



PQRI Flow Sheet: Ophthalmology

C A T A R A C T S

Patient Name

Practice Medical
Record Number

Birth Date
(mm/dd/yyyy)

Male / Female
Gender

National Provider
Identifier (NPI)

Date of Service

CPT Code for
Procedure

Documentation in medical record of visual functional status must include:
Documentation that patient is operating well with vision or not operating well with vision based on discussion with the patient OR documentation of use of a standardized scale or completion of an assessment questionnaire (e.g., VF-14, ADVS [Activities of Daily Vision Scale], VFQ [Visual Function Questionnaire]).

Auditing

All orders must be documented and can include:

- Written Orders
- Verbal Orders
- Standing Orders

Eligibility

PQRI does not include Medicare managed care plans. The program is only applicable to traditional Medicare.

Patient Eligibility

1. Is the patient entitled to traditional Medicare?	YES	NO	If NO is circled for any question, STOP. Do not report quality data.
2. Is the patient's ICD-9 diagnostic code included in the following list: 366.00, 366.01, 366.02, 366.03, 366.04, 366.09, 366.10, 366.11, 366.12, 366.13, 366.14, 366.15, 366.16, 366.17, 366.19, 366.20, 366.22, 366.34, 366.41, 366.42, 366.43, 366.45, 366.46?	YES	NO	
3. Is the patient's procedure code included in the following list: 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245?	YES	NO	

Cataracts: Assessment of Visual Functional Status

If Yes, Report

1. Visual functional status assessed (within last 12 months)	YES	NO	I055F
2. Visual functional status NOT assessed for <u>medical reason</u>	YES	NO	I055F - IP
<i>Document medical reason:</i>			
3. Visual functional status NOT assessed, no reason specified	YES	NO	I055F - 8P

Patient Eligibility

1. Is the patient entitled to traditional Medicare?	YES	NO	If NO is circled for any question, STOP. Do not report quality data.
2. Is the patient's procedure code included in the following list: 66982, 66983, 66984 (without modifier 55)?	YES	NO	

Cataracts: Pre-Surgical Assessment

If Yes, Report

1. Pre-surgical (cataract) axial length, corneal power measurement And method of intraocular lens power calculation documented (must be performed within six months prior to surgery).	YES	NO	3073F
2. Pre-surgical assessment NOT performed for <u>medical reason</u>	YES	NO	3073F - IP
<i>Document medical reason:</i>			
3. Pre-surgical assessment NOT performed, no reason specified	YES	NO	3073F - 8P

Patient Eligibility

1. Is the patient entitled to traditional Medicare?	YES	NO	If NO is circled for any question, STOP. Do not report quality data.
2. Is the patient's procedure code included in the following list: 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66984?	YES	NO	

Cataracts: Pre-Surgical Dilated Fundus Evaluation

If Yes, Report

1. Pre-surgical dilated fundus evaluation performed (within six months prior to surgery)	YES	NO	2020F
2. Pre-surgical dilated fundus evaluation NOT performed for <u>patient reason</u>	YES	NO	2020F - 2P
<i>Document patient reason:</i>			
3. Pre-surgical dilated fundus evaluation NOT performed, no reason specified	YES	NO	2020F - 8P