

Flaum Eye Institute at the University of Rochester
 Posterior Segment Imaging Form (Outside Referrals)

Time Dilated: _____

Initials:

Patient Name: _____
 DOB: _____
 Diagnosis: _____

REFERRING DR: _____
 ADDRESS/OFFICE: _____
 OFFICE PHONE: _____

*Need all information above before we can proceed with testing. Please indicate imaging needs below, and PRIMARY eye MUST be indicated for Angiograms.

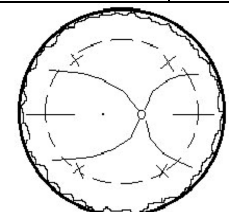
Unable to FAX any of the test results for items below

Posterior Segment Imaging OCT/HRT	Master Charge Code (1516)		
TECH:	Right	Left	Bilateral
Optic Nerve Scan (RNFL) <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU <input type="checkbox"/> Cirrus RNFL (OCT) <input type="checkbox"/> HRT (HRT)	RNFL <input type="checkbox"/> 0513*RT CPT 92133	RNFL <input type="checkbox"/> 0513*LT CPT 92133	RNFL <input type="checkbox"/> 0513 CPT 92133
Macular Scan (MAC) <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU <input type="checkbox"/> Cirrus MAC (OCT) <input type="checkbox"/> Stratus (OCT), only used for certain studies	MAC <input type="checkbox"/> 0514*RT CPT 92134	MAC <input type="checkbox"/> 0514*LT CPT 92134	MAC <input type="checkbox"/> 0514 CPT 92134

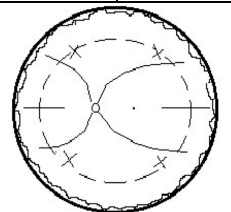
Retinal Fundus Photography (FUN)	Master Charge Code (1516)		
TECH:	Right	Left	Bilateral
<input type="checkbox"/> Zeiss Fundus Camera <input type="checkbox"/> HRA <input type="checkbox"/> 30° <input type="checkbox"/> 50° <input type="checkbox"/> Color <input type="checkbox"/> Red-free <input type="checkbox"/> Auto Fluor (ON drusen) <input type="checkbox"/> Red-free <input type="checkbox"/> IR <input type="checkbox"/> FAF (lipofuscin)	<input type="checkbox"/> 0425*RT CPT 92250	<input type="checkbox"/> 0425*LT CPT 92250	<input type="checkbox"/> 0425 CPT 92250

Fields	Stand 3 1, 2 & PP	Fields 1, 2, 3	Sweep 8 Fields	Disc 1x & 2x	other	HRA Fields	F1 Disc	F2 Mac	F3 T-mac	Fields 1, 2, 3	other
<input type="checkbox"/> OD						<input type="checkbox"/> OD					
<input type="checkbox"/> OS						<input type="checkbox"/> OS					
<input type="checkbox"/> OU						<input type="checkbox"/> OU					

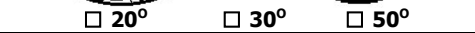
Comments: _____



20°



30°



50°

Fluorescein Angiogram (FAN) / Indocyanine Green Angiograms (ICG)	Master Charge Code (1516)		
TECH:	Right	Left	Bilateral
<input type="checkbox"/> 20° <input type="checkbox"/> 30° <input type="checkbox"/> 50° Primary Eye (transit eye): <input type="checkbox"/> OD <input type="checkbox"/> OS (Transit eye MUST be selected) Specific Location: <input type="checkbox"/> Macula center <input type="checkbox"/> Disc center <input type="checkbox"/> Other: _____ Mid's & Lates: <input type="checkbox"/> OU <input type="checkbox"/> angiogram only on primary eye	FAN <input type="checkbox"/> 0451*RT CPT code: 92235 ICG <input type="checkbox"/> 0414*RT CPT code: 92240	FAN <input type="checkbox"/> 0451*LT CPT code: 92235 ICG <input type="checkbox"/> 0414*LT CPT code: 92240	FAN <input type="checkbox"/> 0411*50 CPT code: 92235 ICG <input type="checkbox"/> 0415*50 CPT code: 92240

