

**Flaum Eye Institute at the University of Rochester**  
**Specular Microscopy, Topography Form, Color Vision 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..

\*\*Unable to FAX any of the test results for items below\*\*

Specular Microscopy Photos – Endothelial Cell Count (SPC) TECH:	Master Charge Code (1516)		
	Right	Left	Bilateral
<input type="checkbox"/> Specular photos (SPC) <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU <input type="checkbox"/> Center only <input type="checkbox"/> Center and periphery	0430*RT CPT Code 92286	0430*LT CPT Code 92286	0430 CPT Code 92286

Specular Microscopy Interpretation    OD	OS
SPC <input type="checkbox"/> Normal <input type="checkbox"/> Consistent w/diagnosis <input type="checkbox"/> Lower than average cell count <input type="checkbox"/> Fuch's	<input type="checkbox"/> Normal <input type="checkbox"/> Consistent w/diagnosis <input type="checkbox"/> Lower than average cell count <input type="checkbox"/> Fuch's
<b>SIGNATURE</b>	

Corneal Topography (COT) TECH:	Master Charge Code (1516)		
	Right	Left	Bilateral
<input type="checkbox"/> Orbscan (COT), Corneal Topography <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU  <i>*Orbscan will only be allowed, according to LCD, for a pre-operative cataract patient if documentation supports that the patient has irregular astigmatism. Its use for this purpose should be rare.</i>	<input type="checkbox"/> 0453*RT CPT 92025	<input type="checkbox"/> 0453*LT CPT 92025	<input type="checkbox"/> 0453 CPT 92025

Corneal Topography Interpretation    OD	OS
COT <input type="checkbox"/> Normal <input type="checkbox"/> Consistent w/diagnosis <input type="checkbox"/> Irregular Astigmatism <input type="checkbox"/> Keratoconus	<input type="checkbox"/> Normal <input type="checkbox"/> Consistent w/diagnosis <input type="checkbox"/> Irregular Astigmatism <input type="checkbox"/> Keratoconus
<b>SIGNATURE</b>	

Color Vision Test, Extended (HCT/D15) TECH:	Master Charge Code (1516)		
	Right	Left	Bilateral
<input type="checkbox"/> D-15 Hue test (D15) <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU, Together <input type="checkbox"/> 100 Hue Farnsworth Munsell (HCT) <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU, Together	<input type="checkbox"/> 0408*52RT CPT 92283 Color vision, ext.	<input type="checkbox"/> 0408*52LT CPT 92283 Color vision, ext.	<input type="checkbox"/> 0409 CPT 92283 Color vision, ext.

Color Vision Interpretation    OD	OS
HCT D15 <input type="checkbox"/> Nml <input type="checkbox"/> Consistent w/diagnosis <input type="checkbox"/> Deutan <input type="checkbox"/> Protan <input type="checkbox"/> Tritan    100 Hue Score <span style="border: 1px solid black; padding: 2px 20px;"> </span>	<input type="checkbox"/> Nml <input type="checkbox"/> Consistent w/diagnosis <input type="checkbox"/> Deutan <input type="checkbox"/> Protan <input type="checkbox"/> Tritan    100 Hue Score <span style="border: 1px solid black; padding: 2px 20px;"> </span>
<b>SIGNATURE</b>	

**ICD-9 Codes for Specular Microscopy and Corneal Topography (S=Specular, T=Topography, C=Color Vision)**

<b>Cornea</b> <input type="checkbox"/> Band-shaped keratopathy    T   371.43 <input type="checkbox"/> Bullous Keratopathy    S   371.23 <input type="checkbox"/> Corneal dystrophy, anterior    S, T   371.52 <input type="checkbox"/> Corneal Dystrophy, heredit    S   371.50 <input type="checkbox"/> Corneal ectasia    T   371.71 <input type="checkbox"/> Corneal edema, unspec.    S   371.20 <input type="checkbox"/> Corneal edema, Cont Lens    S   371.24 <input type="checkbox"/> Corneal opacity, unspec    T   371.00	<b>Cornea (cont.)</b> <input type="checkbox"/> Fuch's corneal dystrophy    S   371.57 <input type="checkbox"/> Granular corneal dystrophy    S   371.53 <input type="checkbox"/> Irregular astigmatism    T   367.22 <input type="checkbox"/> KCN, unspec.    T   371.60 <input type="checkbox"/> KPRO Mechanical comp.    T   996.51 <input type="checkbox"/> Lattice corneal dystrophy    S   371.54 <input type="checkbox"/> Macular corneal dystrophy    S   371.55 <input type="checkbox"/> Mooren's ulcer    T   370.07 <input type="checkbox"/> S/P PK    T   V42.5	<b>Lens/Cataract</b> <input type="checkbox"/> After cataract, unspec    S   366.50 <input type="checkbox"/> Aphakia    S   379.31 <input type="checkbox"/> Cataract, unspecified    S   366.9 <input type="checkbox"/> Cataract fragm S/P surg    S   998.82 <input type="checkbox"/> IOL Mech complication    S, T   996.53 <input type="checkbox"/> Nuclear Sclerosis    S   366.16	<b>Other</b> <input type="checkbox"/> Diplopia    T   368.2 <input type="checkbox"/> Iris Atrophy    S   364.51 <input type="checkbox"/> Pterygium, unspecified    T   372.40 <input type="checkbox"/> Soemmering's ring    S   366.51  <b>Color</b> <input type="checkbox"/> Achromatopsia    C   368.54 <input type="checkbox"/> Acquired Color deficiency    C   368.55 <input type="checkbox"/> Color Deficiency, Other    C   368.59 <input type="checkbox"/> Deutan - red(+)/green(-)    C   368.52 <input type="checkbox"/> Protan - red(-)/green(+)    C   368.51 <input type="checkbox"/> Tritan - blue/yellow    C   368.53
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Other: \_\_\_\_\_

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