

Assessment of Visual Functional Status

*This measure is to be reported for all patients aged 18 years and older with cataracts (in either one or both eyes) — a minimum of **once** per reporting period.*

Measure description

Percentage of patients aged 18 years and older with a diagnosis of cataracts who were assessed for visual functional status during one or more office visits within 12 months

What will you need to report for each patient with cataracts for this measure?

If you select this measure for reporting, you will report:

- Whether or not you assessed the visual functional status¹

What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to assess the visual functional status, due to:

- Medical reasons²

In these cases, you will need to indicate that the medical reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

¹Documentation in medical record of visual functional status must include: documentation that patient is operating well with vision or not operating well with vision based on discussion with the patient OR documentation of use of a standardized scale or completion of an assessment questionnaire (eg, VF-14, ADVS [Activities of Daily Vision Scale], VFQ [Visual Function Questionnaire]).

²The medical reason exclusion may be used if a clinician is asked to report on this measure but is not the clinician providing the primary management for cataracts.

Assessment of Visual Functional Status

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information	Billing Information															
Step 1 Is patient eligible for this measure?																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">Yes</th> <th style="width:10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Patient is aged 18 years and older.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Patient has a diagnosis of cataracts.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>There is a CPT E/M Service Code for this visit.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Patient has a diagnosis of cataracts.	<input type="checkbox"/>	<input type="checkbox"/>	There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	<p>Code Required on Claim Form</p> <p>Verify date of birth on claim form.</p> <p>Refer to coding specifications document for list of applicable codes.</p>			
	Yes	No														
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>														
Patient has a diagnosis of cataracts.	<input type="checkbox"/>	<input type="checkbox"/>														
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>														
<p>If No is checked for any of the above, STOP. Do not report a CPT category II code.</p>																
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">Yes</th> <th style="width:10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Visual Function Status</td> <td></td> <td></td> </tr> <tr> <td>Assessed¹</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Not assessed for the following reason:</td> <td></td> <td></td> </tr> <tr> <td>• Medical²</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Visual Function Status			Assessed ¹	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed for the following reason:			• Medical ²	<input type="checkbox"/>	<input type="checkbox"/>	<p>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</p> <p>1055F</p> <p>1055F-1P</p> <p>If No is checked for all of the above, report 1055F-8P (Visual functional status was not assessed, reason not otherwise specified.)</p>
	Yes	No														
Visual Function Status																
Assessed ¹	<input type="checkbox"/>	<input type="checkbox"/>														
Not assessed for the following reason:																
• Medical ²	<input type="checkbox"/>	<input type="checkbox"/>														
<p>Document reason here and in medical chart.</p> <p>_____</p> <p>_____</p>																

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Coding Specifications

Codes required to document patient has cataracts and a visit or procedure for ophthalmologic services occurred:

An ICD-9 diagnosis code for cataracts and a CPT E/M service code are required to identify patients to be included in this measure.

Cataract ICD-9 diagnosis codes

- 366.00, 366.01, 366.02, 366.03, 366.04, 366.09 (infantile, juvenile, and presenile cataract),
- 366.10, 366.11, 366.12, 366.13, 366.14, 366.15, 366.16, 366.17, 366.19 (senile cataracts),
- 366.20, 366.22 (traumatic cataract),
- 366.34 (cataract secondary to ocular disorders),
- 366.41, 366.42, 366.43, 366.45, 366.46 (cataract associated with other disorders)

AND

CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 92002, 92004 (ophthalmological services — new patient),
- 92012, 92014 (ophthalmological services — established patient)

Quality codes for this measure (one of the following for every eligible patient):

CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 1055F:** Visual functional status assessed
- **CPT II 1055F-1P¹:** Documentation of medical reason(s) for not assessing patient's visual functional status
- **CPT II 1055F-8P:** Visual functional status was not assessed, reason not otherwise specified

¹The medical reason exclusion may be used if a clinician is asked to report on this measure but is not the clinician providing the primary management for cataracts.

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