

NEVADA STATE BOARD OF OPTOMETRY



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ADAM SCHNEIDER, ESQ.
Executive Director

JEFFREY AUSTIN, O.D.
Board Member

SALLY BALECHA
Public Board Member

Materials for Item No. 10 re

- Complaint 23-11

Inquiry letter (redacted);

Licensee narrative response (redacted);

Licensee table re medical chronology (redacted); and

Medical records 2017-2020, 2021, 2022, 2023, 2024 (redacted)

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[Licensee address]

[Licensee email address]
via email only

Re: NSBO Complaint# 23-11
Patient: [Patient name]

Dear Dr. [Licensee]-

This office has received information and a complaint alleging your care and treatment of the above-referenced patient may have been unprofessional as defined in Nevada Revised Statute (NRS) 636.295 and Nevada Administrative Code (NAC) 636.230. It is alleged:

[OMD practice] has treated me as a patient since 2017 because I have glaucoma in my left eye. I've been blind on my right side since I was very young. During this time, I've seen doctors [OMD1], [OMD2], and [Licensee]. However, I saw Dr. [Licensee] the most frequently. When [Licensee] saw me, I had uncontrolled eye pressure and an eye infection (from 11/2021-4/2022), and [Licensee] said it was an irritation. [Licensee] advised me to place a warm towel over my eye and prescribed an ointment for the irritation. Despite my repeated complaints about my eyesight deteriorating and my eye condition, [Licensee] did nothing to assist me in getting better.

Since my eye infection was worsening and I needed medical attention immediately, I went to an urgent care facility to see a doctor. However, the urgent care doctor refused to treat me because I had conjunctivitis, and he was unable to prescribe me any more medication because I had glaucoma and was already taking several medications to manage my condition. He advised that I visit my glaucoma specialist right away. He suggested that I put a cold towel on my eye instead of a warm one. After making numerous attempts to request that I want to see a different doctor, my wife came to one of my doctor's appointments with Dr. [Licensee]. She demanded that I see another doctor because I was not getting assistance. [Licensee] became upset and said it wasn't necessary, but I knew that my medical condition was getting worse.

On April 7, 2022, I saw Dr. [OMD2]. After examining my eyes and going over my medical history, he concluded that my eye pressure was out of control and advised glaucoma surgery with trabeculectomy to save my vision. Dr. [OMD2] was unable to respond when I asked him why this surgery hadn't been performed earlier. I was worried about the surgery because I only saw with my left eye and was afraid of losing it and going blind. I, therefore, asked my primary physician to refer me to Dr. Joseph Caprioli at the UCLA Health Stein Eye Institute for a second opinion. I wanted to know if the surgery Dr. [OMD] recommended was the right one.

My appointment with Dr. Caprioli was on May 10, 2022. He performed tests, saw my medical records, and agreed with the trabeculectomy eye surgery that Dr. [OMD2] was recommending. If I didn't get the surgery, I would be at risk of being blind. But he questioned why they were just having the surgery; it needed to be done sooner. He compared the exams he did with the ones done in Las Vegas in January and said that I had lost too much vision between then and now. It should have been performed about two years ago. He also mentioned that the ointment Dr. [Licensee] had prescribed for my glaucoma was the incorrect one because it contained steroids.

Dr. [OMD2] performed the surgery on May 18, 2022, but because it wasn't scheduled sooner, my optic nerve was damaged, and now I have low vision, which is considered legally blind. Both my life and the lives of my family have changed as a result. I blame Dr. [Licensee] for [Licensee's] negligence and make [Licensee] responsible for my blindness. [Licensee] could have sent my case for review if [Licensee] noticed that my eye pressure and eye infections were worsening, but [Licensee] decided to keep prescribing medications that were not helping me. I thank Dr. [OMD2] for acting fast on my medical situation, even though I'm now blind.

Pursuant to NRS 636.305(3), in order to determine whether or not there has been a violation of NRS/NAC 636, please provide a written response to each allegation noted above, as well as a full and complete copy of your healthcare records, billing, invoices, and communications to and from the aforesaid patient. Please include any further information you believe would be useful for the Board to make a determination in this matter.

Your reply to director@nvoptometry.org is due **on or before end of business August 21, 2024**. Should the records be voluminous, usage of Dropbox or ShareFile or the like is encouraged.

Please return the healthcare records and billing with the signed Custodian of Records Declaration, enclosed herewith. If you are not the custodian of records, please indicate where the healthcare records can be obtained.

The Nevada State Board of Optometry investigates all information received concerning possible violations of NRS/NAC 636. This letter is not to be construed as a determination as to whether or not there has been a violation of such laws until a thorough investigation is completed. This correspondence is sent pursuant to NRS 636.305(2) and NRS 636.310(3), and the accompanying subpoena is sent pursuant to NRS 636.141. As a licensee subject to an investigation, you are required by law to provide the requested information.

Please be advised that if the particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the law, specifically including but not limited to NRS 636.295(4) (gross incompetency), (8) (unprofessional conduct in the practice of optometry), (9) (any violation of NRS 636 or NAC 636) and NAC 636.230 (unprofessional conduct with the failure to comply with any provision of a federal, state or local law, ordinance or regulation relating to the provision of optometric services).

Respectfully,

/s/ Adam Schneider
Adam Schneider, Esq.
Executive Director

September 9, 2024

VIA EMAIL to director@nvoptometry.org

Adam Schneider, Esq.
Executive Director
Nevada State Board of Optometry
Post Office Box 1824
Carson City, NV 89702

Re: NSBO Complaint #23-11
Patient: [Patient name]

Dear Nevada State Board of Optometry:

Thank you for the opportunity to address Complaint #23-11 before the Nevada State Board of Optometry. I take the concerns raised by [Patient] very seriously and I appreciate the opportunity to share my thoughts on his care.

By way of background, I am an optometrist with residency training in ocular disease and glaucoma certification in Nevada. Since 2015, I have had the privilege of caring for patients at [practice location] alongside a skilled team of [OMDs].

Patient Overview:

[Patient], a 60-year-old male with a history of Primary Open Angle Glaucoma in his left eye (OS), has been under our care since November 2017. His right eye has been non-visual due to childhood strabismic amblyopia and extensive retinal damage. He also has multiple systemic health conditions, including hypertension, diabetes, a left posterior communicating artery stroke, a patent foramen ovale, and obstructive sleep apnea.

From April 2019 to March 2022, I provided ongoing care for [Patient]. Throughout this time, I regularly consulted with glaucoma specialist Dr. [OMD1] who personally examined the patient and fully supported my treatment decisions, which helped maintain his vision at 20/20 to 20/25. As glaucoma is a chronic and progressive disease that can sometimes worsen despite careful management, it became apparent towards the end of my care that surgical intervention was necessary as medical treatment was no longer effective. After consulting with Dr. [OMD1], we agreed that trabeculectomy surgery was necessary, and it was scheduled for May 18, 2022. [Patient] is now exclusively under Dr. [OMD1]'s care.

Summary of Care (Left Eye):

- **November 2017 - August 2018:** Under Dr. [OMD2]'s care, [Patient]'s vision remained stable at 20/20, with intraocular pressures (IOP) ranging from 8 to 19 mmHg. He was prescribed Latanoprost.
- **April 2019 - July 2019:** I assumed his care after a gap in visits, maintaining his stable vision at 20/20 with borderline IOPs (20-21 mmHg). The optic nerve showed a stable cup-to-disc (C/D) ratio of 0.8. I reinforced the importance of medication adherence and scheduled follow-up tests to closely monitor his condition.
- **November 2019:** During a follow-up with Dr. [OMD3], the patient reported severe pain. IOP was 16 mmHg with possible progression indicated by visual field testing. Despite stable vision, further tests were ordered, including an MRI, due to the patient's recent stroke.
- **January 2020:** I continued monitoring, noting stable vision and IOP at 16 mmHg. Visual field testing showed mild glaucoma with no progression. Maintaining ongoing care with the neurologist-ophthalmologist Dr. Aroucha Vickers due to the recent stroke.
- **August 2020:** Patient presented four months later than recommended. IOP spiked to 43 mmHg, necessitating immediate intervention. I instilled Rocklatan and Combigan in office to verify pressure-lowering efficacy. The patient was instructed to use Combigan twice a day (BID) OS, Rocklatan at bedtime (QHS) OS, and Dorzolamide BID OS. I arranged for the patient to return the following day to see glaucoma specialist Dr. [OMD1] for management of the elevated IOP and evaluation for possible surgery. One day later, direct consultation with Dr. [OMD1] confirmed that surgery was not needed at that time due to effective topical medication control. This careful collaboration and rapid response were key to managing the patient's elevated IOP.
- **September 2020 - April 2021:** I maintained consistent treatment, keeping IOP well-controlled between 9-13 mmHg, with no significant progression. Continued care with neurologist-ophthalmologist Dr. Vickers for headaches.
- **May - June 2021:** The patient developed a chalazion. I treated it with Maxitrol ointment and hot compresses, successfully resolving the issue without impacting his IOP.
- **July 2021 - January 2022:** I monitored recurring chalazion issues, adjusting treatment as needed. By January, I increased Dorzolamide from two times a day to three times a day due to possible visual field progression despite stable IOP at 16 mmHg.
- **March 2022:** The patient developed a possible allergic reaction to medication. IOP elevated to 27 mmHg. I adjusted the treatment plan by discontinuing Dorzolamide three times a day (TID) OS, continuing Combigan OS BID and Latanoprost OS QHS, and introducing Rhopressa QHS OS (which the patient had used in the past with success). Additionally, ophthalmic grade petroleum jelly was recommended for external eyelid irritation. I promptly referred the patient back to Dr. [OMD1] in one week to check IOP and explore surgical options. Visual acuity remained 20/25 during this last visit with the patient.

- **April 2022:** Dr. [OMD1] recommended a trabeculectomy based on the patient's condition. The surgery was scheduled for the next available date, May 18, 2022. The patient continues under Dr. [OMD1]'s exclusive care.

Response to Specific Allegations:

1. Eye Infection and Allegation of Incorrect Medication Prescription

On May 26, 2021, I diagnosed [Patient] with a chalazion, which presented as inflammation due to a blocked meibomian gland. I recommended hot compresses, preservative-free artificial tears, and Maxitrol ointment, a commonly prescribed antibiotic and steroid. Given [Patient]'s glaucoma, I was mindful of the potential risk of increased IOP from steroid use, and I closely monitored his eye pressure throughout. Once the chalazion resolved, I promptly discontinued the ointment. The Maxitrol ointment was prescribed specifically for the chalazion, not for glaucoma, and there were no adverse effects related to its use.

When the patient returned on March 30, 2022, reporting a rash around his eyes, I suspected an allergic reaction to his glaucoma medication. I adjusted his treatment by discontinuing Dorzolamide and reintroducing Rhopressa, which he had previously tolerated well. I also recommended petroleum jelly for external irritation. All decisions were made in line with standard clinical guidelines and the patient was referred back to glaucoma specialist Dr. [OMD1] for further management.

2. Uncontrolled Eye Pressure

[Patient]'s IOP was closely monitored at each visit, and adjustments were made in consultation with glaucoma specialist Dr. [OMD1]. In review of the patient's IOP history, his eye pressures were mostly controlled in the range of 12-16 mmHg for the vast majority of clinic visits. There were two major instances where increased IOP was noted, both of which may have been due to poor compliance or improper use of topical medications; these issues were promptly addressed.

For instance, on August 12, 2020, when his IOP was elevated, I promptly initiated emergency treatment with Dorzolamide BID OS, Combigan BID OS, and Rocklatan QHS OS, while informing Dr. [OMD1]. I arranged for him to be seen by Dr. [OMD1] within 24 hours, during which his pressures were successfully reduced to safe levels, preventing the immediate need for surgery.

In January 2022, I noticed possible progression in his visual field testing, even though his IOP was within target. In response, I increased his medication and scheduled an earlier follow-up for repeat testing to confirm visual field defects.

Lastly, on March 30, 2022, when his IOP was elevated with possible signs of an allergic reaction, I promptly discontinued the suspected medication Dorzolamide, and restarted

Rhopressa, a medication well-tolerated for him in the past. Given the potential need for surgical intervention, I referred him back to Dr. [OMD1] who recommended trabeculectomy surgery. Throughout, I ensured that any significant changes in his condition were managed with care and close collaboration with Dr. [OMD1].

3. Visit to Urgent Care and Recommendation for Immediate Specialist Review

I am not familiar with the details of [Patient]'s urgent care visit. While cold compresses can help reduce inflammation, they do not directly address the underlying cause of a chalazion, which may be better treated with warm compresses to promote gland drainage, as I had recommended. My prescribed treatment followed standard of care guidelines, and I referred him to Dr. [OMD1] for further evaluation.

Regarding specialist care, [Patient] was already under the care of glaucoma specialist Dr. [OMD1] at the time of his urgent care visit. Additionally, his glaucoma was regularly monitored by myself and he has seen at least three other ophthalmologists: Dr. [OMD2], Dr. [OMD3], and Dr. Vickers.

Response to Additional Questions from the Director of the Board:

1. Why wasn't MIGS or trabeculectomy considered earlier?

Minimally Invasive Glaucoma Surgery (MIGS) and trabeculectomy are typically considered when medication is no longer effective in controlling IOP. During my care, [Patient]'s IOP was successfully managed with medications ranging from 12-16 mmHg for the vast majority of visits, and his vision remained stable at 20/20 to 20/25. Given his complex medical history—including low vision in the right eye, hypertension, diabetes, stroke, and other conditions—we carefully considered the potential benefits and risks of surgery at every visit.

However there were two specific instances where surgery was strongly considered due to uncontrolled IOP. The first occurrence was on August 12, 2020, when [Patient] presented four months later than had been recommended with an elevated IOP of 43. I promptly initiated emergency topical treatment, had him wait in the clinic to make sure his pressure was responding, and arranged for him to be seen by glaucoma specialist Dr. [OMD1] within 24 hours. Dr. [OMD1] agreed with my assessment and plan, and since the pressures were brought under control with medications, surgical intervention was not necessary at that time.

The second occurrence of high IOP occurred during [Patient]'s visit on March 30, 2022. Despite being on multiple topical medications, his IOP remained elevated. At that point, I promptly referred him back to Dr. [OMD1], who agreed on his April 7, 2022 visit that surgical intervention was necessary as benefits outweighed potential risks.

The timing of surgical intervention was carefully evaluated in consultation with glaucoma specialist Dr. [OMD1]. Surgery was not pursued earlier, per Dr. [OMD1]'s personal

assessment, as the patient's condition did not warrant it, with the potential risks outweighing the benefits. In August 2020, when [Patient]'s IOP spiked, I promptly managed it with topical medications, successfully lowering his pressure to safe levels, which avoided the need for surgery at that time. However, during my final visit on March 30, 2022, despite adjustments to his medications, his IOP remained uncontrolled. I immediately referred him to Dr. [OMD1] for further evaluation, and Dr. [OMD1] concurred with my assessment, recommending trabeculectomy, as medical management was no longer sufficient to control his elevated IOP.

2. Why didn't an OMD evaluation occur any earlier than April 7, 2022, especially when the patient had glaucoma in his OS since 2017 and was low-vision in his OD since birth?

[Patient]'s care was a collaborative effort involving myself and at least four other eye specialists. His care was initiated by ophthalmologist Dr. [OMD2], who saw him regularly between November 2017 and August 2018. Additionally, [Patient] was also under the care of neuro-ophthalmologist Dr. Aroucha Vickers starting in June 2019, with more frequent visits following his stroke in November 2019. He was also evaluated by ophthalmologist Dr. [OMD3] on November 12, 2019. Lastly, most importantly, [Patient] was seen personally by glaucoma specialist, Dr. [OMD1].

Throughout the course of my care from April 2019 to March 2022, I regularly consulted with and sought the expertise of glaucoma specialist Dr. [OMD1] whenever concerns arose. In addition to our regular consultations, on at least two occasions, I requested that Dr. [OMD1] personally examine [Patient]. For instance, when [Patient]'s IOP was elevated on August 12, 2020, I immediately initiated treatment and arranged for him to see Dr. [OMD1] the following day. After evaluating him on August 13, 2020, Dr. [OMD1] agreed with my assessment and continued the management plan I had implemented. Similarly, on March 30, 2022, when [Patient] presented with a possible allergic reaction and increased IOP, I promptly adjusted his treatment and referred him back to Dr. [OMD1] for evaluation and potential surgical intervention. After Dr. [OMD1] examined him on April 7, 2022, he agreed with my assessment and determined that surgery was necessary. A trabeculectomy surgery was then scheduled for the next available date, May 18, 2022.

3. Allegedly, Dr. Caprioli stated to the patient in May 2022 that the surgery needed to be done sooner. If true, why wasn't it done sooner?

While I hold Dr. Caprioli in high regard, having observed his expertise during my time as a student volunteer at the UCLA Jules Stein Eye Institute, I am unaware of the specifics of his comment or whether he had full access to [Patient]'s medical history. My experience and training with respected ophthalmologists has taught me that glaucoma is a complex and chronic disease requiring individualized treatment based on thorough clinical evaluation. This approach, in collaboration with glaucoma specialist Dr. [OMD1], has always guided the care I provide.

Given [Patient]'s complex medical history—including low vision in his right eye, hypertension, diabetes, stroke, and heart disease—a cautious, balanced approach to his glaucoma management was essential. Initially, his condition was well-controlled, with stable IOP and optic nerve appearance. Over time, he did experience some fluctuations in IOP and visual field tests, which is common in glaucoma.

For example, a visual field test on November 12, 2019, revealed inferior defects, while a subsequent repeated test on January 6, 2020, showed marked improvement. This fluctuation is well-documented in glaucoma studies, which recommend repeating visual field tests to confirm progression. Despite these variations, [Patient]'s vision remained stable at 20/20 to 20/25 during my care.

Surgical intervention was considered and carefully timed based on ongoing assessments of [Patient]'s condition, ensuring that we balanced the potential benefits against the inherent risks. For instance, on August 12, 2020, when [Patient]'s IOP was elevated, I initiated immediate treatment and arranged for him to see Dr. [OMD1] within 24 hours. By then, his IOP had normalized, and surgery was not required. In fact, Dr. [OMD1] reduced the number of medications due to the stable IOP.

By March 30, 2022, however, when his IOP was again elevated and there were indications of potential visual field progression, it became clear that medical management alone was no longer sufficient. I adjusted his medications and promptly referred him back to Dr. [OMD1] for a surgical evaluation. Trabeculectomy surgery was deemed necessary and scheduled.

Throughout [Patient]'s care, surgical options were carefully weighed, and it was only after thorough clinical judgment and consideration of both risks and benefits that Dr. [OMD1] recommended surgery.

Final Thoughts:

I deeply empathize with the challenges [Patient] is facing right now, especially following his trabeculectomy surgery. While it is unfortunate that his vision has declined post-surgery, I can confidently say that every effort was made during my care to stabilize his vision and ensure his condition was managed appropriately. My thoughts are with him, and I remain hopeful for his continued progress.

I hope this response has clarified the evidence-based and collaborative approach I took in managing [Patient]'s glaucoma. His care was closely monitored, with timely interventions and a thorough evaluation of all treatment options. Throughout his care, I worked in close partnership with glaucoma specialist Dr. [OMD1] to ensure that any concerns, particularly elevated IOP, were promptly and appropriately addressed. Each decision was made with [Patient]'s best interests in mind, carefully weighing the risks and benefits of medical versus surgical treatment.

Given the complexity and duration of [Patient]'s care, attached is a table with key findings from each clinic visit that may be helpful in your review of the case.

Thank you for your time and service to all Nevadans and to the optometric profession.

Sincerely,

/s/ *[Licensee e-signature]*

[Licensee], O.D.

Attachment

Date Provider Page #	Chief Complaint	Best Corrected Visual Acuity Intraocular Pressure Cup/Disc Pertinent Findings	Diagnostic Testing	Treatment & Management
11/15/2017 Dr. [OMD2]	New patient exam. Did not take pressure lowering drop Latanoprost for 2 months	20/20 IOP 19 0.8	Optic Nerve Photos: Deep central cup	- Restarted Latanoprost QHS OS - RTC 3 months with Dr. [OMD2] Visual Fields and OCT Nerve
12/6/2017 Dr. [OMD2]	Glaucoma follow-up	20/20 IOP 15 0.8	OCT Nerve: irregular distribution, moderate superior thinning VF: MD -0.62 dB, blotchy non-specific defects Gonioscopy: deep angle 40 degrees trace pigment Pachymetry: CCT 542 average corneal thickness	- OCT consistent with "mild glaucoma" - "IOP at good range" - Continue with Latanoprost QHS OS - RTC 3 months for repeat VF
3/21/2018 Dr. [OMD2]	Glaucoma follow-up	20/20 IOP 8 0.8	VF: MD -2.27 dB, normal	- IOP doing well - Continue with Latanoprost QHS OS - RTC 4 months for IOP check, 6 months for repeat VF
8/1/2018 Dr. [OMD2]	Glaucoma follow-up	20/20 IOP 19 0.8	None	- IOP target set to high teens - Misses dose of medication twice weekly - Continue with Latanoprost QHS OS - RTC 4 months for repeat VF, if shows progression will lower target pressure and add a medication
4/3/2019 Dr. [Licensee]	Glaucoma Follow-up - lost to follow-up - last seen Dr. [OMD2] 8 months ago on 8/1/2018	20/20 IOP 21 0.8	VF: MD -0.49 dB, scattered non-specific points	- No signs of progression or loss of vision on VF - IOP borderline. Questionable compliance with topical medications as patient was lost to follow-up for 7 months - Continue with Latanoprost QHS OS - emphasized importance of using drops as instructed - RTC 3 months for dilated exam with fundus photos
7/10/2019 Dr. [Licensee]	Glaucoma Follow-up "eyes are stable"	20/20 IOP 20 dilated 0.8	Fundus photos: Advanced cupping thin rim	- No signs of progression with C/D - IOP borderline but measured dilated - Continue with Latanoprost QHS OS - RTC 3-4 months for IOP check, VF, OCT Nerve
11/12/2019 Dr. [OMD3]	Glaucoma Follow-up "severe pain left eye which all started last night"	20/20 IOP 16 0.8	VF: MD -5.65, arcuate scotoma inferior, suggestive of progression OCT: superior thinning	- Superficial punctate keratitis noted - No foreign body noted - Ophthalmoplegic migraine - ordered SED rate and CRP to rule out temporal arteritis - IOP borderline - Continue with Latanoprost QHS OS. If IOP continues to be borderline at next visit will consider adding additional drops - RTC 4 weeks with Dr. [OMD3] for IOP check and review MRI/CT/Blood work
1/6/2020 Dr. [Licensee]	Glaucoma Follow-up "vision has been same since last visit" - stroke on 11/17/2019 - First MRI stroke - Subsequent MRI normal	20/20 IOP 16 0.8	VF: MD -1.18, blotchy inferior defects, consistent with mild glaucoma, stable OCT: superior thinning moderate, inferior thinning mild	- Set target IOP 16 - IOP is at target - Testing is stable - Continue with Latanoprost QHS OS - Continue care with neurologist due to recent stroke - RTC 3 months for VF due to h/o of recent stroke

8/12/2020 Dr. [Licensee]	Glaucoma Follow-up - returns 4 months late - "vision has remained stable since last visit"	20/20 IOP 43, 30, 30 0.8	VF: MD -3.57, arcuate scotoma inferior, paracentral scotoma, moderate glaucoma	- IOP OS is highly elevated - Testing is stable - Testing reviewed with patient and appears stable at this time. However, he will need stronger IOP control to preserve his vision in his only good eye. Rocklatan and Combigan instilled at slit lamp to verify good pressure lowering. Patient IOP did come down with these drops, however still elevated. Therefore, will add Dorzolamide OS BID as well; and have him start on Combigan OS BID, and Rocklatan OS QHS." - Will have patient RTC tomorrow with Dr. [OMD1] for an IOP check
8/13/2020 Dr. [OMD1]	Glaucoma Follow-up 1 day - "Patient notes he mistakenly took Dorzolamide instead of Rocklatan last night" - "Patient states his vision was 'not right' yesterday but it is back to normal today."	20/20 IOP 9 0.8		- IOP OS greatly improved - Continue Dorzolamide OS BID, Combigan BID OS, Restart Latanoprost QHS OS, Hold on Rocklatan OS QHS - RTC 4 weeks with Dr. [OMD1] for short follow-up
9/25/2020 Dr. [Licensee]	Glaucoma Follow-up - returns 2 weeks late	20/20 IOP 13 0.8		- IOP OS in good range - Continue Dorzolamide OS BID, Combigan OS BID, Latanoprost OS QHS - RTC 3-4 months for complete dilated eye exam with fundus photos and 24-2 VF OS
1/22/2021 Dr. [Licensee]	Glaucoma Follow-up	20/20 IOP 9 0.8	Fundus photo: increased C/D, parapapillary atrophy VF: MD -4.60, arcuate scotoma superior/inferior, paracentral scotoma, difficult to compare secondary to variability	- IOP OS in within great range - Continue Dorzolamide OS BID, Combigan OS BID, Latanoprost OS QHS - RTC 3-4 months for short IOP check and OCT Nerve with Dr. [OMD1]
4/28/2021 Dr. [Licensee]	Glaucoma Follow-up - "sometimes forgets to use drops that need to be used BID, only used QD" - "today he has not used dorzolamide" - "two weeks he is feeling left eye with pain more when he touches his eye, he also claims he frequently headaches, when he has headaches sometimes vision is affected, was evaluated by Neurologist two days ago, was explained needed to do new MRI to check his head."	20/20 IOP 11 0.8 Blocked meibomian gland left upper lid	OCT Nerve: severe superior and inferior thinning	- IOP OS is below target - Testing change - blocked gland left upper lid - recommend warm compresses twice a day and artificial tears four times a day - Continue care with neurologist for headaches - Continue Dorzolamide OS BID, Combigan OS BID, Latanoprost OS QHS - RTC 3 months for VF
5/26/2021 Dr. [Licensee]	Unscheduled visit	20/20 IOP 13		- Posterior blepharitis and chalazion Left Upper Lid: Started Maxitrol ointment BID OS, hot

	- pain in left eye, worse each day - corner of left eye itches all day long - Vision worsen since Friday; only sees poorly when there isn't much light - administers drops the corner of left eye burns for a couple of seconds - did not use Combigan or Dorzolamide this morning	0.8 Chalazion left upper lid		- compresses 5-10 minutes twice daily, Retaine MGD QID OU for symptoms of irritation - IOP OS continues to be in great range - Continue Dorzolamide OS BID, Combigan OS BID, Latanoprost OS QHS - RTC 4 weeks for follow-up
6/30/2021 Dr. [Licensee]	Follow-up for chalazion one month - "Patient states there is no longer any pain and swelling has gone down a lot since his last visit. Patient is compliant with medicated ointment." - "Patient does not do hot compresses"	20/20 IOP 20 0.8 Chalazion left upper lid		- Resolved chalazion LUL - Stop Maxitrol ointment BID OS once done with tube - Continue hot compresses 5-10 minutes twice daily, lid scrubs, and Retaine MGD QID OU for symptoms of irritation - IOP OS borderline - Continue Dorzolamide OS BID, Combigan OS BID, Latanoprost OS QHS - RTC as scheduled 7/28/2021
7/28/2021 Dr. [Licensee]	Glaucoma follow-up 4 week - Patient had itching and swelling in left eye - Patient restarted Maxitrol after being told to discontinue at last visit - "Patient states ointment has been helping with discomfort on the left eye." - "Patient states his peripheral vision is doing very well."	20/20 IOP 16 0.8 Chalazion left upper lid 1+ Nuclear sclerosis cataract	VF: MD -6.25, paracentral scotoma, difficult to compare secondary to variability	- IOP OS at target - Continue Dorzolamide OS BID, Combigan OS BID, Latanoprost OS QHS - Chalazion left upper lid - Restarted Maxitrol ointment BID OS, hot compresses 5-10 minutes twice daily, Retaine MGD QID OU for symptoms of irritation - RTC 2 months
9/22/2021 Dr. [Licensee]	Glaucoma follow-up "Is feeling left eye is better and says chalazion is improved" - Heart surgery two days ago	20/20 IOP 16 0.8 1+ Nuclear sclerosis cataract		- Heart surgery 9/20/2021 Patent Foramen Ovale closure procedure - IOP OS at target - Resolved chalazion LUL - Stop Maxitrol ointment BID OS. Continue hot compresses 5-10 minutes twice daily, lid scrubs daily, Retaine MGD QID OU for symptoms of irritation - Continue Dorzolamide OS BID, Combigan OS BID, Latanoprost OS QHS - RTC 3-4 months for comprehensive dilated exam with VF and fundus photo
1/12/2022 Dr. [Licensee]	Glaucoma follow-up - "Blurred vision usually due to	20/20 IOP 16 dilated 0.8 1+ Nuclear	Fundus photos: increased C/D advanced cupping VF: MD -11.02, blotchy inferior and superior defects, paracentral	- IOP OS at target even with dilation - But given possible progression in testing, will increase Dorzolamide OS from twice a day to three times a day, continue Combigan OS BID,

	diabetes”	sclerosis cataract	scotoma, suggestive of progression	Latanoprost OS QHS - Old chalazion LUL - No signs of infection today. Continue hot compresses 5-10 minutes twice daily, lid scrubs daily, Retaine MGD QID OU for symptoms of irritation - RTC 3 months for repeat VF to confirm defects
3/30/2022 Dr. [Licensee]	Unscheduled visit - 2.5 months - “Red rash on his skin around his eyes” - Used “warm wash cloth around which helps with irritation”	20/25 IOP 27 0.8 1+ Nuclear sclerosis cataract		- IOP OS elevated - Possible allergic reaction to glaucoma medication - Stop Dozolamide OS TID, continue Combigan OS BID, Latanoprost OS QHS - Start Rhopressa QHS OS - May use petroleum jelly around eye lids as needed to help with irritation - RTC 1 week with Dr. [OMD1]
4/7/2022 Dr. [OMD1]	1 week follow- up visit - Did use Rhopressa QHS OS however, pt is only using Combigan once a day - feels left eye is better but still has stand in the left eye, itching in the left upper lid, dry skin, intermittent eye pain 5-6 on scale of 1-10, denies any worsening of vision but states he may be losing peripheral vision	20/25 IOP 21 0.95 1+ Nuclear sclerosis cataract		- IOP OS uncontrolled - Recommends trabeculectomy in near future time frame next available - Continue same glaucoma medications until surgery date 5/18/2022 - Continue Rhopressa QHS OS, Combigan BID OS, Latanoprost QHS OS

Patient History

Physicians:

~~Optometrist:~~

~~Primary Care Physician:~~

~~Referred By:~~

Provider

Presenting History

53 year old male patient here for a glaucoma evaluation sent over by Dr. Henning. Pt states that currently his eyes are doing well, vision is stable with current correction. Hx of amblyopia OD, poor vision. No pain or irritation. Hx of taking a drop in the left eye, unsure of the name. Pt states that he hasn't taken a drop in about 2 months.

Mental Status

Alert and oriented to person, place, and time.

Does this patient take eye medications?

No

Key Information Review

Past Ocular History:

- History of Amblyopia (lazy eye from childhood) of the right eye
- History of Cataract of the left eye
- History of Cataract surgery of the right eye CE w/ IOL in 1989
- No history of Contact lenses (comment if monovision)
- No history of Diabetic retinopathy
- No history of Retinal surgery or laser treatment
- No history of Diplopia (double vision) or prisms in glasses
- No history of Dry Eyes
- History of Glaucoma of both eyes (Indeterminate)
- No history of Glaucoma laser or surgery
- No history of Herpes eye infection
- No history of Keratoconus
- No history of Macular degeneration
- No history of Uveitis
- No history of Pterygium surgery
- No history of LASIK/PRK/RK
- History of Other Diagnosis of the right eye Muscle surgery

Past Ocular Surgeries

Right Eye	Left Eye
1 CE w/ IOL OD - 1989	None
2 Muscle surgery, hx of strabismus	

Evaluation Checklist

Dry Eye - Blepharitis Assessment

Symptoms

Dry Eye Tears & Itches

Medical History

Medical History

General Medical History

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythmia/ Atrial Fibrillation
- No comorbid use (blood thinner)

Bring In Exams?

Visual Acuity, VF - confrontation, Motility, Pupil exam, Dilation Exam, Intraocular Pressure, Slit Lamp Exam and Fundus Exam

Dilation Quality

Visual Acuity

	Date	OD Corrected	OS Corrected
Visit 1	11/15/2017 10:57 AM	NLP	20/20

Confrontation Visual Fields

OD: Full

OS: Full

Ocular Motility

OD) no clinically significant restrictions and OS) no clinically significant restrictions

Pupil Exam

OD) Reaction - Normal, APO - + , Anisocoria, OD<OS

OS) Reaction - Normal,

Muscle Balance

No deviation

Dilation Exam

CJ Vlh Tropicamide 1% and Phenylephrine 2.5% at 11:01 AM

Intraocular Pressure 1

	Date/ Time	Method	OD (mm Hg)	OS (mm Hg)
Visit 1	11/15/2017 10:59 AM	Applanation	19	19

Slit Lamp Exam

	OD	OS
Eyelids	normal	normal
Conjunctiva	white and quiet	white and quiet
Cornea.	clear, with normal stroma and endothellum	clear, with normal stroma and endothellum
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, trace

Fundus Exam

	OD	OS
Vitreous	clear	
Optic Disc	good color and sharp margins	
C/D	0.8	
Macula	Normal with good foveal reflex	
Vessels	normal caliber	
Periphery	no holes or tears	
Lens used	90	
Notes	No view	

Optic Nerve Nerve

Testing

Testing Selection (This Will Also Generate the OPT Code)

Fundus Photo

Fundus Photography Interpretation and Report (92250)

Fundus photo description

In order to document a disease process or follow the progress of a disease, photographs and an interpretation and report of the test may be necessary. Fundus photography involves the use of a digital retinal camera to document abnormalities of the retina, nerve, blood vessels, and disease processes affecting the eye, in order to follow the progress of such disease. The test will be used in the medical decision making for the patient regarding current conditions and evidence of future progression.

Fundus Photo Quality

- Stereo - Good Left Eye.
- Focus - Good Left Eye.

Test Date

- Test done: 11/15/17
- Test interpreted: 11/15/17

Fundus Photo Clinical Indications

Glaucoma OS

Fundus Photo Test Results - Right

Fundus Photo Test Results • Left

- 1 deep central cup
- 2 no disc hemorrhage observed

Fundus Interpretation - Right

Fundus Interpretation - Left

Fundus Photos Narrative (findings, interpretations, conclusions):

Fundus Photos Status

No Comparison Test

III)ression / Plan

Impression Table

1 • POAG

<SpaIMing Item>

ON. Photos were taken to monitor change over time. Baseline testing in 3 weeks. Instructed pt to start back on latanoprost QHSOS.

2 Nuclear Cataract, left eye (1-125.12)

Plan:

• There is a cataract that is developing but based on doctors clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

Will this patient continue, start or change eye medications?

Yes

Cataract, not ready for surgery

There is a cataract that is developing but based on doctors clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

Glaucoma Coding

• POAG

<SpaIMing Item>

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (1-140.1124)

Send a referral letter?

Tests Ordered (with Diagnosis)

Medications Plan

• Start Latanoprost, OS, QHS

Cataract and Lens (ICD-10)

Nuclear Cataract, left eye (1-125.12)

FollowUp

Next Visit Plan and Orders

Next appointment will be a 3 weeks, Dr.. - , Intermediate

VF/OCT/FW, OCT - Glaucoma, 24-2 SITA STD - OD, 24-2

SITA STD - OS, Pachymetry and Gonioscopy

Bring In Meaningful Use Items?

Yes

Mestation

Scribed Note?

Yes

Jttestation Details

Scribe Attestation

Select data for this encounter entered by Aaron Musgrove, acting as scribe for • • • • M D .

Initiakam

Date: 11/15/2017 12:19 PM

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decision made by me. I was present during the time the encounter was recorded and have reviewed the documentation in full for accuracy.

Initiakam

Date: 11/15/2017 12:19 PM

Meaningful Use stage 2**Smoking status:**

Former smoker.

~MUS2 - Patient :Education Resources

~MUS2 - Medication Reconciliation - Patients Transitioning In

~MUS2 - Sun:my of Care - Patients Transitioning Out

-MUS2 - CQMs - Documentation of Current Medications

Current medications not documented; medical contraindication

Ophthalmology CQMs**-MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation**

Cup to disc ratio - left eye, Right eye cup to disc ratio not completed; medical contraindication, Right eye optic disc or retinal nerve fiber layer structural abnormalities not completed; medical contraindication and Left eye optic disc or retinal nerve fiber layer structural abnormalities not completed; medical contraindication

~MUS2 - CQMs - Diabetes Eye Exam

LabWork

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

CPT Codes

MEDICAL HISTORY

Name: [REDACTED]

Date: 11-15-2017

Referring Doctor:

Primary Care Doctor:

NV Eye Surgery

PAST OCULAR HISTORY	YES	NO	EYE	COMMENT	PROCEDURE	YEAR
Amblyopia (lazy eye from childhood)	V		I	t,ovi< 1/17 fd		
Cataract		I				
Cataract Surgery						
Contact lenses (comment if monovision)	J					
Diabetic Retinopathy		J				
Retinatsurgervor LaserTreatment		J				
Diplopia (double vision) or prisms in glasses		J				
Dry Eyes						
Glaucoma	J					
Glaucoma laser or Surgery		J				
Herpes Eye Infection		J				
Keratconus		J				
Macular Degeneration		J				
Uveitis		J				
Pterygium Surgery		J				
LASIK/PRK/RK (Refractive Surgery)		J				
Other Dfagnosis						

MEDICAL HISTORY

Yes No

Notes

Please indicate whether you have had any of the following medical conditions.
If YES, type any additional information in the NOTES column

Hypertension		I	
Coronary artery disease/MI			
Arrhythmia/Atrial Fibrillation		I	
Coumadin use (blood thinner)		I J	
Diabetes (comment on oral vs insulin)		J	
Dementia		J	
Stroke		J	
COPD		J	
Sleep apnea		J	
Asthma		J	
Oxygen use		J	
Past problems with anesthesia		J	
Pacemaker		J	
Artificial Heart Valves or Joints		J	
CARDIOVASCULAR			
Congestive heart failure		J	
Elevated cholesterol		J	
Heart valve disease		J	
DERMATOLOGIC			
Rashes		J	
Skin cancer		J	

	YES	NO	RES
GERD (Reflux - Heartburn)			
Colon cancer			
GI bleeding			
Enlarged prostate			
Kidney disease			
Gallbladder Problems			
HEMATOLOGIC			
Anemia			
Bleeding disorder			
Blood clots			
Leukemia			
Lymphoma			
Hepatitis C			
HIV			
Other infectious disease			
Thyroid disease			
Gout			
Osteoarthritis			
Rheumatoid arthritis			
NEUROLOGIC			
Multiple sclerosis			
Seizures			
Headaches			
PULMONARY			
Lung cancer			
Sarcoid			
Shortness of Breath			
PSYCHIATRIC			
Anxiety			
Depression			
WOMEN'S HEALTH			
Breast cancer			

PAST SURGERIES

	Please list any previous surgeries:	Year of surgery:
1.		
2.		
3.		
4.		
5.		
6.		

FAMILY HISTORY

FAMILY HISTORY	Yes	Which family member?	Explanation
I have no family history of significant medical conditions / diseases	✓		
Family history unknown	✓		
--- EYE PROBLEMS ---			
Blindness	✗		
Glaucoma			
Corneal Disease			
Macular Degeneration			
--- MEDICAL PROBLEMS ---			
Cancer	✓	father	
Diabetes	✓	Uncles / Aunts	
Hypertension	✓		
Stroke	✓		
Other Health Conditions			

SMOKE/ALCOHOL/LIVING HISTORY

☐ DO NOT SMOKE	How many years have you smoked?
☐ CURRENT SMOKER	☐ 1 Year ☐ 3 Years ☐ 5 Years ☐ 10 Years ☐ 20 or more years
☐ USE TO SMOKE	
If you smoke, how much?	If you smoked in the past, how long ago did you quit?
☐ 1 pack per day	☐ less than 1 year
☐ 1-2 packs per day	☐ 1 or 2 years
☐ 2 packs per day	☐ 3 to 5 years
☐ >2 packs per day	☐ more than 5 years
Do you use alcohol on a regular basis?	☐ YES ☒ NO Marital Status? ☐ Single ☐ Married ☐ Divorced ☐ Widowed
Your current living situation?	☐ Home ☐ Apartment ☐ Assisted Living

ALLERGIES

ALLERGIES TO MEDICATIONS	
1.	2.
3.	4.

CURRENT MEDICATIONS

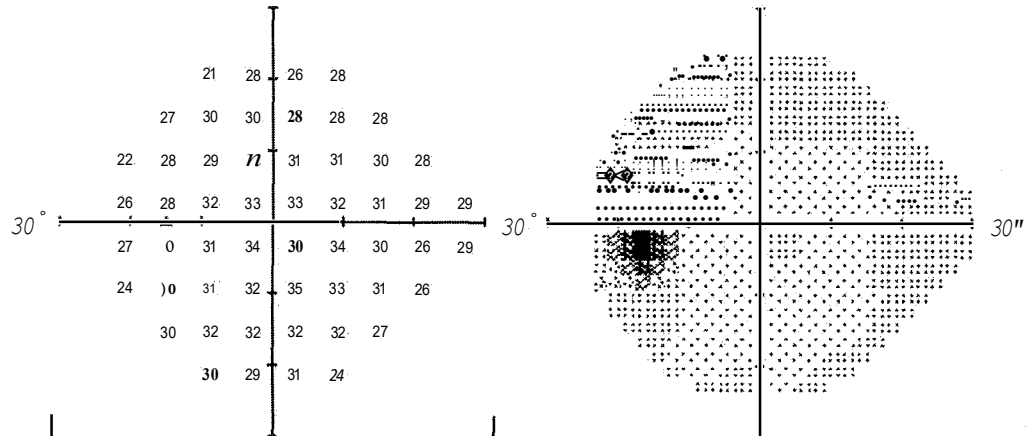
[illegible]

OS Single Field Analysis**Central 24-2 Threshold Test**

Fixation Monitor: Gaze/Blind Spot:
 Fixation Target: Central
 Fixation Losses: 2/13
 False POS Errors: 5%
 False NEG Errors: 0%
 Test Duration: 04:17
 Fovea: OFF

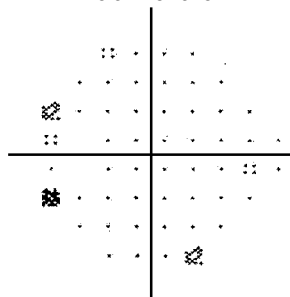
Stimulus: I11,White
 Background: 31.5 asb
 Strategy: SITA-Standard
 Pupil Diameter: 4.8 mm•
 Visual Acuity:
 Rx: +0.00 DS

Date: Dec 06, 2017
 Time: 10:43 AM
 Age: 53



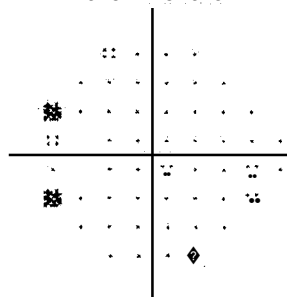
0	1	1
-2	1	0
7	-2	-2
-4	0	0
3	-1	1
-6	-1	0
0	1	1
0	0	2

Total Deviation



7	-1	-2	-1
3	0	1	3
-8	3	-3	0
-4	0	0	1
-4	0	-4	1
7	-2	-2	1
-1	0	0	0
-1	-2	1	-6

Pattern Deviation



GHT: Within Normal Limits

VFI: 98%

MD; -0.62 dB
 PSD; 2.08 dB P < 5%

•• P < 5%
 ♦ P < 2%
 ■ P < 1%
 ■ P < 0.5%

Comments

Signature



Patient History

Physicians:

~~Optometrist~~

Primary Care Physician:

Referred By:

Current Eye Medications • Check in

• Latanoprost OS, QHS

Provider

Does this patient take eye medications?

Yes

Presenting History

53 yr old male patient here for baseline glaucoma testing. POAG indeterminate stage OS. Pt is taking Latanoprost QHS OS as directed. Pt states that OOs 100% compliant with too drop. OD is NLP. No pain or irritation of too eyes.

Key Information Review

Left

Pachymetry 542

LastGonio D40fw/trace pigment

Past Ocular History:

- History of Amblyopia (lazy eye from childhood) of the right eye
- History of Cataract of the left eye
- History of Cataract surgery of the right eye CE w/ IOL in 1989
- No history of Contact lenses (comment if monovision)
- No history of Diabetic retinopathy
- No history of Retinal surgery or laser treatment
- No history of Diplopia (double vision) or prisms in glasses
- No history of Dry Eyes
- History of Glaucoma of both eyes (Indeterminate)
- No history of Glaucoma laser or surgery
- No history of Herpes eye infection
- No history of Keratoconus
- No history of Macular degeneration
- No history of Uveitis
- No history of Pterygium surgery
- No history of LASIK/PRK/RK
- History of Other Diagnosis of the right eye Muscle surgery

Past Ocular Surgeries

Evaluation Checklist

Dry Eye Assessment

Symptoms

Dry Eye Tears & Limes

Medical History

Medical History

General Medical History

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythmia/Atrial Fibrillation
- No coagulation use (blood)

Current Meds

- *No Syst:eni; Medications
latanoprost 0.005 % Eye Drops

Allergies

- No KrwnDrugAllergies

Refresh Meds and Allergies

Refresh Meds and Refresh Allergies

-Hidden**Occupation/ Specific Activities****Exam Diagram****Bring in Exam and Diagrams?**

Yes

Bring in Photos?

