

Flaum Eye Institute at the University of Rochester

Visual Field & Pachymetry Form (Outside Referrals)

Time Dilated: _____

Initials: _____

Patient Name: _____
 DOB: _____
 Diagnosis: _____

REFERRING DR: _____
 ADDRESS/OFFICE: _____

OFFICE PHONE: _____
 FAX #: _____

Need all information above before we can proceed with testing. Please fill out all items in the left column below.

**Items below can be faxed if indicated. Please provide a FAX number if requesting results to be faxed.

Visual Field Testing (HVF or GVF)		Master Charge Code (1516)		
TECH:		Right	Left	Bilateral
<input type="checkbox"/> Humphrey Visual Field (HVF) Threshold test <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU <input type="checkbox"/> 24-2 Sita Std. white <input type="checkbox"/> 30-2 Sit Std. white <input type="checkbox"/> 10-2 Central, red or white (circle) <input type="checkbox"/> 24-2 Sita Fast white <input type="checkbox"/> Sita Swap (blue/yellow) <input type="checkbox"/> Other: _____		0433*RT CPT Code: 92083 Extended VF	0433*LT CPT Code: 92083 Extended VF	0433 CPT Code: 92083 Extended VF
<input type="checkbox"/> Goldmann Visual Field (GVF) 3 or more isopters <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU				
<input type="checkbox"/> Humphrey Visual Field (HVF) Screening tests <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU Test Type: _____		0304*RT CPT Code: 92082 Intermediate VF	0304*LT CPT Code: 92082 Intermediate VF	0304 CPT Code: 92082 Intermediate VF
<input type="checkbox"/> Goldmann Visual Field (GVF) 2 isopters <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU <input type="checkbox"/> Diagnostic (2 isopters) <input type="checkbox"/> MV/Disability (include size III) <input type="checkbox"/> Ptosis-size taped/untaped (2 isopt)				

Visual Field Interpretation		OD	OS
HVF	<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"/> Normal <input type="checkbox"/> Consistent w/diagnosis <input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Worsening	
GVF	<input type="checkbox"/> Inconsistent Testing <input type="checkbox"/> Nasal Step <input type="checkbox"/> Arcuate Scotoma <input type="checkbox"/> Enlarged Blind Spot	<input type="checkbox"/> Inconsistent Testing <input type="checkbox"/> Nasal Step <input type="checkbox"/> Arcuate Scotoma <input type="checkbox"/> Enlarged Blind Spot	
<input type="checkbox"/> If interpretation was done on print-out, physician has attached print-out to this form SIGNATURE: _____			

Corneal Pachymetry (PAC)		Master Charge Code (1516)		
TECH:		Charge codes and modifiers		
<input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU		0420*RT CPT Code: 76514	0420*LT CPT Code: 76514	0420 CPT Code: 76514
<input type="checkbox"/> Pachymetry: OD: _____ (PAC) OS: _____				

Pachymetry Interpretation		OD	OS
PAC	<input type="checkbox"/> Normal/Average Thickness <input type="checkbox"/> Thicker Than Normal <input type="checkbox"/> Thinner Than Normal	<input type="checkbox"/> Normal/Average Thickness <input type="checkbox"/> Thicker Than Normal <input type="checkbox"/> Thinner Than Normal	
SIGNATURE: _____			

ICD-9 Codes for Visual Fields and Pachymetries (V=visual field, P=Pachymetry)

