural lens such as the nucleus or cortex left in the eye)
* Endophthalmitis (serious infection in the eye)
* Dislocated lens implant
* Wrong power lens implant
* Retinal detachment
* Wound dehiscence
1. Yes
2. No
 | 1,2If 2, go to end | **Review all ophthalmology post-operative notes during the 30 days after cataract surgery for documentation of complications requiring an additional surgical procedure.****Only select value “1” if the additional surgical procedure was actually performed within 30 days post cataract surgery.** **Complications include but are not limited to:*** Retained lens fragments (residual parts of the natural lens such as the nucleus or cortex left in the eye)
* Endophthalmitis (serious infection in the eye)
* Dislocated lens implant - when the lens implant is not in correct position (in either the front or the back of the eye).
* Wrong power lens implant –the power of the intra-ocular lens (IOL) implant was not correct and another correct lens implant had to be inserted.
* Retinal detachment - the retina (a thin layer of tissue at the back of the eye) pulls away from its normal position in the back of the eye)
* Wound dehiscence (the wound ruptures along the surgical incision)

**Suggested data sources**: ophthalmology notes, procedure reports, operative reports**Associated CPT codes and descriptions:**

|  |  |
| --- | --- |
| **CPT Code** | **CPT Name** |
| 65235 | REMOVE FOREIGN BODY FROM EYE |
| 65860 | INCISE INNER EYE ADHESIONS, LASER TECHNIQUE |
| 65880 | INCISE INNER EYE ADHESIONS, INCISIONAL TECHNIQUE |
| 65900 | REMOVE EYE LESION |
| 65920 | REMOVE IMPLANT OF EYE |
| 65930 | REMOVE BLOOD CLOT FROM EYE |
| 66030 | INJECTION TREATMENT OF EYE |
| 66250 | FOLLOW-UP SURGERY OF EYE, REVISION OR REPAIR OPERATIVE WOUND OF ANTERIOR SEGMENT |

 |
|  |  |  |  | **CPT codes cont’d**

|  |  |
| --- | --- |
| **CPT Code** | **CPT Name** |
| 66820 | INCISION SECONDARY CATARACT |
| 66825 | REPOSITION INTRAOCULAR LENS |
| 66830 | REMOVAL OF LENS LESION |
| 66852 | REMOVAL OF LENS MATERIAL |
| 66986 | EXCHANGE LENS PROSTHESIS |
| 67005 | PARTIAL REMOVAL OF EYE FLUID |
| 67010 | PARTIAL REMOVAL OF EYE FLUID, SUBTOTAL WITH MECHANICAL VITRECTOMY |
| 67015 | RELEASE OF EYE FLUID |
| 67025 | REPLACE EYE FLUID |
| 67030 | INCISE INNER EYE STRANDS |
| 67031 | LASER SURGERY EYE STRANDS |
| 67036 | REMOVAL OF INNER EYE FLUID |
| 67039 | LASER TREATMENT OF RETINA |
| 67041 | VITRECTOMY FOR MACULAR PUCKER |
| 67042 | VITRECTOMY FOR MACULAR HOLE |
| 67043 | VITRECTOMY FOR MEMBRANE DISSECT |
| 67101 | REPAIR DETACHED RETINA, CRYOTHERAPY |
| 67105 | REPAIR DETACHED RETINA, PHOTOCOAGULATION |
| 67107 | REPAIR DETACHED RETINA, SCLERAL BUCKLING |
| 67108 | REPAIR DETACHED RETINA, WITH VITRECTOMY |
| 67110 | REPAIR DETACHED RETINA BY INJECTION OF AIR OR OTHER GAS |
| 67141 | TREATMENT OF RETINA, CRYOTHERAPY, DIATHERMY |
| 67145 | TREATMENT OF RETINA, PHOTOCOAGULATION |
| 67250 | REINFORCE EYE WALL |
| 67255 | REINFORCE/GRAFT EYE WALL |

 |
| 14 | postcomp21postcomp22postcomp23postcomp24postcomp25 | During the timeframe from (computer display catsurdt2 to catsurdt2 + 30 days), what complication(s) requiring an additional surgical procedure was documented?**Indicate all that apply:**1. Retained lens fragments (residual parts of the natural lens such as the nucleus or cortex left in the eye)
2. Endophthalmitis (serious infection in the eye)
3. Dislocated lens implant or wrong power lens implant
4. Retinal detachment
5. Wound dehiscence
 | 21,22,23,24,25 | **Please select all post cataract surgery complications documented within 30 days after the second cataract surgery.**If dislocated lens implant or wrong power lens implant is documented, select value 3. Suggested data sources: ophthalmology notes, procedure reports, operative reports |
| 15 | compsurg2 | Enter the date the surgical procedure related to the post-operative complication was performed.  | mm/dd/yyyy

|  |
| --- |
| >= catsurdt2 and <= 30 days after catsurdt2 |

 | Enter the exact date the surgical procedure related to the post-operative complication was performed.Suggested data sources: ophthalmology notes, procedure report, operative report |
| 16 | typesurg2 | Enter the name of the surgical procedure that was performed.

|  |
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|  |

 | Free text | Enter the name of the surgical procedure as documented in the procedure report. |