No

Exam**Bring In Exams?**

Visual Acuity, Intraocular Pressure and Slit Lamp Exam

Visual Acuity

	Date	OD Corrected	OS Corrected
Visit 1	11/15/2017 10:57 AM	NLP	20/20

Intraocular Pressure 1

	Date/ Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)
Visit 1	11/15/2017 10:59 AM	Applanation	19	19	
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost

Slit Lamp Exam

	OD	OS
Eyelids	normal	normal
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothelium	clear, with normal stroma and endothelium
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCOL	nuclear sclerosis, trace

Optic Nerve Narrative**Tests/ Interpretation****Testing Selection (This Will Also Generate the CPT Code)**

OCT Nerve and Visual Field

OCT of Optic nerve and RNFL Interpretation and Report 92133

OCT Description

OCT, a type of scanning computerized ophthalmic diagnostic imaging (SCODI) allows for early detection of glaucomatous damage to the nerve fiber layer or optic nerve of the eye. It is the goal of these diagnostic imaging tests to discriminate among patients with normal intraocular pressures (IOP) who have glaucoma, patients with elevated IOP who have glaucoma, and patients with elevated IOP who do not have glaucoma. These tests can also provide precise methods of observation of the optic nerve head and can more accurately reveal subtle glaucomatous changes over the course of follow-up exams than visual field and/or disc photos. This can allow earlier and more efficient treatment of the disease process.

Optic Nerve and RNFL OCT Indication Glaucoma

Test Date

- Test done: 12/06/17
- Test interpreted: 12/06/17

Optic Nerve and RNFL OCT Clinical Findings

- Reliable Study OS
- Irregular NFL Distribution OS
- Superior thinning, moderate OS

Optic Nerve and RNFL OCT Comparative Data

- No past OCT available for comparison OU

Optic Nerve and RNFL OCT Narrative

OCT Results OD

OCT Results OS

1. Consistent with mild glaucoma

Optic Nerve and RNFL OCT Clinical Management

Monitor for change with serial testing

Visual Field description

Visual field testing detects defects in the field of vision, testing the function of the retina, optic nerve and optic pathways.

Formal visual field tests are generally performed using a subjective test known as automated perimetry (measurement of the ability to see points of light at varying locations on a curved surface).

Visual Field Clinical Indications

Glaucoma OS

Visual Field Date

- Test done: 12/06/17
- Test interpreted: 12/06/17

Mean Deviation

Mean Deviation	
Left Eye	-0.62

Visual Field Type OD

VF Test Reliability OD

Visual Field Type OS

Protocol OS: • srrA Standard 24-2

VF Test Reliability OS

- 1 Excellent

VF Test Results OD

VF Test Results OS

- 1 Blotchy inferior defects
- 2 Blotchy superior defect

VF Data Interpretation - Right Eye (OD)

VF Data Interpretation - Left Eye (OS)

Consistent with mild glaucoma

VF Change OD

VF Change OS

- 1 No past field available for comparison

VF Narrative (findings, interpretations, conclusions):

Impression / Plan

Impression Table

1 • POAG

<SpaWing Item>

Tests were done, see interpretation report for details. IOP at good range, continue with latanoprost OHS OS. FU in 3 months for a repeat 24-2 HVF.

2 Nuclear Cataract, left eye (1-125.12)

Plan:

• There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

Send a referral letter?

Glaucoma Coding

•POAG

<SpaWing Item>

Cataract and Lens (ICD-10)

Nuclear Cataract, left eye (1-125.12)

Will this patient continue, start or change eye medications?

Yes

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Tests Ordered (with Diagnosis)

- OCT - Glaucoma - OS: Glaucoma Suspect
- Visual Field - OS: Glaucoma

Cataract, not ready for surgery

There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

Medications Plan

- Continue Latanoprost, OS, OHS

Attestation

Scribed Note?

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Aaron Musgrove, acting as scribe for a M.D.

Initial: am

Date: 12/6/2017 11:13 AM

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Initial: J.

Date: 12/6/2017 11:13 AM

FollowUp

Next Visit Plan and Orders
Next appointment will be a 3 months, Dr. [REDACTED], Intermediate
VF/FW and 24-2 SITA STD - OS

Bring In Meaningful Use Items?
Yes

Meaningful Use Stage 2

Smoking status:
Former smoker.

~MUS2 - Patient Education Resources

~MUS2 - Medication Reconciliation - Patients Transitioning
In

~MUS2 - Summary of Care - Patients Transitioning Out

~MUS2 - CQMs • Documentation of Current Medications
Current medications documented

Ophthalmology CQMs

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs • Primary Open-Angle Glaucoma (POAG):
Optic Nerve Evaluation
Optic disc or retinal nerve fiber layer structural abnormalities -
left eye and Left eye cup to disc ratio not completed; medical
contraindication

Lab Work

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of
Presence or Absence of Macular Edema and Level of
Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication
with the Physician Managing Ongoing Diabetes Care

CPT Codes

Established Patient Office Visit
92012 - Intermediate Ophthalmic

Modifier Office VJSit

Diagnostic studies
Following tests were performed today:
1 92020 - Gonioscopy
2 76514 - Pachymetry

Contact Lens / Optical Codes

Self Pay

New Patient Office VJSit

Office Procedures

Consults

Refractive Office VJSit

Signature

Gender: -

Patient ID: -

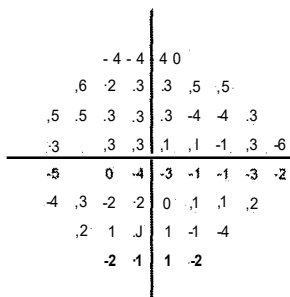
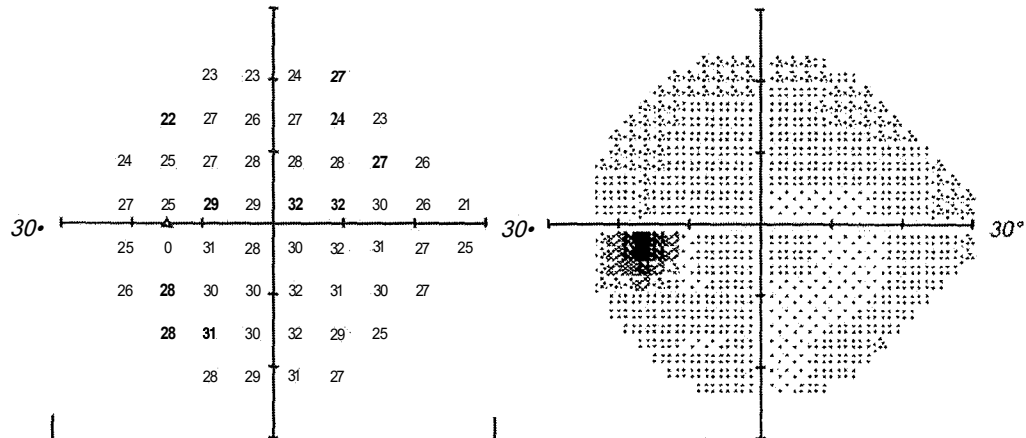
OS Single Field Analysis

Central 24-2 Threshold Test

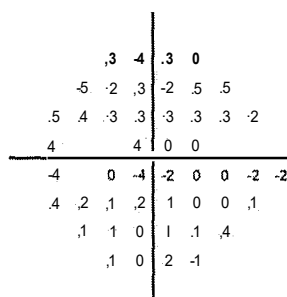
Fixation Monitor: Gaze/Blind Spot
Fixation Target: Central
Fixation Losses: 0/14
False POS Errors: 4%
False NEG Errors: 1%
Test Duration: 05:12
Fovea: Off

Stimulus: 111, White
Background: 31.5 asb
Strategy: SITA-Standard
Pupil Diameter: 5.3mm*
Visual Acuity: Rx: +0.00 DS

Date: Mar21,2018
Time: 7:29AM
Age: 54



Total Deviation



Pattern Deviation

GHT: Within Normal Limits

VFI: 98%

MD: <-.27 (18 P < 5%)

PSD: 1.81 dB P < 10%

•• p < 5%
• P < 2%
• P < 1%
■ P < 0.5%



Comments

Signature



Patient History

Physicians:

Optometrist:

Primary Care physician:

Referred By:

Current Eye Medications - Check In

- Latanoprost OS, QHS

Provider

Does this patient take eye medications?

Yes

Presenting History

54 yr old male patient here for a 24-2 HVF for continued care of POAG indeterminate stage OS. Currently on latanoprost QHS OS, states that he is 100% compliant with the drop. No change from last visit. Vision is stable OS, OD is NIP, comfort measures, currently no pain

Key Information Review

Left	
Pachymetry	542
Last Gonio	D40fw/trace pigment

Past Ocular History:

- History of Amblyopia (lazy eye from childhood) of the right eye
- History of Cataract of the left eye
- History of Cataract surgery of the right eye CE w/ IOL in 1989
- No history of Contact lenses (comment if monovision)
- No history of Diabetic retinopathy
- No history of Retinal surgery or laser treatment
- No history of Diplopia (double vision) or prisms in glasses
- No history of Dry Eyes
- History of Glaucoma of both eyes (Indeterminate)
- No history of Glaucoma laser or surgery
- No history of Herpes eye infection
- No history of Keratoconus
- No history of Macular degeneration
- No history of Uveitis
- No history of Pterygium surgery
- No history of LASIK/PRK/RK
- History of Other Diagnosis of the right eye Muscle surgery

Past Ocular Surgeries

Evaluation Checklist

Dry Eye Assessment

Symptoms

Dry Eye Tears & Limes

Medical History

Medical History

General Medical History

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythm/Atrial Fibrillation

..

Current Meds

- *No Systemic Medications
- latanoprost 0.05 % Eye Drops

..

Allergies

- No Known Drug Allergies

Refresh Meds and Allergies

Refresh Meds and Refresh Allergies

-Hidden

Occupation/ Specific Activities

Exam Diagram

Bring in Exam and Diagrams?

Yes

Bring in Photos?

No

Exam

Bring in Exams?

Visual Acuity, Intraocular Pressure and Slit Lamp Exam

Visual Acuity

	Date	OD Corrected	OS Corrected
Visit 1	11/15/2017 10:57 AM	NLP	20/20

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds {OS}
Visit 1	11/15/2017 10:59 AM	Applanation	19	19	
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost

Slit Lamp Exam

	OD	OS
Eyelids	normal	normal
Conjunctiva	white and quiet	white and quiet
Cornea	clear; with normal stroma and endothelium	clear; with normal stroma and endothelium
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, trace

Optic Nerve Narrative

Tests/ Interpretation

Testing Selection (This Will Also Generate the CPT Code)

Visual Field

Visual Field Test Interpretation and Report (92083)

Visual Field description

Visual field testing detects defects in the field of vision, testing the function of the retina, optic nerve and optic pathways.

Formal visual field tests are generally performed using a subjective test known as automated perimetry (measurement of the ability to see points of light at varying locations on a curved surface).

Visual Field Clinical Indications

Glaucoma OS

Visual Field Date

- Test done: 03/21/18
- Test interpreted: 03/21/18

Mean Deviation

Mean Deviation
Left Eye -2.27

Visual Field Type OD

VF Test Reliability OD

Visual Field Type OS

Protocol OS: • SITA Standard 24-2

VF Test Reliability OS

1 Excellent

VF Test Results OD

VF Test Results OS

1 No abnormal points

VF Data Interpretation - Right Eye (OD)

VF Data Interpretation - Left Eye (OS)

Normal Field Test

VF Change OD

VF Change OS

1 Appears generally stable

VF Narrative (findings, interpretations, conclusions):

Impression / Plan

Impression Table

1 • POAG

<Spawning Item>

HVF was done, see interpretation report for details. IOP doing well, continue with latanoprost QHS OS. FU in 4 months for an IOP check, 6 months for a repeat 24-2 HVF. At that time we will determine severity of POAG or move to suspect.

2 Nuclear Cataract, left eye (H25.12):

Plan:

• There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

3 Amblyopia, Strabismic, right eye (H53.031):

Stable.

4 Blindness right eye, normal vision left eye:

Pain management, stable.

5 Pseudophakia, right eye (296.1):

PC IOL, stable.

Send a referral letter?

Glaucoma Coding

• POAG

<Spawning Item>

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (1-140.1124)

Cataract, not ready for surgery

There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

Will this patient continue, start or change eye medications?

Yes

Neuro • Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Tests Ordered (with Diagnosis)

• Visual Field - OS: Glaucoma

Cataract and Lens (ICD-10)

Nuclear Cataract, left eye (H25.12)

Blindness and low vision ICD-10

Blindness right eye, normal vision left eye

Cataract and Lens (ICD-10)

Pseudophakia, right eye (296.1)

Medications Plan

• Continue Latanoprost, OS, QHS

Attestation

Scribed Note?

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Aaron Musgrove, acting as scribe for [REDACTED].

Initials: am

Date: 3/21/2018 9:12 AM

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation for its accuracy.

Initials:.

Date: 3/21/2018 9:12 AM

Follow Up**Next Visit Plan and Orders**

Next appointment will be a 4 months, Dr. Jackson and Short follow up

Bring in Meaningful Use Items?

Yes

Meaningful Use Stage 2**Smoking status:**

Former smoker.

~MUS2 - Patient Education Resources

~MUS2 - Medication Reconciliation - Patients Transitioning In

~MUS2 - Summary of Care - Patients Transitioning Out

-MUS2 - CQMs - Documentation of Current Medications
Current medications documented

Ophthalmology CQMs

~MUS2 - CQMs - Diabetes Eye Exam

-MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

Left eye cup to disc ratio not completed; medical contraindication and Left eye optic disc or retinal nerve fiber layer structural abnormalities not completed; medical contraindication

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

CPT Codes

Patient History

Physicians:
Optometrist:
Primary Care Physician:
Referred By: Sunrise Imaging

Provider

Does this patient take eye medications?

Presenting History

54 yr old male patient here for 4 ndllm follow up for continue care of POAG indeterminate stage OS/IOP check Hx Pseudophakia OD, Cataract OS.

Patient using Lataprost OS, compliant with drops. Claim; vision remind stable since last visit.

Key Information Review

Left	
Pachymetry	542
Target IOP	high teens
Last Gonio	D40fw/trace pigment

Past Ocular History:

Past Ocular Surgeries

Evaluation Checklist

Dry Eye Assessment

Symptoms

Dry Eye Tears & Times

Medical History

Medical History

General Medical History

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythmia/Atrial Fibrillation
- No medication use (blood thinner)
- No Diabetes (comment on oral vs insulin)
- No Dementia
- No Stroke
- No COPD
- No Sleep apnea
- No Asthma
- No Oxygen use
- No Past problems with anesthesia
- No Pacemaker
- No Artificial Heart Valves or Joints
- No Congestive heart failure
- No Elevated cholesterol
- No Heart valve disease
- No Rashes

Occupation/ Specific Activities

Exam'Diagram

Bring in Exam and Diagrams?
Yes

Bring in Photos?
No

Exam

Bring in Exams?
Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp
Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole
Visit 1	11/15/2017 10:57 AM		NLP		20/20	.20/150	
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50

Current Glasses

Intraocular Pressure 1

	Date/ Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)
Visit 1	11/15/2017 10:59 AM	Appia nation	19	19	
Visit 2	12/6/2017 11:06 AM	Appia nation	18	15	Latanoprost
Visit 3	3/21/2018 9:01 AM	Appia nation	22	8	Latanoprost
Visit 4	8/1/2018 10:03 AM	Applanation	10	19	

Slit Lamp Exam

	OD	OS
Eyelids	normal	normal
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothelium	clear, with normal stroma and endothelium
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, trace

Fundus Exam

	OD	OS
Vitreous		clear
Optic Disc		good color and sharp margins
C/D		0.8
Macula		Normal with good foveal reflex
Vessels		normal caliber
Periphery		no holes or tears
Lens used		90
Notes	No view	

Optic Nerve Nantative

Testsf Interpretation

Testing Selection (This Will Also Generate the CPfCode)

Ir11>ression / Plan

-
-
-

Past Surgeries

- CE w/ IOL OD
- Muscle surgery OD for strabismus
-

Family History

- Cancer
- Diabetes
- Hypertension
- Stroke
- Heart Disease
-
-
-
-

Review of Systems

- General: normal
- ENT: normal
- Cardiovascular: normal
- Respiratory: normal
- Gastrointestinal: normal
- Genital, Kidney, Bladder: normal
- Musculoskeletal: normal
- Skin: normal
- Neurological: normal
- Psychiatric: normal
- Endocrine: normal
- Hematologic/ Lymphatic: normal
- Immunologic: normal
-
-
-
-
-
-
-
-
-
-
-
-

Social History

- Used to smoke
-

Current Meds

- *No Systemic Medications
- latanoprost 0.005 % Eye Drops
-

Allergies

- No Known Drug Allergies

Refresh Meds and Allergies

Refresh Meds and Refresh Allergies

-Hidden

Impression Table

1. • POAG

<Spawning Item>: POAG- lop high teens. At next visit if HVF show progression we will decrease his target and add a medication.

2. Pseudophakia, right eye (Z96.1):

Plan:

• There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

3. Amblyopia, Strabismic, right eye (H53.031):

Stable.

4. Blindness right eye, normal vision left eye:

Pain management, stable.

5. Pseudophakia, right eye (Z96.1):

PC IOL, stable.

Send a referral letter?

Glaucoma Coding

• POAG

<Spawning Item>

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1)

Will this patient continue, start or change eye medications?

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Tests Ordered (with Diagnosis)

Cataract, not ready for surgery

There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Blindness and low vision ICD-10

Blindness right eye, normal vision left eye

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1)

Attestation

Scribed Note?

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Marlene Quintanilla,
acting as scribe for [REDACTED] MD.

Physician Attestation

The documentation recorded by the scribe accurately reflects the
service I personally performed and the decisions made by me. I
was present during the time the encounter was recorded and have
reviewed the documentation information and accuracy.

Sign and date (scribe)

Sign and date (physician)

Follow Up**Next Visit Plan and Orders**

Next appointment will be a 4 months and Intermediate VF/FUV

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources

~MUS2 - Medication Reconciliation - Patients Transitioning
In

~MUS2 - Summary of Care - Patients Transitioning Out

~MUS2 - CQMs - Documentation of Current Medications

Current medications documented

Ophthalmology CQMs

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG):
Optic Nerve Evaluation

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of
Presence or Absence of Macular Edema and Level of
Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication
with the Physician Managing Ongoing Diabetes Care

CPT Codes

Gender: [REDACTED]

Patient ID: [REDACTED]

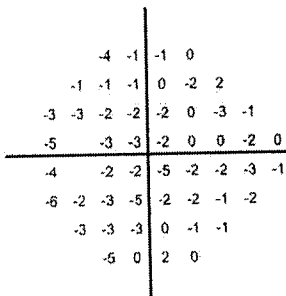
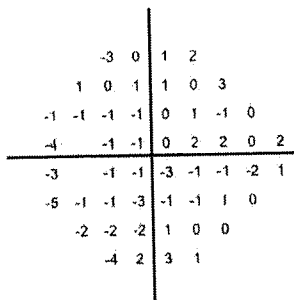
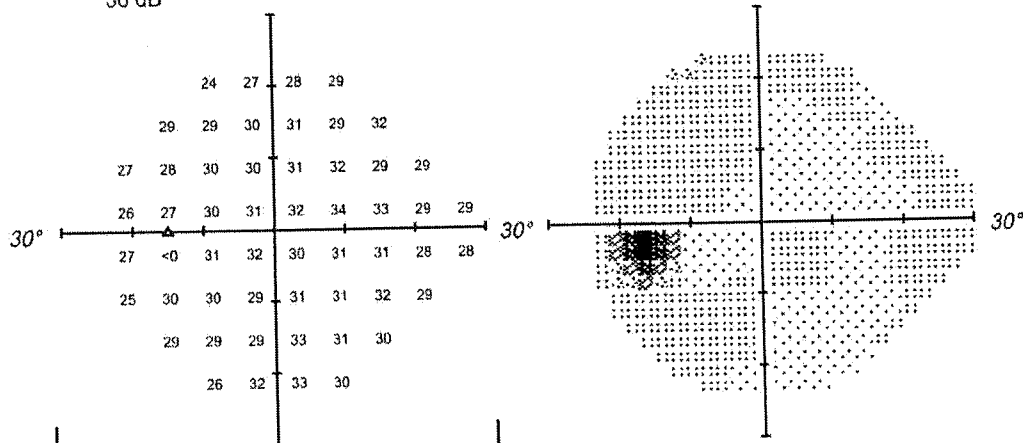
OS Single Field Analysis

Central 24-2 Threshold Test

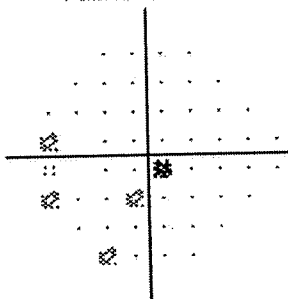
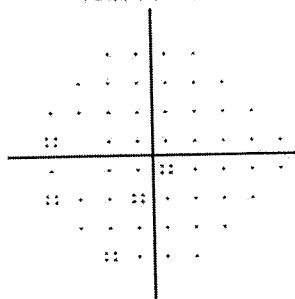
Fixation Monitor: Gaze/Blind Spot
 Fixation Target: Central
 Fixation Losses: 1/13
 False POS Errors: 2%
 False NEG Errors: 0%
 Test Duration: 04:18
 Fovea: 36 dB

Stimulus: III, White
 Background: 31.5 asb
 Strategy: SITA-Standard
 Pupil Diameter: 5.3 mm *
 Visual Acuity: Rx: +0.75 DS

Date: Apr 03, 2019
 Time: 9:47 AM
 Age: 55



GHT: Borderline
 VFI: 99%
 MD: -0.49 dB
 PSD: 1.77 dB P < 10%



:: P < 5%
 ☒ P < 2%
 ☒ P < 1%
 ■ P < 0.5%



Comments

Signature



Patient information

Cataract History Questions

	Answer
Have you had a past eye surgery such as LASIK, RK, or PRK?	NO
Do you wear contact lenses?	YES

Occupation
Master Cook

New Patient Cataract Symptom Checklist

	Not a problem at all
I am bothered by blurry distance vision	☒
I have difficulty driving at night	☒
I have difficulty seeing road signs	☒
I require extra light to read	☒
Bright lights worsen my vision	☒
Words on the television are blurry	☒
In general I would like to see better	☒

Cataract Lifestyle Questions

	Do not agree
I would like to see clearly in the distance without glasses after cataract surgery for activities like driving, golfing, or watching TV	☒
I would like to see clearly up close without glasses after cataract surgery for activities like reading, sewing, or doing crossword puzzles	☒
I would like to see clearly at an intermediate distance without glasses after cataract surgery for activities like shopping and working on the computer	☒
I am interested in the newest technology lens options, even if they add additional cost to my cataract procedure	☒

Cataract Lifestyle Questions II
YES

Vision tasks

	less than 30 minutes	30-60 minutes	1-2 hours
Computer work			☒
Reading		☒	
Watching TV			☒
Driving			☒
Driving at night			☒
Sewing, needlework, or other finely detailed hobby	☒		

<Follow-Up>

<More Info>

Providers

- [REDACTED] MD

Lasik/PRK/ ICL Questionnaire

Lasik Basic Info

	Answer
How long have you lived in Las Vegas?	26 years
What is your occupation?	Master Cook
What Optometrist prescribed your current glasses or contacts?	Optic Gallery
Do you wear Contact Lenses?	Yes
--How long?	Social Events

Lasik 40+ Questions

	Yes	No
Do you ever use reading glasses?	☒	☐
Do you have difficulty seeing small print?	☒	☐
Have you ever tried multifocal contact lenses?	☒	☐
Have you ever tried monovision with contact lenses?	☒	☐
Is it important to you to avoid using reading glasses?	☒	☐

Lasik Questionnaire

	Neutral	Mostly don't agree	Don't agree at all
I have difficulty wearing contact lenses due to dry eye or eye irritation			☒
I would like to be less reliant on flases or contacts			☒
I have difficulty seeing well while driving at night			☒
I notice glare, starbursts, or halos around bright lights	☒		
I am willing to take some risk to achieve good vision		☒	
My glasses or contact lens prescription has been stable over the last few years	☒		

Lasik Medical History

	Yes	No
Are you pregnant or nursing?	☒	☐
Do you have Rheumatoid Arthritis, Lupus, Multiple Sclerosis or any autoimmune disorders?	☒	☐
Are you currently using Accutane or Amiodarone?	☒	☐
Have you ever had Herpes eye infection?	☒	☐
Do you have Keratoconus or any corneal disease?	☒	☐

<Follow-Up>

<More Info>

Providers

- [REDACTED], MD

2019-04-03

Glaucoma Information for New Patients

Glaucoma Information

Past Glaucoma Diagnosis and treatments

	Answers
Has any past EYE DOCTOR told you that you have high eye pressures or glaucoma?	YES
Do you need refills on any eye drops at your upcoming appointment in our office?	YES
Do you think you are experiencing any side effects from your current eye drop medications?	NO
Have you had any glaucoma laser treatments such as ALT, SLT, or laser iridotomy?	NO
Have you had any eye surgeries for glaucoma or high eye pressure such as trabeculectomy, or a glaucoma Implant (Ahmed, Baerveldt)	NO
Do you experience any eye irritation?	NO
Do you have a valid drivers license and regularly drive a car?	YES
Do you have financial concerns about paying for your medications?	NO
Are you happy with your current vision?	NO

Glaucoma Medications Currently Used

Left Eye
Latanoprost (Xalatan) ☒

Glaucoma Medications Used in the Past

Pharmacy and Medication Information

	Type the answers here
Do you use a local pharmacy or mail order for your medications?	Local pharmacy
What is the name of your local or mailorder pharmacy?	Walgreens
What is the phone number of your pharmacy?	[REDACTED]
What is the address of your pharmacy?	[REDACTED]
If you take medication eye drops, do you put them in yourself or does someone do it for you?	Myself
Do you have prescription coverage or do you pay cash for your medications?	Prescription coverage
If you have prescription coverage, find the name of the prescription benefit plan on your insurance card	Culinary
How many times a week do you miss a dose of your medications?	Twice

Glaucoma Medical History Items

Migraine head aches

Referral Information

	Please select the best option	Type the name of the doctor if your were referred by an optometrist or medical doctor
How did you find out about NV Eye Surgery and get this appointment?	Medical Doctor	Esteban Hennings

Previous Doctor Information

<Follow-Up>

<More Info>

Providers

- [REDACTED] MD

Patient Information

Patient Information

DOB: [REDACTED]/1963

Date of Service: 4/3/2019

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Sunrise Imaging

Current Eye Medications - Check In

• Latanoprost OS, QHS

Provider

Presenting History

55 yr old male patient here 4 months late for a 4 month follow up to monitor POAG in the left eye. Patient is scheduled for a 24-2 VF OS. Patient denies any pain or irritation at the moment. Patient has been compliant with his eye medication.

Patient is being monitored for amblyopia in the right eye. Patient says that his vision has been the same since his last visit.

Patient states to have good general health.

Evaluation Checklist

Does this patient take eye medications?

Yes

Key Information Review

Left

Pachymetry 542

Target IOP high teens

Past Ocular History:

Past Ocular Surgeries

Dry Eye Assessment

Symptoms

Dry Eye Tears & Times

Medical History

Medical History

General Medical History

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythmia/Atrial Fibrillation
- No coumadin use (blood thinner)
- No Diabetes (comment on oral vs insulin)

Bring in Exams?

Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150	
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50
Visit 3	4/3/2019 8:22 AM	NLP			20/20		

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+1.00	20	-3.00	DVO	2 years	04/03/2019
OS	-2.75	+1.00	15	-2.25			

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)
Visit 1	11/15/2017 10:59 AM	Applanation	19	19	
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost
Visit 4	8/1/2018 10:03 AM	Applanation	10	19	
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost

Fundus Exam

	OD	OS
Vitreous		clear
Optic Disc	pallor, Poorly defined cup	good color and sharp margins
C/D		0.8
Lens used	90	90
Notes	Extensive Atrophy	

Slit Lamp Exam

	OD	OS
Eyelids	normal	normal
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothelium	clear, with normal stroma and endothelium
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+

Optic Nerve Narrative**Tests/ Interpretation**

Testing Selection (This Will Also Generate the CPT Code)
Visual Field

Visual Field Test Interpretation and Report (92083)

Visual Field description

Visual field testing detects defects in the field of vision, testing the function of the retina, optic nerve and optic pathways. Formal visual field tests are generally performed using a subjective test known as automated perimetry (measurement of the ability to see points of light at varying locations on a curved surface).

Visual Field Clinical Indications

Glaucoma OS

Visual Field Date

- Test done: 4/3/19
- Test interpreted: 4/3/19

Mean Deviation

Mean Deviation	
Left Eye	1.77

VF Test Reliability OS

1. Good

Visual Field Type OD**VF Test Reliability OD****Visual Field Type OS**

Protocol OS: • SITA Standard 24-2

VF Test Results OS

1. Scattered abnormal points

VF Test Results OD**VF Data Interpretation - Left Eye (OS)**

Abnormal, can't rule out glaucoma

VF Data Interpretation - Right Eye (OD)**VF Change OS**

1. Appears generally stable

VF Change OD

VF Narrative (findings, interpretations, conclusions):

Impression / Plan

Impression Table

1. • POAG

<Spawning Item>:

- Target high teens OS.

Patient IOP OS borderline today. No signs of progression or loss of vision from VF testing. Patient will remain on Latanoprost OS QHS for the time being. Emphasized to the patient the importance of using drops as instructed. RTC in 3 months for a complete dilated eye exam with fundus photos.

2. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):

Lens OD looks clear and well positioned, will continue to monitor for signs of PCO.

Based on minimal symptoms and lack of patient complaints OS, surgery is not necessary at this time.

3. Amblyopia, Strabismic, right eye (H53.031): Stable.

4. Blindness right eye, normal vision left eye: Pain management, stable.

Send a referral letter?

Glaucoma Coding

- POAG

<Spawning Item>

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Will this patient continue, start or change eye medications?

Yes

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Tests Ordered (with Diagnosis)

- Visual Field - OS:

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Blindness and low vision ICD-10

Blindness right eye, normal vision left eye

Medications Plan

- Continue Latanoprost, OS, QHS

Attestation

Scribed Note?

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Jeremiah Francisco,
acting as scribe for [REDACTED].

Initials: JF

Date: 4/3/2019 8:32 AM

Physician Attestation

The documentation recorded by the scribe accurately reflects the
service I personally performed and the decisions made by me. I
was present during the time the encounter was recorded and have
reviewed the documentation information and accuracy.

Initials: [REDACTED]

Date: 4/3/2019 8:32 AM

Follow Up**Next Visit Plan and Orders**

Next appointment will be a 3 months, Dr. [REDACTED], Comprehensive,
Dilated and Fundus Photo

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were
provided to patient.

**~MUS2 - Medication Reconciliation - Patients Transitioning
In****~MUS2 - Summary of Care - Patients Transitioning Out****~MUS2 - CQMs - Documentation of Current Medications**

Current medications documented

Ophthalmology CQMs**~MUS2 - CQMs - Diabetes Eye Exam****~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG):
Optic Nerve Evaluation****~MUS2 - CQMs - Diabetic Retinopathy: Documentation of
Presence or Absence of Macular Edema and Level of
Severity of Retinopathy****~MUS2 - CQMs - Diabetic Retinopathy: Communication
with the Physician Managing Ongoing Diabetes Care****CPT Codes**

Patient Information

Patient Information

DOB: [REDACTED]/1963

Date of Service: 7/10/2019

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Sunrise Imaging

Evaluation Checklist

Provider

Current Eye Medications - Check In

- Latanoprost OS, QHS

Presenting History

55 year old male patient here for 3 month follow up for continued monitoring of POAG, indeterminate stage, left eye with Target IOP high teens OS. Patient is scheduled today for comprehensive eye exam, dilation, and fundus photos. Patient is currently using Latanoprost OS QHS (last used last night), he claims good tolerance, refills needed. Patient reports feeling his eyes are stable, he denies pain or new complaints both eyes.

Patient is monitored for Pseudophakia, right eye and Nuclear Cataract, left eye. Patient denies changes in his vision OS since last visit.

Patient followed for Amblyopia, Strabismic, right eye. Patient denies new complaints about it.

Patient is also monitored for Blindness right eye, normal vision left eye. Patient notes his vision OS is stable since last visit.

Patient states to have a good general health.

Mental Status

Alert and oriented to person, place, and time.

Does this patient take eye medications?

Yes

Key Information Review

Left

Pachymetry 542

Target IOP high teens

Past Ocular History:

- History of Cataract of the left eye
- History of Cataract surgery of the right eye
- History of Glaucoma of the left eye

Past Ocular Surgeries

Right Eye

1 CE/IOL

Dry Eye - Blepharitis Assessment

Social History

- Does not smoke for more than five years
- Occupation: Master Cook

Use Erx to update meds/allergies

Current Medications

- *No Systemic Medications
- amlodipine 5 mg tablet
- phentermine 30 mg capsule

Allergies

- No Known Allergies
- No Known Drug Allergies

Exam/Diagram

Bring in Exam and Diagrams?

Yes

Bring in Photos?

No

Dominant Eye

Exam

Bring in Exams?

Visual Acuity, Current Glasses, Manifest Refraction, VF - confrontation, Motility, Pupil exam, Dilation Exam, Intraocular Pressure, Pachymetry, Slit Lamp Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150	
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50
Visit 3	4/3/2019 8:22 AM	NLP			20/20		
Visit 4	7/10/2019 8:11 AM	NLP			20/20		

Dilation Quality

Good

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+1.00	20	-3.00	DVO	2 years	04/03/2019
OS	-2.75	+1.00	15	-2.25			

Manifest Refraction

	Sphere	Cylinder	Axis	BCVA
OD	no improvement			NLP
OS	-2.50	+1.00	15	20/20

Confrontation Visual Fields

OD : Restricted BLINDNESS

OS : Full

Ocular Motility

OD) no clinically significant restrictions and OS) no clinically significant restrictions

Pupil Exam

OD) , , FIXED, NOT REACTIVITY

OS) Reaction - Normal, APD - None

Muscle Balance

Exotropia

Dilation Information

OU with Tropicamide 1% and Phenylephrine 2.5% at 8:15 AM

Pachymetry

	Date	Pachymeter CCT (microns)
OD	7/10/2019	553
OS	7/10/2019	535

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.8
Macula		Normal with good foveal reflex
Vessels		normal caliber
Periphery		no holes or tears
Lens used	90	90
Notes	Extensive Atrophy	

Slit Lamp Exam

	OD	OS
Eyelids	normal	normal
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothelium	clear, with normal stroma and endothelium
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+

Optic Nerve Narrative**Testing**

Testing Selection (This Will Also Generate the CPT Code)

Fundus Photo

Fundus Photography Interpretation and Report (92250)

Fundus photo description

In order to document a disease process or follow the progress of a disease, photographs and an interpretation and report of the test may be necessary. Fundus photography involves the use of a digital retinal camera to document abnormalities of the retina, nerve, blood vessels, and disease processes affecting the eye, in order to follow the progress of such disease. The test will be used in the medical decision making for the patient regarding current conditions and evidence of future progression.

Fundus Photo Quality

- Stereo - Good Left Eye.
- Focus - Good Left Eye.

Test Date

- Test done: 7/10/2019 y
- Test interpreted: 7/10/2019 y

Fundus Photo Clinical Indications

Glaucoma OS

Fundus Photo Test Results - Left

1. Advanced cupping with very thin rim

Fundus Photo Test Results - Right**Fundus Interpretation - Right****Fundus Interpretation - Left**

consistent with advanced glaucoma

Fundus Photos Narrative (findings, interpretations, conclusions):**Fundus Photos Status**

No Comparison Test

Impression / Plan

Impression Table

1. • POAG

<Spawning Item>

- Target high teens OS. Thin CCT values.

IOP OS continues to be borderline, however, Dr. [REDACTED] will not be any changes to drops at this time. Patient will continue the use of Latanoprost OS QHS. Will monitor closely with serial testing and IOP checks. RTC in 3-4 months for a 24-2 VF OS along with OCT nerve and IOP check.

2. Nuclear Cataract, left eye (H25.12):

Surgery is not indicated at this time.

3. Amblyopia, Strabismic, right eye (H53.031):

Will monitor for change.

4. Right Eye Blind (CF,HM,LP):

- NLP OD.

Advised patient for continual use of spectacles glasses OU due to monocular status.

Will this patient continue, start or change eye medications?

Glaucoma Coding

- POAG

<Spawning Item>

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Tests Ordered (with Diagnosis)

- Fundus Photography - OU: Glaucoma
- Pachymetry - OU: Glaucoma

Send a referral letter?

Yes

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

From which doctor?

Dr. [REDACTED]

Blindness and low vision ICD-10

Right Eye Blind (CF,HM,LP)

Referral Letters From [REDACTED]

Send today's note with cover letter to primary care doctor and

Send today's note with cover letter to Optometrist

Cataract and Lens (ICD-10)

Nuclear Cataract, left eye (H25.12)

Follow Up

Next Visit Plan and Orders

Next appointment will be a 3-4 months, Dr. [REDACTED], Intermediate
VF/OCT/FUV, OCT - Glaucoma and 24-2 SITA STD - OS

Bring In Meaningful Use Items?

Yes

Attestation

Scribed Note?

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Analleli Gonzalez, acting as scribe for [REDACTED] MD.

Initials: ag

Date: 7/10/2019 8:25 AM

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Initials: [REDACTED]

Date: 7/10/2019 8:25 AM

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In**~MUS2 - Summary of Care - Patients Transitioning Out****~MUS2 - CQMs - Documentation of Current Medications**

Current medications documented

Ophthalmology CQMs**~MUS2 - CQMs - Diabetes Eye Exam****~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation****~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy****~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care****CPT Codes****Consults****Diagnostic Studies****Contact Lens / Optical Codes****Self Pay******* NEW PATIENT *****

Established Patient Office Visit
92014 - Comprehensive Ophthalmic

Office Procedures**Refractive Office Visit****Signature**

Gender: [REDACTED]

Patient ID: [REDACTED]

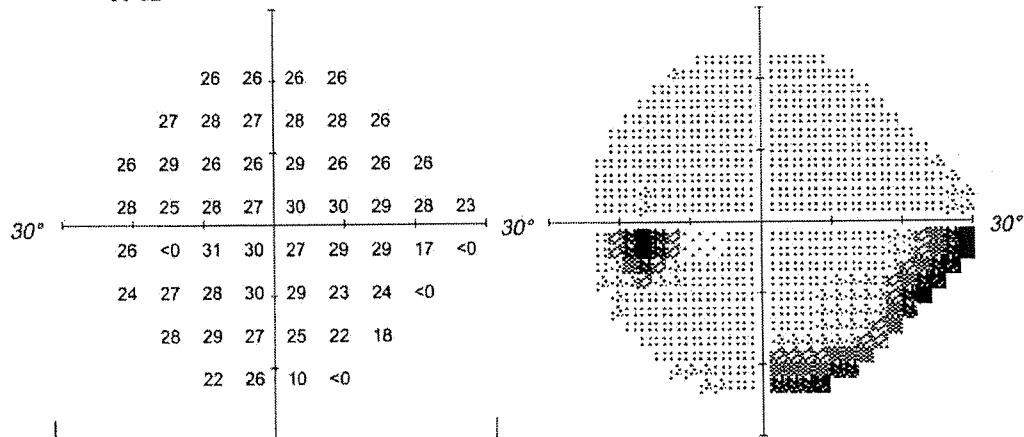
OS Single Field Analysis

Central 24-2 Threshold Test

Fixation Monitor: Gaze Monitor
 Fixation Target: Central
 Fixation Losses: 0/0
 False POS Errors: 0%
 False NEG Errors: Off
 Test Duration: 02:10
 Fovea: 38 dB

Stimulus: III, White
 Background: 31.5 asb
 Strategy: SITA Faster
 Pupil Diameter:
 Visual Acuity:
 Rx: +0.75 DS

Date: Nov 12, 2019
 Time: 2:55 PM
 Age: 55



-1	-1	-1	-2
-1	-1	-3	-2
-4	-1	-5	-3
-2	-4	-6	-3
-5	-1	-2	-6
-6	-4	-4	-2
-3	-2	-4	-6
-8	-4	-20	-31

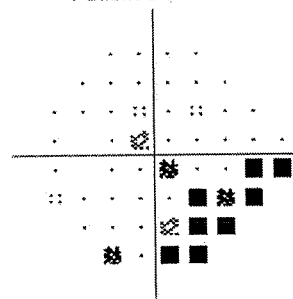
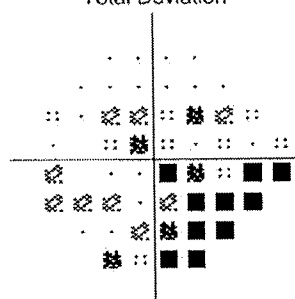
Total Deviation

1	0	0	0
0	0	-1	0
-2	0	-3	-3
-1	-2	-4	-2
-3	0	-1	-4
-5	-3	-3	-1
-1	-1	-3	-5
-7	-3	-19	-30

Pattern Deviation

GHT: Outside Normal Limits

VFI: 90%
 MD24-2: -5.65 dB P < 1%
 PSD24-2: 6.69 dB P < 0.5%



:: P < 5%
 [Symbol] P < 2%
 [Symbol] P < 1%
 [Symbol] P < 0.5%

Comments

Signature



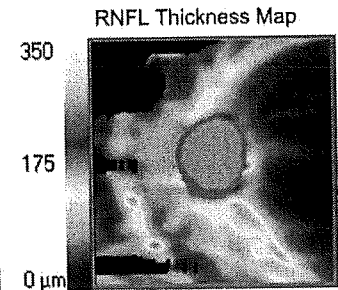
ID:
 DOB: /1963
 Gender:
 Technician: Operator, Cirrus

Exam Date: 11/12/2019
 Exam Time: 2:53 PM
 Serial Number: 5000-20433
 Signal Strength: 8/10

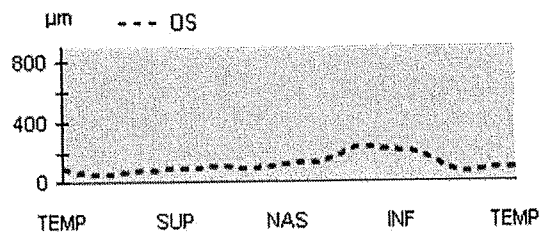
ONH and RNFL OU Analysis: Optic Disc Cube 200x200

OD ☐ ☒ OS

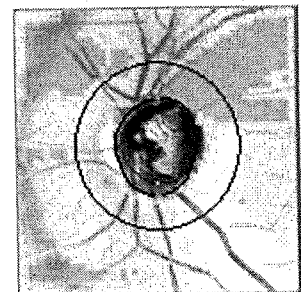
	OD	OS
Average RNFL Thickness	X	71 μ m
RNFL Symmetry		X
Rim Area	X	0.68 mm ²
Disc Area	X	2.73 mm ²
Average C/D Ratio	X	0.86
Vertical C/D Ratio	X	0.84
Cup Volume	X	1.147 mm ³



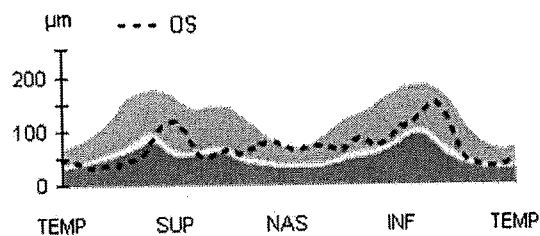
Neuro-retinal Rim Thickness



RNFL Deviation Map



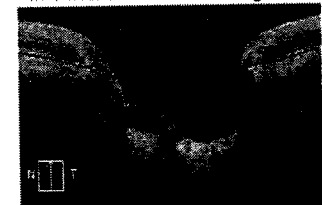
RNFL Thickness



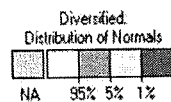
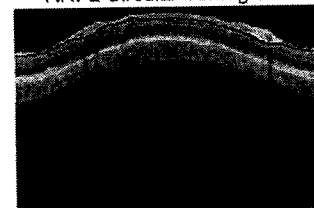
Disc Center(-0.03,0.15)mm
 Extracted Horizontal Tomogram



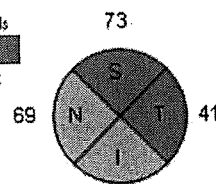
Extracted Vertical Tomogram



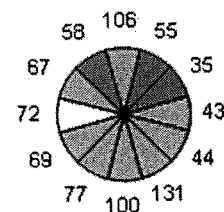
RNFL Circular Tomogram



RNFL Quadrants



RNFL Clock Hours



Comments

Doctor's Signature

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 Page 1 of 1

Patient Information

Patient Information

DOB: [REDACTED]

DOB: [REDACTED]/1963

Date of Service: 11/12/2019

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Sunrise Imaging

Current Eye Medications - Check In

• Latanoprost OS, QHS

Provider

[REDACTED]

Presenting History

55 yr old male patient here for a 4 month follow up to monitor POAG in the left eye. Patient has been compliant with his eye medication.