Macular Disease <input type="checkbox"/> AMD – non neovascularization V 362.51 <input type="checkbox"/> AMD – neovascularization V 362.52 <input type="checkbox"/> AMD, unspecified V 363.50 <input type="checkbox"/> CME – Macular Edema V 362.53 <input type="checkbox"/> CNV (choroid or retinal) V 362.16 <input type="checkbox"/> CSCR V 362.41 <input type="checkbox"/> Cystoid Mac. Degen V 362.53 <input type="checkbox"/> ERM/Macular Pucker V 362.56 <input type="checkbox"/> Macular hole, pseudohole V 362.54 <input type="checkbox"/> Maculopathy, toxic V 362.55 <input type="checkbox"/> Pattern Dystrophy V 362.76 <input type="checkbox"/> PED, Serous V 362.42 <input type="checkbox"/> PED, Hemorrhagic V 362.43 Diabetic Retinopathy <input type="checkbox"/> BDR V 362.01 <input type="checkbox"/> DME V 362.07 <input type="checkbox"/> NPDR V 362.03 Detachment <input type="checkbox"/> Retinoschisis V 361.10 <input type="checkbox"/> Retinal, NOS V 361.00 <input type="checkbox"/> Serrous detachment, RPE V 362.42 Dystrophy/Degeneration <input type="checkbox"/> Retinal dystrophy V 362.75 <input type="checkbox"/> Retinal dystrophy, hereditary V 362.70	Occlusions <input type="checkbox"/> Artery, transient V 362.34 <input type="checkbox"/> BRAO V 362.32 <input type="checkbox"/> BRVO V 362.36 <input type="checkbox"/> CRAO V 362.31 <input type="checkbox"/> CRVO V 362.35 <input type="checkbox"/> Vascular Occlusion, NOS V 362.30 Vascular Disease <input type="checkbox"/> Coats Syndrome V 362.12 <input type="checkbox"/> Cotton Wool Spots V 362.85 <input type="checkbox"/> Hypertensive Retinopathy V 362.11 <input type="checkbox"/> Microaneurysms, NOS V 362.14 <input type="checkbox"/> Retinal Exudates/deposits V 362.82 <input type="checkbox"/> Retinal Hemorrhage V 362.81 <input type="checkbox"/> Retinal Ischemia V 362.84 <input type="checkbox"/> Telangiectasia V 362.15 <input type="checkbox"/> Vascular changes, NOS V 362.13 <input type="checkbox"/> Vasculitis, retina V 362.18 Choroid <input type="checkbox"/> Chorioiditis, generalized V 363.13 <input type="checkbox"/> Detachment, serous V 363.71 <input type="checkbox"/> Melanoma V 190.6 <input type="checkbox"/> Nevus V 224.6 Uveitis/Infection <input type="checkbox"/> Chorioretinitis, focal V 363.00 <input type="checkbox"/> Chorioretinitis, NOS V 363.20 <input type="checkbox"/> Pars Planitis V 363.21 <input type="checkbox"/> Uveitis, Posterior V 363.20	Cornea <input type="checkbox"/> Bullous Keratopathy P 371.23 <input type="checkbox"/> Endothelial dystrophy P 371.57 <input type="checkbox"/> KCN, unspecified P 371.60 <input type="checkbox"/> Mech Comp Prosth graft P 996.51 <input type="checkbox"/> Peripheral degeneration P 371.48 Glaucoma <input type="checkbox"/> Angle Closure, unspecified V, P 365.20 <input type="checkbox"/> COAG V, P 365.23 <input type="checkbox"/> Cupping of optic disc V 377.14 <input type="checkbox"/> Glaucoma suspect V, P 365.00 <input type="checkbox"/> Low tension OAG V, P 365.12 <input type="checkbox"/> Narrow angle glauc V, P 365.02 <input type="checkbox"/> Ocular hypertension V, P 365.04 <input type="checkbox"/> Open angle, unspecif. V, P 365.10 <input type="checkbox"/> Pigmentary dispersion V, P 365.13 <input type="checkbox"/> POAG V, P 365.11 <input type="checkbox"/> Pseudoexfoliation V, P 365.52 <input type="checkbox"/> Secondary glaucoma V, P 365.60 Visual Field Defects <input type="checkbox"/> Arcuate defect V 368.43 <input type="checkbox"/> Central scotoma V 368.41 <input type="checkbox"/> Constriction V 368.45 <input type="checkbox"/> Cortical blindness V 377.75 <input type="checkbox"/> Enlarged blind spot V 368.42 <input type="checkbox"/> Heteronymous bilateral V 368.47 <input type="checkbox"/> Homonymous bilateral V 368.46 <input type="checkbox"/> Visual field defect, unspecif V 368.40 Other: _____	Neuro/CNS <input type="checkbox"/> Brain tumor, benign V 225.0 <input type="checkbox"/> Brain tumor, malignant V 191.9 <input type="checkbox"/> Multiple Sclerosis V 340 <input type="checkbox"/> Neurofibromatosis, unspe V 237.70 <input type="checkbox"/> Pseudotumor Cerebri V 348.2 <input type="checkbox"/> Stroke V 436 Neuro/Optic Nerve <input type="checkbox"/> Atrophy, unspecified V 377.10 <input type="checkbox"/> Ischemic optic neuropathy V 377.41 <input type="checkbox"/> Neuritis, unspecified V 377.30 <input type="checkbox"/> Neuropathy, unspecified V 377.39 <input type="checkbox"/> Neuroretinitis V 377.03 <input type="checkbox"/> Nerve hypoplasia V 743.59 <input type="checkbox"/> Papilledema V 377.00 <input type="checkbox"/> Papilledema w/IC pressure V 377.01 <input type="checkbox"/> Pseudopapilledema V 377.24 Eyelids/Orbit/Adnexa <input type="checkbox"/> Brow ptosis, unspecified V 374.30 <input type="checkbox"/> Dermatochalasis V 374.87 <input type="checkbox"/> Exophthalmos, unspecif V 376.30 <input type="checkbox"/> Graves Ophthalmopleiga V 242.00 <input type="checkbox"/> Thyrotoxic Exophthalmos V 376.21 Headache/Vision <input type="checkbox"/> Headache, NOS V 784.0 <input type="checkbox"/> Migraine w/aura V 346.00 <input type="checkbox"/> Visual discomfort V 368.13 <input type="checkbox"/> Visual loss, unspecified V 369.9
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Pt. Location:	<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: _____
When done:	<input type="checkbox"/> Pt. to see doctor <input type="checkbox"/> Pt check-out (3 rd floor/ground/Clinic) <input type="checkbox"/> Surgical Sch: _____ <input type="checkbox"/> Other: _____