

Medicare's Post-Operative Visit Data Collection

SAVE AND EXIT

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

OFFICE VISIT

What was the date of this visit?

09/24/2018

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.)

AK

OFFICE VISIT

Visit Date: 09/24/2018

Visit Label: AK

Where did this visit take place?

- Office
- Hospital outpatient department
- Emergency department
- Ambulatory surgical center
- Other ambulatory setting

Did this visit take place at your primary practice site **Surgical Associates**?

- Yes
- No

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

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?

09/23/2018

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?

Office

What is the age of the patient?

24

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 the visit?

- Home
- Transported from another healthcare facility
- Not known
- Other

Was the scheduling of this visit expected as part of the typical post-operative course for the procedure(s) performed?

- Expected
- Unexpected

Was today's visit the first post-operative outpatient visit since the procedure?

- Yes
- No

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 type="checkbox"/>
Physician Assistant (PA)	<input checked="" type="checkbox"/>
Resident	<input checked="" type="checkbox"/>
Registered Nurse (RN)	<input type="checkbox"/>
Licensed Practical Nurse (LPN)	<input type="checkbox"/>
Medical/Technical Assistant (MTA)	<input type="checkbox"/>
Certified Surgical Technologist (CST)	<input type="checkbox"/>
Certified Ophthalmic Assistant (COA), Certified Ophthalmic Technician (COT), or Certified Ophthalmic Medical Technologist (COMT)	<input type="checkbox"/>
Optometrist	<input type="checkbox"/>
Other staff	<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	Your resident	Not performed
Face-to-face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-face-to-face	<input type="checkbox"/>	<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	Your resident	Not performed
Face-to-face	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-face-to-face	<input type="checkbox"/>	<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	Your resident	Not performed
Face-to-face	<input checked="" type="checkbox"/>	<input 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	Your resident	Not performed
Face-to-face	<input checked="" type="checkbox"/>	<input 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	Your resident	Not performed
Face-to-face	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-face-to-face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Did you and/or the following staff...

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

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

What was the approximate total time in minutes that your resident(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).

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How much work was this visit for you personally, relative to a typical 99213 visit (office/outpatient established patient, low complexity, low/moderate severity)?

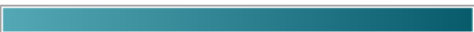
(Assume the work for a typical 99213 visit is 100%. A response of 50% indicates that this visit was half as much work as a typical 99213. A response of 200% indicates that this visit was twice as much work as a typical 99213.)

%

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](#).