Patient is being monitored for Cataracts in the left eye. Patient says that his vision has been ok.

Patient has complaints of severe pain in the left eye which all started last night.

Patient states to have good general health.

Evaluation Checklist

Does this patient take eye medications?

Yes

Key Information Review

Left	
Pachymetry	542
Target IOP	high teens

Past Ocular History:

Past Ocular Surgeries

Right Eye	
1	CE/IOL

Dry Eye Assessment

Symptoms

Dry Eye Tears & Times

Medical History

Medical History

General Medical History

- No Hypertension

Exam/Diagram

Bring in Exam and Diagrams?

Yes

Bring in Photos?

No

Exam**Bring in Exams?**

Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150	
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50
Visit 3	4/3/2019 8:22 AM	NLP			20/20		
Visit 4	7/10/2019 8:11 AM	NLP			20/20		
Visit 5	11/12/2019 2:34 PM	NLP			20/20		

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+1.00	20	-3.00	DVO	2 years	04/03/2019
OS	-2.75	+1.00	15	-2.25			

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.8
Macula		Normal with good foveal reflex
Vessels		normal caliber
Periphery		no holes or tears
Lens used	90	90
Notes	Extensive Atrophy	

Slit Lamp Exam

	OD	OS
Eyelids	normal	normal
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothelium	SPK
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens	no FB noted

Optic Nerve Narrative

Tests/ Interpretation

Testing Selection (This Will Also Generate the CPT Code)
OCT Nerve and Visual Field

Visual Field Test Interpretation and Report (92083)

Visual Field description

Visual field testing detects defects in the field of vision, testing the function of the retina, optic nerve and optic pathways. Formal visual field tests are generally performed using a subjective test known as automated perimetry (measurement of the ability to see points of light at varying locations on a curved surface).

Visual Field Clinical Indications
Glaucoma OU

Visual Field Date

- Test done: 11/12/2019 Y
- Test interpreted: 11/12/2019 Y

Mean Deviation

Mean Deviation	
Left Eye	-5.65

Visual Field Type OD

VF Test Reliability OD

Visual Field Type OS

Protocol OS: • SITA Standard 24-2

VF Test Reliability OS

1. Good

VF Test Results OS

1. Arcuate Scotoma, Inferior

VF Test Results OD

VF Data Interpretation - Left Eye (OS)

Consistent with severe glaucoma

VF Data Interpretation - Right Eye (OD)

VF Change OS

1. Suggestive of progression

VF Change OD

VF Narrative (findings, interpretations, conclusions):

OCT of Optic nerve and RNFL Interpretation and Report 92133

OCT Description

OCT, a type of scanning computerized ophthalmic diagnostic imaging (SCODI) allows for early detection of glaucomatous damage to the nerve fiber layer or optic nerve of the eye. It is the goal of these diagnostic imaging tests to discriminate among patients with normal intraocular pressures (IOP) who have glaucoma, patients with elevated IOP who have glaucoma, and patients with elevated IOP who do not have glaucoma. These tests can also provide precise methods of observation of the optic nerve head and can more accurately reveal subtle glaucomatous changes over the course of follow-up exams than visual field and/or disc photos. This can allow earlier and more efficient treatment of the disease process.

Optic Nerve and RNFL OCT Indication

Glaucoma

Test Date

- Test done: 11/12/2019 Y
- Test interpreted: 11/12/2019 Y

Optic Nerve and RNFL OCT Clinical Findings

- Reliable Study OS
- Superior thinning, severe OS

Optic Nerve and RNFL OCT Comparative Data

- No past OCT available for comparison OS

Optic Nerve and RNFL OCT Narrative**OCT Results OS**

1. Consistent with advanced glaucoma

OCT Results OD**Optic Nerve and RNFL OCT Clinical Management**

Monitor for change with serial testing

Impression / Plan

Impression Table

1. • POAG
<Spawning Item>
• Target high teens OS.

Thin CCT values.
Borderline IOP OS. Will not make changes to drops at this time.
Should continue the use of Latanoprost OS QHS. If IOP continues to be borderline at next visit will consider adding additional drops.

2. Nuclear Cataract, left eye (H25.12):
There is a cataract that is developing but based on doctor's clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. Doctor will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

3. Amblyopia, Strabismic, right eye (H53.031):
Stable.

4. Right Eye Blind (CF,HM,LP):
• NLP OD.
Patient should use ATS OU QID and warm compresses OU BID.

5. Ophthalmoplegic migraine, intractable (G43.B1):
• Teeth tenderness per patient information.
Patient educated on condition. Will refer patient out for SED rate and CRP to rule out TA.

Send a referral letter?

Glaucoma Coding

- POAG
<Spawning Item>

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Will this patient continue, start or change eye medications?

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Tests Ordered (with Diagnosis)

Cataract and Lens (ICD-10)

Nuclear Cataract, left eye (H25.12)

Blindness and low vision ICD-10

Right Eye Blind (CF,HM,LP)

Systemic Conditions and Symptoms (ICD-10)

Ophthalmoplegic migraine, intractable (G43.B1)

Attestation

Scribed Note?

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Analleli Gonzalez, acting as scribe for [REDACTED] MD.

Initials: AG

Date: 11/12/2019 2:36 PM

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Initials: [REDACTED]

Date: 11/12/2019 2:36 PM

Follow Up**Next Visit Plan and Orders**

Next appointment will be a 4 weeks, Dr [REDACTED], Short follow up IOP Ck and Review MRI/CT/Blood work

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In**~MUS2 - Summary of Care - Patients Transitioning Out****~MUS2 - CQMs - Documentation of Current Medications**
Current medications documented**Ophthalmology CQMs****~MUS2 - CQMs - Diabetes Eye Exam****~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation****~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy****~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care****CPT Codes**

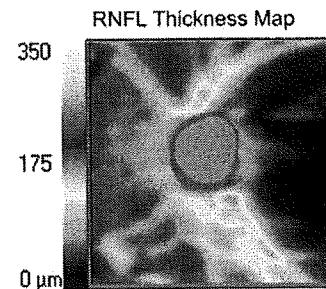
ID: [REDACTED]
 DOB: [REDACTED]/1963
 Gender: [REDACTED]
 Technician: Operator, Cirrus

Exam Date: 1/6/2020
 Exam Time: 9:01 AM
 Serial Number: 5000-20433
 Signal Strength: 9/10

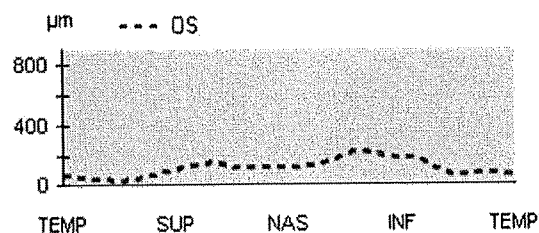
ONH and RNFL OU Analysis: Optic Disc Cube 200x200

OD ☐ OS ☒

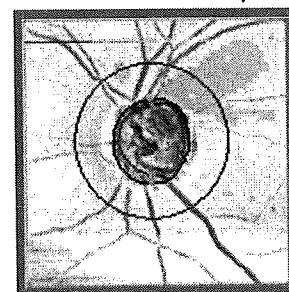
	OD	OS
 Average RNFL Thickness	X	74 μ m
RNFL Symmetry		X
Rim Area	X	0.64 mm ²
Disc Area	X	2.60 mm ²
Average C/D Ratio	X	0.87
Vertical C/D Ratio	X	0.86
Cup Volume	X	1.114 mm ³



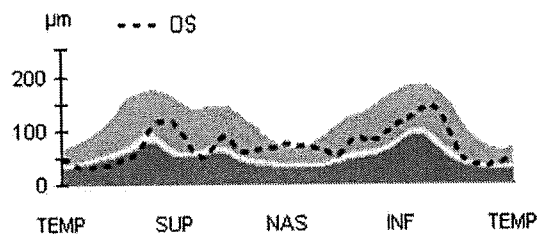
Neuro-retinal Rim Thickness



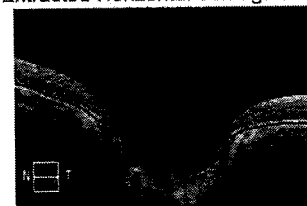
RNFL Deviation Map



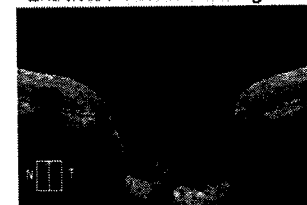
RNFL Thickness



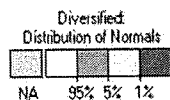
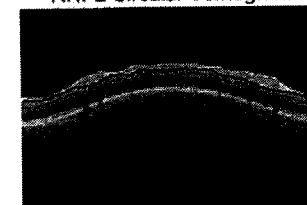
Disc Center(-0.15,0.30)mm
 Extracted Horizontal Tomogram



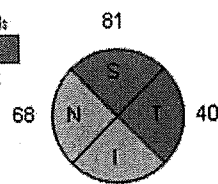
Extracted Vertical Tomogram



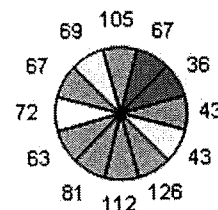
RNFL Circular Tomogram



RNFL Quadrants



RNFL Clock Hours



Comments

Doctor's Signature

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 Page 1 of 1

Gender: [REDACTED]

Patient ID: [REDACTED]

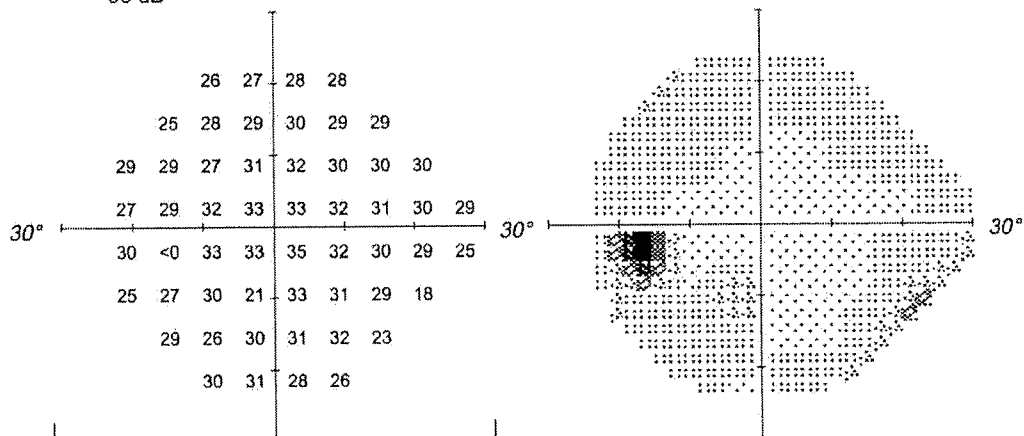
OS Single Field Analysis

Central 24-2 Threshold Test

Fixation Monitor: Gaze Monitor
 Fixation Target: Central
 Fixation Losses: 0/0
 False POS Errors: 6%
 False NEG Errors: Off
 Test Duration: 02:04
 Fovea: 35 dB

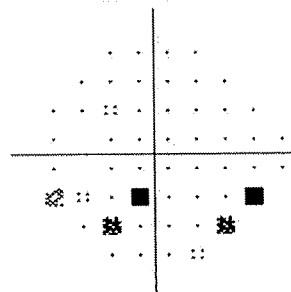
Stimulus: III, White
 Background: 31.5 asb
 Strategy: SITA Faster
 Pupil Diameter:
 Visual Acuity:
 Rx: +0.75 DS

Date: Jan 06, 2020
 Time: 9:06 AM
 Age: 56



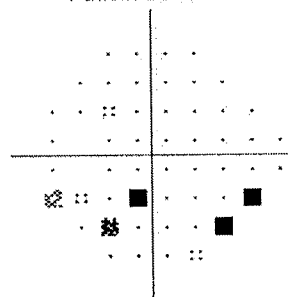
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-3	-1	0	0
0	-1	-4	0
-3	0	1	1
-1	1	0	2
-5	-4	-2	-11
-1	-5	-1	0
0	1	-2	-4

Total Deviation



-1	-1	0	0
-4	-2	-1	-1
-1	-1	-4	-1
-3	0	0	0
-1	0	-1	1
-6	-5	-3	-12
-2	-6	-2	0
0	0	-3	-4

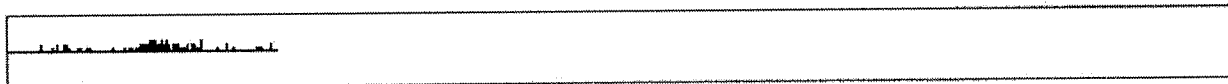
Pattern Deviation



GHT: Outside Normal Limits

VFI: 97%
 MD24-2: -1.18 dB
 PSD24-2: 2.84 dB P < 2%

:: P < 5%
 :: P < 2%
 :: P < 1%
 ■ P < 0.5%



Comments

Signature



Patient Information

Patient Information

DOB: [REDACTED]

DOB: [REDACTED]/1963

Date of Service: 1/6/2020

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Sunrise Imaging

Other Physician:

Current Eye Medications - Check In

- Latanoprost OS, QHS

Provider

Presenting History

56 yr old male patient here for a 7 week follow up to monitor POAG in the left eye. Patient is scheduled for an OCT Nerve and VF 24-2 OS today. Patient has been compliant with his eye medication.

Patient is being monitored for Cataracts in the left eye. Patient says that his vision has been the same since his last visit.

Patient states he had a stroke on 11/17/2019. He states his vision was affected. Patient states it started with symptoms of temporal pain on the left side, along with teeth tenderness. Patient states he had an MRI and MRI showed the stroke, and he was admitted to the hospital for 5 days. When he had a second MRI, his MRI appeared normal. Patient does not have any significant affects after stroke, other than his vision. Patient is being followed by neurologist, and has an appt next month.

Evaluation Checklist

Does this patient take eye medications?

Yes

Key Information Review

Left	
Pachymetry	542
Target IOP	high teens

Past Ocular History:

Past Ocular Surgeries

Right Eye	
1	CE/IOL

Dry Eye Assessment

- ***No Systemic Medications**
- amlodipine 5 mg tablet
- phentermine 30 mg capsule

Allergies

- No Known Allergies
- No Known Drug Allergies

Exam/Diagram**Bring in Exam and Diagrams?**

Yes

Bring in Photos?

No

Exam**Bring in Exams?**

Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+1.00	20	-3.00	DVO	2 years	04/03/2019
OS	-2.75	+1.00	15	-2.25			

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		

Slit Lamp Exam

	OD	OS
Eyelids	normal	normal
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothelium	SPK
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens	

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.8
Lens used	90	90
Notes	Extensive Atrophy	

Optic Nerve Narrative**Tests/ Interpretation**

Testing Selection (This Will Also Generate the CPT Code)
OCT Nerve and Visual Field

Visual Field Test Interpretation and Report (92083)

Visual Field description

Visual field testing detects defects in the field of vision, testing the function of the retina, optic nerve and optic pathways. Formal visual field tests are generally performed using a subjective test known as automated perimetry (measurement of the ability to see points of light at varying locations on a curved surface).

Visual Field Clinical Indications

Glaucoma OU

Visual Field Date

- Test done: 1/6/2020 y
- Test interpreted: 1/6/2020 y

Mean Deviation

Mean Deviation	
Right Eye	-1.18

Visual Field Type OD

Protocol OD: • SITA Standard 24-2

VF Test Reliability OD

1. Good

Visual Field Type OS**VF Test Reliability OS****VF Test Results OD****VF Test Results OS**

1. Blotchy Inferior Defects

VF Data Interpretation - Right Eye (OD)**VF Data Interpretation - Left Eye (OS)**

Consistent with mild glaucoma

VF Change OD**VF Change OS**

1. Appears generally stable

VF Narrative (findings, interpretations, conclusions):

OCT of Optic nerve and RNFL Interpretation and Report 92133

OCT Description

OCT, a type of scanning computerized ophthalmic diagnostic imaging (SCODI) allows for early detection of glaucomatous damage to the nerve fiber layer or optic nerve of the eye. It is the goal of these diagnostic imaging tests to discriminate among patients with normal intraocular pressures (IOP) who have glaucoma, patients with elevated IOP who have glaucoma, and patients with elevated IOP who do not have glaucoma. These tests can also provide precise methods of observation of the optic nerve head and can more accurately reveal subtle glaucomatous changes over the course of follow-up exams than visual field and/or disc photos. This can allow earlier and more efficient treatment of the disease process.

Optic Nerve and RNFL OCT Indication

Glaucoma

Test Date

- Test done: 1/6/2020 y
- Test interpreted: 1/6/2020 y

Optic Nerve and RNFL OCT Clinical Findings

- Reliable Study OS
- Superior thinning, moderate OS
- Inferior thinning, mild OS

Optic Nerve and RNFL OCT Comparative Data

- Moderate Nerve Fiber Loss - Stable OS

Optic Nerve and RNFL OCT Narrative**OCT Results OD****OCT Results OS**

1. Consistent with moderate glaucoma

Optic Nerve and RNFL OCT Clinical Management

Monitor for change with serial testing

Impression / Plan

Impression Table

1. • POAG

<Spawning Item>

- Patient with monocular status, and multiple commodities, will need close monitoring.
- Target high teens OS.

Thin CCT values.

IOP is at target OS. Will not make changes to drops at this time. Testing is stable. Will continue the use of Latanoprost OS QHS. RTC in 3 months for repeat VF, due to h/o of recent stroke.

2. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):

Minimal symptoms, surgery is not recommended at this time. Doctor will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

No treatment needed, due to monocular status.

3. Amblyopia, Strabismic, right eye (H53.031):

Stable.

4. Right Eye Blind (CF, HM, LP):

- NLP OD.

Patient should use ATS OU QID and warm compresses OU BID.

5. Cerebral Infarction, Stroke (I63.9):

- H/O stroke 11/17/2019

Patient should continue care with neurologist. Patient will need a repeat VF 24-2 OS.

Send a referral letter?

Glaucoma Coding

- POAG

<Spawning Item>

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Will this patient continue, start or change eye medications?

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Tests Ordered (with Diagnosis)

Blindness and low vision ICD-10

Right Eye Blind (CF, HM, LP)

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Systemic Disease ICD-10 List

Cerebral Infarction, Stroke (I63.9)

Attestation

Scribed Note?

Yes

Attestation Details

Patient ID: [REDACTED]

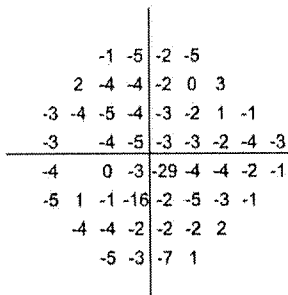
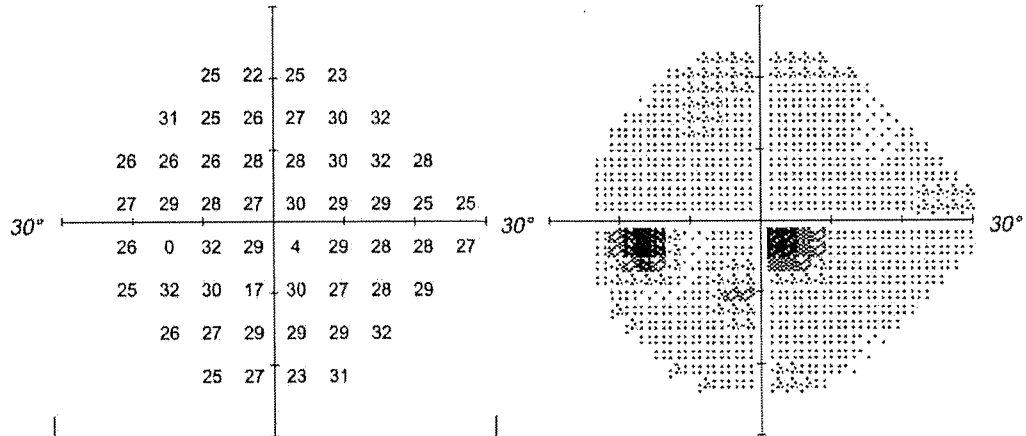
OS Single Field Analysis

Central 24-2 Threshold Test

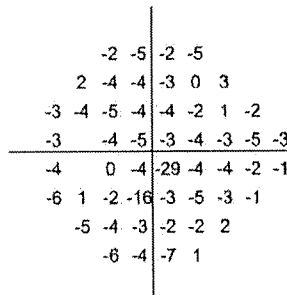
Fixation Monitor: Gaze Monitor
 Fixation Target: Central
 Fixation Losses: 0/0
 False POS Errors: 13%
 False NEG Errors: Off
 Test Duration: 03:18
 Fovea: 36 dB

Stimulus: III, White
 Background: 31.5 asb
 Strategy: SITA Faster
 Pupil Diameter:
 Visual Acuity:
 Rx: +0.75 DS

Date: Aug 12, 2020
 Time: 8:36 AM
 Age: 56



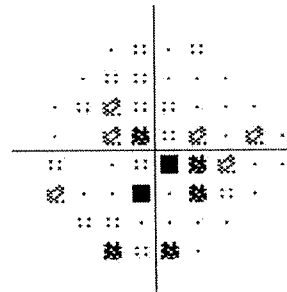
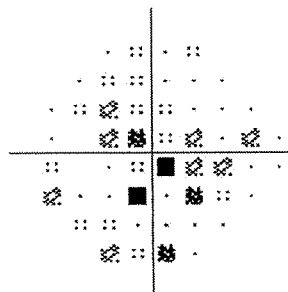
Total Deviation



Pattern Deviation

GHT: Outside Normal Limits

VFI: 86%
 MD24-2: -3.57 dB P < 1%
 PSD24-2: 5.14 dB P < 0.5%



:: P < 5%
 :: P < 2%
 :: P < 1%
 ■ P < 0.5%

Comments

Signature



Patient Information

Personal Information

Add information that will help us give better customer service to the patient, this information will not show up on the medical record print out:

Patient Information

DOB: [REDACTED]/1963

Date of Service: 8/12/2020

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Sunrise Imaging

Other Physician:

Current Eye Medications - Check In

• Latanoprost OS, QHS

Provider

Presenting History

56 yr old male patient here for 7 months follow up to continued care of POAG OU. Patient is scheduled for HVF-24-2 OS. Patient has been compliant with Latanoprost OS QHS. **Refill needed.**

Patient is being monitored for Nuclear Cataract OS. Right Eye Blind. Patient states that his vision remained stable since last visit.

Patient is monitored for Cerebral Infarction, Stroke. Patient continues care with Neurologist.

Patient reports medical health is stable at this time.

Evaluation Checklist

Does this patient take eye medications?

Yes

Key Information Review

Left	
Pachymetry	542
Target IOP	high teens

Past Ocular History:

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye Assessment

Symptoms

Dry Eye Tears & Times

- Lazy Eye - right eye (Approx. 2005)

- Cancer: father

•

Respiratory: Negative for cough or breathing issues

•

- Does not smoke for more than five years
- Occupation: Master Cook

- amlodipine 5 mg tablet
- phentermine 30 mg capsule

- No Known Allergies

Bring in Exam and Diagrams?

Yes

Bring in Photos?

No

Exam

Bring in Exams?

Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+1.00	20	-3.00	DVO	2 years	04/03/2019
OS	-2.75	+1.00	15	-2.25			

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan

Slit Lamp Exam

	OD	OS
Eyelids	meibomian gland dysfunction	meibomian gland dysfunction
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothelium	SPK
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens	

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear

Optic Disc pallor, Poorly defined cup glaucomatous cupping
Tests/ Interpretation
c/d 0.8

Testing Selection (This Will Also Generate the CPT Code)
Lens Test 90

Visual Field
Notes Extensive Atrophy

Visual Field Test Interpretation and Report (92083)

Visual Field description

Visual field testing detects defects in the field of vision, testing the function of the retina, optic nerve and optic pathways. Formal visual field tests are generally performed using a subjective test known as automated perimetry (measurement of the ability to see points of light at varying locations on a curved surface).

Visual Field Clinical Indications**Visual Field Date**

- Test done: 8/12/2020 y
- Test interpreted: 8/12/2020 y

Mean Deviation**Visual Field Type OD****VF Test Reliability OD****Visual Field Type OS**

Protocol OS: • SITA Standard 24-2

VF Test Reliability OS

1. Good

VF Test Results OD**VF Test Results OS**

1. Arcuate Scotoma, Inferior
2. Paracentral Scotoma

VF Data Interpretation - Right Eye (OD)**VF Data Interpretation - Left Eye (OS)**

Consistent with moderate glaucoma

VF Change OD**VF Change OS**

1. Appears generally stable

VF Narrative (findings, interpretations, conclusions):**Impression / Plan**

Impression Table

1. • POAG

<Spawning Item>:

• Patient with monocular status, and multiple commodities, will need close monitoring. Target high teens OS. Thin CCT values.

IOP OS highly elevated today, OD NLP - comfort measures.

Testing reviewed with the patient and appears stable at this time. However, he will need stronger IOP control to preserve his vision in his only good eye. Rocklatan and Combigan instilled at slit lamp to verify good pressure lowering. Patient IOP did come down with these drops, however still elevated. Therefore, will add Dorzolamide OS BID as well; and have him START on Combigan OS BID, and Rocklatan OS QHS. HOLD on Latanoprost. Will have patient RTC tomorrow with Dr [REDACTED] for an IOP check.

2. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):

Minimal symptoms OS, surgery is not recommended at this time. Doctor [REDACTED] will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

No treatment needed OD, due to monocular status.

3. Amblyopia, Strabismic, right eye (H53.031): Stable.

4. Right Eye Blind (CF,HM,LP):

• NLP OD.

Patient should use ATS OU QID and warm compresses OU BID.

5. :

• H/O stroke 11/17/2019

Patient should continue care with neurologist.

Send a referral letter?

Glaucoma Coding

• POAG

<Spawning Item>

Will this patient continue, start or change eye medications?

Tests Ordered Today (with Diagnosis)

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Systemic Disease ICD-10 List

Blindness and low vision ICD-10

Right Eye Blind (CF,HM,LP)

Attestation

Scribed Note?

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Jeremiah Francisco,
acting as scribe for [REDACTED].

Initials: JF

Date: 8/12/2020 8:26 AM

Physician Attestation

The documentation recorded by the scribe accurately reflects the
service I personally performed and the decisions made by me. I
was present during the time the encounter was recorded and have
reviewed the documentation information and accuracy.

Initials: [REDACTED]

Date: 8/12/2020 8:26 AM

Follow Up**Next Visit Plan and Orders**

Next appointment will be a 4-6 weeks, Dr. [REDACTED] and Short follow
up

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources

~MUS2 - Medication Reconciliation - Patients Transitioning
In

~MUS2 - Summary of Care - Patients Transitioning Out

~MUS2 - CQMs - Documentation of Current Medications
Current medications documented

Ophthalmology CQMs

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG):
Optic Nerve Evaluation

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of
Presence or Absence of Macular Edema and Level of
Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication
with the Physician Managing Ongoing Diabetes Care

CPT Codes

<More Info>

Procedures

- Visual Field

Providers

- [REDACTED], OD

Diagnosis Codes

- H40.1124 - Primary open-angle glaucoma, left eye, indeterminate stage
- Z96.1 - Presence of intraocular lens
- H25.12 - Age-related nuclear cataract, left eye
- H53.031 - Strabismic amblyopia, right eye
- H54.414A - Blindness right eye category 4, normal vision left eye

2020-08-13

Follow up exam/ SHORT IOP CHECK ONLY

Patient Information

Personal Information

Add information that will help us give better customer service to the patient, this information will not show up on the medical record print out:

Patient Information

DOB: [REDACTED]/1963

Date of Service: 8/13/2020

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Sunrise Imaging

Other Physician:

Current Eye Medications - Check In

- Combigan OS, BID
- Dorzolamide OS, BID
- Rocklatan OS, QHS

Provider

Presenting History

56 yr old male patient returns here for a One day follow up visit, for IOP check. Patient was seen yesterday and his eye pressure was 43 in the Left eye. Patient was started on Dorzolamide OS twice a day, Combigan OS twice a day and Rocklatan OS at bedtime and tolerated well. Latanoprost was put on hold. Patient notes he mistakenly took Dorzolamide instead of Rocklatan Last Night. Patient states his vision was "not right" yesterday but it is back to normal today.

Evaluation Checklist

Does this patient take eye medications?

Yes

Key Information Review

Left

Pachymetry 542

Target IOP high teens

Past Ocular History:

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye Assessment

Symptoms

Dry Eye Tears & Times

Medical History

Medical History

Bring in Exam and Diagrams?

Yes

Bring in Photos?

No

Exam

Bring in Exams?

Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+1.00	20	-3.00	DVO	1 year and a half	08/13/2020
OS	-2.75	+1.00	15	-2.25			

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.8
Lens used	78	78
Notes	Extensive Atrophy	

Slit Lamp Exam

	OD	OS
Eyelids	meibomian gland dysfunction	meibomian gland dysfunction
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothelium	SPK
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens	

Tests/ Interpretation

Testing Selection (This Will Also Generate the CPT Code)

Impression / Plan

Impression Table

1. • POAG

<Spawning Item>

• Patient with monocular status, and multiple commodities, will need close monitoring. Target high teens OS. Thin CCT values.
IOP OS greatly improved. Patient to continue Dorzolamide OS BID, Combigan OS BID, and restart LAT OS QHS, HOLD Rocklatan OS QHS.

2. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):

Minimal symptoms OS, surgery is not recommended at this time. Doctor will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

No treatment needed OD, due to monocular status.

3. Amblyopia, Strabismic, right eye (H53.031): Stable.

4. Right Eye Blind (CF,HM,LP):

• NLP OD.

Patient should use ATS OU QID and warm compresses OU BID.

5. :

• H/O stroke 11/17/2019

Patient should continue care with neurologist.

Send a referral letter?

Glaucoma Coding

• POAG

<Spawning Item>

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Will this patient continue, start or change eye medications?

Tests Ordered Today (with Diagnosis)

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Blindness and low vision ICD-10

Right Eye Blind (CF,HM,LP)

Systemic Disease ICD-10 List

Attestation

Scribed Note?

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Maria Padilla, acting as scribe for [REDACTED] MD.

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Sign and date (scribe)

Sign and date (physician)

Follow Up**Next Visit Plan and Orders**

Next appointment will be a 4 weeks, Dr. [REDACTED] and [REDACTED] follow up

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In**~MUS2 - Summary of Care - Patients Transitioning Out****~MUS2 - CQMs - Documentation of Current Medications**

Current medications documented

Ophthalmology CQMs**~MUS2 - CQMs - Diabetes Eye Exam****~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation****~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy****~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care****CPT Codes**

Patient Information

Personal Information

Add information that will help us give better customer service to the patient, this information will not show up on the medical record print out:

Patient Information

DOB: [REDACTED]/1963

Date of Service: 9/25/2020

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Sunrise Imaging

Other Physician:

Current Eye Medications - Check In

- Combigan OS, BID
- Dorzolamide OS, BID
- Latanoprost OS, QHS

Provider

Mu, Andy

Presenting History

56 yr old male patient here for continued care of POAG. Patient is compliant with Dorzolamide OS BID, Combigan OS BID, and on patient's last visit he was told to restart Latanoprost OS QHS, and hold off Rocklatan OS QHS.

- Patient states when using Dorzolamide vision gets blurry but reports it clears up after blinking

Patient is monitored for Pseudophakia, right eye and Nuclear Cataract, left eye. Patient denies any new visual changes since last seen. Patient denies any dry eye symptoms and patient denies the use of artificial tears and warm compresses.

Claims stable general health.

Evaluation Checklist

Does this patient take eye medications?

Yes

Key Information Review

Left

Pachymetry 542

Target IOP high teens

Past Ocular History:

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye Assessment

Symptoms

Dry Eye Tears & Times

Bring in Exam and Diagrams?

Yes

Bring in Photos?

No

Exam**Bring in Exams?**

Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+1.00	20	-3.00	DVO	1 year and a half	08/13/2020
OS	-2.75	+1.00	15	-2.25			

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.8
Lens used	90	90
Notes	Extensive Atrophy	

Slit Lamp Exam

	OD	OS
Eyelids	meibomian gland dysfunction	meibomian gland dysfunction
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothellum	SPK
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+

Test Interpretation

Testing Selection (This Will Also Generate the CPT Code)

Impression / Plan

pigment on lens

Impression Table

1. • POAG

<Spawning Item>

• Patient with monocular status, and multiple commodities, will need close monitoring. Target high teens OS. Thin CCT values.

IOP OS in a good range today. Patient to continue Dorzolamide OS BID, Combigan OS BID, and LAT OS QHS. Will continue to monitor with serial testing and IOP checks. RTC in 3-4 months for a complete dilated eye exam with fundus photos and 24-2 VF OS.

2. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):

Minimal symptoms OS, surgery is not recommended at this time. Doctor will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

No treatment needed OD, due to monocular status.

3. Amblyopia, Strabismic, right eye (H53.031): Stable.

4. Right Eye Blind (CF,HM,LP):

• NLP OD.

Patient should use ATS OU QID and warm compresses OU BID.

5. :

• H/O stroke 11/17/2019

Patient should continue care with neurologist.

Send a referral letter?

Glaucoma Coding

• POAG

<Spawning Item>

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Will this patient continue, start or change eye medications?

Tests Ordered Today (with Diagnosis)

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Blindness and low vision ICD-10

Right Eye Blind (CF,HM,LP)

Systemic Disease ICD-10 List

Attestation

Scribed Note?

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Jeremiah Francisco,
acting as scribe for [REDACTED].

Initials: JF

Date: 9/25/2020 9:29 AM

Physician Attestation

The documentation recorded by the scribe accurately reflects the
service I personally performed and the decisions made by me. I
was present during the time the encounter was recorded and have
reviewed the documentation information and accuracy.

Initials: [REDACTED]

Date: 9/25/2020 9:29 AM

Follow Up**Next Visit Plan and Orders**

Next appointment will be a 3-4 months, Dr. [REDACTED], Comprehensive,
Dilated, Fundus Photo and 24-2 SITA Fast - OS

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were
provided to patient.

**~MUS2 - Medication Reconciliation - Patients Transitioning
In****~MUS2 - Summary of Care - Patients Transitioning Out****~MUS2 - CQMs - Documentation of Current Medications**
Current medications documented**Ophthalmology CQMs****~MUS2 - CQMs - Diabetes Eye Exam****~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG):
Optic Nerve Evaluation****~MUS2 - CQMs - Diabetic Retinopathy: Documentation of
Presence or Absence of Macular Edema and Level of
Severity of Retinopathy****~MUS2 - CQMs - Diabetic Retinopathy: Communication
with the Physician Managing Ongoing Diabetes Care****CPT Codes**

ID: [REDACTED]
DOB: [REDACTED]/1963
Gender: [REDACTED]
Technician: Operator, Cirrus

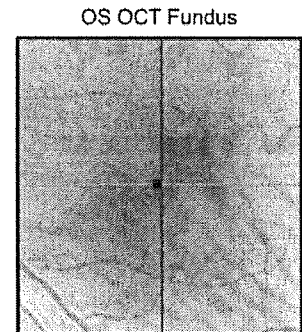
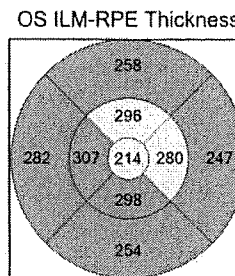
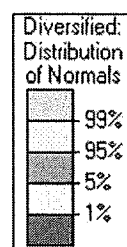
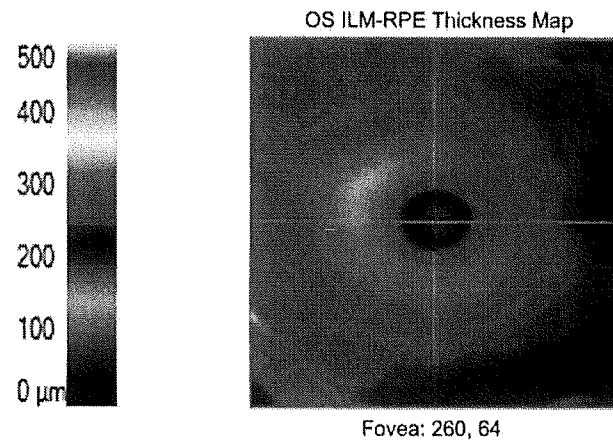
Exam Date: 1/22/2021
Exam Time: 9:28 AM
Serial Number: 5000-20433
Signal Strength: 8/10

CZMI



Macula Thickness OU: Macular Cube 512x128

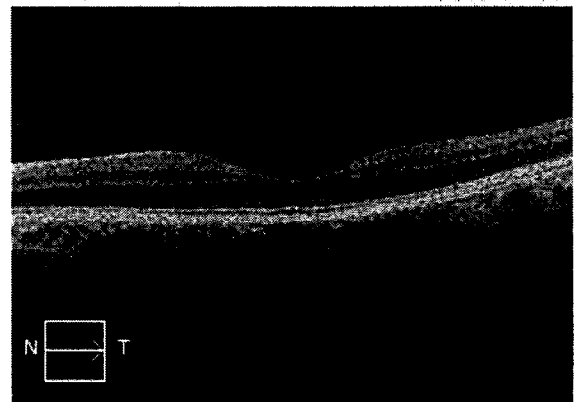
OD ☐ ☒ OS



ILM - RPE	OD	OS
Thickness Central Subfield (μm)	X	214
Volume Cube (mm^2)	X	9.5
Thickness Avg Cube (μm)	X	263

OS Horizontal B-Scan

BScan: 64



Comments

Doctor's Signature

USERCIR-26C17J0
SW Ver: 9.5.2.19038
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Page 1 of 1

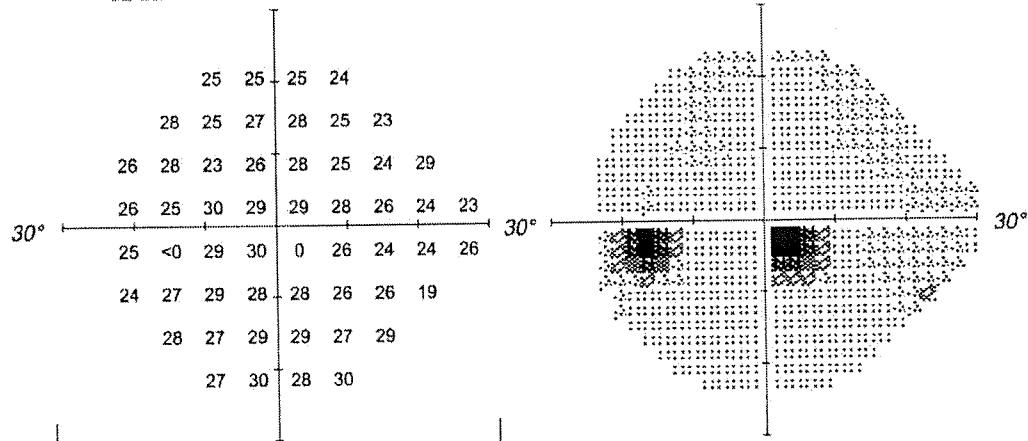
OS Single Field Analysis

Central 24-2 Threshold Test

Fixation Monitor: Gaze Monitor
 Fixation Target: Central
 Fixation Losses: 0/0
 False POS Errors: 13%
 False NEG Errors: Off
 Test Duration: 02:24
 Fovea: 32 dB ::

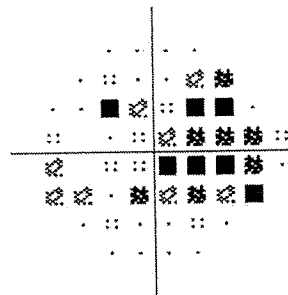
Stimulus: III, White
 Background: 31.5 asb
 Strategy: SITA Faster
 Pupil Diameter:
 Visual Acuity:
 Rx: +0.75 DS

Date: Jan 22, 2021
 Time: 8:52 AM
 Age: 57



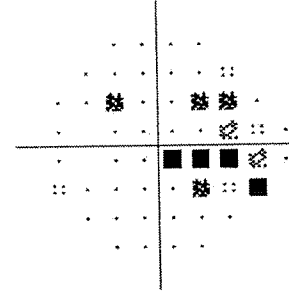
-2	-2	-2	-3
-1	-4	-2	-5
-3	-1	-7	-5
-4	-2	-3	-6
-5	-3	-3	-7
-6	-4	-2	-4
-3	-4	-2	-3
-3	0	-2	1

Total Deviation



0	-1	-1	-2
1	-2	-1	0
-1	0	-6	-3
-3	0	-1	-2
-3	-1	-2	-3
-5	-3	-1	-3
-1	-2	-1	-1
-1	1	0	2

Pattern Deviation



GHT: Outside Normal Limits

VFI: 89%
 MD24-2: -4.60 dB P < 1%
 PSD24-2: 5.29 dB P < 0.5%

:: P < 5%
 P < 2%
 P < 1%
 P < 0.5%



Comments

Signature



Patient Information

Patient Information

DOB: 1/22/1963

Date of Service: 1/22/2021

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Sunrise Imaging

Other Physician:

Provider

Mu, Andy

Evaluation Checklist

Current Eye Medications - Check In

- Combigan OS, BID
- Dorzolamide OS, BID
- Latanoprost OS, QHS

Medically Appropriate Presenting History

57 year old male patient here for a 4 month complete eye health exam, monitored for Glaucoma in both eyes. Eye pressure check, Visual Field and ON OCT are scheduled for today. States good compliance with eye drop medications, **notes one of the drops builds crust around his eyes.**

Patient is also monitored for Cataract in the left eye and Pseudophakia in the right eye, H/O Monocular Status OD.

Patient has a H/O Blind Eye in the right eye.

Patient is a Type 2 Diabetic, notes his last A1C was "about 6.7, checked 6 months ago."

Does this patient take eye medications?

Yes

Key Information Review

Left

Pachymetry 542

Target IOP high teens

Past Ocular History:

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye - Blepharitis Assessment

Symptoms

Dry Eye Tears & Times

Medical History

Medical History

General Medical History

Exam/Diagram

Bring in Exam and Diagrams?

Yes

Bring in Photos?

No

Dominant Eye

Exam

Bring in Exams?

Visual Acuity, Current Glasses, Dilation Exam, Intraocular Pressure, Slit Lamp Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+1.00	20	-3.00	DVO	2 Years	1/22/2021
OS	-2.75	+1.00	15	-2.25			

Dilation Information

OS with Tropicamide 1% and Phenylephrine 2.5% at 8:52 AM

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		
Visit 12	1/22/2021 9:18 AM	Applanation	23	9		Dilated

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.8
Macula		Normal with good foveal reflex
Vessels		normal caliber
Periphery		no holes or tears
Lens used	90	90
Notes	Extensive Atrophy, small pupil	

Slit Lamp Exam

	OD	OS
Eyelids	meibomian gland dysfunction	meibomian gland dysfunction
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothelium	SPK
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens	

Testing

Testing Selection (This Will Also Generate the CPT Code)
Fundus Photo and Visual Field

Fundus Photography Interpretation and Report (92250)

Fundus photo description

In order to document a disease process or follow the progress of a disease, photographs and an interpretation and report of the test may be necessary. Fundus photography involves the use of a digital retinal camera to document abnormalities of the retina, nerve, blood vessels, and disease processes affecting the eye, in order to follow the progress of such disease. The test will be used in the medical decision making for the patient regarding current conditions and evidence of future progression.

Fundus Photo Quality

- Stereo - Good Left Eye.
- Focus - Good Left Eye.

Test Date

- Test done: 1/22/2021 y
- Test interpreted: 1/22/2021 y

Fundus Photo Clinical Indications

Glaucoma OU

Fundus Photo Test Results - Right**Fundus Photo Test Results - Left**

1. Increased C/D
2. Parapapillary Atrophy

Fundus Interpretation - Right**Fundus Interpretation - Left**

Fundus Photos Narrative (findings, interpretations, conclusions):

Fundus Photos Status

Visual Field Test Interpretation and Report (92083)

Visual Field description

Visual field testing detects defects in the field of vision, testing the function of the retina, optic nerve and optic pathways. Formal visual field tests are generally performed using a subjective test known as automated perimetry (measurement of the ability to see points of light at varying locations on a curved surface).

