

Medicare's Post-Operative Visit Data Collection

SAVE AND EXIT

You have selected an **INPATIENT VISIT**. Please select "Next" to continue or "Save and Exit" to return back to the home navigation page to select a different visit.

INPATIENT VISIT

What was the date of this visit?

09/08/2018

You may include some additional information below to identify this visit in case you or your clinical or support staff need to return to complete this visit later. Please note that providing this information is **optional**, and will be kept **confidential**.

OPTIONAL VISIT INFORMATION:
(e.g. initials, time of visit, etc.)

AM rounds pt 1

INPATIENT VISIT

Visit Date: 09/08/2018

Visit Label: AM rounds pt 1

Where did this visit take place? If you have seen or expect to see the patient in more than one location today, please check all that apply.

- Acute inpatient, non-ICU
- Acute inpatient, ICU
- Post-acute, long-term care facility, or skilled nursing facility
- Other inpatient setting

Please select the name of the facility where the visit took place. Begin by typing the first few letters of the name in the box below to generate a list of facility names.

Use "Other" to provide a facility or hospital name that is not included in the list below.

Other (please specify): Main St Hospital

Now we will ask you some questions about the visit. As a reminder, you may have clinical or support staff assist you with any of these questions.

What was the date of the cataract surgery?

09/08/2018

Did you perform any other procedures for the same patient on the same day as the cataract surgery (including bilateral procedures) that are related to this visit?

- Yes
 No

Are there any other procedures not performed on the same day as the cataract surgery that are related to this visit (e.g., a procedure of the fellow eye or other ophthalmologic procedure)?

- Yes
 No

Where did the *primary* procedure take place?

Inpatient hospital (includes acute care hospital, emergency department, and long-term care facility) ▼

What was the primary payment source for the procedure?

- Medicare or Medicare Advantage
 Medicaid, CHIP, or other state-based program
 Commercial
 Other (including self-pay, TRICARE, VA, etc.)
 Don't know

Would you typically perform a pre-operative visit on the day of or the day before this procedure?

- Yes
 No

What is the age of the patient?

72

What is the self-identified gender of the patient?

- Male
 Female
 Transgender
 Does not identify as female, male, or transgender (non-binary/third gender)

Where did this patient come from prior to this admission?

- Home
 Transported from another healthcare facility (e.g., hospital, skilled nursing facility, long-term care facility)
 Not known
 Other

Which, if any, of the following staff assisted you **on the day of this visit**? Please do not include nurse practitioners (NPs), physician assistants (PAs) and other staff who are billing for this visit separately from you. If no staff assisted you, please select "None" below.

	Assisted in Visit?
Nurse Practitioner (NP)	<input checked="" type="checkbox"/>
Physician Assistant (PA)	<input type="checkbox"/>
Resident	<input type="checkbox"/>
None	<input type="checkbox"/>

Next, we would like to learn more about the activities that were performed on the day of the visit. Please think through all of the activities on the day of the visit as you answer the questions below.

Please indicate who performed each activity **on the day of** this visit and indicate whether the activity was performed face-to-face and/or non-face-to-face. If an activity was not performed, please select "Not performed" for that activity.

Did you and/or the following staff...

Review information (lab results, pathology, imaging, operative notes, etc.)?

	You personally	Your NP/PA	Not performed
Face-to-face	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-face-to-face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you and/or the following staff...

Review interim patient history and discuss interim progress (e.g. pain, fever, new complaints, etc.)?

	You personally	Your NP/PA	Not performed
Face-to-face	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-face-to-face	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did you and/or the following staff...

Conduct a patient exam and/or perform routine post-operative activities (e.g., assess visual acuity, perform slit lamp exam, measure intraocular pressure)?

	You personally	Your NP/PA	Not performed
Face-to-face	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you and/or the following staff...

Perform *non-routine* post-operative activities (e.g., aqueous release via paracentesis for IOP spike)?

	You personally	Your NP/PA	Not performed
Face-to-face	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you and/or the following staff...

Provide counseling to the patient and/or family?

	You personally	Your NP/PA	Not performed
Face-to-face	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-face-to-face	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Did you and/or the following staff...

Write progress notes, orders, prescriptions, forms, or other paperwork/charting?

	You personally	Your NP/PA	Not performed
Face-to-face	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-face-to-face	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Did you and/or the following staff...

Provide care coordination, not including routine follow-up scheduling (e.g. discussed with another provider, arranged home health, etc.)?

	You personally	Your NP/PA	Not performed
Face-to-face	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-face-to-face	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Did you perform any other procedures on the day of the visit (not related to follow-up care) for which you billed separately?

- Yes
- No

What was the approximate total time in minutes that you *personally* spent on all **face-to-face** activities on the day of the visit?

minutes

What was the approximate total time in minutes that you *personally* spent on all **non-face-to-face** activities on the day of the visit?

minutes

What was the approximate total time in minutes that your NP/PA(s) spent on assisting you on the day of the visit?

minutes

Did you or another practitioner in your practice last see the patient yesterday (i.e. the day prior to this visit)?

- Yes
- No

How much work was this visit compared to the typical post-operative visit that would occur at this point after this procedure?

- Much more work
- Somewhat more work
- About as much work
- Somewhat less work
- Much less work

How would you bill this visit if you were using E&M codes (i.e. if this visit were not part of the global period)?

Please note that we have shortened the descriptor of each E&M code due to space constraints. CPT® codes, descriptors and other data only are copyright 2017 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association (AMA).

99217 Observation care discharge day management, if the discharge is on other than the initial date of "observation status".

How much work was this visit for you personally, relative to a typical 99232 visit (subsequent hospital care, moderate complexity, minor complication or inadequate response)?

(Assume the work for a typical 99232 visit is 100%. A response of 50% indicates that this visit was half as much work as a typical 99232. A response of 200% indicates that this visit was twice as much work as a typical 99232.)

%

Thank you for your responses. You have completed all of the questions for this particular visit. By clicking "Next" you will return to the home navigation page.

BACK

NEXT

Progress  100%

If you experience technical issues, please call 1-888-246-9504 or email MedicarePostOp@norc.org.

For a list of frequently asked questions (FAQs) please [click here](#).