- ICD-9 Codes for FP, FA & ICG (F=FA, I=ICG, O=OCT/HRT, Photos are approved for all diagnosis codes)**
- | | | |
|---|---|---|
| Macular Disease
<input type="checkbox"/> AMD – non neovascular F O 362.51
<input type="checkbox"/> AMD – neovascular F, I, O 362.52
<input type="checkbox"/> Drusen, retina 362.57
<input type="checkbox"/> Angioid Streaks F 363.43
<input type="checkbox"/> CME – Macular Edema F O 362.53
<input type="checkbox"/> CNV (choroid or retinal) F, I, O 362.16
<input type="checkbox"/> Central Serous Retinopathy F, I, O 362.41
<input type="checkbox"/> ERM/Macular Pucker F O 362.56
<input type="checkbox"/> Hypotony maculopathy 360.33
<input type="checkbox"/> Macular hole, pseudohole F O 362.54
<input type="checkbox"/> Maculopathy, toxic F O 362.55
<input type="checkbox"/> Myopic Degeneration F 360.21
<input type="checkbox"/> OHS–Ocular Histo F O 115.92
<input type="checkbox"/> Pattern Dystrophy F O 362.76
<input type="checkbox"/> PED, Serous F O 362.42
<input type="checkbox"/> PED, Hemorrhagic F O 362.43
Diabetic Retinopathy
<input type="checkbox"/> DM (type 1) w/ocular signs F 250.51
<input type="checkbox"/> DM (type 2) w/ocular signs F 250.50
<input type="checkbox"/> DME F 362.07
<input type="checkbox"/> NPDR, NOS F O 362.03
<input type="checkbox"/> PDR F O 362.02 | Occlusions
<input type="checkbox"/> Artery, partial (plaque) 362.33
<input type="checkbox"/> Artery transient(amaurosis) F O 362.34
<input type="checkbox"/> BRAO F O 362.32
<input type="checkbox"/> BRVO F O 362.36
<input type="checkbox"/> CRAO F O 362.31
<input type="checkbox"/> CRVO F O 362.35
<input type="checkbox"/> Vascular Occlusion, NOS F O 362.30
Vascular Disease
<input type="checkbox"/> Coats Syndrome/Exudative F O 362.12
<input type="checkbox"/> Cotton Wool Spots O 362.85
<input type="checkbox"/> Hypertensive Retinopathy F O 362.11
<input type="checkbox"/> Microaneurysms, NOS F O 362.14
<input type="checkbox"/> Retinal Exudates/deposits O 362.82
<input type="checkbox"/> Retinal Hemorrhage F, I, O 362.81
<input type="checkbox"/> Retinal Ischemia F O 362.84
<input type="checkbox"/> ROP, unspecified 362.20
<input type="checkbox"/> Telangiectasia F 362.15
<input type="checkbox"/> Vascular changes, NOS O 362.13
<input type="checkbox"/> Vasculitis, retina F O 362.18
Detachment
<input type="checkbox"/> Retinoschisis F O 361.10
<input type="checkbox"/> Retinal detachment, NOS O 361.00 | Choroid
<input type="checkbox"/> Chorioiditis, gen F, I, O 363.13
<input type="checkbox"/> Chorioretinal scar 363.30
<input type="checkbox"/> Detachment, hemorrh F 363.72
<input type="checkbox"/> Detachment, serous F O 363.71
<input type="checkbox"/> Melanoma F O 190.6
<input type="checkbox"/> Nevus F O 224.6
<input type="checkbox"/> Rupture F 363.63
Dystrophy/Degeneration
<input type="checkbox"/> Choroidal hereditary 363.50
<input type="checkbox"/> Lattice degeneration 362.63
<input type="checkbox"/> Paving stone degen 362.61
<input type="checkbox"/> Reticular degeneration 362.64
<input type="checkbox"/> Retinal dystrophies, cone F O 362.75
<input type="checkbox"/> Retinal dystrophy, NOS O 362.70
<input type="checkbox"/> Retinitis pigmentosa F 362.74
Uveitis/Infection
<input type="checkbox"/> Chorioretinitis, focal F O 363.00
<input type="checkbox"/> Chorioretinitis, NOS F O 363.20
<input type="checkbox"/> Pars Planitis F O 363.21
<input type="checkbox"/> Toxoplasmosis F 130.2
<input type="checkbox"/> Uveitis, Posterior F O 363.20 |
|---|---|---|
- Other: _____
- | |
|---|
| Glaucoma
<input type="checkbox"/> COAG O 365.23
<input type="checkbox"/> Cupping of optic disc O 377.14
<input type="checkbox"/> Glaucoma suspect O 365.00
<input type="checkbox"/> Low tension OAG O 365.12
<input type="checkbox"/> Narrow Angle, anatomic O 365.02
<input type="checkbox"/> Ocular hypertension O 365.04
<input type="checkbox"/> Open angle, unspcific. O 365.10
<input type="checkbox"/> POAG O 365.11
<input type="checkbox"/> Pseudoexfoliation O 365.52
Disc Atrophies & Neuropathies
<input type="checkbox"/> Drusen of optic disc F O 377.21
<input type="checkbox"/> Ischemic Optic neurop F O 377.41
<input type="checkbox"/> Optic neuritis, unspc O 377.30
<input type="checkbox"/> Optic atrophy, unspc F O 377.10
<input type="checkbox"/> Optic papillitis F O 377.31
<input type="checkbox"/> Papilledema, unspc F 377.00
<input type="checkbox"/> Pseudopapilledema F O 377.24
Visions and Field Defects
<input type="checkbox"/> Vision loss, sudden 368.11
<input type="checkbox"/> Vision loss, transient 368.12
<input type="checkbox"/> Visual discomfort 368.13
<input type="checkbox"/> Visual disturbance unsp 368.9
<input type="checkbox"/> Visual field defect O 368.40 |
|---|