Visual Field Clinical Indications

Glaucoma OU

Visual Field Date

- Test done: 1/22/2021 y
- Test interpreted: 1/22/2021 y

Mean Deviation

Mean Deviation	
Left Eye	-4.60

Visual Field Type OD**VF Test Reliability OD****Visual Field Type OS**

Protocol OS: • SITA Standard 24-2

VF Test Reliability OS

1. Good

VF Test Results OD**VF Test Results OS**

1. Arcuate Scotoma, Inferior
2. Arcuate Scotoma, Superior
3. Paracentral Scotoma

VF Data Interpretation - Right Eye (OD)**VF Data Interpretation - Left Eye (OS)****VF Change OD****VF Change OS**

1. Difficult to compare secondary to variability

VF Narrative (findings, interpretations, conclusions):**Impression / Plan**

Impression Table

1. • POAG

<Spawning Item>

- Patient with monocular status, and multiple commodities, will need close monitoring. Target high teens OS. Thin CCT values.

IOP OS is within great range. Reviewed testing with patient and appear stable. Patient to continue Dorzolamide OS BID, Combigan OS BID, and LAT OS QHS. Will continue to monitor with serial testing and IOP checks. RTC 3-4 months for a short IOP check and OCT nerve

2. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):

Symptoms continue to be minimal OS, surgery is not recommended at this time. Will continue to monitor the cataract, unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

No treatment needed OD, due to monocular status.

3. Amblyopia, Strabismic, right eye (H53.031): Stable.

4. Right Eye Blind (CF,HM,LP):

- NLP OD.

Patient should use ATS OU QID and warm compresses OU BID.

5. :

- H/O stroke 11/17/2019

Patient should continue care with neurologist.

Will this patient continue, start or change eye medications?

Yes

Glaucoma Coding

- POAG

<Spawning Item>

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Send a referral letter?

Tests Ordered Today (with Diagnosis)

- Fundus Photography - OS:
- Visual Field - OS:

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Blindness and low vision ICD-10

Right Eye Blind (CF,HM,LP)

Systemic Disease ICD-10 List

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Medications Plan

- Continue Dorzolamide, OS, BID
- Continue PF Cosopt, OS, QHS
- Continue Latanoprost, OS, QHS

Follow up

Next Visit Plan and Orders

Next appointment will be a 3 months, 4 months, Dr. [REDACTED], Dr.

• Short follow up, No Dilation and OCT - Nerve

Bring In Meaningful Use Items?

Yes

Attestation

Scribed Note?
Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Felicia Ortega, acting as scribe for [REDACTED].

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Sign and date (scribe)

Sign and date (physician)

Meaningful Use Stage 2

Smoking Status:
Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In

~MUS2 - Summary of Care - Patients Transitioning Out

~MUS2 - CQMs - Documentation of Current Medications
Current medications documented

Ophthalmology CQMs

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG):
Optic Nerve Evaluation

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of
Presence or Absence of Macular Edema and Level of
Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication
with the Physician Managing Ongoing Diabetes Care

CPT Codes

<More Info>

Procedures

- Visual Field
- Fundus Photo Dilate

Providers

- [REDACTED], OD

Diagnosis Codes

- H40.1124 - Primary open-angle glaucoma, left eye, indeterminate stage
- Z96.1 - Presence of intraocular lens
- H25.12 - Age-related nuclear cataract, left eye
- H53.031 - Strabismic amblyopia, right eye
- H54.414A - Blindness right eye category 4, normal vision left eye

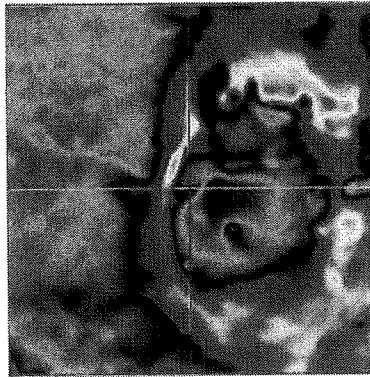
ID: [REDACTED]
 DOB: [REDACTED]/1963
 Gender: [REDACTED]
 Technician: Operator, Cirrus

Exam Date: 4/28/2021 4/28/2021 CZMI
 Exam Time: 8:26 AM 8:25 AM
 Serial Number: 5000-20433 5000-20433
 Signal Strength: 10/10 10/10

Macula Thickness OU: Macular Cube 512x128

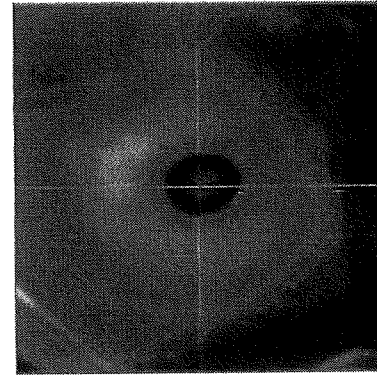
OD ● ● OS

OD ILM-RPE Thickness Map



Fovea: Not found

OS ILM-RPE Thickness Map



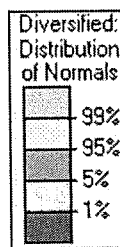
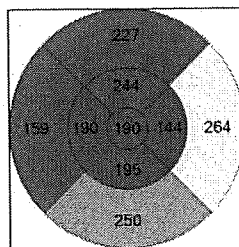
Fovea: 261, 64



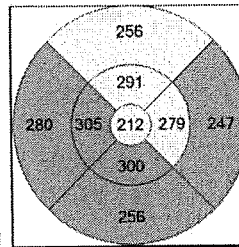
OD OCT Fundus



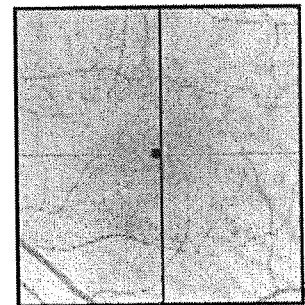
OD ILM-RPE Thickness



OS ILM-RPE Thickness



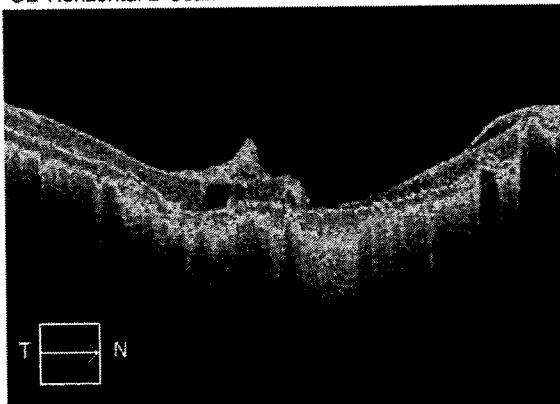
OS OCT Fundus



ILM - RPE		OD	OS
Thickness Central Subfield (μm)		190	212
Volume Cube (mm³)		7.8	9.4
Thickness Avg Cube (μm)		217	262

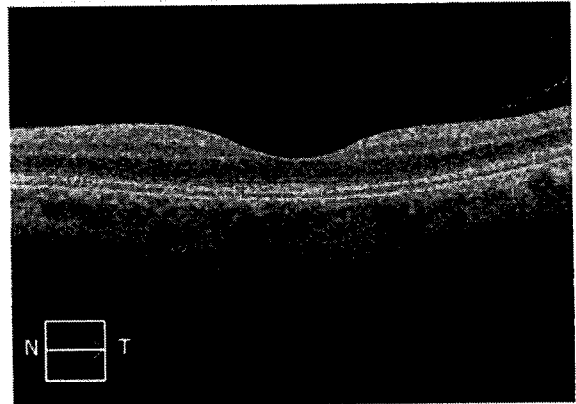
OD Horizontal B-Scan

BScan: 64



OS Horizontal B-Scan

BScan: 64



Comments

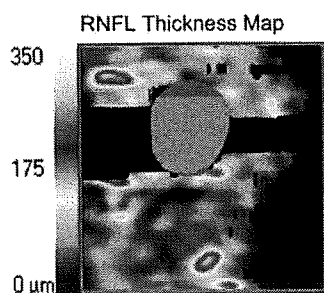
Doctor's Signature

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 SW Ver: 9.5.2.19038
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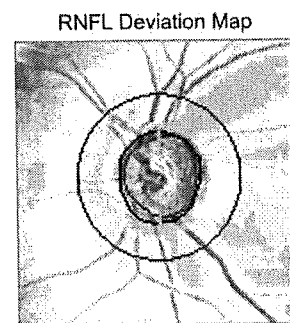
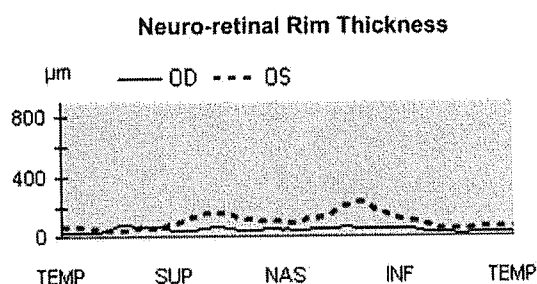
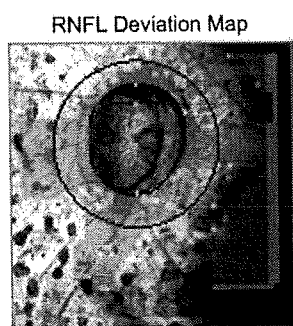
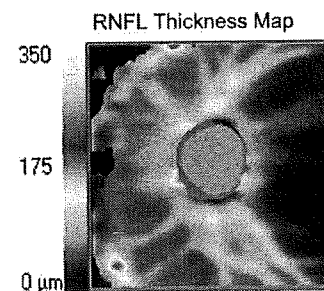
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 DOB: [REDACTED] 7/1963
 Gender: [REDACTED]
 Technician: Operator, Cirrus

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 Exam Time: 8:29 AM 8:25 AM
 Serial Number: 5000-20433 5000-20433
 Signal Strength: 7/10 9/10

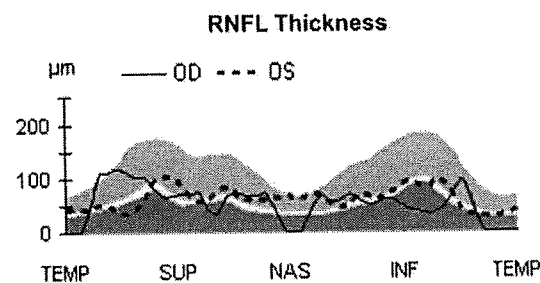
ONH and RNFL OU Analysis: Optic Disc Cube 200x200 OD ● ● OS



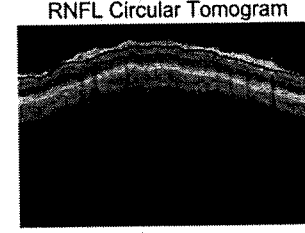
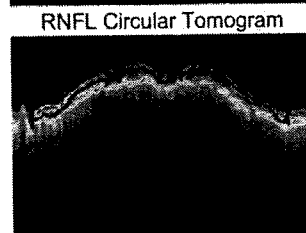
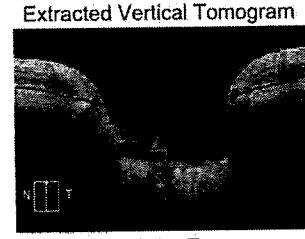
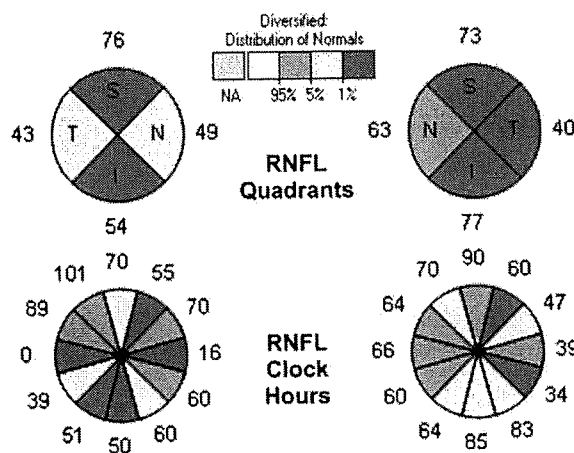
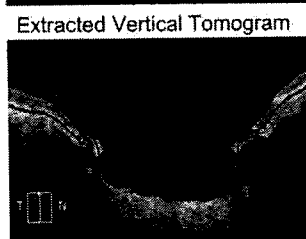
	OD	OS
Average RNFL Thickness	55 μm	63 μm
RNFL Symmetry	11%	
Rim Area	0.33 mm^2	0.69 mm^2
Disc Area	3.66 mm^2	2.63 mm^2
Average C/D Ratio	0.92	0.89
Vertical C/D Ratio	0.81	0.89
Cup Volume	1.922 mm^3	1.143 mm^3



Disc Center(-0.36,0.90)mm
 Extracted Horizontal Tomogram



Disc Center(0.00,0.15)mm
 Extracted Horizontal Tomogram



Comments

Doctor's Signature

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 SW Ver: 9.5.2.19038
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 Page 1 of 1

2021-05-26
Unscheduled Visit

Patient Information

Personal Information

Add information that will help us give better customer service to the patient, this information will not show up on the medical record print out:

Patient Information

[REDACTED]

DOB: [REDACTED]/1963

Date of Service: 5/26/2021

Patient History

Physicians:
Optometrist:
Primary Care Physician:
Referred By: Sunrise Imaging
Other Physician:

Current Eye Medications - Check In

- Combigan OS, BID
- Dorzolamide OS, BID
- Latanoprost OS, QHS

Provider

Medically Appropriate Presenting History

57 yr old male patient here for an unscheduled visit. Patient is complaining of pain in the left eye. The pain started on Friday, 05/21/2021. Patient is unsure what happened to his eye; he says it simply started hurting on Friday. Patient states that his pain has been getting worse each day. Patient states that the corner of his left eye itches all day long. Patient states that his vision has worsened since Friday; however, he reports that he only sees poorly when there isn't much light. Patient states that when he administers his drops the corner of his left eye burns for a couple seconds.

Patient is monitored for Primary Open Angle Glaucoma in the left eye. Patient is compliant with his eye drop medications.

Patient is pseudophakic in the right eye and is monitored for Cataract in the left eye. Patient states that his vision has worsened since the incident described above. Patient states that his vision is poor when there isn't much light.

Patient has a history of Amblyopia in the right eye.

Patient has a history of blindness in the right eye.

Patient has a history of a stroke on 11/17/2019.

Patient is monitored for Posterior Blepharitis. Patient denies having dry or irritated eyes apart from the incident described above.

Evaluation Checklist

Does this patient take eye medications?

Yes

Key Information Review

Left	
Pachymetry	542
Target IOP	high teens

Past Ocular History:

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye Assessment

Symptoms

Dry Eye Tears & Times

Medical History

Medical History

General Medical History

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythmia/Atrial Fibrillation
- No coumadin use (blood thinner)
- No Diabetes (comment on oral vs insulin)
- No Dementia
- No Stroke
- No COPD
- No Sleep apnea
- No Asthma
- No Oxygen use
- No Past problems with anesthesia
- No Pacemaker
- No Artificial Heart Valves or Joints
- Rheumatoid arthritis
- Headaches
-
-
-
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-
-
-
-

Past Surgeries

- Lazy Eye - right eye (Approx. 2005)

Social History

- Used to smoke for more than five years
- Occupation: Master Cook

Use Erx to update meds/allergies

Current Medications

- amlodipine 5 mg tablet
- Aspirin Childrens 81 mg tablet, chewable
- atorvastatin 40 mg tablet
- metformin 500 mg tablet
- phentermine 30 mg capsule
- tramadol 50 mg tablet

Allergies

- No Known Allergies

-Hidden

Review of Systems

Cardiovascular: normal
Respiratory: normal
Neurological: normal
Endocrine: normal

Family History:

Exam/Diagram

Bring in Exam and Diagrams?

Yes

Bring in Photos?

No

Exam

Bring in Exams?

Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp
Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+1.00	20	-3.00	DVO	2 Years	05/26/2021
OS	-2.75	+1.00	15	-2.25			

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		
Visit 12	1/22/2021 9:18 AM	Applanation	23	9		Dilated
Visit 13	4/28/2021 8:35 AM	Applanation	16	11		
Visit 14	5/26/2021 9:31 AM	Applanation	17	13	Latanoprost	pt did not use Combigan or Dorz this AM

Slit Lamp Exam

	OD	OS
Eyelids	melbomian gland dysfunction	melbomian gland dysfunction, chalazion
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothellum	SPK
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens,	blocked gland UL, chalazion LUL

Fundus Exam

Test/ Interpretation

	OD	OS
Testing Selection (This Will Also Generate the CPT Code)		
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
Impression / Plan		
C/D		0.8
Macula		Normal with good foveal reflex
Lens used	90	90
Notes	Extensive Atrophy, small pupil	

Impression Table

1. Posterior Blepharitis and Chalazion, left upper lid (H00.14):
Chalazion RUL noted at today's visit. Dr. [REDACTED] recommends patient to START Maxitrol Ung BID OS and hot compresses for 5 to 10 minutes twice daily and Retaine MGD QID OU with symptoms of irritation. RTC in 4+ weeks.

2. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):
Symptoms continue to be minimal OS, surgery is not recommended at this time. Will continue to monitor the cataract, unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

No treatment needed OD, due to monocular status.

3. Amblyopia, Strabismic, right eye (H53.031):
Stable.

4. Low Vision: Right Eye Blind (CF, HM, LP):
• NLP OD.
Patient should use ATS OU QID and warm compresses OU BID.

5. :
• H/O stroke 11/17/2019
Patient should continue care with neurologist.

6. • POAG
<Spawning Item>
• Patient with monocular status, and multiple commodities, will need close monitoring. Target high teens OS. Thin CCT values.

IOP OS continues to be in great range. Patient to continue Dorzolamide OS BID, Combigan OS BID, and LAT OS QHS. Will continue to monitor with serial testing and IOP checks.

Send a referral letter?

Will this patient continue, start or change eye medications?

Tests Ordered Today (with Diagnosis)

Cataract and Lens (ICD-10)
Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Neuro - Strabismus (ICD-10)
Amblyopia, Strabismic, right eye (H53.031)

Blindness and low vision ICD-10
Low Vision: Right Eye Blind (CF, HM, LP)

Systemic Disease ICD-10 List

Eyelids (ICD-10)
Posterior Blepharitis and Chalazion, left upper lid (H00.14)

Glaucoma Coding
• POAG
<Spawning Item>

Attestation

Scribed Note?
Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Diana Espinoza, acting as scribe for [REDACTED].

Initials: de

Date: 5/26/2021 9:31 AM

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Initials: [REDACTED]

Date: 5/26/2021 9:31 AM

Follow Up**Next Visit Plan and Orders**

Next appointment will be a 4 weeks, Dr. [REDACTED] and Short follow up

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In**~MUS2 - Summary of Care - Patients Transitioning Out****~MUS2 - CQMs - Documentation of Current Medications**

Current medications documented

Ophthalmology CQMs**~MUS2 - CQMs - Diabetes Eye Exam****~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation****~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy****~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care****CPT Codes**

Patient Information

Personal Information

Add information that will help us give better customer service to the patient, this information will not show up on the medical record print out:

Patient Information

[REDACTED]

DOB: [REDACTED]/1963

Date of Service: 6/30/2021

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Sunrise Imaging

Other Physician:

Current Eye Medications - Check In

- Combigan OS, BID
- Dorzolamide OS, BID
- Latanoprost OS, QHS

Provider

[REDACTED]

Medically Appropriate Presenting History

57 yr old male patient here for a 1 month follow up. Patient is being treated for Blepharitis in both eyes and Chalazion in the left upper lid. Patient states there is no longer any pain and swelling has gone down a lot since his last visit. Patient states to still have itching in the left upper lid. Patient is compliant with the medicated ointment. Patient does not do hot water compresses.

Patient is Pseudophakic in the right eye and has Cataracts in the left eye. Patient states he has been noticing that at night he has trouble focusing his distance vision, especially when he is in a lite house and has to walk out side to the dark.

Patient is being monitored for Glaucoma in both eyes. Patient is compliant with all his eye medications. Patient state his peripheral vision seems to have decreased very little.

Evaluation Checklist

Does this patient take eye medications?

Yes

Key Information Review

Left	
Pachymetry	542
Target IOP	high teens

Past Ocular History:

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye Assessment

Medical History

General Medical History

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythmia/Atrial Fibrillation
- No coumadin use (blood thinner)
- No Diabetes (comment on oral vs insulin)
- No Dementia
- No Stroke
- No COPD
- No Sleep apnea
- No Asthma
- No Oxygen use
- No Past problems with anesthesia
- No Pacemaker
- No Artificial Heart Valves or Joints
- Rheumatoid arthritis
- Headaches
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-
-

Past Surgeries

- Lazy Eye - right eye (Approx. 2005)

Family History

-

Review of Systems

-

Social History

- Used to smoke for more than five years
- Occupation: Master Cook

Use Erx to update meds/allergies

Current Medications

- amlodipine 5 mg tablet
- Aspirin Childrens 81 mg tablet, chewable
- atorvastatin 40 mg tablet
- metformin 500 mg tablet
- phentermine 30 mg capsule
- tramadol 50 mg tablet

Allergies

- No Known Allergies

-Hidden

Review of Systems

Family History:

Exam/Diagram

Bring in Exam and Diagrams?

Yes

Bring in Photos?

No

Exam

Bring in Exams?

Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp
Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+1.00	20	-3.00	DVO	2 Years	05/26/2021
OS	-2.75	+1.00	15	-2.25			

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		
Visit 12	1/22/2021 9:18 AM	Applanation	23	9		Dilated
Visit 13	4/28/2021 8:35 AM	Applanation	16	11		
Visit 14	5/26/2021 9:31 AM	Applanation	17	13	Latanoprost	pt did not use Combigan or Dorz this AM
Visit 15	6/30/2021 8:34 AM	Applanation	18	20	Combigan, Dorzolamide, Latanoprost	

Slit Lamp Exam

	OD	OS
Eyelids	meibomian gland dysfunction	meibomian gland dysfunction, chalazion
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothelium	SPK
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens,	

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.8
Lens used	90	90

Notes: Exaggerative Atrophy, small pupil

Test Interpretation

Testing Selection (This Will Also Generate the CPT Code)

Impression / Plan

Impression Table

1. Posterior Blepharitis and Chalazion, left upper lid (H00.14): Resolved Chalazion RUL noted at today's visit. Dr. [REDACTED] recommends patient to continue the use Maxitrol Ung BID OS until done with tube and D/C, also patient should continue the use of hot compresses for 5 to 10 minutes twice daily, lid scrubs daily and Retaine MGD QID OU with symptoms of irritation.

2. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12): Symptoms continue to be minimal OS, surgery is not recommended at this time. Will continue to monitor the cataract, unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

No treatment needed OD, due to monocular status.

3. Amblyopia, Strabismic, right eye (H53.031): Stable.

4. Low Vision: Right Eye Blind (CF, HM, LP):
• NLP OD.
Patient should use ATS OU QID and warm compresses OU BID.

5. :
• H/O stroke 11/17/2019
Patient should continue care with neurologist.

6. • POAG
<Spawning Item>
• Patient with monocular status, and multiple commodities, will need close monitoring. Target high teens OS. Thin CCT values.

IOP OS borderline. Patient to continue Dorzolamide OS BID, Combigan OS BID, and LAT OS QHS. Will continue to monitor with serial testing and IOP checks. RTC as scheduled 7/28/2021.

Send a referral letter?

Eyelids (ICD-10)

Posterior Blepharitis and Chalazion, left upper lid (H00.14)

Will this patient continue, start or change eye medications?

Tests Ordered Today (with Diagnosis)

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Blindness and low vision ICD-10

Low Vision: Right Eye Blind (CF, HM, LP)

Systemic Disease ICD-10 List

Glaucoma Coding

• POAG
<Spawning Item>

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Attestation

Scribed Note?

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Diana Espinoza, acting as scribe for [REDACTED].

Initials: de

Date: 6/30/2021 8:33 AM

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Initials: [REDACTED]

Date: 6/30/2021 8:33 AM

Follow Up

Next Visit Plan and Orders

Next appointment will be a As Scheduled

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2

Smoking Status:

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In

~MUS2 - Summary of Care - Patients Transitioning Out

~MUS2 - CQMs - Documentation of Current Medications

Current medications documented

Ophthalmology CQMs

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

CPT Codes

• [REDACTED], OD

- H00.014 - Hordeolum externum left upper eyelid
- H02.88A - Meibomian gland dysfunction right eye, upper and lower eyelids
- H02.88B - Meibomian gland dysfunction left eye, upper and lower eyelids
- Z96.1 - Presence of intraocular lens
- H25.12 - Age-related nuclear cataract, left eye
- H53.031 - Strabismic amblyopia, right eye
- H54.414A - Blindness right eye category 4, normal vision left eye
- H40.1124 - Primary open-angle glaucoma, left eye, indeterminate stage

2021-04-28
Follow up exam

Patient Information

Personal Information

Add information that will help us give better customer service to the patient, this information will not show up on the medical record print out:

Patient Information

██████████ ██████████

DOB: █████/1963

Date of Service: 4/28/2021

Patient History

Physicians:**Optometrist:****Primary Care Physician:****Referred By: Sunrise Imaging****Other Physician:****Current Eye Medications - Check In**

- Combigan OS, BID
- Dorzolamide OS, BID
- Latanoprost OS, QHS

Provider**Medically Appropriate Presenting History**

57 yr old male patient here for an ON OCT to monitor POAG, both eyes. Patient claims he continue using correctly his glaucoma drops, also he claims good tolerance, he is using more the time like to was recommended but sometimes he forgot the use of his drops that to need to use BID, only used QD, today he not used Dorzolamide, no refills needed. Patient reports about two weeks he is feeling left eye with pain more when he touch this eye, he also claims he has frequently headaches, when he has this headaches sometimes his vision is affected, was evaluated for his Neurologist two days ago, was explained he need to do new MRI to check his head.

Patient is followed for Cataract, left eye, he denies visual changes left eye, right eye is NLP.

History of Amblyopia, Strabismic, right eye.

History of stroke 11/17/2019.

Claims stable general health but he has Arthritis. Also patient is Diabetic Type 2, he is under control for it, controlling with oral medication, BSL he is not checking and A1C 6.9 about six months ago.

Evaluation Checklist

Does this patient take eye medications?

Yes

Key Information Review

Left	
Pachymetry	542
Target IOP	high teens

Past Ocular History:

- History of Cataract of the left eye
- History of Cataract surgery of the right eye
- History of Glaucoma of both eyes

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye Assessment

Past Surgeries/Date:
Lazy Eye - right eye (Approx. 2005)

Review of Systems

Cardiovascular: normal
Respiratory: normal
Neurological: normal
Endocrine: normal

Family History:

Smoking History
Used to smoke for more than five years

Occupation / Specific Activities
Occupation: Master Cook

Exam/Diagram

Bring in Exam and Diagrams?
Yes

Bring in Photos?
No

Exam

Bring in Exams?
Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp
Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+1.00	20	-3.00	DVO	2 Years	1/22/2021
OS	-2.75	+1.00	15	-2.25			

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		
Visit 12	1/22/2021 9:18 AM	Applanation	23	9		Dilated
Visit 13	4/28/2021 8:35 AM	Applanation	16	11		

Slit Lamp Exam

	OD	OS
Eyelids	meibomian gland dysfunction	meibomian gland dysfunction
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothelium	SPK
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens	blocked gland UL

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.8
Macula		Normal with good foveal reflex
Lens used	90	90
Notes	Extensive Atrophy, small pupil	

Tests/ Interpretation

Testing Selection (This Will Also Generate the CPT Code)
OCT Nerve

OCT of Optic nerve and RNFL Interpretation and Report 92133

OCT Description

OCT, a type of scanning computerized ophthalmic diagnostic imaging (SCODI) allows for early detection of glaucomatous damage to the nerve fiber layer or optic nerve of the eye. It is the goal of these diagnostic imaging tests to discriminate among patients with normal intraocular pressures (IOP) who have glaucoma, patients with elevated IOP who have glaucoma, and patients with elevated IOP who do not have glaucoma. These tests can also provide precise methods of observation of the optic nerve head and can more accurately reveal subtle glaucomatous changes over the course of follow-up exams than visual field and/or disc photos. This can allow earlier and more efficient treatment of the disease process.

Optic Nerve and RNFL OCT Indication
Glaucoma**Test Date**

- Test done: 4/28/2021
- Test interpreted: 4/28/2021

Optic Nerve and RNFL OCT Clinical Findings

- Reliable Study OS
- Superior thinning, severe OS
- Inferior thinning, severe OS

Optic Nerve and RNFL OCT Comparative Data

- Severe Nerve Fiber Loss - Stable OS

Optic Nerve and RNFL OCT Narrative**OCT Results OS**

1. Consistent with advanced glaucoma

OCT Results OD**Optic Nerve and RNFL OCT Clinical Management**

Monitor for change with serial testing

Impression / Plan

Impression Table

1. • POAG

<Spawning Item>

• Patient with monocular status, and multiple commodities, will need close monitoring. Target high teens OS. Thin CCT values.

IOP OS continues to be in great range. Reviewed testing with patient, and shows stability. Patient to continue Dorzolamide OS BID, Combigan OS BID, and LAT OS QHS. Will continue to monitor with serial testing and IOP checks.

2. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):

Symptoms continue to be minimal OS, surgery is not recommended at this time. Will continue to monitor the cataract, unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

No treatment needed OD, due to monocular status.

3. Amblyopia, Strabismic, right eye (H53.031): Stable.

4. Low Vision: Right Eye Blind (CF, HM, LP):

• NLP OD.

Patient should use ATS OU QID and warm compresses OU BID.

5. :

• H/O stroke 11/17/2019

Patient should continue care with neurologist.

6. Posterior Blepharitis:

Blocked gland noted on exam. Will recommend patient start Hot compresses OU BID for 10 min.

Send a referral letter?

Glaucoma Coding

• POAG

<Spawning Item>

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Will this patient continue, start or change eye medications?

Tests Ordered Today (with Diagnosis)

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Blindness and low vision ICD-10

Low Vision: Right Eye Blind (CF, HM, LP)

Eyelids (ICD-10)

Posterior Blepharitis

Systemic Disease ICD-10 List

Attestation

Scribed Note?

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Angelica Munoz, acting as scribe for [REDACTED].

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Sign and date (scribe)

Sign and date (physician)

Follow Up**Next Visit Plan and Orders**

Next appointment will be a 3 months, Short follow up and 24-2
SITA STD - OS

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In**~MUS2 - Summary of Care - Patients Transitioning Out****~MUS2 - CQMs - Documentation of Current Medications**

Current medications documented

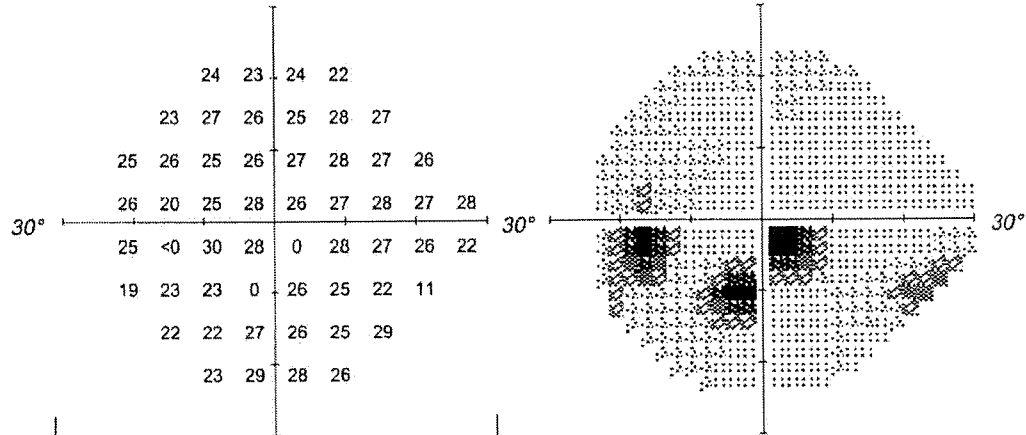
Ophthalmology CQMs**~MUS2 - CQMs - Diabetes Eye Exam****~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation****~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy****~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care****CPT Codes**

OS Single Field Analysis**Central 24-2 Threshold Test**

Fixation Monitor: Off
 Fixation Target: Central
 Fixation Losses: 0/0
 False POS Errors: 4%
 False NEG Errors: Off
 Test Duration: 03:00
 Fovea: Off

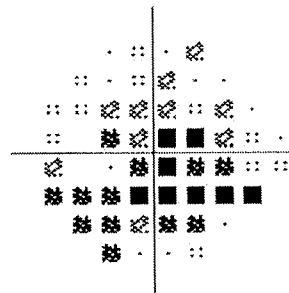
Stimulus: III, White
 Background: 31.5 asb
 Strategy: SITA Faster
 Pupil Diameter:
 Visual Acuity:
 Rx: +0.75 DS

Date: Jul 28, 2021
 Time: 9:04 AM
 Age: 57



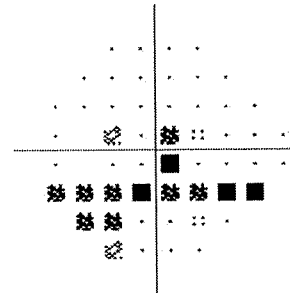
-3	-4	-3	-6
-6	-2	-3	-4
-4	-4	-5	-5
-4	-7	-5	-6
-6	-3	-4	-3
-11	-8	-9	-3
-9	-9	-5	-5
-7	-1	-1	-3

Total Deviation



0	-2	-1	-3
-3	0	-1	-2
-2	-2	-3	-3
-2	-5	-2	-4
-4	0	-2	-3
-9	-6	-7	-3
-7	-6	-2	-3
-5	1	1	-1

Pattern Deviation



GHT: Outside Normal Limits

VFI: 84%
 MD24-2: -6.25 dB P < 0.5%
 PSD24-2: 6.82 dB P < 0.5%

:: P < 5%
 :: P < 2%
 :: P < 1%
 ■ P < 0.5%

Comments

Signature



Patient Information

Personal Information

Add information that will help us give better customer service to the patient, this information will not show up on the medical record print out:

Patient Information

DOB: [REDACTED]

DOB: [REDACTED]/1963

Date of Service: 7/28/2021

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Sunrise Imaging

Other Physician:

Current Eye Medications - Check In

- Combigan OS, BID
- Dorzolamide OS, BID
- Latanoprost OS, QHS

Provider

Mu, Andy

Medically Appropriate Presenting History

57 yr old male patient here for 1 month follow up. Patient is being treated for Posterior Blepharitis and Chalazion in the left eye. Patient states his left eye seemed to have been getting better up until Monday this week. Patient states he woke up Monday with itching and swelling in the left eye. Patient began using the Maxitrol ointment. Patient states ointment has been helping with the discomfort on the left eye.

Patient is Pseudophakic in the right eye and Cataract in the left eye. Patient states his vision in the left eye is doing well but chooses to only drive during the day and We'll avoid driving at night. Patient states he has been noticing he need extra light to be able to read and see things up close.

Patient is being monitored for Glaucoma in both eyes. Patient states he is compliant with his medication. Patient states his peripheral vision is doing very well.

Evaluation Checklist

Does this patient take eye medications?

Yes

Key Information Review

Left

Pachymetry 542

Target IOP high teens

Past Ocular History:

Past Ocular Surgeries

Right Eye: CE/IOL

Medical History

General Medical History

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythmia/Atrial Fibrillation
- No coumadin use (blood thinner)
- No Diabetes (comment on oral vs insulin)
- No Dementia
- No Stroke
- No COPD
- No Sleep apnea
- No Asthma
- No Oxygen use
- No Past problems with anesthesia
- No Pacemaker
- No Artificial Heart Valves or Joints
- Rheumatoid arthritis
- Headaches
-
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Past Surgeries

- Lazy Eye - right eye (Approx. 2005)

Family History

-

Review of Systems

-
- Cardiovascular: normal
- Respiratory: normal
- Neurological: normal
- Endocrine: normal
-
-
-
-

Social History

- Used to smoke for more than five years
- Occupation: Master Cook

Use ERx to update meds/allergies

Current Medications

- amlodipine 5 mg tablet
- Aspirin Childrens 81 mg tablet, chewable
- atorvastatin 40 mg tablet
- metformin 500 mg tablet
- phentermine 30 mg capsule
- tramadol 50 mg tablet

Allergies

- No Known Allergies

-Hidden**Family History:****Exam/Diagram****Bring in Exam and Diagrams?**

Yes

Bring in Photos?

No

Exam**Bring in Exams?**

Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp
Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2
Visit 14	7/28/2021 8:23 AM	NLP			20/20			

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+1.00	20	-3.00	DVO	2 Years	05/26/2021
OS	-2.75	+1.00	15	-2.25			

Intraocular Pressure 1						
	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		
Visit 12	1/22/2021 9:18 AM	Applanation	23	9		Dilated
Visit 13	4/28/2021 8:35 AM	Applanation	16	11		
Visit 14	5/26/2021 9:31 AM	Applanation	17	13	Latanoprost	pt did not use Combigan or Dorz this AM
Visit 15	6/30/2021 8:34 AM	Applanation	18	20	Combigan, Dorzolamide, Latanoprost	
Visit 16	7/28/2021 8:38 AM	Applanation	22	16	Combigan, Dorzolamide, Latanoprost	

Slit Lamp Exam

Slit Lamp Exam		
	OD	OS
Eyelids	meibomian gland dysfunction	meibomian gland dysfunction, chalazion
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothelium	SPK
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens,	

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.8

Lens used 90 90

Tests/ Interpretation

Notes Extensive Atrophy, small pupil

Testing Selection (This Will Also Generate the CPT Code)

Testing of Visual Field

Visual Field Test Interpretation and Report (92083)

Visual Field description

Visual field testing detects defects in the field of vision, testing the function of the retina, optic nerve and optic pathways. Formal visual field tests are generally performed using a subjective test known as automated perimetry (measurement of the ability to see points of light at varying locations on a curved surface).

Visual Field Clinical Indications

Glaucoma OS

Visual Field Date

- Test done: 7/28/2021 y
- Test interpreted: 7/28/2021 y

Mean Deviation

Mean Deviation	
Left Eye	-6.25

Visual Field Type OD**VF Test Reliability OD****Visual Field Type OS**

Protocol OS: • SITA Standard 24-2

VF Test Reliability OS

1. Good

VF Test Results OD**VF Test Results OS**

1. Paracentral Scotoma

VF Data Interpretation - Right Eye (OD)**VF Data Interpretation - Left Eye (OS)**

Consistent with severe glaucoma

VF Change OD**VF Change OS**

1. Difficult to compare secondary to variability

VF Narrative (findings, interpretations, conclusions):

Impression / Plan

Impression Table

1. • POAG

<Spawning Item>

• Patient with monocular status, and multiple commodities, will need close monitoring. Target high teens OS. Thin CCT values.

IOP OS at good range. Patient to continue Dorzolamide OS BID, Combigan OS BID, and LAT OS QHS. Will continue to monitor with serial testing and IOP checks. RTC in Plan:

• Doctor reviewed the tests that were performed today. Refer to the interpretation results note.

2. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):

Symptoms continue to be minimal OS, surgery is not recommended at this time. Will continue to monitor the cataract, unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

No treatment needed OD, due to monocular status.

3. Amblyopia, Strabismic, right eye (H53.031): Stable.

4. Low Vision: Right Eye Blind (CF,HM,LP):

• NLP OD.

Patient should use ATS OU QID and warm compresses OU BID.

5. :

• H/O stroke 11/17/2019

Patient should continue care with neurologist.

6. Posterior Blepharitis and Chalazion, left upper lid (H00.14): Patient continues to have Chalazion RUL noted at today's visit.

Dr. [REDACTED] recommends patient to continue the use Maxitrol Ung BID OS, also patient should continue the use of hot compresses for 5 to 10 minutes twice daily, lid scrubs daily and Retaine MGD QID OU with symptoms of irritation. RTC in 2 months.

Send a referral letter?

Glaucoma Coding

• POAG

<Spawning Item>

Reviewed Testing

Doctor reviewed the tests that were performed today. Refer to the interpretation results note.

Will this patient continue, start or change eye medications?

Tests Ordered Today (with Diagnosis)

• Visual Field - OU:

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Blindness and low vision ICD-10

Low Vision: Right Eye Blind (CF,HM,LP)

Systemic Disease ICD-10 List

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Eyelids (ICD-10)

Posterior Blepharitis and Chalazion, left upper lid (H00.14)

Scribed Note?

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Diana Espinoza, acting as scribe for [REDACTED].

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Sign and date (scribe)

Sign and date (physician)

Follow Up

Next Visit Plan and Orders

Next appointment will be a 2 months, Dr. [REDACTED] and Short follow up

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2

Smoking Status:

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In

~MUS2 - Summary of Care - Patients Transitioning Out

~MUS2 - CQMs - Documentation of Current Medications

Current medications documented

Ophthalmology CQMs

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

CPT Codes

[<More Info>](#)

Procedures

- Visual Field

Providers

- [REDACTED], OD

Diagnosis Codes

- Z96.1 - Presence of intraocular lens
- H25.12 - Age-related nuclear cataract, left eye
- H53.031 - Strabismic amblyopia, right eye
- H54.414A - Blindness right eye category 4, normal vision left eye
- H40.1124 - Primary open-angle glaucoma, left eye, indeterminate stage
- H02.88A - Meibomian gland dysfunction right eye, upper and lower eyelids
- H02.88B - Meibomian gland dysfunction left eye, upper and lower eyelids
- H00.014 - Hordeolum externum left upper eyelid

Patient Information

Personal Information

Add information that will help us give better customer service to the patient, this information will not show up on the medical record print out:

Patient Information

[REDACTED]

DOB: [REDACTED]/1963

Date of Service: 9/22/2021

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Sunrise Imaging

Other Physician:

Current Eye Medications - Check In

- Combigan OS, BID
- Dorzolamide OS, BID
- Latanoprost OS, QHS
- Maxitrol Ointment OS, BID

Provider



Medically Appropriate Presenting History

57 yr old male patient here for two months follow up to monitor Posterior Blepharitis and Chalazion, left upper lid, is scheduled to re-evaluate this condition on treatment, he is using the ung BID and the hot compresses he is using sometimes, is feeling his left eye better and says the Chalazion improved but still there, denies others complaints both eyes.

Patient is being monitored for POAG, both eyes, claims good compliance with his glaucoma drops, denies tolerance issues, no refills needed.

Is checked for Cataract, left eye, denies visual changes since last visit left eye but notes after he had Covid-19 he need extra light at night to see better, right eye is NLP.

History of Amblyopia, Strabismic, right eye.

Claims stable general health but was done Heart surgery two days ago. Patient also has Diabetes, controlled with oral medication, BSL he is not checking and A1C was 9 about two months ago.

Evaluation Checklist

Does this patient take eye medications?

Yes

Key Information Review

Left	
Pachymetry	542
Target IOP	high teens

Past Ocular History:

- History of Cataract of the left eye
- History of Cataract surgery of the right eye
- History of Glaucoma of both eyes

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye Assessment

Symptoms

Dry Eye Tears & Times

Medical History

Medical History

General Medical History

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythmia/Atrial Fibrillation
- No coumadin use (blood thinner)
- No Diabetes (comment on oral vs insulin)
- No Dementia
- No Stroke
- No COPD
- No Sleep apnea
- No Asthma
- No Oxygen use
- No Past problems with anesthesia
- No Pacemaker
- No Artificial Heart Valves or Joints
- Rheumatoid arthritis
- Headaches

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-

Use Erx to update meds/allergies

Current Medications

- amlodipine 5 mg tablet
- Aspirin Childrens 81 mg tablet, chewable
- atorvastatin 40 mg tablet
- metformin 500 mg tablet
- phentermine 30 mg capsule
- tramadol 50 mg tablet

Allergies

- No Known Allergies

-Hidden

Past Surgeries/Date:
Lazy Eye - right eye (Approx. 2005)

Review of Systems

Cardiovascular: normal
Respiratory: normal
Neurological: normal
Endocrine: normal

Family History:

Smoking History
Used to smoke for more than five years

Occupation / Specific Activities
Occupation: Master Cook

Exam/Diagram

Bring in Exam and Diagrams?
Yes

Bring in Photos?
No

Exam

Bring in Exams?
Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp
Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2
Visit 14	7/28/2021 8:23 AM	NLP			20/20			
Visit 15	9/22/2021 8:22 AM		NLP		20/20			

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+1.00	20	-3.00	DVO	2 Years	05/26/2021
OS	-2.75	+1.00	15	-2.25			

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		
Visit 12	1/22/2021 9:18 AM	Applanation	23	9		Dilated
Visit 13	4/28/2021 8:35 AM	Applanation	16	11		
Visit 14	5/26/2021 9:31 AM	Applanation	17	13	Latanoprost	pt did not use Combigan or Dorz this AM
Visit 15	6/30/2021 8:34 AM	Applanation	18	20	Combigan, Dorzolamide, Latanoprost	
Visit 16	7/28/2021 8:38 AM	Applanation	22	16	Combigan, Dorzolamide, Latanoprost	
Visit 17	9/22/2021 8:24 AM	Applanation	16	16	Combigan, Dorzolamide, Latanoprost	

Slit Lamp Exam

	OD	OS
Eyelids	meibomian gland dysfunction	meibomian gland dysfunction, chalazion
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothelium	SPK
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens,	

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.8
Lens used	90	90
Notes	Extensive Atrophy, small pupil	

Tests/ Interpretation

Testing Selection (This Will Also Generate the CPT Code)

Impression / Plan

Impression Table

1. • POAG

<Spawning Item>

• Patient with monocular status, and multiple commodities, will need close monitoring. Target high teens OS. Thin CCT values.

IOP OS at good range. Patient to continue Dorzolamide OS BID, Combigan OS BID, and LAT OS QHS. Will continue to monitor with serial testing and IOP checks. RTC in Jan/2022 with DFE, HVF 24-2 OU and Fundus Photos.

2. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):

Symptoms continue to be minimal OS, surgery is not recommended at this time. Will continue to monitor the cataract, unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

No treatment needed OD, due to monocular status.

3. Amblyopia, Strabismic, right eye (H53.031): Stable.

4. Low Vision: Right Eye Blind (CF,HM,LP):

• NLP OD.

Will monitor for changes in OS.

5. :

• H/O stroke 11/17/2019

Patient should continue care with neurologist.

6. Posterior Blepharitis and Chalazion, left upper lid (H00.14):

Resolved. Patient may D/C Maxitrol Ung BID OS, also patient should continue the use of hot compresses for 5 to 10 minutes twice daily, lid scrubs daily and Retaine MGD QID OU with symptoms of irritation.

Send a referral letter?

Glaucoma Coding

• POAG

<Spawning Item>

Will this patient continue, start or change eye medications?

Tests Ordered Today (with Diagnosis)

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Systemic Disease ICD-10 List

Blindness and low vision ICD-10

Low Vision: Right Eye Blind (CF,HM,LP)

Eyelids (ICD-10)

Posterior Blepharitis and Chalazion, left upper lid (H00.14)

Attestation

Scribed Note?

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Diana Espinoza, acting as scribe for [REDACTED], O.D. .

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Sign and date (scribe)

Sign and date (physician)

Follow Up**Next Visit Plan and Orders**

Next appointment will be a Dr. [REDACTED] Comprehensive, Dilated, Fundus Photo and 24-2 SITA STD - OS

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In

~MUS2 - Summary of Care - Patients Transitioning Out

~MUS2 - CQMs - Documentation of Current Medications
Current medications documented

Ophthalmology CQMs

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

CPT Codes

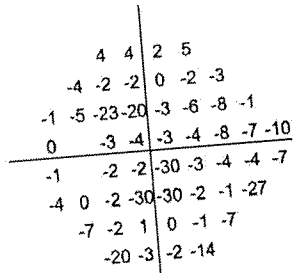
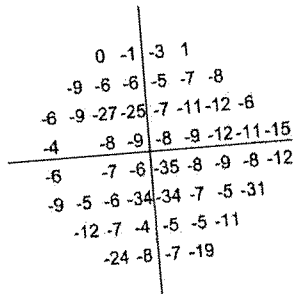
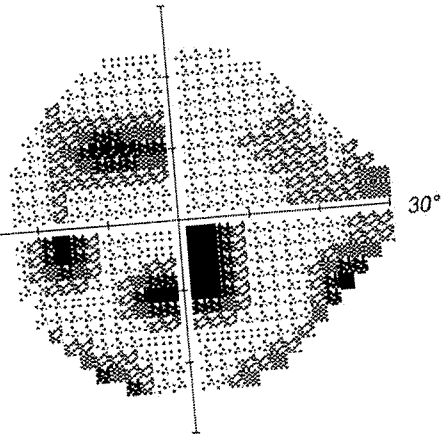
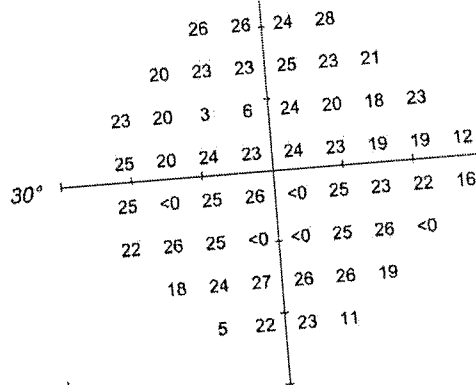
Central 24-2 Threshold Test

OS Single Field Analysis

Fixation Monitor: Off
 Fixation Target: Central
 Fixation Losses: 0/0
 False POS Errors: 2%
 False NEG Errors: Off
 Test Duration: 03:28
 Fovea: Off

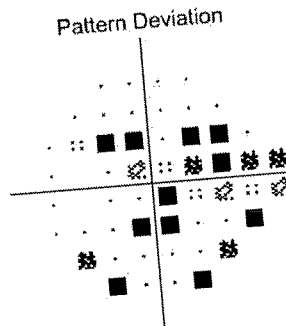
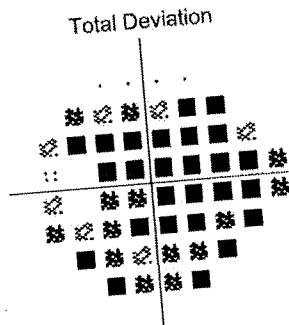
Stimulus: III, White
 Background: 31.5 asb
 Strategy: SITA Faster
 Pupil Diameter:
 Visual Acuity:
 Rx: +0.75 DS

Date: Jan 12, 2022
 Time: 9:14 AM
 Age: 58



GHT: Outside Normal Limits

VFI: 72%
 MD24-2: -11.02 dB P < 0.5%
 PSD24-2: 9.20 dB P < 0.5%



:: P < 5%
 :: P < 2%
 :: P < 1%
 ■ P < 0.5%



Patient Information

Patient Information

DOB: [REDACTED]/1963

Date of Service: 1/12/2022

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Sunrise Imaging

Other Physician:

Provider

Evaluation Checklist

Current Eye Medications - Check In

- Combigan OS, BID
- Dorzolamide OS, BID
- Latanoprost OS, QHS
- Maxitrol Ointment OS, BID

Medically Appropriate Presenting History

58 year old male patient returns after 4 months for a comprehensive eye exam. Patient is monitored for POAG. Patient is compliant with continue Dorzolamide OS BID, Combigan OS BID, and Latanoprost OS QHS. Patient notes vision is blurred and takes a while to focus on objects.

Patient notes the blurred vision is usually due to his diabetes.

Patient uses Insulin weekly and oral medication. Last reading this morning was 140, last night was 170.

Patient is Pseudophakic in the right eye, with Nuclear Cataract in the left eye. Patient has noticed his vision is not as easy to focus.

Patient monitored for Amblyopia, Strabismic in the right eye.

Also under care due to Low vision in the right eye.

H/O stroke 11/17/2019. Patient notes they continue care with Neurologist.

Patient under care for Posterior Blepharitis and Chalazion, left upper lid. He uses AT as needed.

Does this patient take eye medications?

Yes

Key Information Review

Left

Pachymetry 542

Target IOP high teens

Past Ocular History:

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye - Blepharitis Assessment

- ## Family History

Review of Systems

- ## Social History

- Used to smoke for more than five years

Allergies

Allergies
No Known Drug Allergies

Current Medications

***No Systemic Medications**

Use Erx to update meds/allergies

Current Medications

- Aspirin Childrens 81 mg tablet, chewable
- carvedilol 3.125 mg tablet
- lisinopril 5 mg tablet
- Maxitrol 3.5 mg/g-10,000 unit/g-0.1 % ointment - Apply 1/4 a small amount into left eye twice a day
- tramadol 50 mg tablet

Allergies

- No Known Allergies

-Hidden

Family History:**Exam/Diagram**

Bring in Exam and Diagrams?
Yes

Bring in Photos?
No

Dominant Eye

Exam

Bring in Exams?
Visual Acuity, Current Glasses, Dilation Exam, Intraocular Pressure, Slit Lamp Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2
Visit 14	7/28/2021 8:23 AM	NLP			20/20			
Visit 15	9/22/2021 8:22 AM		NLP		20/20			
Visit 16	1/12/2022 9:08 AM		NLP		20/20			OS - 2

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+0.75	90	-3.13	DVO	3 WEEKS	1/12/22
OS	-3.25	+1.50	45	-2.50			

Dilation Information

OU with Tropicamide 1% and Phenylephrine 2.5% at 9:09 AM

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		
Visit 12	1/22/2021 9:18 AM	Applanation	23	9		Dilated
Visit 13	4/28/2021 8:35 AM	Applanation	16	11		
Visit 14	5/26/2021 9:31 AM	Applanation	17	13	Latanoprost	pt did not use Combigan or Dorz this AM
Visit 15	6/30/2021 8:34 AM	Applanation	18	20	Combigan, Dorzolamide, Latanoprost	
Visit 16	7/28/2021 8:38 AM	Applanation	22	16	Combigan, Dorzolamide, Latanoprost	
Visit 17	9/22/2021 8:24 AM	Applanation	16	16	Combigan, Dorzolamide, Latanoprost	
Visit 18	1/12/2022 9:38 AM	Applanation	20	16	Combigan, Dorzolamide, Latanoprost	Dilated

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.8
Macula		Normal with good foveal reflex
Vessels		normal caliber
Periphery		no holes or tears
Lens used	90	90
Notes	Extensive Atrophy, small pupil	advanced cupping

Slit Lamp Exam

	OD	OS
Eyelids	meibomian gland dysfunction	meibomian gland dysfunction, chalazion
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothelium	SPK
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens,	

Testing

Testing Selection (This Will Also Generate the CPT Code)
Fundus Photo and Visual Field

Fundus Photography Interpretation and Report (92250)**Fundus photo description**

In order to document a disease process or follow the progress of a disease, photographs and an interpretation and report of the test may be necessary. Fundus photography involves the use of a digital retinal camera to document abnormalities of the retina, nerve, blood vessels, and disease processes affecting the eye, in order to follow the progress of such disease. The test will be used in the medical decision making for the patient regarding current conditions and evidence of future progression.

Fundus Photo Quality

- Stereo - Good Right Eye. Stereo - Good Left Eye.
- Focus - Good Right Eye. Focus - Good Left Eye.

Test Date

- Test done: 1/12/2022 Y
- Test interpreted: 1/12/2022 Y

Fundus Photo Clinical Indications
Glaucoma OU

Fundus Photo Test Results - Right

1. Advanced cupping with very thin rim
2. increased C/D

Fundus Photo Test Results - Left

1. Advanced cupping with very thin rim
2. Increased C/D

Fundus Interpretation - Right
consistent with advanced glaucoma

Fundus Interpretation - Left
consistent with advanced glaucoma

Fundus Photos Narrative (findings, interpretations, conclusions):

Fundus Photos Status
stable findings

Visual Field Test Interpretation and Report (92083)

Visual Field description

Visual field testing detects defects in the field of vision, testing the function of the retina, optic nerve and optic pathways. Formal visual field tests are generally performed using a subjective test known as automated perimetry (measurement of the ability to see points of light at varying locations on a curved surface).

Visual Field Clinical Indications

Glaucoma OS

Visual Field Date

- Test done: 1/12/2022 Y
- Test interpreted: 1/12/2022 Y

Mean Deviation

Mean Deviation	
Left Eye	-11.02

Visual Field Type OD

VF Test Reliability OD

Visual Field Type OS

Protocol OS: • SITA Faster 24-2

VF Test Reliability OS

1. Good

VF Test Results OD

VF Test Results OS

1. Blotchy Inferior Defects
2. Blotchy superior defect
3. Paracentral Scotoma

VF Data Interpretation - Right Eye (OD)

VF Data Interpretation - Left Eye (OS)

Consistent with severe glaucoma

VF Change OD

VF Change OS

1. Suggestive of progression based on deepening or enlarging focal defect

VF Narrative (findings, interpretations, conclusions):

Impression / Plan

Impression Table

1. • POAG

<Spawning Item>

• Patient with monocular status, and multiple commodities, will need close monitoring. Target high teens OS. Thin CCT values.

IOP OS at good range. VF test shows changes indicative of progression. Patient to continue but increase Dorzolamide OS TID, Combigan OS BID, and LAT OS QHS. Will continue to monitor with serial testing and IOP checks. RTC in 3 months for repeat repeat 24-2 VF OS.

Plan:

• Doctor reviewed the tests that were performed today. Refer to the interpretation results note.

2. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):

Symptoms continue to be minimal OS, surgery is not recommended at this time. Will continue to monitor the cataract, unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

No treatment needed OD, due to monocular status.

3. Amblyopia, Strabismic, right eye (H53.031):

Stable.

4. Low Vision: Right Eye Blind (CF, HM, LP):

• NLP OD.

Will monitor for changes in OS.

5. :

• H/O stroke 11/17/2019

Patient should continue care with neurologist.

6. Posterior Blepharitis and Chalazion, left upper lid (H00.14):

Resolved. Patient should continue the use of hot compresses for 5 to 10 minutes twice daily, lid scrubs daily and Retaine MGD QID OU with symptoms of irritation. No signs of infection today.

Will this patient continue, start or change eye medications?

Glaucoma Coding

• POAG

<Spawning Item>

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Send a referral letter?

Tests Ordered Today (with Diagnosis)

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Blindness and low vision ICD-10

Low Vision: Right Eye Blind (CF, HM, LP)

Systemic Disease ICD-10 List

Eyelids (ICD-10)

Posterior Blepharitis and Chalazion, left upper lid (H00.14)

Reviewed Testing

Doctor reviewed the tests that were performed today. Refer to the interpretation results note.

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Follow Up

Next Visit Plan and Orders

Next appointment will be a 3 months, Dr. [REDACTED] and 24-2 SITA
STD - OS

Bring In Meaningful Use Items?

Yes

Attestation**Scribed Note?**

Yes

Attestation Details**Scribe Attestation**

Select data for this encounter entered by Drew McDaniel, acting
as scribe for [REDACTED], O.D. .

Initials: DM

Date: 1/12/2022 9:34 AM

Physician Attestation

The documentation recorded by the scribe accurately reflects the
service I personally performed and the decisions made by me. I
was present during the time the encounter was recorded and have
reviewed the documentation information and accuracy.

Initials: [REDACTED]

Date: 1/12/2022 9:34 AM

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were
provided to patient.

**~MUS2 - Medication Reconciliation - Patients Transitioning
In****~MUS2 - Summary of Care - Patients Transitioning Out****~MUS2 - CQMs - Documentation of Current Medications**
Current medications documented**2021 MIPS**

2021 QM 130 - Patient medication name, dosage, route,
frequency documented

2021 PI CCDA & QM 226: Tobacco Status

2021 QM 12 (DirectEHR): POAG Optic Nerve Eval

2021 QM 117 (DirectEHR): Diabetes Eye Exam

2021 PI: Summary of Care Sent Electronically

2021 QM 19 (DirectEHR): Diabetic Retinopathy:
Communication with the Physician

Ophthalmology CQMs

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG):
Optic Nerve Evaluation

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of
Presence or Absence of Macular Edema and Level of
Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication
with the Physician Managing Ongoing Diabetes Care

CPT Codes

*** NEW PATIENT ***

Self Pay

Diagnostic Studies

Office Procedures

Established Patient Office Visit
92014 - Comprehensive Ophthalmic

Medical Decision Making

Refractive Office Visit

Signature

2022-03-30
Unscheduled visit

Patient Information

Personal Information

Add information that will help us give better customer service to the patient, this information will not show up on the medical record print out:

Patient Information

DOB: [REDACTED]/1963

Date of Service: 3/30/2022

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Esteban Hennings M.D.

Other Physician:

Current Eye Medications - Check In

- Combigan OS, BID
- Dorzolamide OS, TID
- Latanoprost OS, QHS
- Maxitrol Ointment OS, BID

Provider

[REDACTED]

Medically Appropriate Presenting History

58 yr old male patient here for 2 month Unscheduled visit. Patient is monitored for Primary Open Angle Glaucoma, left eye. Patient went to see his Optometrist said that he might have an allergic reaction to maybe the Dorlamide and Combigan. He complains that his left eye has been in and out of irritation since using the medication, but withing the past 2-3 weeks his vision has become blurry. He says if the drops drip onto his skin is when he notices more of a burn, he has been having a red rash on his skin around his eyes for about 2-3 weeks. He tries using a warm wash cloth which helps the irritation for a little bit but then about 2-3 hours later it starts to irritate him again.

Patient is compliant using his eye medication.

Diabetes, type2, insullin dependent; 2 weeks ago his blood sugar levels was 6.3, Monday A1C: 93.

Patient is Pseudophakic, right eye.

Patient is monitored for Nuclear Cataract, left eye.

Patient is monitored for Amblyopia, Strabismic, right eye.

Patient is monitored for Low Vision, right eye blind.

Patient is monitored for Posterior Blepharitis and Chalazion, left upper lid. Denies using any artificial tears.

History of stroke 11/17/2019.

Evaluation Checklist

Does this patient take eye medications?

Yes

Key Information Review

Left	
Pachymetry	542
Target IOP	high teens

Past Ocular History:

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye Assessment

Symptoms

Dry Eye Tears & Times

Medical History**Medical History****General Medical History**

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythmia/Atrial Fibrillation
- No coumadin use (blood thinner)
- Diabetes (comment on oral vs insulin) (Insulin and Oral Med.)

- Lazy Eye - right eye (Approx. 2005)

5

- Used to smoke for more than five years
- Occupation: Master Cook

Current Medications

- Aspirin Childrens 81 mg tablet, chewable
- carvedilol 3.125 mg tablet
- lisinopril 5 mg tablet
- Maxitrol 3.5 mg/g-10,000 unit/g-0.1 % ointment - Apply 1/4 a small amount into left eye twice a day
- tramadol 50 mg tablet

- No Known Allergies

-Hidden

Review of Systems

Family History:

Exam/Diagram

Bring in Exam and Diagrams?

Yes

Bring in Photos?

No

Exam

Bring in Exams?

Bring in Exams?
Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2
Visit 14	7/28/2021 8:23 AM	NLP			20/20			
Visit 15	9/22/2021 8:22 AM		NLP		20/20			
Visit 16	1/12/2022 9:08 AM		NLP		20/20			OS -2
Visit 17	3/30/2022 10:08 AM		NLP		20/25			OS blurry

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+0.75	90	-3.13	DVO	4-5 months	03/29/2022
OS	-3.25	+1.50	45	-2.50			

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		
Visit 12	1/22/2021 9:18 AM	Applanation	23	9		Dilated
Visit 13	4/28/2021 8:35 AM	Applanation	16	11		
Visit 14	5/26/2021 9:31 AM	Applanation	17	13	Latanoprost	pt did not use Combigan or Dorz this AM
Visit 15	6/30/2021 8:34 AM	Applanation	18	20	Combigan, Dorzolamide, Latanoprost	
Visit 16	7/28/2021 8:38 AM	Applanation	22	16	Combigan, Dorzolamide, Latanoprost	
Visit 17	9/22/2021 8:24 AM	Applanation	16	16	Combigan, Dorzolamide, Latanoprost	
Visit 18	1/12/2022 9:38 AM	Applanation	20	16	Combigan, Dorzolamide, Latanoprost	Dilated
Visit 19	3/30/2022 10:16 AM	Applanation	22	27	Combigan, Latanoprost, Dorzolamide	

Slit Lamp Exam

	OD	OS
Tests	Interpretation	Interpretation
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothellum	SPK
Impression	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens, scaly lids	scaly lids

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.8
Lens used	90	90
Notes	Extensive Atrophy, small pupil	advanced cupping

Impression Table

1. • POAG

<Spawning Item>

• Patient with monocular status, and multiple commodities, will need close monitoring. Target high teens OS. Thin CCT values.

IOP OS elevated since last visit. Pt appears to be having an allergic reaction to a glaucoma medication OS. Patient will STOP Dorzolamide OS TID, Continue Combigan OS BID, and LAT OS QHS, START Rhopressa OS QHS. Pt may use petroleum jelly PRN to orbit OS to help with irritation. Will continue to monitor with serial testing and IOP checks. RTC in 1 week with Dr. DeBry for IOP check.

Patient's family is concerned for his eye sight OS, especially since that is his only good eye. It has been fluctuating over time. Explained to patient that it is important to keep pressures low to save eye sight, and that is why he is being started on a stronger medication in Rhopressa.

Plan:

• Doctor reviewed the tests that were performed today. Refer to the interpretation results note.

2. Allergic Dermatitis, right eye (H01.113) and Allergic Dermatitis, left eye (H01.116):
see #1

3. Amblyopia, Strabismic, right eye (H53.031):
Stable.

4. Low Vision: Right Eye Blind (CF, HM, LP):
• NLP OD.
Will monitor for changes in OS.

5. :

• H/O stroke 11/17/2019

Patient should continue care with neurologist.

6. Posterior Blepharitis and Chalazion, left upper lid (H00.14):
Chalazion resolved. Patient should continue the use of hot compresses for 5 to 10 minutes twice daily, lid scrubs daily and Retaine MGD QID OU with symptoms of irritation. No signs of infection today.

7. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):
Symptoms continue to be minimal OS, surgery is not recommended at this time. Will continue to monitor the cataract, unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

No treatment needed OD, due to monocular status.

Send a referral letter?

Glaucoma Coding

• POAG

<Spawning Item>

Reviewed Testing

Doctor reviewed the tests that were performed today. Refer to the interpretation results note.

Will this patient continue, start or change eye medications?

Tests Ordered Today (with Diagnosis)

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Scribed Note?

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Attestation Details

Scribe Attestation

Select data for this encounter entered by Drew McDaniel, acting as scribe for [REDACTED], O.D. .

Initials: DM

Date: 3/30/2022 3:12 PM

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Initials: [REDACTED]

Date: 3/30/2022 3:12 PM

Follow Up

Next Visit Plan and Orders

Next appointment will be a 1 week, Dr. [REDACTED] and Short follow up

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2

Smoking Status:

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In

~MUS2 - Summary of Care - Patients Transitioning Out

~MUS2 - CQMs - Documentation of Current Medications

Current medications documented

Ophthalmology CQMs

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

CPT Codes

UC Discharge

Southwest Medical Associates, Inc.
Southwest Medical Associates, Inc. P.O. Box 15645
Las Vegas, NV 89114-5645
(702) 877-8600

Patient: [REDACTED]
Address1: [REDACTED] Ave
Address2:
City/ST Zip: [REDACTED], NV [REDACTED]

MRN: [REDACTED]
DOB: [REDACTED], 1963
Age: 58

Encounter Date: Apr 1 2022 8:50PM

Home: ([REDACTED]) [REDACTED]-[REDACTED]
Work:

Assessment

1. Allergic conjunctivitis of left eye (H10.12)

Special Instructions

You have been diagnosed with contact allergic blepharoconjunctivitis. However since you have closed-angle glaucoma we cannot use any antihistaminic or steroid drops. Please use cool compresses every 15 minutes and avoid triggers

Signatures

Electronically signed by : Michael Garcia, APRN; Apr 1 2022 9:53PM PST (Author)

2022-04-07
Follow up exam

Patient Information

Personal Information

Add information that will help us give better customer service to the patient, this information will not show up on the medical record print out:

Patient Information

DOB: [REDACTED]/1963

Date of Service: 4/7/2022

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Esteban Hennings M.D.

Other Physician:

Current Eye Medications - Check In

- Combigan OS, QAM
- Latanoprost OS, QHS
- Rhopressa 0.02 % eye drops OS, QHS

Provider

[REDACTED]

Medically Appropriate Presenting History

58 yr old male patient here for IOP check to monitor POAG, both eyes. Patient during last visit had IOP elevated, was made changes in the treatment, was stopped Dorzolamide and started on Rhopressa, continue with the others eye drops the same, he claims good compliance but he is using Combigan only once a day, good tolerance, he is using no refills needed. Patient reports after the last visit he went to E.R and was explained the recommendations done here in the last visit was not correctly, was made some changes in the treatment, he is feeling his left eye better but still he has like to sand in the left eye, itching the left upper lid, he has dry skin, still has eye pain left eye, he says this pain is 5-6 on the scale 1 to 10, this pain is not constantly, is on and off, he notes his vision is blurry the same to was in the last visit, denies vision worsening or vision improved, he has issues to focusing, he says that may be he is losing the peripheral vision.

Patient is also using Terramycin ung that was recommended in the E.R.

History of Allergic Dermatitis, both eyes.

History of Amblyopia, Strabismic, right eye.

Is treated for Posterior Blepharitis and Chalazion, left upper lid.

Is checked for Cataract, left eye.

History of Pseudophakia, right eye.

General health is stable. Patient is Diabetic, controlled with oral medications and Trulicity, BSL was 156 about five days ago.

Evaluation Checklist

Does this patient take eye medications?
Yes

Key Information Review

Left	
Pachymetry	542
Target IOP	high teens

Past Ocular History:

- History of Cataract of the left eye
- History of Cataract surgery of the right eye
- History of Glaucoma of both eyes

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye Assessment

Symptoms

Dry Eye Tears & Times

Medical History

Medical History

General Medical History

- No Hypertension

Current Medications

- ## Allergies

- ## -Hidden

Past Surgeries/Date:
Lazy Eye - right eye (Approx. 2005)

Cardiovascular: normal
Respiratory: normal
Neurological: normal
Endocrine: normal

Smoking History

Occupation / Specific Activities

Exam/Diagram

Bring in Exam and Diagrams?

Yes

Bring in Photos?

No

Exam

Bring in Exams?

Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp
Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2
Visit 14	7/28/2021 8:23 AM	NLP			20/20			
Visit 15	9/22/2021 8:22 AM		NLP		20/20			
Visit 16	1/12/2022 9:08 AM		NLP		20/20			OS -2
Visit 17	3/30/2022 10:08 AM		NLP		20/25			OS blurry
Visit 18	4/7/2022 8:07 AM		NLP		20/25			OS-2 vision is like to something covering

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+0.75	90	-3.13	DVO	4-5 months	03/29/2022
OS	-3.25	+1.50	45	-2.50			

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		
Visit 12	1/22/2021 9:18 AM	Applanation	23	9		Dilated
Visit 13	4/28/2021 8:35 AM	Applanation	16	11		
Visit 14	5/26/2021 9:31 AM	Applanation	17	13	Latanoprost	pt did not use Combigan or Dorz this AM
Visit 15	6/30/2021 8:34 AM	Applanation	18	20	Combigan, Dorzolamide, Latanoprost	
Visit 16	7/28/2021 8:38 AM	Applanation	22	16	Combigan, Dorzolamide, Latanoprost	
Visit 17	9/22/2021 8:24 AM	Applanation	16	16	Combigan, Dorzolamide, Latanoprost	
Visit 18	1/12/2022 9:38 AM	Applanation	20	16	Combigan, Dorzolamide, Latanoprost	Dilated
Visit 19	3/30/2022 10:16 AM	Applanation	22	27	Combigan, Latanoprost, Dorzolamide	
Visit 20	4/7/2022 8:37 AM	Applanation	25	21	Combigan, Latanoprost, Rhopressa	

Slit Lamp Exam

	OD	OS
Eyelids	meibomian gland dysfunction, Edema, erythema	meibomian gland dysfunction
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothelium	Generally Clear
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens, scaly lids	

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.95
Lens used	90	90
Notes	Extensive Atrophy, small pupil advanced cupping	

Impression Table

1. • End Stage Glaucoma, right eye (H44.511)

• POAG

<Spawning Item>:

•

Patient with monocular status, and multiple co-morbidities, will need close monitoring. Target high teens OS. Thin CCT values.

This patient has uncontrolled eye pressure OS despite treatment, with a high risk of further vision deterioration or blindness if not treated more aggressively. Dr. [REDACTED] also reviewed past VF which confirms definite progression over the last several years. Worrisome due to monocular status. Based on the patient's exam and past history Dr. [REDACTED] recommend a glaucoma surgery with a trabeculectomy in the near future. Dr. [REDACTED] reviewed the details of glaucoma and the recommended surgery with the patient including the risks, benefits, and alternatives. This was summarized with the RBA handout for this procedure.

A review of the patient's medical history was completed along with a focused exam to complete the pre-operative History and Physical requirement.

He will meet with the surgical scheduler to further review the full consent, obtain signatures, and plan the date for the procedure. The patient was given an opportunity to ask questions and he appeared to understand the items that were discussed.

They will continue the same glaucoma medications until the surgery date.

2. Allergic Dermatitis, right eye (H01.113) and Allergic Dermatitis, left eye (H01.116):

Will start patient on maxitrol ung to eyelid BID.

3. Amblyopia, Strabismic, right eye (H53.031):

Stable.

4. Low Vision: Right Eye Blind (CF, HM, LP):

• NLP OD.

Will monitor for changes in OS.

5. Cerebral Infarction, Stroke (I63.9):

• H/O stroke 11/17/2019

Patient should continue care with neurologist.

6. Posterior Blepharitis:

Patient should continue the use of hot compresses for 5 to 10 minutes twice daily, lid scrubs daily and Retaine MGD QID OU with symptoms of irritation.

7. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):

Symptoms continue to be minimal OS, surgery is not recommended at this time. Will continue to monitor the cataract, unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

Continue to monitor OD.

Send a referral letter?

Glaucoma Coding

• End Stage Glaucoma, right eye (H44.511)

• POAG

<Spawning Item>

Will this patient continue, start or change eye medications?

Eyelids (ICD-10)

Allergic Dermatitis, right eye (H01.113) and Allergic Dermatitis, left eye (H01.116)

Tests Ordered Today (with Diagnosis)

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Blindness and low vision ICD-10

Low Vision: Right Eye Blind (CF,HM,LP)

Eyelids (ICD-10)

Posterior Blepharitis

Systemic Disease ICD-10 List

Cerebral Infarction, Stroke (I63.9)

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Attestation

Scribed Note?

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Maria Padilla, acting as scribe for [REDACTED], M.D. .

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Sign and date (scribe)

Sign and date (physician)

Follow Up

Next Visit Plan and Orders

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2

<More Info>

Providers

- [REDACTED], MD

Diagnosis Codes

- H40.1124 - Primary open-angle glaucoma, left eye, indeterminate stage
- H44.511 - Absolute glaucoma, right eye
- H01.113 - Allergic dermatitis of right eye, unspecified eyelid
- H01.116 - Allergic dermatitis of left eye, unspecified eyelid
- H53.031 - Strabismic amblyopia, right eye
- H54.414A - Blindness right eye category 4, normal vision left eye
- I63.9 - Cerebral infarction, unspecified
- H02.88A - Meibomian gland dysfunction right eye, upper and lower eyelids
- H02.88B - Meibomian gland dysfunction left eye, upper and lower eyelids
- H25.12 - Age-related nuclear cataract, left eye
- Z96.1 - Presence of intraocular lens



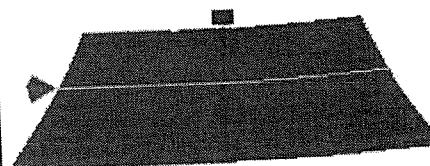
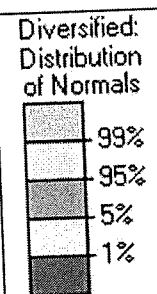
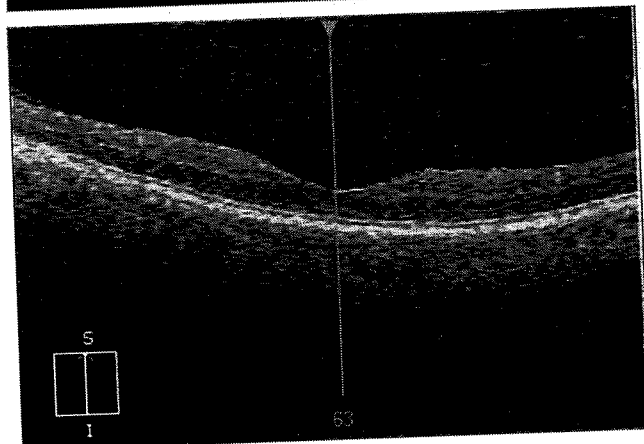
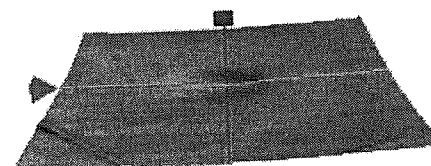
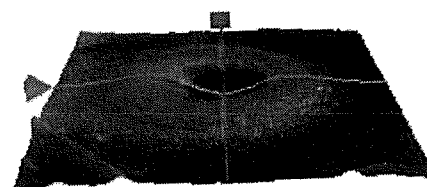
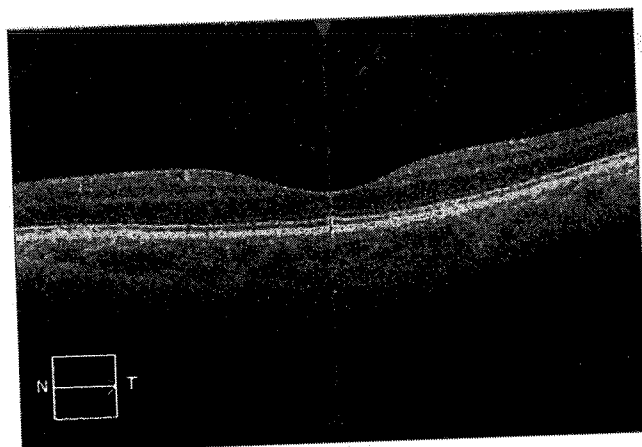
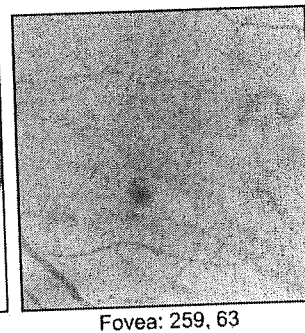
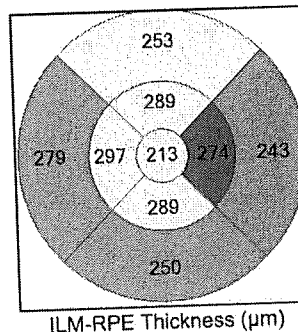
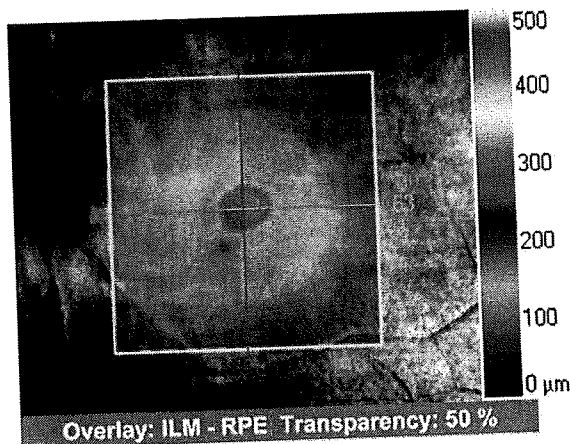
ID:
DOB: /1963
Gender: Male
Technician: Operator, Cirrus

Exam Date: 4/29/2022
Exam Time: 1:11 PM
Serial Number: 5000-20433
Signal Strength: 9/10

CZMI

Macula Thickness : Macular Cube 512x128

OD ☐ OS ☒



	Central Subfield Thickness (μm)	Cube Volume (mm^3)	Cube Average Thickness (μm)
ILM - RPE	213	9.3	258

Comments

Doctor's Signature

USERCIR-26CI7J0
SW Ver: 9.5.2.19038
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All Rights Reserved
Page 1 of 1

2022-04-29

Unscheduled visit/OP check x PT

Patient Information

Personal Information

Add information that will help us give better customer service to the patient, this information will not show up on the medical record print out:

Patient Information

DOB: [REDACTED]/1963

Date of Service: 4/29/2022

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Esteban Hennings M.D.

Other Physician:

Current Eye Medications - Check In

- Combigan OS, QHS at 5 pm
- Latanoprost OS, QHS
- Rhopressa 0.02 % eye drops OS, QHS

Provider

[REDACTED]

Medically Appropriate Presenting History

58 yr old male patient here for Unscheduled Visit. Patient would like to check IOP in the left eye. Patient reports he was fine about two weeks, today early he was feeling like to itching and when he wake up he has swollen around the left eye and red skin, he says nothing was new or changes to explain his complaints, he did yesterday every thing the same to every day, sometimes he has pain in the left eye at night but it improved after the use of the eye drops that is needed, he is concern about his vision left eye that is his only eye, he says his vision left eye is blurry and is not perfect than was in the pass, he says that he can't explain very good about his vision, he says it is like to looking through the some glasses in third dimension.

Rhopressa ran out, he is asking for a new sample.

Patient is monitored for POAG, both eyes with End Stage Glaucoma, right eye, claims good compliance and good tolerance to his glaucoma drops. Patient is scheduled for Trabeculectomy OS on 05/18/2022.

History of Allergic Dermatitis, both eyes.

History of Amblyopia, Strabismic, right eye.

History of Cerebral Infarction, Stroke.

History of Pseudophakia, right eye.

Is checked for Cataract, left eye.

General health is stable, he has Diabetes under control BSL 105 this morning.

Evaluation Checklist

Does this patient take eye medications?
Yes

Key Information Review

Left	
Pachymetry	542
Target IOP	high teens

Past Ocular History:

- History of Cataract of the left eye
- History of Cataract surgery of the right eye
- History of Glaucoma of both eyes

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye Assessment

Symptoms

Dry Eye Tears & Times

Medical History

General Medical History

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythmia/Atrial Fibrillation
- No coumadin use (blood thinner)
- Diabetes (comment on oral vs insulin) (Insulin and Oral Med.)
- No Dementia
- No Stroke
- No COPD
- No Sleep apnea
- No Asthma
- No Oxygen use
- No Past problems with anesthesia
- No Pacemaker
- No Artificial Heart Valves or Joints

-

Current Medications

- ## Allergies

- No Known Allergies

-Hidden

Past Surgeries/Date:

Lazy Eye - right eye (Approx. 2005)

Review of Systems

Cardiovascular: normal

Respiratory: normal

Neurological: normal

Endocrine: normal

Family History:**Smoking History**

Used to smoke for more than five years

Occupation / Specific Activities

Occupation: Master Cook

Exam/Diagram**Bring in Exam and Diagrams?**

Yes

Bring in Photos?

No

Exam**Bring in Exams?**

Visual Acuity, Current Glasses, Manifest Refraction, Intraocular Pressure, Slit Lamp Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2
Visit 14	7/28/2021 8:23 AM	NLP			20/20			
Visit 15	9/22/2021 8:22 AM		NLP		20/20			
Visit 16	1/12/2022 9:08 AM		NLP		20/20			OS -2
Visit 17	3/30/2022 10:08 AM		NLP		20/25			OS blurry
Visit 18	4/7/2022 8:07 AM		NLP		20/25			OS-2 vision is like to something covering
Visit 19	4/29/2022 12:54 PM		NLP		20/30			

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+0.75	90	-3.13	DVO	4-5 months	03/29/2022
OS	-3.25	+1.50	45	-2.50			

Manifest Refraction

	Sphere	Cylinder	Axis	Sph Equiv	BCVA	Notes
OS	-4.25	+1.00	45	-3.75	20/25	blurry since 20/40

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		
Visit 12	1/22/2021 9:18 AM	Applanation	23	9		Dilated
Visit 13	4/28/2021 8:35 AM	Applanation	16	11		
Visit 14	5/26/2021 9:31 AM	Applanation	17	13	Latanoprost	pt did not use Combigan or Dorz this AM
Visit 15	6/30/2021 8:34 AM	Applanation	18	20	Combigan, Dorzolamide, Latanoprost	
Visit 16	7/28/2021 8:38 AM	Applanation	22	16	Combigan, Dorzolamide, Latanoprost	
Visit 17	9/22/2021 8:24 AM	Applanation	16	16	Combigan, Dorzolamide, Latanoprost	
Visit 18	1/12/2022 9:38 AM	Applanation	20	16	Combigan, Dorzolamide, Latanoprost	Dilated
Visit 19	3/30/2022 10:16 AM	Applanation	22	27	Combigan, Latanoprost, Dorzolamide	
Visit 20	4/7/2022 8:37 AM	Applanation	25	21	Combigan, Latanoprost, Rhopressa	
Visit 21	4/29/2022 1:22 PM	Applanation		28		

Slit Lamp Exam

	OD	OS
Eyelids	meibomian gland dysfunction, Edema, erythema	meibomian gland dysfunction
Conjunctiva	white and quiet	white and quiet
Cornea	clear, with normal stroma and endothellum	Generally Clear
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	normal
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens, scaly lids	erythema upper and lower lid.

Tests/ Interpretation

Testing Selection (This Will Also Generate the CPT Code)

Impression / Plan

Impression Table

1. • End Stage Glaucoma, right eye (H44.511)

• POAG

<Spawning Item>

•

Patient with monocular status, and multiple co-morbidities, will need close monitoring. Target high teens OS. Thin CCT values.

Uncontrolled IOP OS. Patient is also having an allergic reaction to eye drops. Dr. [REDACTED] recommends the patient have a Trabeculectomy surgery OS to help improve his eye and reduce the need for glaucoma drops.

RBA's for Trabeculectomy OS reviewed with the patient.

Will start Acetazolamide 250 PO QID to help reduce IOP in the short term. Will also start Triamcinolone ung on the skin around the eye. Patient was advised not to use ung in the eye. Ung should help improve the skin around the eye.

2. Posterior Blepharitis:

Will start patient on maxitrol ung to eyelid BID.

3. Amblyopia, Strabismic, right eye (H53.031):

Stable.

4. Low Vision: Right Eye Blind (CF, HM, LP):

• NLP OD.

Will monitor for changes in OS.

5. :

• H/O stroke 11/17/2019

Patient should continue care with neurologist.

6. Posterior Blepharitis:

Patient should continue the use of hot compresses for 5 to 10 minutes twice daily, lid scrubs daily and Retaine MGD QID OU with symptoms of irritation.

7. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):

Symptoms continue to be minimal OS, surgery is not recommended at this time. Will continue to monitor the cataract, unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

Continue to monitor OD.

Send a referral letter?

Glaucoma Coding

• End Stage Glaucoma, right eye (H44.511)

• POAG

<Spawning Item>

EyeLids (ICD-10)

Posterior Blepharitis

Will this patient continue, start or change eye medications?

Tests Ordered Today (with Diagnosis)

• Gonioscopy - OS:

Glaucoma Coding POAG

POAG, indeterminate stage, left eye (H40.1124)

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Blindness and low vision ICD-10

Low Vision: Right Eye Blind (CF, HM, LP)

EyeLids (ICD-10)

Posterior Blepharitis

Systemic Disease ICD-10 List

Cataract and Lens (ICD-10)
Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye
(H25.12)

Attestation

Scribed Note?
Yes

Attestation Details

Scribe Attestation
Select data for this encounter entered by Angelica Munoz, acting
as scribe for [REDACTED], M.D. .

Physician Attestation
The documentation recorded by the scribe accurately reflects the
service I personally performed and the decisions made by me. I
was present during the time the encounter was recorded and have
reviewed the documentation information and accuracy.

Sign and date (scribe)

Sign and date (physician)

Follow Up

Next Visit Plan and Orders
Next appointment will be a As Scheduled

Bring In Meaningful Use Items?
Yes

Meaningful Use Stage 2

Smoking Status:
Former smoker.

~MUS2 - Patient Education Resources
EMR identified patient specific education resources were
provided to patient.

**~MUS2 - Medication Reconciliation - Patients Transitioning
In**

~MUS2 - Summary of Care - Patients Transitioning Out

~MUS2 - CQMs - Documentation of Current Medications
Current medications documented

<More Info>

Providers

- [REDACTED] MD

Diagnosis Codes

- H44.511 - Absolute glaucoma, right eye
- H40.1124 - Primary open-angle glaucoma, left eye, indeterminate stage
- H02.88A - Meibomian gland dysfunction right eye, upper and lower eyelids
- H02.88B - Meibomian gland dysfunction left eye, upper and lower eyelids
- H53.031 - Strabismic amblyopia, right eye
- H54.414A - Blindness right eye category 4, normal vision left eye
- Z96.1 - Presence of intraocular lens
- H25.12 - Age-related nuclear cataract, left eye

Progress Notes by Caprioli, Joseph, MD at 05/10/22 0815

Author: Caprioli, Joseph, MD

Service: —

Author Type: Physician

Filed: 05/13/22 0915

Creation Time: 05/12/22 1609

Status: Signed

Editor: Caprioli, Joseph, MD (Physician)

Chief Complaint**Chief Complaint**

Patient presents with

• Glaucoma Evaluation

referred by Dr. Hennings for
second opinion**History of Present Illness****SYMPTOMS:**

Blurred vision

Decreased vision

Do you have eye pain now?: Yes

Pain Level: 7

Pain Frequency: Daily

Pain Characteristics: Sharp/Quick

Comments: 58 year old new patient here for glaucoma evaluation referred by Dr. Estaban Hennings

Patient complains of: pain 1/2 hour ago; in low altitude his vision became clear, in high altitude his vision becomes blurry; peripheral vision is decreasing. Eyes take a long time to adjust when he comes inside from being outside. Concerned he may cut himself when cooking or trip over something. Has redness, cant see up close and headaches/migraines.

Has planned left eye trabeculectomy with mitomycin-C next Wednesday.

No light perception of right eye, primary open angle glaucoma (POAG) of left eye

Status post cataract extraction intraocular lens of right eye

Type II diabetes mellitus, insulin dependent, taking Trulicity

History of lazy eye, right eye- amblyopia, strabismic

History of stroke in 11/2019

History of allergic dermatitis for which using Terramycin ointment that was recommended in the ER when patient went to E.R.