Posterior Segment Interpretation OD	OS
OCT <input type="checkbox"/> Normal <input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Worsening <input type="checkbox"/> CME <input type="checkbox"/> SRF <input type="checkbox"/> CNV <input type="checkbox"/> Atrophy HRT <input type="checkbox"/> Edema <input type="checkbox"/> Asymmetry	OCT <input type="checkbox"/> Normal <input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Worsening <input type="checkbox"/> CME <input type="checkbox"/> SRF <input type="checkbox"/> CNV <input type="checkbox"/> Atrophy HRT <input type="checkbox"/> Edema <input type="checkbox"/> Asymmetry
FP <input type="checkbox"/> Normal <input type="checkbox"/> Consistent w/diagnosis <input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Worsening <input type="checkbox"/> Atrophy HRA <input type="checkbox"/> Edema <input type="checkbox"/> Asymmetry <input type="checkbox"/> Drusen <input type="checkbox"/> Hypofluorescent <input type="checkbox"/> Hyperfluorescent	FP <input type="checkbox"/> Normal <input type="checkbox"/> Consistent w/diagnosis <input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Worsening <input type="checkbox"/> Atrophy HRA <input type="checkbox"/> Edema <input type="checkbox"/> Asymmetry <input type="checkbox"/> Drusen <input type="checkbox"/> Hypofluorescent <input type="checkbox"/> Hyperfluorescent
FA <input type="checkbox"/> Normal <input type="checkbox"/> Ischemia <input type="checkbox"/> Leakage ICG	FA <input type="checkbox"/> Normal <input type="checkbox"/> Ischemia <input type="checkbox"/> Leakage ICG

SIGNATURE: _____

Pt. Location: Cornea waiting room Mixed services waiting room Neuro/Glaucoma waiting room Retina/comp waiting area
 Peds waiting room Clinic waiting room Exam room: _____ Other: _____
When done: Pt. to see doctor Pt check-out (3rd floor/ground/Clinic) Surgical Sch: _____ Other: _____