No family history of glaucoma

Ocular medications:

Combigan left eye daily

Latanoprost left eye at bedtime

Rhopressa left eye at bedtime

Maxitrol left eye daily

Medications**Current Outpatient Medications (Ophthalmic)**

Medication

Sig

Dispense

Refill

- brimonidine-timolol (COMBIGAN) 0.2-0.5% ophthalmic solution

Place 1 drop into the left eye daily.

- latanoprost 0.005% ophthalmic solution

Place 1 drop into the left eye at bedtime.

- Neomycin-Polymyxin-Dexameth (MAXITROL OP)

Place into the left eye at bedtime.

Progress Notes by Caprioli, Joseph, MD at 05/10/22 0815 (continued)

- Netarsudil Dimesylate (RHOPRESSA OP) Place into the left eye at bedtime.

Current Outpatient Medications (Other)

Medication	Sig	Dispense	Refill
• aspirin 81 mg EC tablet	Take 81 mg by mouth daily.		
• carvedilol 3.125 mg tablet	Take 3.125 mg by mouth two (2) times daily.		
• dulaglutide (TRULICITY) 1.5 mg/0.5 mL pen	Inject 1.5 mg under the skin.		
• empagliflozin-metFORMIN (SYNJARDY) 12.5-1000 MG TABS	Take by mouth daily.		
• lisinopril 5 mg tablet	Take 5 mg by mouth daily.		
• pravastatin 10 mg tablet	Take 10 mg by mouth daily.		
• tramadol 50 mg tablet	Take 50 mg by mouth as needed for.		

Problem List

Problem List

Eye / Vision Problems
 Age-related nuclear cataract, left eye
 Primary open angle glaucoma (POAG) of left eye
 Pseudophakia of right eye
 Strabismic amblyopia, right eye
 Visual loss, one eye, no light perception (NLP), right

Exam

Base Eye Exam

Visual Acuity (Snellen - Linear)

	Right	Left
Dist cc	NLP	20/40
Dist ph cc		20/30 -2

Tonometry (Applanation, 7:53 AM)

	Right	Left
Pressure	20	28

Pachymetry (5/10/2022)

	Right	Left
Thickness	562	552

Gonioscopy

	Right	Left

5. Strabismic amblyopia, right eye

Plan

Discontinue Maxitrol

Follow up with Dr. [REDACTED] in [REDACTED]

Agree with trabeculectomy with mitomycin-C of left eye

Follow ups:

Return for return to local MD ([REDACTED]).

I discussed the above assessment and plan with the patient. He had the opportunity to ask questions, and his questions and concerns were addressed. He was reminded to call if there is any significant change or worsening in vision, or to get an evaluation, urgently if appropriate.

Author:

I, Tatevik Ghandilyan, acted as medical scribe for Dr. Caprioli, Joseph, MD on 05/12/2022.

I, Caprioli, Joseph, MD, have reviewed all the notes recorded by the medical scribe, and attest that it is an accurate representation of the patient's examination, assessment, and plan.

Joseph Caprioli, MD

This note details the assessment and plan of the encounter for this date. For a complete note and record of the encounter, please see the Encounter Summary.

Electronically signed by Caprioli, Joseph, MD at 05/13/22 0915

*** End of Report ***

END OF REPORT

Progress Notes by Caprioli, Joseph, MD at 05/10/22 0815 (continued)

Temporal	C/B40R with pas	D40R
Nasal	C/B40R with pas	D40R
Superior	D40R	D40R
Inferior	C/B40R, with pas	D40R
Right eye with 30% OFTM		

Visual Fields

Humphrey visual field (HVF)

Left eye: central island

Dilation

Both eyes: 1.0% Mydracyl; 2.5% Phenylephrine @ 8:54 AM

Poor dilation

Slit Lamp and Fundus Exam**External Exam**

	Right	Left
External	Normal	Normal

Slit Lamp Exam

	Right	Left
Lids/Lashes	Normal	Normal
Conjunctiva/Sclera	No light perception	White and quiet
Cornea	No light perception	Clear
Anterior Chamber	No light perception	Deep and quiet
Iris	No light perception	Normal
Lens	Posterior chamber intraocular lens	1-2+ Nuclear sclerotic cataract
Vitreous	No light perception	Normal

Fundus Exam

	Right	Left
Disc	Pallor	Advanced thinning, no disc hemorrhage
Macula	Atrophy	Normal
Vessels		Normal
Periphery	Retinal whitening	Normal

Assessment

Primary open angle glaucoma (POAG) of left eye

Severe stage

OCT retinal nerve fiber layer: left eye-44

Left eye intraocular pressure 28 mmHg, too high

2. No light perception, right eye

3. Posterior chamber intraocular lens (PCIOL) of right eye

4. Nuclear sclerotic cataract of left eye

Not visually significant in left eye

RNFL Single Exam Report OU
SPECTRALIS® Tracking Laser Tomography

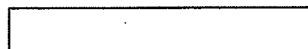
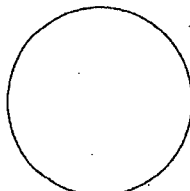
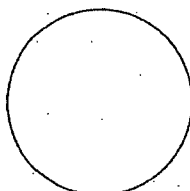
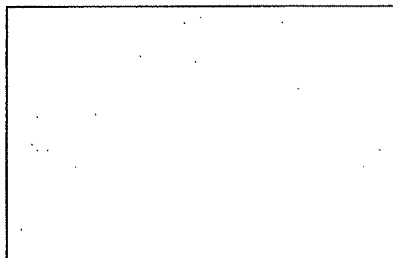
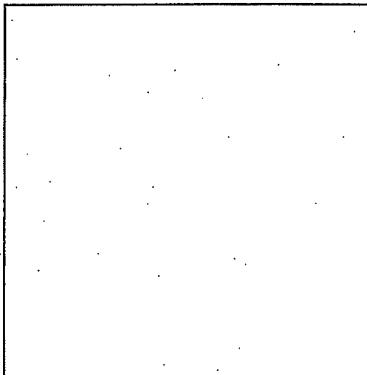
**HEIDELBERG
ENGINEERING**

Patient: [REDACTED]
Patient ID: 6769276
Diagnosis: ---

DOB: [REDACTED]/1963
Exam.: May/10/2022
Comment: ---

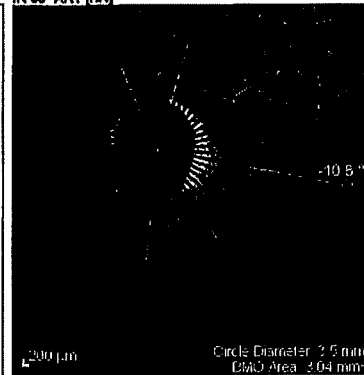
Sex: M **OS**

OD



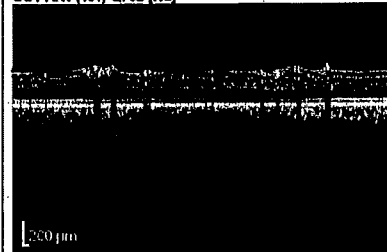
**Asymmetry
OD - OS**

IR 30° ART [HR]

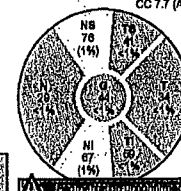
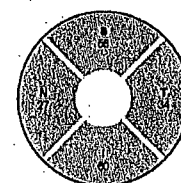
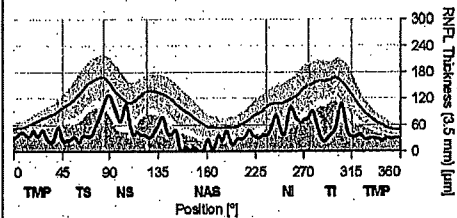


OS

OCT ART (101) Q: 32 [HS]



Within Normal Limits (>5%)
Borderline (<5%)
Outside Normal Limits (R%)



Classification OS

Outside Normal Limits

Reference database: US Ethnic Mix (2016)

Notes:

Date: 5/10/2022

Signature:

RNFL Single Exam Report OU
SPECTRALIS® Tracking Laser Tomography

**HEIDELBERG
ENGINEERING**

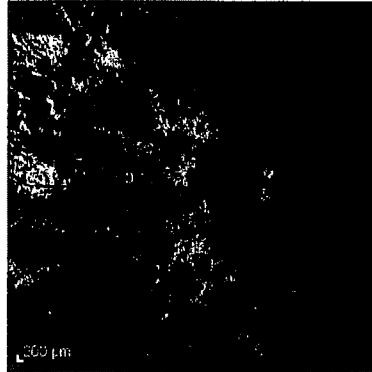
Patient: [REDACTED]
Patient ID: 6769276
Diagnosis: ---

DOB: [REDACTED]/1963
Exam.: May/10/2022
Comment: ---

Sex: M **OD**

OD

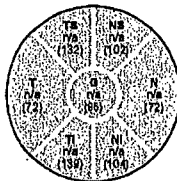
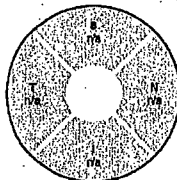
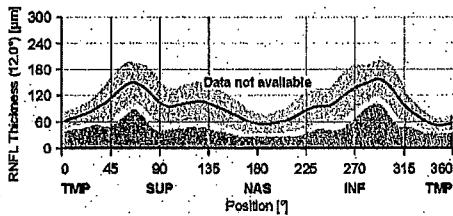
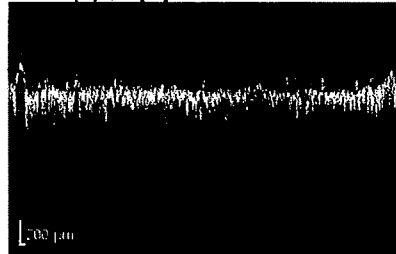
IR 30° ART (H8)



Asymmetry
OD - OS

OS

OCT ART (88) Q: 27 (H8)



Classification OD

No Classification Possible

Reference database: European Descent (2009) Warning: Classification results valid for Caucasian eyes only.

Notes:

Date: 5/10/2022

Signature:

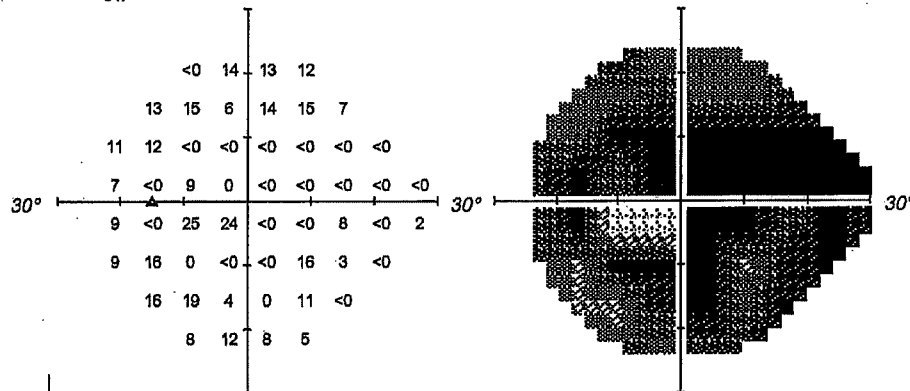
Patient: [REDACTED]
 Date of Birth: [REDACTED], 1983
 Gender: Male
 Patient ID: [REDACTED]



Julius Stein Eye Institute / UCLA
 100 Stein Plaza, Rm 4
 310-912-2484

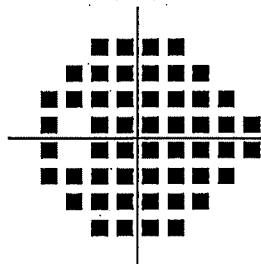
OS Single Field Analysis Central 24-2 Threshold Test

Fixation Monitor:	Blind Spot	Stimulus:	III, White	Date:	May 10, 2022
Fixation Target:	Central	Background:	31.5 asb	Time:	8:43 AM
Fixation Losses:	0/17	Strategy:	SITA Standard	Age:	58
False POS Errors:	2%	Pupil Diameter:			
False NEG Errors:	0%	Visual Acuity:			
Test Duration:	07:17	Rx:	+0.00 DS		
Fovea:	Off				



-28 -13 -14 -15
 -15 -14 -23 -16 -14 -22
 -18 -18 -32 -33 -33 -32 -30
 -22 -23 -32 -34 -34 -33 -31 -29
 -20 -7 -9 -35 -34 -23 -31 -25
 -20 -15 -31 -34 -34 -18 -27 -31
 -14 -12 -27 -31 -20 -32
 -22 -17 -21 -24

Total Deviation



MD Threshold exceeded.
 See Total Deviation plot.

Pattern Deviation

MD Threshold exceeded.
 See Total Deviation plot.

GHT: Outside Normal Limits

VFI: 21%
 MD24-2: -25.21 dB P < 0.5%
 PSD24-2: 8.88 dB P < 0.5%

:: P < 5%
 ☒ P < 2%
 ☒ P < 1%
 ■ P < 0.5%

Comments

[Faint, illegible handwritten or typed comments]



Asymmetry Analysis Single Exam Report OU
SPECTRALIS® Tracking Laser Tomography

HEIDELBERG
ENGINEERING

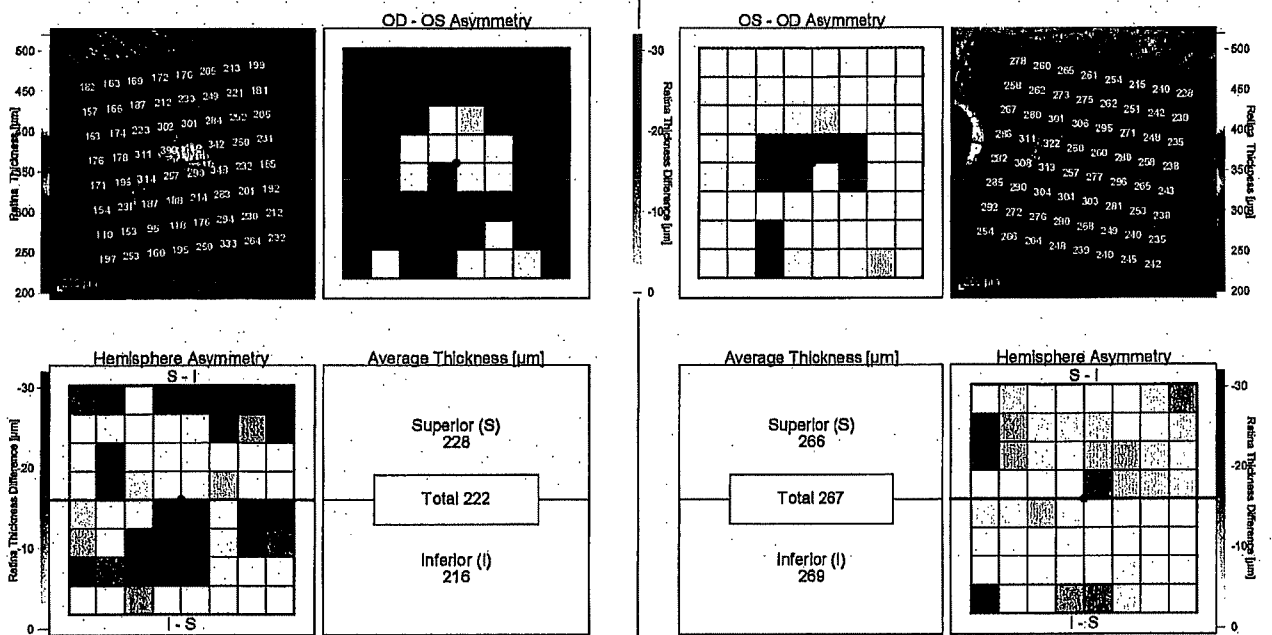
Patient: [REDACTED]
Patient ID: [REDACTED]
Diagnosis: ---

DOB: [REDACTED]/1983
Exam: May/10/2022
Comment: ---

Sex: M

OD

OS



Notes:

Date: 5/10/2022

Signature:

History and physical

Medical History

Patient has been diagnosed with an eye condition and Dr. [REDACTED]
[REDACTED], MD is recommending a surgery for the eye.
It is anticipated that this would be an outpatient surgery.

Medical History

No Hypertension
No Coronary artery disease/MI
No Arrhythmia/Atrial Fibrillation
No coumadin use (blood thinner)
Diabetes (comment on oral vs insulin) (Insulin and Oral Med.)
No Dementia
No Stroke
No COPD
No Sleep apnea
No Asthma
No Oxygen use
No Past problems with anesthesia
No Pacemaker
No Artificial Heart Valves or Joints

Medications:

*No Systemic Medications

Allergies:

No Known Drug Allergies

Impression: ASA category I or II with no unstable conditions or
high level risk factors for sedation with surgery

Plan: OK to proceed with ambulatory surgery.

Note: This brief history and physical is meant to help determine
risk for considering surgical options for this patient. It is not a
detailed exam, and is not meant to replace regular visits with the
patient's primary care physician

Physical Exam +

HEENT

() NI airway and neck position

Lungs

() CTA

() Quiet, comfortable respirations

Heart

() RRR, no murmurs

Abdomen

() No significant obesity

Extremities

() No significant arthritis or edema

Neuro

() Patient alert and oriented

PMGx/ROS

*

*

Final Medical Review for H&P

History and Physical Exam Update:

Patient medical status reviewed with the patient. They note no new significant medical symptoms or new diagnoses. A brief exam was repeated. There are no new medical issues and the patient is cleared to proceed with ambulatory surgery.

Date:

Time:

Signature:

<Follow-Up>

<More Info>

Providers

• [REDACTED], MD

BOX CANYON SURGERY CENTER

OPERATIVE REPORT TRABECULECTOMY (66170/66172)

Patient: [REDACTED]
DOB: [REDACTED]/1963
Date: 5-18-22

[REDACTED], [REDACTED] M
DOB: [REDACTED]/[REDACTED]/63 AGE: 58 Y
DR: [REDACTED], [REDACTED]
MRN: 00[REDACTED] DOS: 05/18/22

Pre-op Diagnosis: POAG (H40.1124)

Eye: OS

Procedure: Trabeculectomy with MMC (66170)

Post-op Diagnosis: Same

Anesthesia: 2% lidocaine gel 15 minutes and 5 minutes before procedure, 2% lidocaine with epinephrine subconjunctival injection.

Surgeon: [REDACTED], M.D.

Indications:

Pt is a 58 year old Male, with intraocular pressures deemed higher than acceptable for the amount of optic disc damage present or has difficulty with required topical medications.

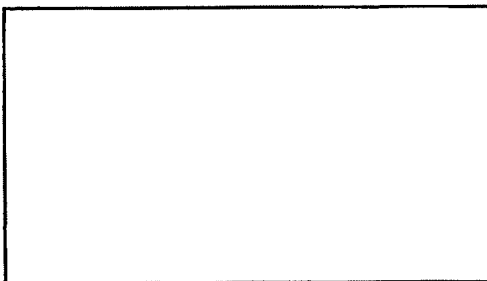
Procedure:

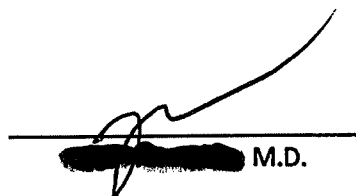
The risks, benefits, and alternatives of the procedure were fully explained to the patient, and written consent was obtained prior to the day of surgery. The patient was identified in the pre-operative area and the standard operative monitors were applied. Anesthesia was instituted as indicated above. The patient was then brought to the operative suite where the face was prepped and draped in the usual sterile fashion.

A lid speculum was placed and a 7-0 Vicryl traction suture placed through the superior clear cornea. A subconjunctival injection with 2% lidocaine with epinephrine was given in the subconjunctival space. Westcott scissors were used to create a conjunctival peritomy approximately 6 mm in length and 1 mm posterior to the limbus. The subconjunctival space was then dissected posteriorly with Westcott scissors. Wet field cautery was then used to achieve adequate hemostasis of the scleral bed. A 15 degree blade was then used to make a trapezoidal partial thickness scleral incision approximately 3 mm on each side. This was then dissected anteriorly in a lamellar fashion with a mini-crescent blade. As it neared the limbus, the dissection was stopped and Mitomycin C, 200 mcg/ml was injected underneath the conjunctiva. The mini-crescent blade was then used to complete the dissection to the clear cornea.

A paracentesis was made at the 10:00 position. Two #10-0 nylon sutures were then pre-placed through the corners of the trabeculectomy flap. The 15 degree blade was then used to enter the anterior chamber through the base of the trabeculectomy flap. The Kelly-Descemet punch was used to remove several blocks of the posterior scleral lip. Long angled vannas scissors were used to create a small peripheral iridectomy and BSS was used to reposit any protruding iris tissue. The #10-0 nylon sutures were pulled tight and tied. Additional sutures were placed and tied to an appropriate tightness to assure good filtration across the trabeculectomy flap. The knots were buried and the conjunctiva pulled up and closed with a #9-0 horizontal mattress at the 12:00 position, and two short purse-string #9-0 sutures at each end of the peritomy. The anterior chamber was refilled with balanced salt solution and a bleb formed nicely. The eye was dressed with a drop of Vigamox, Maxitrol ointment and a plastic shield.

The patient tolerated the procedure well. There were no complications. Follow-up was arranged for the first postoperative day. A post-op instruction sheet was given.




[REDACTED] M.D.

2022-05-19
Post-Op Trabeculectomy

Patient Information:

Patient Information

DOB: [REDACTED] 1963

Date of Service: 5/19/2022

Chief Complaint

Chief Complaint - Post-Op

The 58 year old male returns for post-op evaluation of TRABECULECTOMY with Mitomycin C on the Left (OS) done on 05/18/2022. He has moderate pain. He feels the vision is poor and worse than before surgery.

Pre-operatively the IOP was 28

Pre-op IOP Meds in the surgical eye:

- Latanoprost
- Rhopressa
- Combigan

Target IOP:

Post-Op Eye Drops in surgical eye:

- Moxifloxacin Q2 hours
- Prednisolone Q2 hours

Target IOP

Objective

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2
Visit 14	7/28/2021 8:23 AM	NLP			20/20			
Visit 15	9/22/2021 8:22 AM		NLP		20/20			
Visit 16	1/12/2022 9:08 AM		NLP		20/20			OS -2
Visit 17	3/30/2022 10:08 AM		NLP		20/25			OS blurry
Visit 18	4/7/2022 8:07 AM		NLP		20/25			OS-2 vision is like to something covering
Visit 19	4/29/2022 12:54 PM		NLP		20/30			

Manifest Refraction**Autorefractor****Intraocular pressure 2**

• 5/19/2022 OS: 10

Trabeculectomy Exam Findings

- Cornea generally clear
- Anterior chamber is deep
- Surgical PI present and appears patent
- Bleb diffuse

Exam Notes**Assessment**

Assessment - post op

- Patient is generally doing well and following the expected post-operative course.
- Patient was instructed to be gentle with the eye.
- No restrictions to normal daily activities.
- Medication chart and post-op instruction sheet was given to the patient.
- Patient was instructed to call immediately with any worsening symptoms

Patient will return to the clinic in 1-2 weeks for the next follow up exam

Suture lysis required?

No

Will this patient continue, start or change eye medications?

Yes

Medications Plan

- Continue Prednisolone, OS, Q 2 hours
- Continue Moxifloxacin, OS, QID
- Continue Maxitrol Ointment, OS, QHS

Testing

Testing Selection (This Will Also Generate the CPT Code)

CPT Codes**CPT: Office Exams**

99024 - Post-Op Check

Modifiers Office Visits**Follow-Up****Follow-Up:****Next Visit Plan and Orders****Bring In Meaningful Use Items?**

Yes

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources**~MUS2 - Medication Reconciliation - Patients Transitioning In****~MUS2 - Summary of Care - Patients Transitioning Out****~MUS2 - CQMs - Documentation of Current Medications****Ophthalmology CQMs**

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG):
Optic Nerve Evaluation

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of
Presence or Absence of Macular Edema and Level of
Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication
with the Physician Managing Ongoing Diabetes Care

Attestation

Scribed Note?
Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Maria Padilla, acting as
scribe for [REDACTED], M.D. .

Physician Attestation

The documentation recorded by the scribe accurately reflects the
service I personally performed and the decisions made by me. I
was present during the time the encounter was recorded and have
reviewed the documentation information and accuracy.

Sign and date (scribe)

Sign and date (physician)

Signature

SIGNATURE INSTRUCTIONS:

Eye Care Provided By:

<Follow-Up>

<More Info>

Providers

- [REDACTED], MD

2022-05-26

1 week Post-Op Trabeculectomy OS

Patient Information:

Patient Information

DOB: [REDACTED]/1963

Date of Service: 5/26/2022

Chief Complaint

Chief Complaint - Post-Op

The 58 year old male returns for post-op evaluation of TRABECULECTOMY done on 5/18/2022 with Mitomycin C on the Left (OS) done on 05/18/2022. He has moderate pain. He feels the vision is poor and worse than before surgery. He complains of his left eye seeing red dots, light sensitive, and flashes of lights when his eyes are closed. The flashes have 3 different times since surgery. He states that his vision fluctuates. He says if he walks from outside where it's bright out, then goes inside the house it takes him about 3 minutes before his eyes adjust. He says when he wakes up in the middle of the night and looks at his phone, he is unable to see his screen clearly.

Pre-operatively the IOP was 28

Pre-op IOP Meds in the surgical eye:

- Latanoprost
- Rhopressa
- Combigan

Target IOP:

Post-Op Eye Drops in surgical eye:

- Maxitrol Ointment QHS
- Moxifloxacin TID
- Prednisolone Q2 hours

Target IOP

Objective

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2
Visit 14	7/28/2021 8:23 AM	NLP			20/20			
Visit 15	9/22/2021 8:22 AM		NLP		20/20			
Visit 16	1/12/2022 9:08 AM		NLP		20/20			OS -2
Visit 17	3/30/2022 10:08 AM		NLP		20/25			OS blurry
Visit 18	4/7/2022 8:07 AM		NLP		20/25			OS-2 vision is like to something covering
Visit 19	4/29/2022 12:54 PM		NLP		20/30			
Visit 20	5/26/2022 11:31 AM				20/125			

Manifest Refraction

Autorefractor

Intraocular pressure 2

- 5/19/2022 OS: 10
- 5/26/2022 OS: 7

Trabeculectomy Exam Findings

- Cornea generally clear
- Anterior chamber is moderate
- Bleb diffuse

Exam Notes

Assessment

Assessment - post op

Prednisolone every Q 3 hours OS

Maxitrol ointment QHS OS

STOP MOXI

Patient is generally doing well.

Return to clinic in 1 week with OCT Mac testing

Clinic follow up plan

Suture lysis required?

Clinic follow up plan

Post Op Descriptions

- Patient is generally doing well and following the expected post-operative course.
- Patient was instructed to be gentle with the eye.
- No restrictions to normal daily activities.
- Medication chart and post-op instruction sheet was given to the patient.
- Patient was instructed to call immediately with any worsening symptoms

Will this patient continue, start or change eye medications?

Yes

Medications Plan

- Continue Prednisolone, OS, Q 3 hours
- Start Moxifloxacin, OS, QID
- Continue Maxitrol Ointment, OS, QHS

Testing

Testing Selection (This Will Also Generate the CPT Code)

CPT Codes

CPT: Office Exams

99024 - Post-Op Check

Modifiers Office Visits

Follow-Up

Follow-Up:

Next Visit Plan and Orders

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2

2022-06-02

Post-Op Trabeculectomy 2 weeks OS

Patient Information:

Patient Information

DOB: [REDACTED]/1963

Date of Service: 6/2/2022

Chief Complaint

Chief Complaint - Post-Op

The 58 year old male returns for post-op evaluation of TRABECULECTOMY with Mitomycin C on the Left (OS) done on 05/18/2022. He has no complaints of significant pain or irritation. He feels the vision is improved.

Pre-operatively the IOP was 28

Pre-op IOP Meds in the surgical eye:

- Latanoprost
- Rhopressa
- Combigan

Target IOP:

Post-Op Eye Drops in surgical eye:

- Maxitrol Ointment QHS
- Prednisolone Q 3 hours

Target IOP

Objective

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2
Visit 14	7/28/2021 8:23 AM	NLP			20/20			
Visit 15	9/22/2021 8:22 AM		NLP		20/20			
Visit 16	1/12/2022 9:08 AM		NLP		20/20			OS -2
Visit 17	3/30/2022 10:08 AM		NLP		20/25			OS blurry
Visit 18	4/7/2022 8:07 AM		NLP		20/25			OS-2 vision is like to something covering
Visit 19	4/29/2022 12:54 PM		NLP		20/30			
Visit 20	5/26/2022 11:31 AM				20/125			
Visit 21	6/2/2022 4:20 PM				20/50			

Manifest Refraction**Autorefractor****Intraocular pressure 2**

- 5/19/2022 OS: 10
- 5/26/2022 OS: 7
- 6/2/2022 OS: 6

Trabeculectomy Exam Findings

- Cornea generally clear
- Anterior chamber is moderate
- Surgical PI present and appears patent
- Bleb diffuse

Exam Notes**Assessment**

Assessment - post op

- Patient is generally doing well and following the expected post-operative course.
- Patient was instructed to be gentle with the eye.
- No restrictions to normal daily activities.
- Medication chart and post-op instruction sheet was given to the patient.
- Patient was instructed to call immediately with any worsening symptoms
- Due to low eye pressure suggest hypotony precautions

Return to clinic in 3-4 weeks

Suture lysis required?

No

Will this patient continue, start or change eye medications?

Yes

Medications Plan

- Continue Prednisolone, OS, Q 3 hours
- Continue Maxitrol Ointment, OS, QHS

Testing

Testing Selection (This Will Also Generate the CPT Code)

CPT Codes**CPT: Office Exams**

99024 - Post-Op Check

Modifiers Office Visits**Follow-Up****Follow-Up:****Next Visit Plan and Orders****Bring In Meaningful Use Items?**

Yes

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources**~MUS2 - Medication Reconciliation - Patients Transitioning In****~MUS2 - Summary of Care - Patients Transitioning Out****~MUS2 - CQMs - Documentation of Current Medications****Ophthalmology CQMs**

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG):
Optic Nerve Evaluation

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of
Presence or Absence of Macular Edema and Level of
Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication
with the Physician Managing Ongoing Diabetes Care

Attestation

Scribed Note?
Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Maria Padilla, acting as
scribe for [REDACTED], M.D. .

Physician Attestation

The documentation recorded by the scribe accurately reflects the
service I personally performed and the decisions made by me. I
was present during the time the encounter was recorded and have
reviewed the documentation information and accuracy.

Sign and date (scribe)

Sign and date (physician)

Signature

SIGNATURE INSTRUCTIONS:

Eye Care Provided By:

<Follow-Up>

<More Info>

Providers

• [REDACTED], MD

2022-06-16

4 week Post-Op Trabeculectomy

Patient Information:

Patient Information

DOB: [REDACTED]/1963

Date of Service: 6/16/2022

Chief Complaint

Chief Complaint - Post-Op

The 58 year old male returns for post-op evaluation of TRABECULECTOMY with Mitomycin C on the Left (OS) done on 05/18/2022. He has no complaints of significant pain or irritation and feels the vision is worse since before the surgery but is generally stable. He feels the vision is stable. Patient states that prednisolone eye drop has slightly irritated his left eye.

Pre-operatively the IOP was 28

Pre-op IOP Meds in the surgical eye:

- Latanoprost
- Rhopressa
- Combigan

Target IOP:

Post-Op Eye Drops in surgical eye:

- Maxitrol Ointment QHS
- Prednisolone Q2 hours

Target IOP

Objective

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2
Visit 14	7/28/2021 8:23 AM	NLP			20/20			
Visit 15	9/22/2021 8:22 AM		NLP		20/20			
Visit 16	1/12/2022 9:08 AM		NLP		20/20			OS -2
Visit 17	3/30/2022 10:08 AM		NLP		20/25			OS blurry
Visit 18	4/7/2022 8:07 AM		NLP		20/25			OS-2 vision is like to something covering
Visit 19	4/29/2022 12:54 PM		NLP		20/30			
Visit 20	5/26/2022 11:31 AM				20/125			
Visit 21	6/2/2022 4:20 PM				20/50			
Visit 22	6/16/2022 11:01 AM				20/125	No Improvement		

Manifest Refraction
Autorefractor
Intraocular pressure 2

- 5/19/2022 OS: 10
- 5/26/2022 OS: 7
- 6/2/2022 OS: 6
- 6/16/2022 OS: 8

Trabeculectomy Exam Findings

- Moderate SPK
- Anterior chamber is moderate
- Surgical PI present and appears patent
- Bleb diffuse

Exam Notes

Assessment

Assessment - post op

- Patient is generally doing well and following the expected post-operative course.
- Patient was instructed to be gentle with the eye.
- No restrictions to normal daily activities.
- Medication chart and post-op instruction sheet was given to the patient.
- Patient was instructed to call immediately with any worsening symptoms

Return to clinic in 3-4 weeks

Suture lysis required?

No

Will this patient continue, start or change eye medications?

Yes

Medications Plan

- Continue Prednisolone, OS, QID
- Stop Maxitrol Ointment QHS

Testing

Testing Selection (This Will Also Generate the CPT Code)

CPT Codes

CPT: Office Exams

99024 - Post-Op Check

Modifiers Office Visits

Follow-Up

Follow-Up:

Next Visit Plan and Orders

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2

Smoking Status:

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In

~MUS2 - Summary of Care - Patients Transitioning Out

~MUS2 - CQMs - Documentation of Current Medications

Current medications documented

Ophthalmology CQMs

Patient Information:

Patient Information

DOB: [REDACTED]/1963

Date of Service: 7/15/2022

Chief Complaint

Chief Complaint - Post-Op

The 58 year old male returns for post-op evaluation of TRABECULECTOMY with Mitomycin C on the Left (OS) done on 05/18/2022. He has moderate pain. He describes it as a sharp, pinching pain two or three times a day, the pain goes away quickly. He feels the vision is worse than before surgery. He reports using Refresh artificial tears twice a day as needed. He also reports that when he tries to focus, it irritates his left eye.

Pre-operatively the IOP was 28

Pre-op IOP Meds in the surgical eye:

- Latanoprost
- Rhopressa
- Combigan

Target IOP:

Post-Op Eye Drops in surgical eye:

- Prednisolone QID

Target IOP

Objective

ID: [REDACTED]
DOB: [REDACTED]/1963
Gender: Male
Technician: Operator, Cirrus

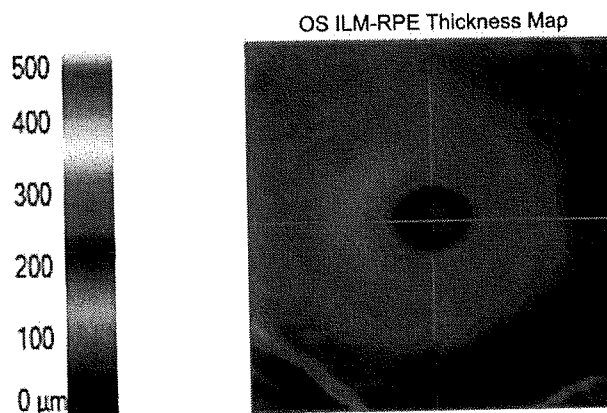
Exam Date: 7/15/2022
Exam Time: 3:53 PM
Serial Number: 5000-20433
Signal Strength: 8/10

CZMI

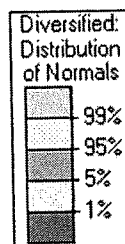


Macula Thickness OU: Macular Cube 512x128

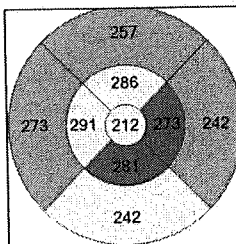
OD ☐ ☒ OS



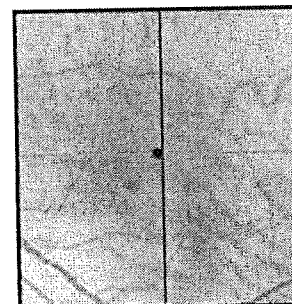
Fovea: 260, 63



OS ILM-RPE Thickness



OS OCT Fundus



ILM - RPE	OD	OS
Thickness Central Subfield (μm)	X	212
Volume Cube (mm^3)	X	9.2
Thickness Avg Cube (μm)	X	255

OS Horizontal B-Scan

BScan: 63



Comments

Doctor's Signature

USERCIR-26C17J0
SW Ver: 9.5.2.19038
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Page 1 of 1

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2
Visit 14	7/28/2021 8:23 AM	NLP			20/20			
Visit 15	9/22/2021 8:22 AM		NLP		20/20			
Visit 16	1/12/2022 9:08 AM		NLP		20/20			OS -2
Visit 17	3/30/2022 10:08 AM		NLP		20/25			OS blurry
Visit 18	4/7/2022 8:07 AM		NLP		20/25			OS-2 vision is like to something covering
Visit 19	4/29/2022 12:54 PM		NLP		20/30			
Visit 20	5/26/2022 11:31 AM				20/125			
Visit 21	6/2/2022 4:20 PM				20/50			
Visit 22	6/16/2022 11:01 AM				20/125	No Improvement		
Visit 23	7/15/2022 3:32 PM				20/200			very blurry OS, 20/175 OS PH

Manifest Refraction

Autorefractor

Intraocular pressure 2

- 5/19/2022 OS: 10
- 5/26/2022 OS: 7
- 6/2/2022 OS: 6
- 6/16/2022 OS: 8
- 7/15/2022 OS: 8

Trabeculectomy Exam Findings

- Moderate SPK
- Anterior chamber is moderate
- Surgical PI present and appears patent
- Bleb diffuse

Exam Notes

Dilated the left eye at 3:43. Also performed a TOPO and OCT MAC.

NI macula and vessels.

Assessment**Assessment - post op**

Unclear etiology for decreased vision. May be due to swelling. However, on exam cornea is clear, macula is normal, and vessels are normal. MAC OCT and TOPO were reviewed with patient and found to be normal. Discussed with patient in detail recent decreased vision likely caused by advanced glaucoma. Explained that vision is unlikely to change now with IOP in this range. Dr. [REDACTED] recommends seeing an optometrist (low vision) to get evaluated and a recommendation on how to improve vision.

RTC in 2 months.

Suture lysis required?

Clinic follow up plan

Post Op Descriptions

Will this patient continue, start or change eye medications?
Yes

Medications Plan

- Continue Prednisolone, OS, QAM

Testing

Testing Selection (This Will Also Generate the CPT Code)

CPT Codes

CPT: Office Exams
99024 - Post-Op Check

Modifiers Office Visits

Follow-Up

Follow-Up:

Next Visit Plan and Orders

Bring In Meaningful Use Items?
Yes

Meaningful Use Stage 2

Smoking Status:
Former smoker.

~MUS2 - Patient Education Resources
EMR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In

~MUS2 - Summary of Care - Patients Transitioning Out

~MUS2 - CQMs - Documentation of Current Medications
Current medications documented

Ophthalmology CQMs

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Attestation

Scribed Note?
Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Sharmaine Cauntay, acting as scribe for [REDACTED], M.D. .

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Sign and date (scribe)

Sign and date (physician)

Signature

SIGNATURE INSTRUCTIONS:

Eye Care Provided By:

<Follow-Up>

<More Info>

Providers

• [REDACTED] MD

2022-09-16
Follow up exam

Patient Information

Personal Information

Add information that will help us give better customer service to the patient, this information will not show up on the medical record print out:

Patient Information

DOB: [REDACTED]/1963

Date of Service: 9/16/2022

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Esteban Hennings M.D.

Other Physician: Garrett Arizala O.D.

Current Eye Medications - Check In

• Prednisolone OS, QAM

Provider

Medically Appropriate Presenting History

58 yr old male patient here for continue care of POAG. H/O trabeculectomy OS 05/18/2022. Patient states vision hasn't improved much since his surgery. Has to move his head around to see. He is unable to go out in the sun light due to the bright sun light. Patient is seeing low vision specialist next month. Patient is using prednisolone OS QD.

Evaluation Checklist

Does this patient take eye medications?

Yes

Key Information Review

Left

Pachymetry 542

Target IOP low teens

Past Ocular History:

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye Assessment

Symptoms

Dry Eye Tears & Times

Medical History

Medical History

General Medical History

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythmia/Atrial Fibrillation
- No coumadin use (blood thinner)
- Diabetes (comment on oral vs insulin) (Insulin and Oral Med.)
- No Dementia
- No Stroke
- No COPD
- No Sleep apnea
- No Asthma
- No Oxygen use
- No Past problems with anesthesia
- No Pacemaker
- No Artificial Heart Valves or Joints
-
-
-
-
-
-
-
-
-
-
-
-

Past Surgeries

- Lazy Eye - right eye (Approx. 2005)

Family History

-

Review of Systems

-

Social History

- Used to smoke for more than five years
- Occupation: Master Cook

Use Erx to update meds/allergies

Current Medications

- acetazolamide 250 mg tablet - Take 1 tablet by mouth four times a day
- carvedilol 3.125 mg tablet
- lisinopril 5 mg tablet
- prednisolone acetate 1% drops, suspension - Instill 1 drop into left eye once a day
- tramadol 50 mg tablet

Allergies

- No Known Allergies

-Hidden

Review of Systems

Family History:

Exam/Diagram

Bring in Exam and Diagrams?

Yes

Bring in Photos?

No

Exam

Bring in Exams?

Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp

Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2
Visit 14	7/28/2021 8:23 AM	NLP			20/20			
Visit 15	9/22/2021 8:22 AM		NLP		20/20			
Visit 16	1/12/2022 9:08 AM		NLP		20/20			OS -2
Visit 17	3/30/2022 10:08 AM		NLP		20/25			OS blurry
Visit 18	4/7/2022 8:07 AM		NLP		20/25			OS-2 vision is like to something covering
Visit 19	4/29/2022 12:54 PM		NLP		20/30			
Visit 20	5/26/2022 11:31 AM				20/125			
Visit 21	6/2/2022 4:20 PM				20/50			
Visit 22	6/16/2022 11:01 AM				20/125	No Improvement		
Visit 23	7/15/2022 3:32 PM				20/200			very blurry OS, 20/175 OS PH
Visit 24	9/16/2022 9:10 AM				20/80			

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	-3.50	+0.75	90	-3.13	DVO	4-5 months	03/29/2022
OS	-3.25	+1.50	45	-2.50			

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		

Tests/ Interpretation

Visit 12	1/22/2021 9:18 AM	Applanation	23	23		Dilated
Testing Selection (This Will Also Generate the CPT® Code)						
Visit 13	4/28/2021 8:35 AM	Applanation	16	11		
Visit 14	5/26/2021 9:31 AM	Applanation	17	13	Latanoprost	pt did not use Combigan or Dorz this AM
Visit 15	6/30/2021 8:34 AM	Applanation	18	20	Combigan, Dorzolamide, Latanoprost	
Visit 16	7/28/2021 8:38 AM	Applanation	22	16	Combigan, Dorzolamide, Latanoprost	
Visit 17	9/22/2021 8:24 AM	Applanation	16	16	Combigan, Dorzolamide, Latanoprost	
Visit 18	1/12/2022 9:38 AM	Applanation	20	16	Combigan, Dorzolamide, Latanoprost	Dilated
Visit 19	3/30/2022 10:16 AM	Applanation	22	27	Combigan, Latanoprost, Dorzolamide	
Visit 20	4/7/2022 8:37 AM	Applanation	25	21	Combigan, Latanoprost, Rhopressa	
Visit 21	4/29/2022 1:22 PM	Applanation		28		
Visit 22	9/16/2022 9:16 AM			7		

Slit Lamp Exam

	OD	OS
Eyelids	meibomian gland dysfunction, Edema, erythema	meibomian gland dysfunction
Conjunctiva	white and quiet	bleb diffuse
Cornea	clear, with normal stroma and endothelium	Generally Clear
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	surgical P1
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens	

Impression Table

1. • End Stage Glaucoma, right eye (H44.511)
• POAG
<Spawning Item>
• Patient with monocular status, and multiple co-morbidities, will need close monitoring. Target low teens OS. Thin CCT values. IOP well controlled OS S/P TRAB. Will need close monitoring with serial IOP and testing due to very advanced damage and monocular status. Continue prednisolone OS QD secondary to past trab.

2. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):

Symptoms continue to be minimal OS, surgery is not recommended at this time. Will continue to monitor the cataract, unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

Continue to monitor OD.

3. Amblyopia, Strabismic, right eye (H53.031):
Stable.

4. Low Vision: Right Eye Severe and Left Eye Blind:
• NLP OD.
Will monitor for changes in OS.

5. Cerebral Infarction, Stroke (I63.9):
• H/O stroke 11/17/2019
Patient should continue care with PCP/neurologist.

6. Posterior Blepharitis:
Patient should continue the use of hot compresses for 5 to 10 minutes twice daily, lid scrubs daily and Retaine MGD QID OU with symptoms of irritation.

Send a referral letter?

Glaucoma Coding POAG
POAG, severe stage, left eye (H40.1123)

Glaucoma Coding
• End Stage Glaucoma, right eye (H44.511)
• POAG
<Spawning Item>

Will this patient continue, start or change eye medications?

Tests Ordered Today (with Diagnosis)

Neuro - Strabismus (ICD-10)
Amblyopia, Strabismic, right eye (H53.031)

Blindness and low vision ICD-10
Low Vision: Right Eye Severe and Left Eye Blind

Systemic Disease ICD-10 List
Cerebral Infarction, Stroke (I63.9)

Eyelids (ICD-10)
Posterior Blepharitis

Cataract and Lens (ICD-10)
Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Attestation

Scribed Note?
Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Maria Padilla, acting as scribe for [REDACTED], M.D. .

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Sign and date (scribe)

Sign and date (physician)

Follow Up**Next Visit Plan and Orders**

Next appointment will be a 2 months, Dr. [REDACTED], Short follow up and 24-2 SITA STD - OS

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources

~MUS2 - Medication Reconciliation - Patients Transitioning In

~MUS2 - Summary of Care - Patients Transitioning Out

~MUS2 - CQMs - Documentation of Current Medications

Ophthalmology CQMs

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

CPT Codes

*** NEW PATIENT ***

Diagnostic Studies

Office Procedures

Modifiers Office Visits

Self Pay

Established Patient Office Visit
99213 - E / M, Level 3

Medical Decision Making

Thickness Map Single Exam Report
SPECTRALIS® Tracking Laser Tomography

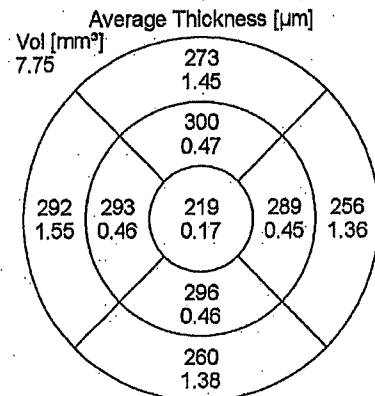
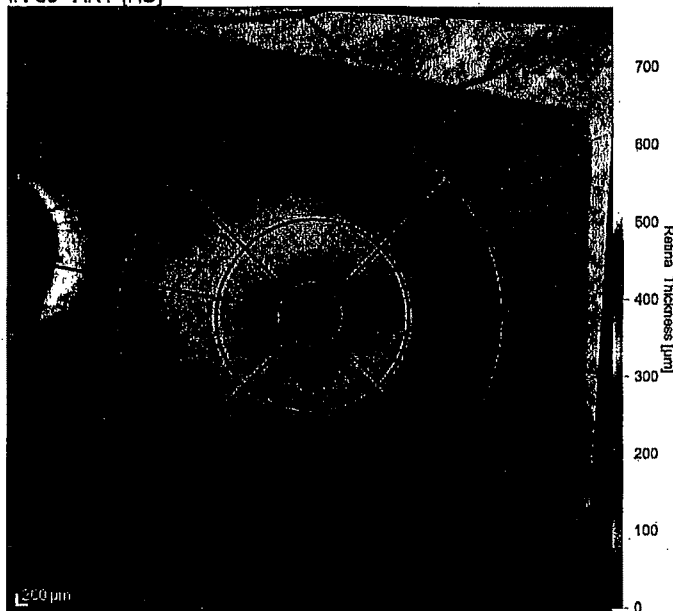
**HEIDELBERG
ENGINEERING**

Patient: [REDACTED]
Patient ID: 6769276
Diagnosis: ---

DOB: [REDACTED]/1963
Exam.: Oct/18/2022
Comment: ---

Sex: M **OS**

IR 30° ART [HS]



Center: 197 μm
Central Min: 195 μm
Central Max: 258 μm
Circle Diameters: 1, 3, 6 mm ETDRS

OCT 30.0° (9.4 mm) ART (11) Q: 35 [HS]



Notes:

Date: 10/18/2022

Signature:

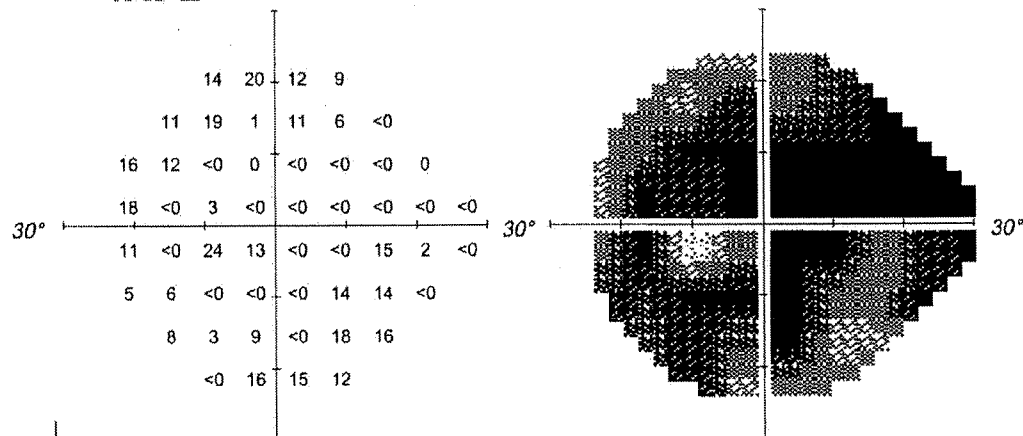
OS Single Field Analysis

Central 24-2 Threshold Test

Fixation Monitor: Gaze Monitor
 Fixation Target: Central
 Fixation Losses: 0/0
 False POS Errors: 5%
 False NEG Errors: Off
 Test Duration: 04:33
 Fovea: 30 dB

Stimulus: III, White
 Background: 31.5 asb
 Strategy: SITA Faster
 Pupil Diameter:
 Visual Acuity:
 Rx: +0.50 DS

Date: Nov 18, 2022
 Time: 8:26 AM
 Age: 58



-13 -7 -15-18
 -17-10-29-19-23-31
 -13-18-32-31-33-33-32-29
 -12 -28-34-35-34-33-32-29
 -20 -8 -19-35-35-17-28-30
 -25-25-34-34-34-18-17-31
 -22-28-22-33-13-14
 -32-14-15-17

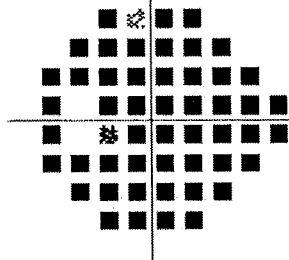
MD Threshold exceeded.
 See Total Deviation plot.

GHT: Outside Normal Limits

VFI: 19%
 MD24-2: -25.18 dB P < 0.5%
 PSD24-2: 8.95 dB P < 0.5%

Total Deviation

Pattern Deviation



MD Threshold exceeded.
 See Total Deviation plot.

:: P < 5%
 P < 2%
 P < 1%
 P < 0.5%



Comments

Signature



2022-11-18
Follow up exam

Patient Information

Personal Information

Add information that will help us give better customer service to the patient, this information will not show up on the medical record print out:

Patient Information

DOB: [REDACTED]

DOB: [REDACTED]/1963

Date of Service: 11/18/2022

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Esteban Hennings M.D.

Other Physician: Garrett Arizala O.D.

Current Eye Medications - Check In

• Prednisolone OS, QAM

Provider

Medically Appropriate Presenting History

58 yr old male patient here for a 2 month short follow up with Visual Field testing.

Patient is monitored for End Stage Glaucoma, right eye and Primary Open Angle Glaucoma, left eye. He reports that about once a week, he experiences a pressure pain in his eyes. He reports that he is compliant using Prednisolone as directed.

Pseudophakic, right eye and Nuclear Cataract, left eye. He reports that his vision continues to be blurry.

Patient is monitored for Amblyopia, Strabismic, right eye.

Patient is monitored for Low Vision: right Eye Severe and Left Eye Blind.

Patient is monitored for Cerebral Infarction, Stroke.

Patient is monitored for Posterior Blepharitis. He reports using artificial tears 2-3 times per day.

Evaluation Checklist

Does this patient take eye medications?

Yes

Key Information Review

Left	
Pachymetry	542
Target IOP	low teens

Past Ocular History:

Past Ocular Surgeries

Right Eye: CE/OL

Dry Eye Assessment

Symptoms

Dry Eye Tears & Times

Medical History

Medical History

General Medical History

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythmia/Atrial Fibrillation
- No coumadin use (blood thinner)
- Diabetes (comment on oral vs insulin) (Insulin and Oral Med.)
- No Dementia
- No Stroke
- No COPD
- No Sleep apnea
- No Asthma
- No Oxygen use
- No Past problems with anesthesia
- No Pacemaker
- No Artificial Heart Valves or Joints
-
-
-
-
-
-
-
-
-
-
-
-
-

Past Surgeries

- Lazy Eye - right eye (Approx. 2005)

Family History

-
-

Social History

- Used to smoke for more than five years
- Occupation: Master Cook

Use Erx to update meds/allergies

Current Medications

- carvedilol 3.125 mg tablet
- lisinopril 5 mg tablet
- prednisolone acetate 1% drops, suspension - Instill 1 drop into left eye once a day
- tramadol 50 mg tablet

Allergies

- No Known Allergies

Review of Systems

Cardiovascular: normal

Respiratory: normal

Neurological: normal

Endocrine: normal

Family History:**Exam/Diagram****Bring in Exam and Diagrams?**

Yes

Bring in Photos?

No

Exam**Bring in Exams?**

Visual Acuity, Current Glasses, Intraocular Pressure, Slit Lamp

Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2
Visit 14	7/28/2021 8:23 AM	NLP			20/20			
Visit 15	9/22/2021 8:22 AM		NLP		20/20			
Visit 16	1/12/2022 9:08 AM		NLP		20/20			OS -2
Visit 17	3/30/2022 10:08 AM		NLP		20/25			OS blurry
Visit 18	4/7/2022 8:07 AM		NLP		20/25			OS-2 vision is like to something covering
Visit 19	4/29/2022 12:54 PM		NLP		20/30			
Visit 20	5/26/2022 11:31 AM				20/125			
Visit 21	6/2/2022 4:20 PM				20/50			
Visit 22	6/16/2022 11:01 AM				20/125	No Improvement		
Visit 23	7/15/2022 3:32 PM				20/200			very blurry OS, 20/175 OS PH
Visit 24	9/16/2022 9:10 AM				20/80			
Visit 25	11/18/2022 7:48 AM		NLP		20/80			OS-1

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	plano	sph		0.00	DVO	1 month	11/18/2022
OS	+0.25	+0.50	100	0.50			

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		
Visit 12	1/22/2021 9:18 AM	Applanation	23	9		Dilated
Visit 13	4/28/2021 8:35 AM	Applanation	16	11		
Visit 14	5/26/2021 9:31 AM	Applanation	17	13	Latanoprost	pt did not use Combigan or Dorz this AM
Visit 15	6/30/2021 8:34 AM	Applanation	18	20	Combigan, Dorzolamide, Latanoprost	
Visit 16	7/28/2021 8:38 AM	Applanation	22	16	Combigan, Dorzolamide, Latanoprost	
Visit 17	9/22/2021 8:24 AM	Applanation	16	16	Combigan, Dorzolamide, Latanoprost	
Visit 18	1/12/2022 9:38 AM	Applanation	20	16	Combigan, Dorzolamide, Latanoprost	Dilated
Visit 19	3/30/2022 10:16 AM	Applanation	22	27	Combigan, Latanoprost, Dorzolamide	
Visit 20	4/7/2022 8:37 AM	Applanation	25	21	Combigan, Latanoprost, Rhopressa	
Visit 21	4/29/2022 1:22 PM	Applanation		28		
Visit 22	9/16/2022 9:16 AM			7		
Visit 23	11/18/2022 8:00 AM	Applanation	21	10		

Slit Lamp Exam

	OD	OS
Eyelids	meibomian gland dysfunction, Edema, erythema	meibomian gland dysfunction
Conjunctiva	white and quiet	bleb diffuse
Cornea	clear, with normal stroma and endothelium	Generally Clear
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	surgical PI
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens	

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.95
Lens used	78	78

Test Interpretation Optic Atrophy, small pupil advanced cupping

Testing Selection (This Will Also Generate the CPT Code)

Visual Field

Visual Field Test Interpretation and Report (92083)**Visual Field description**

Visual field testing detects defects in the field of vision, testing the function of the retina, optic nerve and optic pathways. Formal visual field tests are generally performed using a subjective test known as automated perimetry (measurement of the ability to see points of light at varying locations on a curved surface).

Visual Field Clinical Indications**Visual Field Date**

• Test done: 11/18/2022

• Test interpreted: 11/18/2022

Mean Deviation**Visual Field Type OD****VF Test Reliability OD****Visual Field Type OS**

Protocol OS: • SITA Standard 24-2

VF Test Reliability OS

1. Good

VF Test Results OD**VF Test Results OS**

1. Small central island

VF Data Interpretation - Right Eye (OD)**VF Data Interpretation - Left Eye (OS)**

Consistent with severe glaucoma

VF Change OD**VF Change OS**

1. Appears generally stable

VF Narrative (findings, interpretations, conclusions):**Impression / Plan**

Impression Table

1. • End Stage Glaucoma, right eye (H44.511)
• POAG
<Spawning Item>
• Patient with monocular status, and multiple co-morbidities, will need close monitoring. Target low teens OS. Thin CCT values.

H/O Trabeculectomy OS 05/18/2022
Neurology records reviewed with the patient.

IOP continues to do well OS. VF shows progression from 01/22, could be related to increase cataract OS. Will need VF 10-2 at his next visit to help full assess if changes are from cataract or glaucoma. Will need close monitoring with serial IOP and testing due to very advanced damage and monocular status. Continue prednisolone OS QD secondary to past trab.

RTC in 3 months for 10-2 VF OS

2. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):

Symptoms continue to be minimal OS, surgery is not recommended at this time. Will continue to monitor the cataract, unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

Continue to monitor OD.

3. Amblyopia, Strabismic, right eye (H53.031):
Stable.

4. Low Vision: Right Eye Severe and Left Eye Blind:
• NLP OD.
Will monitor for changes in OS.

5. :
• H/O stroke 11/17/2019
Patient should continue care with PCP/neurologist.

6. Posterior Blepharitis:
Patient should continue the use of hot compresses for 5 to 10 minutes twice daily, lid scrubs daily and Retaine MGD QID OU with symptoms of irritation.

Send a referral letter?

Glaucoma Coding

- End Stage Glaucoma, right eye (H44.511)
- POAG
- <Spawning Item>

Will this patient continue, start or change eye medications?
Yes

Tests Ordered Today (with Diagnosis)

Glaucoma Coding POAG

POAG, severe stage, left eye (H40.1123)

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Systemic Disease ICD-10 List

Blindness and low vision ICD-10

Low Vision: Right Eye Severe and Left Eye Blind

Eyelids (ICD-10)

Posterior Blepharitis

Mtestation

Scribed Note?

Yes

Mtestation Details

Scribe Attestation

aa:rfufj M

by Angelka Mum acting

Physician Attestation

The docummtaoon recorded by the scribe accurately reflects the service I personally performed and the decision made by me. I was present during the time the encounter was recorded and have reviewed the docummtaoon in full for accuracy.

Sign and date (scribe)

Sign and date (physician)

FollowUp

Next VISit Plan and Orders

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2

Smoking status:

Former smoker.

~MUS2 - Patient Education Resources

EVR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In

~MUS2 - Summary of Care - Patients Transitioning Out

~MUS2 - CQMs - Documentation of Current Medications
Current medications documented

Ophthalmology CQMs

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG):
Optic Nerve Evaluation

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of
Presence or Absence of Macular Edema and Level of
Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication
with the Physician Managing Ongoing Diabetes Care

CPT Codes

2023-01-24
Unscheduled exam

Patient Information

Personal Information

Add information that will help us give better customer service to the patient, this information will not show up on the medical record print out:

Patient Information

[REDACTED]

DOB: [REDACTED]/1963

Date of Service: 1/24/2023

Patient History

Physicians:
Optometrist:
Primary Care Physician:
Referred By: Esteban Hennings M.D.
Other Physician: Garrett Arizala O.D.

Current Eye Medications - Check In
• Prednisolone OS, QAM

Provider
[REDACTED]

Medically Appropriate Presenting History

59 yr old male patient here for unscheduled visit due to vision and color loss.

Patient states his vision has started becoming grey and colorless over the last two weeks. He states that occasionally there will be pain when he is trying to focus his eyes even for a moment. He states he had not hit his head recently. He states that his vision is still bad and some days are worse than others.

Patient is monitored for End Stage Glaucoma in the right eye. He is compliant with the Prednisolone as directed and is tolerating it well.

Patient is Pseudophakic in the right eye and is monitored for Nuclear Cataract in the left eye.

Patient is monitored for Strabismic Amblyopia in the right eye.

Patient is monitored for Severe Low Vision in the right eye and is Blind in the left eye.

Patient is monitored for Posterior Blepharitis. He denies any dryness or irritation currently. He uses artificial tears as needed in the left eye.

Patient has history of a stroke on 11/17/2019.

Evaluation Checklist

Does this patient take eye medications?
Yes

Key Information Review

Left	
Pachymetry	542
Target IOP	low teens

Past Ocular History:

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye Assessment

Symptoms

Dry Eye Tears & Times

Medical History

Medical History

General Medical History

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythmia/Atrial Fibrillation
- No coumadin use (blood thinner)
- Diabetes (comment on oral vs insulin) (Insulin and Oral Med.)
- No Dementia
- No Stroke
- No COPD
- No Sleep apnea
- No Asthma
- No Oxygen use
- No Past problems with anesthesia
- No Pacemaker
- No Artificial Heart Valves or Joints
-
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-
-
-

Past Surgeries

- Lazy Eye - right eye (Approx. 2005)

Family History

-

Social History

- Used to smoke for more than five years
- Occupation: Master Cook

Use Erx to update meds/allergies

Current Medications

- carvedilol 3.125 mg tablet
- lisinopril 5 mg tablet
- prednisolone acetate 1% drops, suspension - Instill 1 drop into left eye once a day
- tramadol 50 mg tablet

Allergies

- No Known Allergies

-Hidden

Review of Systems

Family History:

Exam/Diagram

Bring in Exam and Diagrams?

Yes

Bring in Photos?

No

Exam

Bring in Exams?

Visual Acuity, Current Glasses, Dilation Exam, Intraocular
Pressure, Slit Lamp Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2
Visit 14	7/28/2021 8:23 AM	NLP			20/20			
Visit 15	9/22/2021 8:22 AM		NLP		20/20			
Visit 16	1/12/2022 9:08 AM		NLP		20/20			OS -2
Visit 17	3/30/2022 10:08 AM		NLP		20/25			OS blurry
Visit 18	4/7/2022 8:07 AM		NLP		20/25			OS-2 vision is like to something covering
Visit 19	4/29/2022 12:54 PM		NLP		20/30			
Visit 20	5/26/2022 11:31 AM				20/125			
Visit 21	6/2/2022 4:20 PM				20/50			
Visit 22	6/16/2022 11:01 AM				20/125	No Improvement		
Visit 23	7/15/2022 3:32 PM				20/200			very blurry OS, 20/175 OS PH
Visit 24	9/16/2022 9:10 AM				20/80			
Visit 25	11/18/2022 7:48 AM		NLP		20/80			OS-1
Visit 26	1/24/2023 7:47 AM		NLP		20/100			OS-2

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	plano	sph		0.00	DVO	1 month	11/18/2022
OS	+0.25	+0.50	100	0.50			

Dilation Information

OS with Tropicamide 1% and Phenylephrine 2.5% at 8:46 AM

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		
Visit 12	1/22/2021 9:18 AM	Applanation	23	9		Dilated
Visit 13	4/28/2021 8:35 AM	Applanation	16	11		
Visit 14	5/26/2021 9:31 AM	Applanation	17	13	Latanoprost	pt did not use Combigan or Dorz this AM
Visit 15	6/30/2021 8:34 AM	Applanation	18	20	Combigan, Dorzolamide, Latanoprost	
Visit 16	7/28/2021 8:38 AM	Applanation	22	16	Combigan, Dorzolamide, Latanoprost	
Visit 17	9/22/2021 8:24 AM	Applanation	16	16	Combigan, Dorzolamide, Latanoprost	
Visit 18	1/12/2022 9:38 AM	Applanation	20	16	Combigan, Dorzolamide, Latanoprost	Dilated
Visit 19	3/30/2022 10:16 AM	Applanation	22	27	Combigan, Latanoprost, Dorzolamide	
Visit 20	4/7/2022 8:37 AM	Applanation	25	21	Combigan, Latanoprost, Rhopressa	
Visit 21	4/29/2022 1:22 PM	Applanation		28		
Visit 22	9/16/2022 9:16 AM			7		
Visit 23	11/18/2022 8:00 AM	Applanation	21	10		
Visit 24	1/24/2023 8:13 AM	Applanation	16	8		

Fundus Exam

	OD	OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.95
Macula		Normal with good foveal reflex
Vessels		normal caliber
Periphery		no holes or tears
Lens used	78	78
Notes	Extensive Atrophy, small pupil	advanced cupping

Slit Lamp Exam

	OD	OS
Eyelids	meibomian gland dysfunction, Edema, erythema	meibomian gland dysfunction
Conjunctiva	white and quiet	bleb diffuse
Cornea	clear, with normal stroma and endothelium	Generally Clear
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	surgical PI
Lens	CRV	nuclear sclerosis, 1+

Fundus Photography Interpretation and Report (92250)**Fundus photo description**

In order to document a disease process or follow the progress of a disease, photographs and an interpretation and report of the test may be necessary. Fundus photography involves the use of a digital retinal camera to document abnormalities of the retina, nerve, blood vessels, and disease processes affecting the eye, in order to follow the progress of such disease. The test will be used in the medical decision making for the patient regarding current conditions and evidence of future progression.

Fundus Photo Quality

- Stereo - Good Left Eye.
- Focus - Good Left Eye.

Test Date

- Test done: 1/24/2023 Y
- Test interpreted: 1/24/2023 Y

Fundus Photo Clinical Indications**Fundus Photo Test Results - Right****Fundus Photo Test Results - Left**

1. Advanced cupping with very thin rim
2. no disc hemorrhage observed

Fundus Interpretation - Right**Fundus Interpretation - Left**

consistent with advanced glaucoma

Fundus Photos Narrative (findings, interpretations, conclusions):**Fundus Photos Status**

stable findings

Impression / Plan

Impression Table

1. • End Stage Glaucoma, right eye (H44.511)
• POAG
<Spawning Item>
• Patient with monocular status, and multiple co-morbidities, will need close monitoring. Target low teens OS. Thin CCT values.

H/O Trabeculectomy OS 05/18/2022

IOP continues to do well OS. No clear etiology for recent visual symptoms. Based on Low IOP glaucoma shouldn't be having any meaningful changes. Will need close monitoring with serial IOP and testing due to very advanced damage and monocular status. Continue prednisolone OS QD secondary to past trab.

2. Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12):
Surgery is not recommended at this time. Will continue to monitor the cataract, unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

Continue to monitor OD.

3. Amblyopia, Strabismic, right eye (H53.031):
Stable.

4. Low Vision: Right Eye Severe and Left Eye Blind:
• NLP OD.
Will monitor for changes in OS.

5. Cerebral Infarction, Stroke (I63.9):
• H/O stroke 11/17/2019
Patient should continue care with PCP/neurologist.

6. Posterior Blepharitis:
Patient should continue the use of hot compresses for 5 to 10 minutes twice daily, lid scrubs daily and Retaine MGD QID OU with symptoms of irritation.

Send a referral letter?

Glaucoma Coding

- End Stage Glaucoma, right eye (H44.511)
• POAG
<Spawning Item>

Glaucoma Coding POAG

POAG, severe stage, left eye (H40.1123)

Will this patient continue, start or change eye medications?

Tests Ordered Today (with Diagnosis)

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1) and Nuclear Cataract, left eye (H25.12)

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Blindness and low vision ICD-10

Low Vision: Right Eye Severe and Left Eye Blind

Systemic Disease ICD-10 List

Cerebral Infarction, Stroke (I63.9)

Eyelids (ICD-10)

Posterior Blepharitis

Attestation

Scribed Note?

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Maria Padilla, acting as scribe for [REDACTED], M.D. .

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Sign and date (scribe)

Sign and date (physician)

Follow Up

Next Visit Plan and Orders

Next appointment will be as scheduled

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2

Smoking Status:

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In

~MUS2 - Summary of Care - Patients Transitioning Out

~MUS2 - CQMs - Documentation of Current Medications

Current medications documented

Ophthalmology CQMs

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

CPT Codes

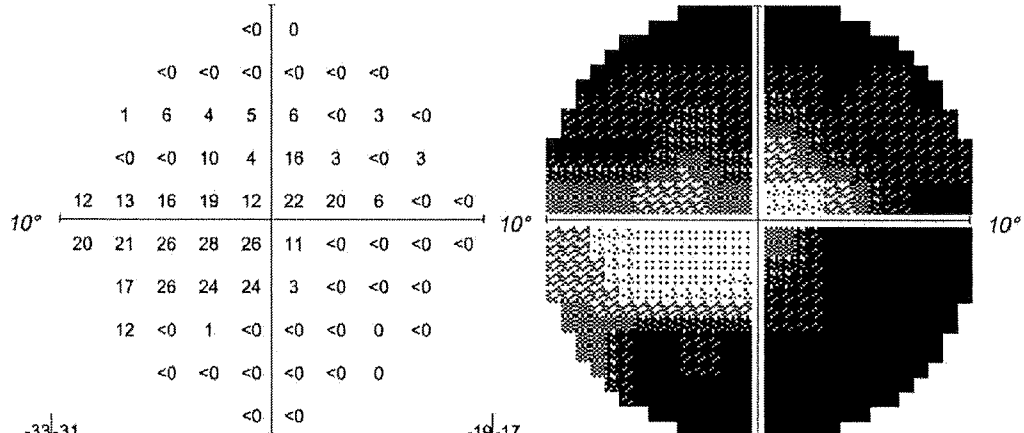
OS Single Field Analysis

Central 10-2 Threshold Test

Fixation Monitor: Blind Spot
 Fixation Target: Central
 Fixation Losses: 1/16
 False POS Errors: 2%
 False NEG Errors: 11%
 Test Duration: 06:59
 Fovea: Off

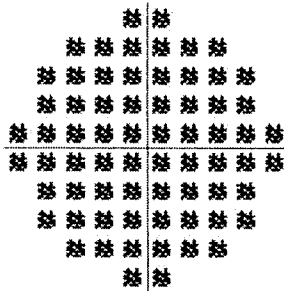
Stimulus: III, White
 Background: 31.5 asb
 Strategy: SITA Fast
 Pupil Diameter:
 Visual Acuity:
 Rx: +3.50 DS

Date: Apr 04, 2023
 Time: 11:12 AM
 Age: 59



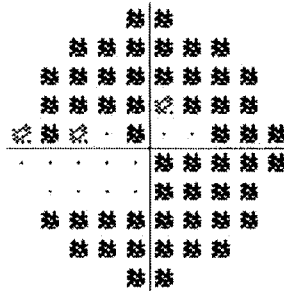
-33-31
 -33-33-34-34-34-34
 -31-26-29-28-27-34-30-34
 -34-35-23-29-17-30-35-30
 -20-20-17-15-22-12-14-28-35-34
 -11-12-7-6-8-23-36-36-35-34
 -16-7-10-9-31-36-35-35
 -21-35-32-35-35-35-33-35
 -34-34-34-34-34-32
 -34-34

Total Deviation



-19-17
 -20-20-20-20-20-20
 -17-13-15-14-13-21-16-20
 -20-21-9-15-4-16-21-16
 -6-6-3-1-8-2-0-14-21-21
 2-1-7-8-6-9-22-22-21-21
 -2-6-4-4-17-22-22-21
 -7-21-19-21-21-21-19-21
 -21-21-21-21-21-19
 -20-20

Pattern Deviation



MD10-2: -27.54 dB P < 1%
 PSD10-2: 9.67 dB P < 1%

:: P < 5%
 :: P < 2%
 :: P < 1%

Comments

Signature



Patient Information

Patient Information

DOB: [REDACTED]/1963

Date of Service: 4/4/2023

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Esteban Hennings M.D.

Other Physician: Garrett Arizala O.D.

Provider

Evaluation Checklist

Current Eye Medications - Check In

• Prednisolone OS, QAM

Medically Appropriate Presenting History

59 year old male patient here for comprehensive exam, visual field, and dilation.

Patient is monitored for End stage Glaucoma in the right eye.

Patient states he will occasionally have a pain that lasts a few minutes in the left eye. He is compliant with Prednisolone as directed and is tolerating them well.

Patient is Pseudophakic in the right eye and is monitored for Nuclear Cataract in the left eye. Patient states that for a few days the upper half of his vision will seem blurrier than the lower half on occasion, he states this only happened in the left eye.

Patient is monitored for Strabismic Amblyopia in the right eye.

Patient is monitored for Low Vision in the left eye and Blind in the right eye.

Patient is monitored for Cerebral Infarction, Stroke.

Patient is monitored for Posterior Blepharitis. Patient denies any dryness or irritation. He states he uses artificial tears 3-4 times a day in the left eye.

Does this patient take eye medications?

Yes

Key Information Review

Left

Pachymetry 542

Target IOP low teens

Past Ocular History:

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye - Blepharitis Assessment

Symptoms

Dry Eye Tears & Times

Medical History

Medical History

General Medical History

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythmia/Atrial Fibrillation
- No coumadin use (blood thinner)
- Diabetes (comment on oral vs insulin) (Insulin and Oral Med.)
- No Dementia
- No Stroke
- No COPD
- No Sleep apnea
- No Asthma
- No Oxygen use
- No Past problems with anesthesia
- No Pacemaker
- No Artificial Heart Valves or Joints
-
-
-
-
-
-
-
-
-
-
-

Family History

-

Review of Systems

-

Social History

- Used to smoke for more than five years

Allergies

No Known Drug Allergies

Current Medications

*No Systemic Medications

Use Erx to update meds/allergies

Current Medications

- carvedilol 3.125 mg tablet
- lisinopril 5 mg tablet
- prednisolone acetate 1% drops, suspension - Instill 1 drop into left eye once a day
- tramadol 50 mg tablet

Allergies

- No Known Allergies

-Hidden

Family History:

Exam/Diagram

Bring in Exam and Diagrams?

Yes

Bring in Photos?

No

Dominant Eye

Exam

Bring in Exams?

Visual Acuity, Current Glasses, Dilation Exam, Intraocular
Pressure, Slit Lamp Exam and Fundus Exam

Visual Acuity

	Date	OD Uncorrected	OD Corrected	OS Uncorrected	OS Corrected	OD Pinhole	OS Pinhole	Notes
Visit 1	11/15/2017 10:57 AM		NLP		20/20	20/150		
Visit 2	8/1/2018 9:53 AM	NLP		20/150	20/20		20/50	
Visit 3	4/3/2019 8:22 AM	NLP			20/20			
Visit 4	7/10/2019 8:11 AM	NLP			20/20			
Visit 5	11/12/2019 2:34 PM	NLP			20/20			
Visit 6	1/6/2020 8:39 AM	NLP			20/20			OS-1
Visit 7	8/12/2020 8:11 AM	NLP			20/20			
Visit 8	8/13/2020 8:50 AM				20/20			
Visit 9	9/25/2020 8:44 AM	NLP			20/20			
Visit 10	1/22/2021 8:51 AM	NLP			20/20			OS-1
Visit 11	4/28/2021 8:07 AM	NLP			20/20			
Visit 12	5/26/2021 9:29 AM				20/20			
Visit 13	6/30/2021 8:31 AM	NLP			20/20			-2
Visit 14	7/28/2021 8:23 AM	NLP			20/20			
Visit 15	9/22/2021 8:22 AM		NLP		20/20			
Visit 16	1/12/2022 9:08 AM		NLP		20/20			OS -2
Visit 17	3/30/2022 10:08 AM		NLP		20/25			OS blurry
Visit 18	4/7/2022 8:07 AM		NLP		20/25			OS-2 vision is like to something covering
Visit 19	4/29/2022 12:54 PM		NLP		20/30			
Visit 20	5/26/2022 11:31 AM				20/125			
Visit 21	6/2/2022 4:20 PM				20/50			
Visit 22	6/16/2022 11:01 AM				20/125	No Improvement		
Visit 23	7/15/2022 3:32 PM				20/200			very blurry OS, 20/175 OS PH
Visit 24	9/16/2022 9:10 AM				20/80			
Visit 25	11/18/2022 7:48 AM		NLP		20/80			OS-1
Visit 26	1/24/2023 7:47 AM		NLP		20/100			OS-2
Visit 27	4/4/2023 10:05 AM		NLP		20/100			OS-1

Current Glasses

	Sphere	Cylinder	Axis	Sph Equiv	Type	Age of glasses	Last Reviewed
OD	plano	sph		0.00	DVO	1 month	11/18/2022
OS	+0.25	+0.50	100	0.50			

Dilation Information

OU with Tropicamide 1% and Phenylephrine 2.5% at 10:24 AM

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		
Visit 12	1/22/2021 9:18 AM	Applanation	23	9		Dilated
Visit 13	4/28/2021 8:35 AM	Applanation	16	11		
Visit 14	5/26/2021 9:31 AM	Applanation	17	13	Latanoprost	pt did not use Combigan or Dorz this AM
Visit 15	6/30/2021 8:34 AM	Applanation	18	20	Combigan, Dorzolamide, Latanoprost	
Visit 16	7/28/2021 8:38 AM	Applanation	22	16	Combigan, Dorzolamide, Latanoprost	
Visit 17	9/22/2021 8:24 AM	Applanation	16	16	Combigan, Dorzolamide, Latanoprost	
Visit 18	1/12/2022 9:38 AM	Applanation	20	16	Combigan, Dorzolamide, Latanoprost	Dilated
Visit 19	3/30/2022 10:16 AM	Applanation	22	27	Combigan, Latanoprost, Dorzolamide	
Visit 20	4/7/2022 8:37 AM	Applanation	25	21	Combigan, Latanoprost, Rhopressa	
Visit 21	4/29/2022 1:22 PM	Applanation		28		
Visit 22	9/16/2022 9:16 AM			7		
Visit 23	11/18/2022 8:00 AM	Applanation	21	10		
Visit 24	1/24/2023 8:13 AM	Applanation	16	8		
Visit 25	4/4/2023 10:43 AM	Applanation	16	8		pred OS

Fundus Exam

OD		OS
Vitreous	silicone oil	clear
Optic Disc	pallor, Poorly defined cup	glaucomatous cupping
C/D		0.95
Macula		Normal with good foveal reflex
Vessels		normal caliber
Periphery		no holes or tears
Lens used	78	78
Notes	Extensive Atrophy, small pupil, massive RPE wipeout vertical elongation	

Slit Lamp Exam

OD		OS
Eyelids	melbomian gland dysfunction, Edema, erythema	melbomian gland dysfunction
Conjunctiva	white and quiet	bleb diffuse
Cornea	clear, with normal stroma and endothelium	Generally Clear
Anterior Chamber	deep and quiet	deep and quiet
Iris	normal	surgical PI
Lens	PCIOL	nuclear sclerosis, 1+
Notes	pigment on lens	

Testing

Testing Selection (This Will Also Generate the CPT Code)

Visual Field

Visual Field Test Interpretation and Report (92083)

Visual Field description

Visual field testing detects defects in the field of vision, testing the function of the retina, optic nerve and optic pathways. Formal visual field tests are generally performed using a subjective test known as automated perimetry (measurement of the ability to see points of light at varying locations on a curved surface).

Visual Field Clinical Indications

Glaucoma OS

Visual Field Date

- Test done: 4/4/2023 y
- Test interpreted: 4/4/2023 y

Mean Deviation**Visual Field Type OD****VF Test Reliability OD****Visual Field Type OS**

Protocol OS: • SITA Fast 10-2

VF Test Reliability OS

1. Good

VF Test Results OD**VF Test Results OS**

1. Small central island

VF Data Interpretation - Right Eye (OD)**VF Data Interpretation - Left Eye (OS)**

Consistent with severe glaucoma

VF Change OS

1. Suggestive of progression based on decreasing MD

VF Change OD**VF Narrative (findings, interpretations, conclusions):****Impression / Plan**

Impression Table

1. • End Stage Glaucoma, right eye (H44.511)

• POAG

<Spawning Item>

• Patient with monocular status, and multiple co-morbidities, will need close monitoring. Target low teens OS. Thin CCT values.

H/O Trabeculectomy OS 05/18/2022

H/O stroke 11/17/2019

IOP continues to do well OS. No clear etiology for recent visual symptoms. VF shows some progression compared to last VF. Will not start any topical therapy at this time. Will have patient see Debry for options on treatment for lowering pressures due to patient being sensitive to past drops(may need PF drops). Explained to patient that lowering pressure will not bring back the vision that he lost but we can preserve the vision that he does have left. Continue prednisolone OS QD

2. Nuclear Cataract, left eye (H25.12):

Patient feels as if vision is getting worse since last visit. Explained that the vision decrease may be related to the cataract

Plan:

• There is a cataract that is developing but based on doctors clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

3. Amblyopia, Strabismic, right eye (H53.031):

Will continue to monitor

4. Posterior Blepharitis:

Continue hot compresses for 5 to 10 minutes BID, lid scrubs daily and Retaine MGD QID OU with symptoms of irritation.

5. Low Vision: Left Eye Moderate and Right Eye Blind:

• NLP OD.

Will monitor for changes in OS.

6. Pseudophakia, right eye (Z96.1):

Plan:

• The patient has a clear and well centered posterior chamber intraocular lens (PCIOL). There is no clinically significant capsular opacification at this time. The plan is to assess the IOL on a yearly basis for evidence of anterior phimosis, PCO, or decentration.

Will this patient continue, start or change eye medications?

Cataract, not ready for surgery

There is a cataract that is developing but based on doctors clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

Glaucoma Coding

• End Stage Glaucoma, right eye (H44.511)

• POAG

<Spawning Item>

Glaucoma Coding POAG

POAG, severe stage, left eye (H40.1123)

Send a referral letter?

Tests Ordered Today (with Diagnosis)

Neuro - Strabismus (ICD-10)

Amblyopia, Strabismic, right eye (H53.031)

Pseudophakia

The patient has a clear and well centered posterior chamber intraocular lens (PCIOL). There is no clinically significant capsular opacification at this time. The plan is to assess the IOL on a yearly basis for evidence of anterior phimosis, PCO, or decentration.

Blindness and low vision ICD-10

Low Vision: Left Eye Moderate and Right Eye Blind

Eyelids (ICD-10)

Posterior Blepharitis

Cataract and Lens (ICD-10)

Nuclear Cataract, left eye (H25.12)

Cataract and Lens (ICD-10)

Pseudophakia, right eye (Z96.1)

Follow Up**Next Visit Plan and Orders**

Next appointment will be a 2-4 weeks, Dr. [REDACTED] and Short follow up

Bring In Meaningful Use Items?

Yes

Attestation**Scribed Note?**

Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Alea Tabor, acting as scribe for [REDACTED] M.D. .

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Sign and date (scribe)

Sign and date (physician)

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In**~MUS2 - Summary of Care - Patients Transitioning Out****~MUS2 - CQMs - Documentation of Current Medications**
Current medications documented**2021 MIPS**

2021 QM 130 - Patient medication name, dosage, route, frequency documented

2021 PI CCDA & QM 226: Tobacco Status

2021 QM 12 (DirectEHR): POAG Optic Nerve Eval

2021 QM 117 (DirectEHR): Diabetes Eye Exam

2021 PI: Summary of Care Sent Electronically

2021 QM 19 (DirectEHR): Diabetic Retinopathy: Communication with the Physician

Ophthalmology CQMs

~MUS2 - CQMs - Diabetes Eye Exam

~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

CPT Codes

Patient Information

Personal Information

Add information that will help us give better customer service to the patient, this information will not show up on the medical record print out:

Patient Information

[REDACTED]

DOB: [REDACTED]/1963

Date of Service: 4/27/2023

Patient History

Physicians:

Optometrist:

Primary Care Physician:

Referred By: Esteban Hennings M.D.

Other Physician: Garrett Arizala O.D.

Current Eye Medications - Check In

- Prednisolone OS, QAM

Provider

[REDACTED]

Medically Appropriate Presenting History

59 yr old male patient here for a short follow up to discuss treatment for lowering pressures due to sensitivity to drops.

Patient is monitored for End Stage Glaucoma, right eye and Primary Open Angle Glaucoma, left eye. Patient reports he is compliant with taking his eye medication as directed, tolerating it well. He denies any ocular pain, but will have discomfort when trying to focus on reading something small. Patient also complains of light sensitivity.

Patient is monitored for Nuclear Cataract, left eye. Patient continues to complain of consistent blurred vision. He states this blurred vision is at all distances.

Patient is monitored for Amblyopia, Strabismic, right eye.

Patient is monitored for Posterior Blepharitis. Patient denies any heaviness in his eyelids or new bumps on his eyelids. He denies the use of a warm compress but he does use artificial tears as needed. Patient's wife states that she has noticed gradually drooping in his left eyelid.

Patient is monitored for Low Vision: Left Eye Moderate and Right Eye Blind.
NLP in right eye

Evaluation Checklist

Does this patient take eye medications?

Yes

Key Information Review

Left	
Pachymetry	542
Target IOP	low teens

Past Ocular History:

Past Ocular Surgeries

Right Eye: CE/IOL

Dry Eye Assessment

Symptoms

Dry Eye Tears & Times

Medical History

Medical History

General Medical History

- No Hypertension
- No Coronary artery disease/MI
- No Arrhythmia/Atrial Fibrillation
- No coumadin use (blood thinner)
- Diabetes (comment on oral vs insulin) (Insulin and Oral Med.)
- No Dementia
- No Stroke
- No COPD
- No Sleep apnea
- No Asthma
- No Oxygen use
- No Past problems with anesthesia
- No Pacemaker
- No Artificial Heart Valves or Joints
-
-
-
-
-
-
-
-
-
-
-
-

Past Surgeries

- Lazy Eye - right eye (Approx. 2005)

Family History

-

Social History

- Used to smoke for more than five years
- Occupation: Master Cook

Use Erx to update meds/allergies

Current Medications

- carvedilol 3.125 mg tablet
- lisinopril 5 mg tablet
- prednisolone acetate 1% drops, suspension - Instill 1 drop into left eye once a day
- tramadol 50 mg tablet

Allergies

- losartan (Unknown)

-Hidden

Review of Systems

Family History:

Exam/Diagram

Bring in Exam and Diagrams?

Yes

Bring in Photos?

No

Exam

Bring in Exams?

Visual Acuity, Intraocular Pressure, Slit Lamp Exam and Fundus

Exam

Intraocular Pressure 1

	Date / Time	Method	OD (mm Hg)	OS (mm Hg)	Meds (OS)	Last used drops
Visit 1	11/15/2017 10:59 AM	Applanation	19	19		
Visit 2	12/6/2017 11:06 AM	Applanation	18	15	Latanoprost	
Visit 3	3/21/2018 9:01 AM	Applanation	22	8	Latanoprost	
Visit 4	8/1/2018 10:03 AM	Applanation	10	19		
Visit 5	4/3/2019 8:38 AM	Applanation	20	21	Latanoprost	
Visit 6	7/10/2019 8:38 AM	Applanation	21	20	Latanoprost	DILATED
Visit 7	11/12/2019 3:17 PM	Applanation	18	16		
Visit 8	1/6/2020 9:14 AM	Applanation	22	16		
Visit 9	8/12/2020 8:26 AM	Applanation	21	43	Latanoprost	OS: 30 after Combigan, 30 after Rocklatan
Visit 10	8/13/2020 9:27 AM	Applanation	13	9		
Visit 11	9/25/2020 9:26 AM	Applanation	17	13		
Visit 12	1/22/2021 9:18 AM	Applanation	23	9		Dilated
Visit 13	4/28/2021 8:35 AM	Applanation	16	11		
Visit 14	5/26/2021 9:31 AM	Applanation	17	13	Latanoprost	pt did not use Combigan or Dorz this AM
Visit 15	6/30/2021 8:34 AM	Applanation	18	20	Combigan, Dorzolamide, Latanoprost	
Visit 16	7/28/2021 8:38 AM	Applanation	22	16	Combigan, Dorzolamide, Latanoprost	
Visit 17	9/22/2021 8:24 AM	Applanation	16	16	Combigan, Dorzolamide, Latanoprost	
Visit 18	1/12/2022 9:38 AM	Applanation	20	16	Combigan, Dorzolamide, Latanoprost	Dilated
Visit 19	3/30/2022 10:16 AM	Applanation	22	27	Combigan, Latanoprost, Dorzolamide	
Visit 20	4/7/2022 8:37 AM	Applanation	25	21	Combigan, Latanoprost, Rhopressa	
Visit 21	4/29/2022 1:22 PM	Applanation		28		
Visit 22	9/16/2022 9:16 AM			7		
Visit 23	11/18/2022 8:00 AM	Applanation	21	10		
Visit 24	1/24/2023 8:13 AM	Applanation	16	8		
Visit 25	4/4/2023 10:43 AM	Applanation	16	8		pred OS
Visit 26	4/27/2023 2:53 PM	Applanation	27	11		

Fundus Exam

OD	OS
Vitreous silicone oil	clear
Optic Disc pallor, Poorly defined cup	glaucomatous cupping
C/D	0.95
Macula	Normal with good foveal reflex
Lens used 78	78
Notes Extensive Atrophy, small pupil, massive RPE wipeout	vertical elongation

Slit Lamp Exam

OD	OS
Eyelids melbomian gland dysfunction, Edema, erythema	melbomian gland dysfunction
Conjunctiva white and quiet	bleb diffuse
Cornea clear, with normal stroma and endothelium	Generally Clear
Anterior Chamber deep and quiet	deep and quiet
Iris normal	surgical PI
Testing Selection (This Will Also Generate the CPT Code)	nuclear sclerosis, 1+

Notes pigment on lens

Impression / Plan**Impression Table**

- End Stage Glaucoma, right eye (H44.511)
- POAG

<Spawning Item>

- Complex patient with monocular status due to trauma as a child, and multiple co-morbidities, will need close monitoring. Target low teens OS. Thin CCT values.

H/O Trabeculectomy OS 05/18/2022

H/O stroke 11/17/2019

IOP continues to do well OS, OD elevated but comfort measures. Continue prednisolone OS QD. Continue to monitor with serial IOP and testing.

2. Nuclear Cataract, left eye (H25.12):

Plan:

- There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

3. Amblyopia, Strabismic, right eye (H53.031):

Per patient history.

4. Posterior Blepharitis:

Continue hot compresses for 5 to 10 minutes BID, lid scrubs daily and Retaine MGD QID OU with symptoms of irritation.

5. Low Vision: Left Eye Moderate and Right Eye Blind:

- NLP OD.

Will monitor for changes in OS.

6. Pseudophakia, right eye (Z96.1):

Plan:

- The patient has a clear and well centered posterior chamber intraocular lens (PCIOL). There is no clinically significant capsular opacification at this time. The plan is to assess the IOL on a yearly basis for evidence of anterior phimosis, PCO, or decentration.

Send a referral letter?**Glaucoma Coding**

- End Stage Glaucoma, right eye (H44.511)

- POAG

<Spawning Item>

Glaucoma Coding POAG
POAG, severe stage, left eye (H40.1123)

Cataract, not ready for surgery
There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

Will this patient continue, start or change eye medications?

Tests Ordered Today (with Diagnosis)

Cataract and Lens (ICD-10)
Nuclear Cataract, left eye (H25.12)

Neuro - Strabismus (ICD-10)
Amblyopia, Strabismic, right eye (H53.031)

Eyelids (ICD-10)
Posterior Blepharitis

Blindness and low vision ICD-10
Low Vision: Left Eye Moderate and Right Eye Blind

Cataract and Lens (ICD-10)
Pseudophakia, right eye (Z96.1)

Pseudophakia
The patient has a clear and well centered posterior chamber intraocular lens (PCIOL). There is no clinically significant capsular opacification at this time. The plan is to assess the IOL on a yearly basis for evidence of anterior phimosis, PCO, or decentration.

Attestation

Scribed Note?
Yes

Attestation Details

Scribe Attestation

Select data for this encounter entered by Maria Padilla, acting as scribe for [REDACTED], M.D. .

Physician Attestation

The documentation recorded by the scribe accurately reflects the service I personally performed and the decisions made by me. I was present during the time the encounter was recorded and have reviewed the documentation information and accuracy.

Sign and date (scribe)

Sign and date (physician)

Follow Up**Next Visit Plan and Orders**

Next appointment will be a As Scheduled

Bring In Meaningful Use Items?

Yes

Meaningful Use Stage 2**Smoking Status:**

Former smoker.

~MUS2 - Patient Education Resources

EMR identified patient specific education resources were provided to patient.

~MUS2 - Medication Reconciliation - Patients Transitioning In**~MUS2 - Summary of Care - Patients Transitioning Out****~MUS2 - CQMs - Documentation of Current Medications**

Current medications documented

Ophthalmology CQMs**~MUS2 - CQMs - Diabetes Eye Exam****~MUS2 - CQMs - Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation****~MUS2 - CQMs - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy****~MUS2 - CQMs - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care****CPT Codes**

*** NEW PATIENT ***

Diagnostic Studies

Office Procedures

Modifiers Office Visits

Self Pay

Established Patient Office Visit
99214 - E / M, Level 4

Medical Decision Making

Signature

SIGNATURE INSTRUCTIONS:

<Follow-Up>

<More Info>

Providers

- [REDACTED], MD

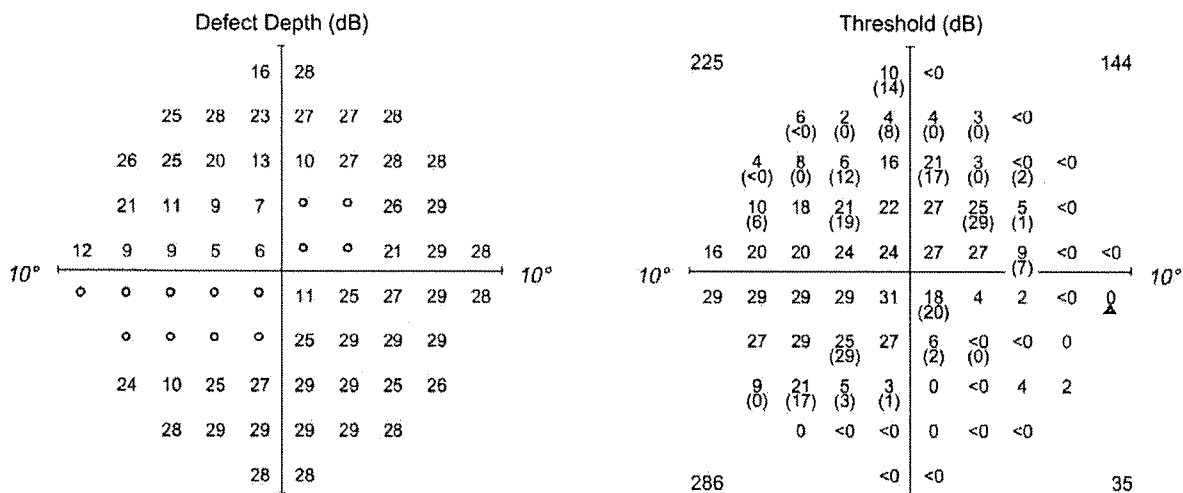
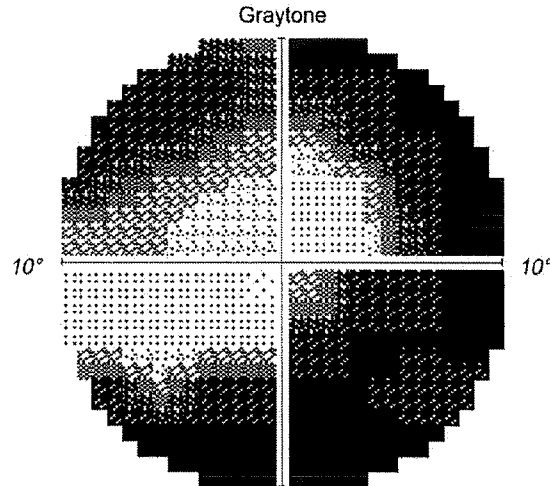
Diagnosis Codes

- H40.1123 - Primary open-angle glaucoma, left eye, severe stage
- H44.511 - Absolute glaucoma, right eye
- H25.12 - Age-related nuclear cataract, left eye
- H53.031 - Strabismic amblyopia, right eye
- H02.88A - Meibomian gland dysfunction right eye, upper and lower eyelids
- H02.88B - Meibomian gland dysfunction left eye, upper and lower eyelids
- H54.1214 - Low vision right eye category 1, blindness left eye category 4

Fixation Monitor: Gaze/Blind Spot
 Fixation Target: Central
 Fixation Losses: 1/25
 False POS Errors: 0/17
 False NEG Errors: 4/15
 Test Duration: 15:16
 Fovea: 32 dB

Stimulus: V, White
 Background: 31.5 asb
 Strategy: Full Threshold
 Pupil Diameter:
 Visual Acuity:
 Rx: +3.00 DS

Date: Jun 08, 2023
 Time: 10:34 AM
 Age: 59



° Within 4dB of Expected
 Central Reference: 30dB XX



Comments

Signature



Medications

OPHTHALMIC MEDICATIONS
prednisolone acetate 1%
drops,suspension in the morning OS

NON OPHTHALMIC MEDICATIONS
OneTouch Delica Plus Lancet 33
gauge Miscellaneous - misc
alendronate 70 mg Oral - tablet
carvedilol 12.5 mg Oral - tablet
gabapentin 300 mg Oral - capsule
lisinopril 5 mg Oral - tablet
pravastatin 20 mg Oral - tablet
sildenafil 100 mg Oral - tablet

Ocular History

Amblyopia of right eye
Bilateral primary open angle
glaucoma
Nuclear cataract: Left eye
Other: End Stage glaucoma, right eye
Posterior Blepharitis
Low Vision: Left Eye Moderate and
Right Eye Blind

Ocular Surgery

History of trabeculectomy - Left eye
structure: 05/18/2022
Other: Lazy eye, right 2005

Social History

Smoking status - Former smoker

Allergies

Icosartan

Family History

Family history unknown (situation)

Medical History

Diabetes mellitus

Surgical History

None

Chief Complaint: POAG Follow up exam

HPI: This is a 59 year old male who is being seen for a 6 week POAG follow up exam, involving the right eye and left eye. Patient returns after 6 weeks for a follow up exam with testing. Patient is complaint with Prednisolone QD OS. He is also using ATs daily. He states he has no complaints of changes since his last visit. He has no pain or discomfort.

NLP OD.

Eye Exam

Wearing

Glasses

Eyeglass: Single Vision Distance
Usage: Full time wear

Eye Measurement

OD -3.25 +1.25 x 035

OS -3.25 +1.25 x 030

DCC

NCC

NLP

20/100

Notes: 8-9 months old

IOP

OD 22

Munoz, Angie

06/08/2023 10:45 AM PDT Applanation
Checked by PD

OS 7

Munoz, Angie

06/08/2023 10:45 AM PDT Applanation
Checked by PD

Pachymetry

Central Cornea

Superior Cornea

Nasal Cornea

Inferior Cornea

Temporal Cornea

OD 553.0

OS 535.0

Exam:

An examination was performed

OD External: normal lid position, nasolacrimal and orbital
exam

OD Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OD:

OD Conjunctiva: white and quiet

OD Cornea: clear cornea

OD Anterior Chamber: deep and quiet anterior chamber

OD Iris: normal iris without rubeosis

OD Lens: PCIOL well centered

Ophthalmoscopic examination of optic disc OD:

OD Optic Disc: poorly defined cup, pallor

OS External: normal lid position, nasolacrimal and orbital
exam

OS Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OS:

OS Conjunctiva: bleb, diffuse

OS Cornea: Clear

OS Anterior Chamber: deep and quiet anterior chamber

OS Iris: surgical PI

OS Lens: 1+ nuclear sclerosis and PCIOL well
centered

Ophthalmoscopic examination of optic disc OS:

OS: CD ratio 0.95

OS Optic Disc: flat and normal disc

Tests

Automated Perimetry

Diagnostic Procedure: Automated Perimetry
Visual field type OS - 10-2 size 5

Location: OS

Indication: Primary Open Angle Glaucoma (POAG) OS

Findings OS: Small central island

Diagnosis OS: consistent with advance glaucoma

Reliability - OS: good

Assessment OS: stable compared to previous study

Impression/Plan:

1. **Primary Open Angle Glaucoma (POAG) OS** - IOP continues to do well OS, OD elevated but comfort measures. Continue prednisolone OS QD. Continue to monitor with serial IOP and testing. severe stage OS (H40.1123)

Plan: Glaucoma Assessment.

Right Eye:

Target IOP is Comfort measures

Left Eye:

Target IOP is low teens

Global Assessment: Complex patient with monocular status due to trauma as a child, and multiple co-morbidities, will need close monitoring. Thin CCT values(553, 535)

H/O Trabeculectomy OS 05/18/2022

H/O stroke 11/17/2019

Plan: Treatment Regimen Glaucoma.

Other Instructions: Continue PRED OS QD.

2. **Unspecified glaucoma OS** - End stage glaucoma OD. Comfort measures only, due to monocular status.

(See Above)

(H40.9)

3. **Cataract, Nuclear OS**
(H25.12)

Plan: Counseling - Cataracts.

Please refer to the education handout for detailed counseling.

There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

4. **Meibomian Gland Dysfunction** - . Doctor recommends hot compresses for 5 to 10 minutes daily and artificial tears as needed with symptoms of irritation
(H02.889)

5. **Pseudophakia OD**
(Z96.1)

Plan: Counseling - Pseudophakia.

I counseled the patient regarding the following:

The patient has a clear and well centered posterior chamber intraocular lens (PCIOL). There is no clinically significant capsular opacification at this time. The plan is to assess the IOL on a yearly basis for evidence of anterior phimosis, PCO, or decentration.

Staff:

MD (Primary Provider) (Bill Under)

Angie Munoz (scribe)

Medications**OPHTHALMIC MEDICATIONS**

prednisolone acetate 1%
drops, suspension in the morning OS

NON OPTHALMIC MEDICATIONS

OneTouch Delica Plus Lancet 33
gauge Miscellaneous - misc
alendronate 70 mg Oral - tablet
carvedilol 12.5 mg Oral - tablet
gabapentin 300 mg Oral - capsule
lisinopril 5 mg Oral - tablet
pravastatin 20 mg Oral - tablet
sildenafil 100 mg Oral - tablet
acetazolamide 1 tablet
amlodipine
Aspirin Childrens
atorvastatin
carvedilol
Combigan 1 drop
dorzolamide
latanoprost 1 drop
lisinopril
Maxitrol Dose: 1
metformin
moxifloxacin 1 drop
phenetermine
prednisolone acetate 1 drop
tramadol
triamcinolone acetonide Dose: 1

Ocular History

Amblyopia of right eye
Bilateral primary open angle
glaucoma
Nuclear cataract: Left eye
Other: End Stage glaucoma, right eye
Posterior Blepharitis
Low Vision: Left Eye Moderate and
Right Eye Blind

Ocular Surgery

History of trabeculectomy - Left eye
structure: 05/18/2022
Other: Lazy eye, right 2005

Social History

Smoking status - Former smoker

Allergies

losartan
losartan

Family History

Family history unknown (situation)

Medical History

Cataract
Diabetes mellitus
Glaucoma
Other: Cataract surgery

Surgical History

None

Chief Complaint: Glaucoma Follow Up

HPI: This is a 59 year old male who is being seen for a Glaucoma Follow Up. Patient is monitored for Primary Open Angle Glaucoma in left eye. Patient is compliant with continuing Prednisolone once per day, in the left eye. He is tolerating well the eye drop.

H/O Trabeculectomy OS 05/18/2022 H/O stroke 11/17/2019.

Patient is monitored for Unspecified glaucoma left eye - End stage glaucoma right eye. Patient reports no vision in the right eye.

Patient is monitored for Cataract, Nuclear left eye. Patient states he see's blurry in the left eye. He states he is light sensitivity.

Patient is monitored for Meibomian Gland Dysfunction. Patient is using a artificial tears as needed.

Patient is monitored for Pseudophakia right eye. Patient states he has no vision in the right eye.

*Patient states he needs a referral for low vision and would like to be referred back to Ava K. Bittner at UCLA.

Eye Exam**Vision**

Distance Test Type: Snellen Chart Distance Correction Type: Glasses

Dcc OD NLP
OS 20/150
PH: 20/80

Wearing**Glasses****Eyeglass:**

Eye	Measurement	DCC	NCC
OD	-3.25 +1.25 x 035		
OS	-3.25 +1.25 x 030		

IOP

OD 18	Ramirez, Samantha	10/02/2023 05:25 PM PDT	Applanation
OS 11	Ramirez, Samantha	10/02/2023 05:25 PM PDT	Applanation

Exam:

An examination was performed

OD External: normal lid position, nasolacrimal and orbital exam

OD Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OD:

OD Conjunctiva: white and quiet

OD Cornea: clear cornea

OD Anterior Chamber: deep and quiet anterior chamber

OD Iris: normal Iris without rubeosis

OD Lens: PCIOL well centered

Ophthalmoscopic examination of optic disc OD:

OD Optic Disc: poorly defined cup, pallor

OS External: normal lid position, nasolacrimal and orbital exam

OS Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OS:

OS Conjunctiva: bleb, diffuse

OS Cornea: Clear

OS Anterior Chamber: deep and quiet anterior chamber

OS Iris: surgical PI

OS Lens: 1+ nuclear sclerosis and PCIOL well centered

Ophthalmoscopic examination of optic disc OS:

OS: CD ratio 0.95

OS Optic Disc: flat and normal disc

Impression/Plan:

1. **Primary Open Angle Glaucoma (POAG) OS** - IOP continues to do well OS, OD elevated but comfort measures. Continue prednisolone OS QD. Continue to monitor with serial IOP and testing. Extensive nerve damage, this will make his vision limited. Also will struggle with contrast depending on lighting.

No changes to be made today.

Due to his advance glaucoma, it is medically patient is recommended to see a low vision specialist. severe stage OS (H40.1123)

Plan: Glaucoma Assessment.

Right Eye:

Target IOP is Comfort measures

Left Eye:

Target IOP is low teens

Global Assessment: Complex patient with monocular status due to trauma as a child, and multiple co-morbidities, will need close monitoring. Thin CCT values(553, 535)

H/O Trabeculectomy OS 05/18/2022

H/O stroke 11/17/2019

Plan: Treatment Regimen Glaucoma.

Other Instructions: Continue PRED OS QD.

Plan: F/U for Next Visit Glaucoma.

The patient should be scheduled for the following in 4 months:

Exam: Dilated Fundus Exam.

Instructions: VF10-2 size 5 OS.

2. **Unspecified glaucoma OS** - End stage glaucoma OD. Comfort measures only, due to monocular status.

(See Above)

(H40.9)

3. **Cataract, Nuclear OS**
(H25.12)

Plan: Counseling - Cataracts.

Please refer to the education handout for detailed counseling.

There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

4. **Meibomian Gland Dysfunction - .** Doctor recommends hot compresses for 5 to 10 minutes daily and artificial tears as needed with symptoms of irritation
(H02.889)

5. **Pseudophakia OD**
(Z96.1)

Plan: Counseling - Pseudophakia.

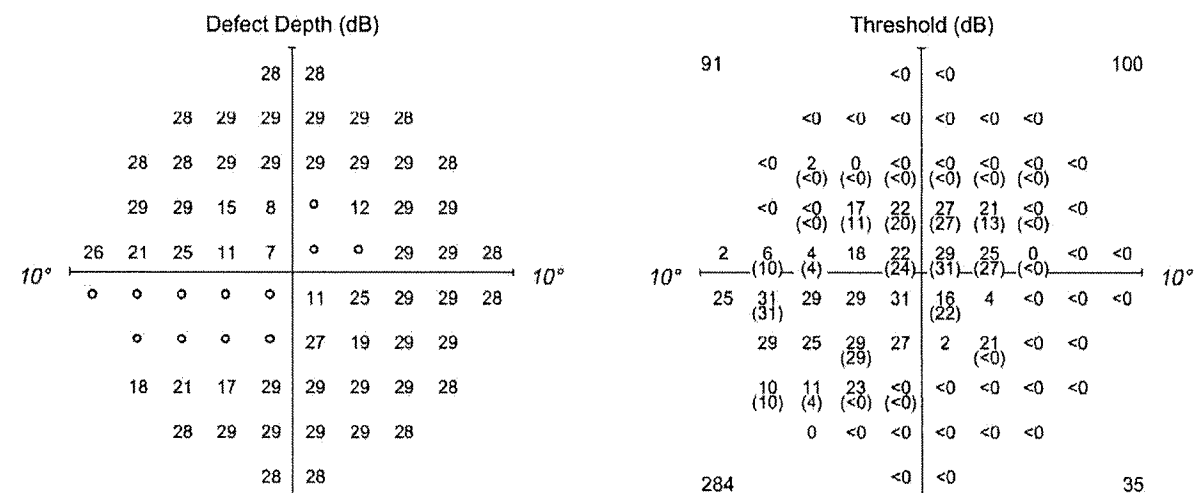
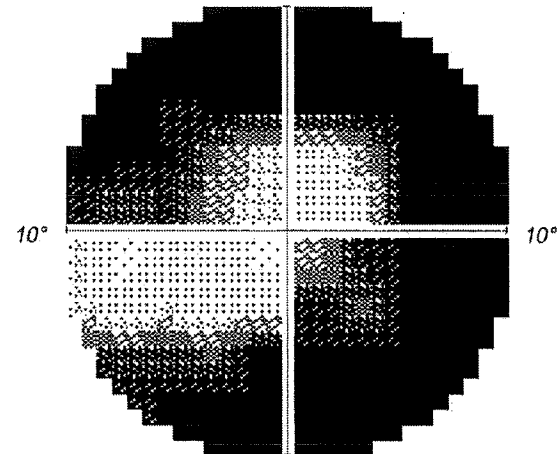
I counseled the patient regarding the following:

The patient has a clear and well centered posterior chamber intraocular lens (PCIOL). There is no clinically significant capsular opacification at this time. The plan is to assess the IOL on a yearly basis for evidence of anterior phimosis, PCO, or decentration.

Staff:

MD (Primary Provider) (Bill Under)

Graytone



Comments

Signature



Medications

OPHTHALMIC MEDICATIONS
NONE

NON OPTHALMIC MEDICATIONS

OneTouch Delica Plus Lancet 33 gauge Miscellaneous - misc
alendronate 70 mg Oral - tablet
carvedilol 12.5 mg Oral - tablet
gabapentin 300 mg Oral - capsule
lisinopril 5 mg Oral - tablet
pravastatin 20 mg Oral - tablet
sildenafil 100 mg Oral - tablet
amlodipine
Aspirin Childrens
atorvastatin
phentermine
tramadol
triamcinolone acetonide Dose: 1

Ocular History

Amblyopia of right eye
Bilateral primary open angle glaucoma
Nuclear cataract: Left eye
Other: End Stage glaucoma, right eye
Posterior Blepharitis
Low Vision: Left Eye Moderate and Right Eye Blind

Ocular Surgery

History of trabeculectomy - Left eye
structure: 05/18/2022
Other: Lazy eye, right 2005

Social History

Smoking status - Former smoker

Allergies

losartan
losartan

Family History

Family history unknown (situation)

Medical History

Cataract
Diabetes mellitus
Glaucoma
Other: Cataract surgery

Surgical History

None

Chief Complaint: 6 month glaucoma follow up

HPI: This is a 60 year old male who is being seen for a 6 month glaucoma follow up. Patient is monitored for POAG in the left eye and Unspecified Glaucoma in the right eye. He states he sometimes gets pain but only when he forces his eyes to try and focus. He is compliant with Prednisolone once a day in the left eye.

Patient is monitored for Nuclear Cataract in the left eye and is Pseudophakic in the right eye. He states his vision has been fine and stable.

Patient is monitored for Meibomian Gland Dysfunction in both eyes. He has some dryness and irritation. He uses artificial tears 3-4 times a day.

Eye Exam

Wearing

Glasses

Eyeglass:

Eye	Measurement	DCC	NCC
OD	-3.25 +1.25 x 035	NLP	
OS	-3.25 +1.25 x 030	20/100 -1	

IOP

OD	26	Ramirez, Samantha	04/15/2024 05:36 PM PDT	Applanation
OS	27	Ramirez, Samantha	04/15/2024 05:36 PM PDT	Applanation

Exam:

An examination was performed

OD External: normal lid position, nasolacrimal and orbital exam
OD Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OD:
OD Conjunctiva: white and quiet

OD Cornea: clear cornea

OD Anterior Chamber: deep and quiet anterior chamber

OD Iris: normal iris without rubeosis

OD Lens: PCIOL well centered

Ophthalmoscopic examination of optic disc OD:
OD Optic Disc: poorly defined cup, pallor

OS External: normal lid position, nasolacrimal and orbital exam
OS Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OS:
OS Conjunctiva: bleb, diffuse

OS Cornea: Clear

OS Anterior Chamber: deep and quiet anterior chamber

OS Iris: surgical PI

OS Lens: 1+ nuclear sclerosis

Ophthalmoscopic examination of optic disc OS:
OS: CD ratio 0.95
OS Optic Disc: flat and normal disc

Tests

Automated Perimetry

Diagnostic Procedure: Automated Perimetry
Visual field type OS - 10-2 size size V

Location: OS
Indication: Primary Open Angle Glaucoma (POAG) OS

Findings OS: small central island
Diagnosis OS: glaucoma, open angle
Reliability - OS: good
Assessment OS: stable compared to previous study

Impression/Plan:

1.

Primary Open Angle Glaucoma (POAG) OS - IOP OU elevated. Patient is to start Dorz/Tim OS BID and Latanoprost OS QHS. Discontinue PRED OS. If no improvement, may consider bleb Needling. Will have patient return to clinic in severe stage OS (H40.1123)

Plan: Glaucoma Assessment.
Right Eye:

Target IOP is Comfort measures

Left Eye:

Target IOP is low teens

Global Assessment: Complex patient with monocular status due to trauma as a child, and multiple co-morbidities, will need close monitoring.
Thin CCT values(553, 535)

H/O Trabeculectomy OS 05/18/2022
H/O stroke 11/17/2019

Plan: Treatment Regimen Glaucoma.
Stop the following treatment(s): PRED OS.
Modify the following treatment(s): Start Dorz/Tim OS BID and Latanoprost OS QHS.

Plan: Prescription.
latanoprost 0.005 % eye drops Ophthalmic (eye)
Location: OS
Sig: Instill 1 drop into the left eye at bedtime
Quantity: 2.5 Milliliter Refills: 6

dorzolamide 22.3 mg-timolol 6.8 mg/mL eye drops Ophthalmic (eye)
Location: OS
Sig: Instill one drop into the left eye twice a day
Quantity: 10 Milliliter Refills: 6

Plan: F/U for Next Visit Glaucoma.
The patient should be scheduled for the following in 4 weeks:
Exam: IOP check.
Instructions: after modifying topical therapy.
2.

Unspecified glaucoma OS - End stage glaucoma OD.
Comfort measures only, due to monocular status.

(See Above)
(H40.9)
3.

Cataract, Nuclear OS
(H25.12)

Plan: Counseling - Cataracts.
Please refer to the education handout for detailed counseling.
There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.
4.

Meibomian Gland Dysfunction - . Doctor recommends hot compresses for 5 to 10 minutes daily and artificial tears as needed with symptoms of irritation
(H02.889)
5.

Pseudophakia OD
(Z96.1)

Plan: Counseling - Pseudophakia.
I counseled the patient regarding the following:
The patient has a clear and well centered posterior chamber intraocular lens (PCIOL). There is no clinically significant capsular opacification at this time. The plan is to assess the IOL on a yearly basis for evidence of anterior phimosis, PCO, or decentration.

Medications

OPHTHALMIC MEDICATIONS
dorzolamide-timolol 22.3-6.8mg/mL drops BID OS
latanoprost 0.005% drops OS

NON OPHTHALMIC MEDICATIONS
OneTouch Delica Plus Lancet 33 gauge Miscellaneous - misc
alendronate 70 mg Oral - tablet
carvedilol 12.5 mg Oral - tablet
gabapentin 300 mg Oral - capsule
lisinopril 5 mg Oral - tablet
pravastatin 20 mg Oral - tablet
sildenafil 100 mg Oral - tablet
amlodipine
Aspirin Childrens
atorvastatin
phenetermine
tramadol
triamcinolone acetonide Dose: 1

Ocular History

Amblyopia of right eye
Bilateral primary open angle glaucoma
Nuclear cataract: Left eye
Other: End Stage glaucoma, right eye
Posterior Blepharitis
Low Vision: Left Eye Moderate and Right Eye Blind

Ocular Surgery

History of trabeculectomy - Left eye
structure: 05/18/2022
Other: Lazy eye, right 2005

Social History

Smoking status - Former smoker

Allergies

losartan
losartan

Family History

Family history unknown (situation)

Medical History

Cataract
Diabetes mellitus
Glaucoma
Other: Cataract surgery

Surgical History

None

Chief Complaint: 2 day emergency visit

HPI: This is a 60 year old male who is being seen for a 2 day emergency visit. Patient states since starting Dorz/tim his eye has been feeling very irritated and has been red and swollen. He states the vision has been blurry since using the drops as well.

Patient is monitored for POAG in the left eye and Unspecified Glaucoma in the right eye. He denies any pain or discomfort in the right eye. Patient states that he is compliant using Dorz/Tim OS BID and Latanoprost OS QHS. Notes that he discontinued Prednisolone as directed.

Patient is monitored for Nuclear Cataract in the left eye and is Pseudophakic in the right eye. His right eye is still only seeing black.

Patient is monitored for Meibomian gland dysfunction. He denies any dryness.

Eye Exam

Vision

Distance Test Type: Snellen Chart Near Test Type: Snellen

Dsc OD NLP
OS 20/160

IOP

OD 28	Ramirez, Samantha	04/17/2024 04:07 PM PDT	Applanation Dr.
OS 12	Ramirez, Samantha	04/17/2024 04:07 PM PDT	Applanation Dr.

Exam:

An examination was performed

OD External: normal lid position, nasolacrimal and orbital exam	OS External: normal lid position, nasolacrimal and orbital exam
OD Lid Margin: 1+ meibomian gland dysfunction	OS Lid Margin: 1+ meibomian gland dysfunction
Slit lamp examination OD: OD Conjunctiva: white and quiet	Slit lamp examination OS: OS Conjunctiva: bleb, diffuse and 3+ injection
OD Cornea: clear cornea	OS Cornea: Clear
OD Anterior Chamber: deep and quiet anterior chamber	OS Anterior Chamber: deep and quiet anterior chamber
OD Iris: normal Iris without rubeosis	OS Iris: surgical PI
OD Lens: PCIOL well centered	OS Lens: 1+ nuclear sclerosis
	A dilated exam of the optic disc was performed OS.
Ophthalmoscopic examination of optic disc OD: OD Optic Disc: poorly defined cup, pallor	Ophthalmoscopic examination of optic disc OS: OS: CD ratio 0.95 OS Optic Disc: flat and normal disc

Severe upper and lower lid edema OS

Impression/Plan:

1. Primary Open Angle Glaucoma (POAG) OS - OD comfort measures, IOP OS improved after starting Dorz/Tim OS. Patient has allergic reaction to Dorzolamide (sulfa base). Will switch Dorz/Tim to Brim/Tim OS BID. Continue Latanoprost OS QHS. Start FML/Flarex OS once today, tomorrow 2-3 times, then stop.
severe stage OS (H40.1123)

Plan: Glaucoma Assessment.
Right Eye:

Target IOP is Comfort measures

Left Eye:

Target IOP is low teens

Global Assessment: Complex patient with monocular status due to trauma as a child, and multiple co-morbidities, will need close monitoring.
Thin CCT values(553, 535)

H/O Trabeculectomy OS 05/18/2022
H/O stroke 11/17/2019

Allergic reaction to Dorzolamide (sulfa base)

Plan: Treatment Regimen Glaucoma.

Continue the following treatment(s): Latanoprost OS QHS.

Stop the following treatment(s): Dorz/Tim OS.

Modify the following treatment(s): start Brim/Tim OS BID and FML/Flarex OS once today, tomorrow 2-3 times, then stop.

Plan: F/U for Next Visit Glaucoma.

The patient should be scheduled for the following in 1 week:

Exam: IOP check.

Instructions: after modifying topical therapy.

Plan: Prescription.

brimonidine 0.2 %-timolol 0.5 % eye drops Ophthalmic (eye)

Location: OS

Sig: Instill 1 drop into the left eye twice a day

Quantity: 5 Milliliter Refills: 11

2. **Unspecified glaucoma OS - End stage glaucoma OD.**
Comfort measures only, due to monocular status.

(See Above)
(H40.9)

3. **Cataract, Nuclear OS**
(H25.12)

Plan: Counseling - Cataracts.

Please refer to the education handout for detailed counseling.

There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

4. **Meibomian Gland Dysfunction - . Doctor recommends hot compresses for 5 to 10 minutes daily and artificial tears as needed with symptoms of irritation**
(H02.889)

5. **Pseudophakia OD**
(Z96.1)

Plan: Counseling - Pseudophakia.

I counseled the patient regarding the following:

The patient has a clear and well centered posterior chamber intraocular lens (PCIOL). There is no clinically significant capsular opacification at this time. The plan is to assess the IOL on a yearly basis for evidence of anterior phimosis, PCO, or decentration.

Staff:

(Primary Provider) (Bill Under)

Phillip Smith

Samantha Ramirez (scribe)

Medications

Obtained and Reviewed April 23, 2024.
OPHTHALMIC MEDICATIONS
brimonidine-timolol 0.2-0.5% drops OS
dorzolamide-timolol 22.3-6.8mg/mL drops BID OS
Flarex 0.1% drops, suspension
latanoprost 0.005% drops OS
Maxitrol 3.5 mg/g-10,000unit/g-0.1 %
Small amount ointment Two times a day

NON OPHTHALMIC MEDICATIONS
OneTouch Delica Plus Lancet 33 gauge Miscellaneous - misc
alendronate 70 mg Oral - tablet
carvedilol 12.5 mg Oral - tablet
gabapentin 300 mg Oral - capsule
lisinopril 5 mg Oral - tablet
pravastatin 20 mg Oral - tablet
sildenafil 100 mg Oral - tablet
amlodipine
Aspirin Childrens
atorvastatin
phenetermine
tramadol
triamcinolone acetonide Dose: 1

Ocular History

Amblyopia of right eye
Bilateral primary open angle glaucoma
Nuclear cataract: Left eye
Other: End Stage glaucoma, right eye
Posterior Blepharitis
Low Vision: Left Eye Moderate and Right Eye Blind

Ocular Surgery

History of trabeculectomy - Left eye structure: 05/18/2022
Other: Lazy eye, right 2005

Social History

Smoking status - Former smoker

Allergies

Reviewed and no changes noted April 23, 2024.
losartan

Family History

Family history unknown (situation)

Medical History

Cataract
Diabetes mellitus
Glaucoma
Other: Cataract surgery

Surgical History

None

Chief Complaint: 1 week Glaucoma Follow Up

HPI: This is a 60 year old male who is being seen for a 1 week Glaucoma Follow Up. Patient is monitored for Primary Open Angle Glaucoma, left eye. Patient has allergic reaction to Dorzolamide (sulfa base). Patient states that when he was using the Brimonidine/ Timolol his eyes became very inflamed and swollen. Patient states that he was told he may be allergic to Timolol. Patient stated that he spoke to Dr. on Sunday and was told to stop using Brim/ Tim. Patient instructed to only use Flared three times a day and Maxitrol twice a day in the left eye. Patient reports when he used to Brim/Tim his vision decreased a lot to where he could not see anything. Patient denies any ocular pain or discomfort.

Patient is monitored for Unspecified Glaucoma, left eye. End stage glaucoma OD

Patient is monitored for Nuclear Cataract, left eye. Patient states that his vision is more blurry than it was at his previous visit.

Patient is monitored for Meibomian Gland Dysfunction. Patient denies any burning or itching of the eyes.

Patient is Pseudophakic, right eye.

Eye Exam

Wearing

Glasses

Eyeglass:

Eye	Measurement	DCC	NCC
OD	-3.25 +1.25 x 035	NLP	
OS	-3.25 +1.25 x 030	20/125 -2 PH: 20/80 -2	

IOP

OD	16	Corral, Leslie	04/23/2024 08:36 AM PDT	Applanation Dr.
OS	19	Corral, Leslie	04/23/2024 08:36 AM PDT	Applanation Dr.

Exam:

An examination was performed

OD External: normal lid position, nasolacrimal and orbital exam
OD Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OD:
OD Conjunctiva: white and quiet

OD Cornea: clear cornea

OD Anterior Chamber: deep and quiet anterior chamber

OD Iris: normal iris without rubeosis

OD Lens: PCIOL well centered

Ophthalmoscopic examination of optic disc OD:
OD Optic Disc: poorly defined cup, pallor

OS External: eye lid edema
OS Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OS:
OS Conjunctiva: bleb, flat and 3+ injection

OS Cornea: 1+ superficial punctate keratitis (SPK)

OS Anterior Chamber: deep and quiet anterior chamber

OS Iris: surgical PI

OS Lens: 2+ nuclear sclerosis

Ophthalmoscopic examination of optic disc OS:
OS: CD ratio 0.95
OS Optic Disc: flat and normal disc

Impression/Plan:

- Primary Open Angle Glaucoma (POAG) OS - OD comfort measures, IOP OS above target. Dr. instructed patient to continue using the Flarex for a few more days. Dr. to restart patient back on Latanoprost OS QHS. Dr. discussed that if allergic reaction is caused by the ingredients in the medication they can switch patient to PF at a later time. Patient to start Refresh PF OU QID to help with SPK noted in slit lamp.
severe stage OS (H40.1123)

Plan: Glaucoma Assessment.

Right Eye:

Target IOP is Comfort measures

Left Eye:

Target IOP is low teens

Global Assessment: Complex patient with monocular status due to trauma as a child, and multiple co-morbidities, will need close monitoring.
Thin CCT values(553, 535)

H/O Trabeculectomy OS 05/18/2022
H/O stroke 11/17/2019

Allergic reaction to Dorzolamide (sulfa base)
Allergy to Brimonidine (Possibly to Timolol and or Preservative)

Plan: Treatment Regimen Glaucoma.

Continue the following treatment(s): Latanoprost OS QHS.

Stop the following treatment(s): Dorz/Tim OS.

Modify the following treatment(s): start Brim/Tim OS BID and FML/Flarex OS once today, tomorrow 2-3 times, then stop.

Plan: F/U for Next Visit Glaucoma.

The patient should be scheduled for the following in 1 week:

2. **Unspecified glaucoma OS - End stage glaucoma OD.**
 Comfort measures only, due to monocular status.

(See Above)
(H40.9)

3. **Cataract, Nuclear OS**
 (H25.12)

Plan: Counseling - Cataracts.

Please refer to the education handout for detailed counseling.

There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

4. **Meibomian Gland Dysfunction - . Doctor recommends hot compresses for 5 to 10 minutes daily and artificial tears as needed with symptoms of irritation**
 (H02.889)

5. **Pseudophakia OD**
 (Z96.1)

Plan: Counseling - Pseudophakia.

I counseled the patient regarding the following:

The patient has a clear and well centered posterior chamber intraocular lens (PCIOL). There is no clinically significant capsular opacification at this time. The plan is to assess the IOL on a yearly basis for evidence of anterior phimosis, PCO, or decentration.

Staff:

(Primary Provider) (Bill Under)

Andrew Fisher

Patient Referrals:

MD - Primary Care Provider (PCP)

Bittner, Ava - Referring Provider

Medications

Reviewed April 23, 2024.
OPHTHALMIC MEDICATIONS
brimonidine-timolol 0.2-0.5% drops OS
dorzolamide-timolol 22.3-6.8mg/mL drops BID OS
Flarex 0.1% drops, suspension
latanoprost 0.005% drops OS
Maxitrol 3.5 mg/g-10,000unit/g-0.1 %
Small amount ointment Two times a day

NON OPHTHALMIC MEDICATIONS
OneTouch Delica Plus Lancet 33 gauge Miscellaneous - misc
alendronate 70 mg Oral - tablet
carvedilol 12.5 mg Oral - tablet
gabapentin 300 mg Oral - capsule
lisinopril 5 mg Oral - tablet
pravastatin 20 mg Oral - tablet
sildenafil 100 mg Oral - tablet
amlodipine
Aspirin Childrens
atorvastatin
phentermine
tramadol
triamcinolone acetonide Dose: 1

Ocular History

Amblyopia of right eye
Bilateral primary open angle glaucoma
Nuclear cataract: Left eye
Other: End Stage glaucoma, right eye
Posterior Blepharitis
Low Vision: Left Eye Moderate and Right Eye Blind

Ocular Surgery

History of trabeculectomy - Left eye structure: 05/18/2022
Other: Lazy eye, right 2005

Social History

Smoking status - Former smoker

Allergies

Reviewed April 23, 2024.
losartan

Family History

Family history unknown (situation)

Medical History

Cataract
Diabetes mellitus
Glaucoma
Other: Cataract surgery

Surgical History

None

Chief Complaint: Follow Up Glaucoma

HPI: This is a 60 year old male who is being seen for a chief complaint of follow up glaucoma, involving the right eye and left eye. The patient presents today for: IOP check. Patient is only using Latanoprost QHS OS. He denies the use of any other drops at this time. He states the eye does feel better, but he also feels it is more blurry now that he has stopped the drops. He has noticed green, pink and yellow flashes when he closes his eyes. He has complaints of black stains on the vision a well sometimes. .

Eye Exam

Vision

Distance Test Type: Snellen Chart Near Test Type: Snellen

OD NLP
OS 20/160

IOP

OD 19	Salado, Genesis	04/30/2024 08:55 AM PDT	Applanation Dr.
OS 19	Salado, Genesis	04/30/2024 08:55 AM PDT	Applanation Dr.

Exam:

An examination was performed

OD External: normal lid position, nasolacrimal and orbital exam
OD Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OD:
OD Conjunctiva: white and quiet

OD Cornea: clear cornea

OD Anterior Chamber: deep and quiet anterior chamber

OD Iris: normal iris without rubeosis

OD Lens: PCIOL well centered

Ophthalmoscopic examination of optic disc OD:
OD Optic Disc: poorly defined cup, pallor

OS External: eye lid edema
OS Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OS:
OS Conjunctiva: bleb, flat

OS Cornea: Clear

OS Anterior Chamber: deep and quiet anterior chamber

OS Iris: surgical PI

OS Lens: 2+ nuclear sclerosis

Ophthalmoscopic examination of optic disc OS:
OS: CD ratio 0.95
OS Optic Disc: flat and normal disc

Impression/Plan:

1. Primary Open Angle Glaucoma (POAG) OS - IOP OS unchanged since last visit, patient stated he developed inflammation and swelling with Brim/Tim so he stopped the drop. Dr. recommended patient START preservative free Timolol OS BID until next visit. Patient to RTC as scheduled. severe stage OS (H40.1123)

Plan: Glaucoma Assessment.
Right Eye:

Target IOP is Comfort measures

Left Eye:

Target IOP is low teens

Global Assessment: Complex patient with monocular status due to trauma as a child, and multiple co-morbidities, will need close monitoring.
Thin CCT values(553, 535)

H/O Trabeculectomy OS 05/18/2022
H/O stroke 11/17/2019

Allergic reaction to Dorzolamide (sulfa base)
Allergy to Brimonidine (Possibly to Timolol and or Preservative)

Plan: Counseling - POAG.

I counseled the patient regarding the following:
Contact Office if: The Glaucoma drops are causing pain, irritation, or blurry vision after use.

Plan: Treatment Regimen Glaucoma.

Continue the following treatment(s): Latanoprost OS QH.
Modify the following treatment(s): START Timolol OS BID (preservative free).

Plan: F/U for Next Visit Glaucoma.

Instructions: as scheduled, IOP check with new eye medication change.

Plan: Prescription.

timolol maleate (PF) 0.5 % eye drops in a dropperette Ophthalmic (eye)
Sig: Instill one drop into the left eye twice a day
Quantity: 60 Each Refills: 6

2. **Unspecified glaucoma OS - End stage glaucoma OD.**
Comfort measures only, due to monocular status.

(See Above)
(H40.9)

3. **Cataract, Nuclear OS**
(H25.12)

Plan: Counseling - Cataracts.

Please refer to the education handout for detailed counseling.
There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

4. **Meibomian Gland Dysfunction**
(H02.889)

Plan: Counseling - Meibomian Gland Dysfunction.

I counseled the patient regarding the following:
Contact Office if: Meibomian gland dysfunction does not improve or worsens despite treatment.

Plan: OTC Regimen Blepharitis.

OTC OU:
Artificial Tears : instill one drop of artificial tears (Retaine MGD or refresh) in each eye four times per day
Warm Compresses : apply warm compresses to the lids 10-15 minutes BID

5. **Pseudophakia OD**
(Z96.1)

Plan: Counseling - Pseudophakia.

I counseled the patient regarding the following:
The patient has a clear and well centered posterior chamber intraocular lens (PCIOL). There is no clinically significant capsular opacification at this time. The plan is to assess the IOL on a yearly basis for evidence of anterior phimosis, PCO, or decentration.

Staff:

(Primary Provider) (Bill Under)

Genesis Salado (scribe)

Patient Referrals:

Hennings, Esteban MD - Primary Care Provider (PCP)

Bittner, Ava - Referring Provider

Medications

OPHTHALMIC MEDICATIONS
latanoprost 0.005% drops bedtime OS
timolol maleate (PF) 0.5% dropperette
twice a day OS

NON OPTHALMIC MEDICATIONS
OneTouch Delica Plus Lancet 33
gauge Miscellaneous - misc
alendronate 70 mg Oral - tablet
carvedilol 12.5 mg Oral - tablet
gabapentin 300 mg Oral - capsule
lisinopril 5 mg Oral - tablet
pravastatin 20 mg Oral - tablet
sildenafil 100 mg Oral - tablet
amlodipine
Aspirin Childrens
atorvastatin
phenentermine
tramadol
triamcinolone acetonide Dose: 1

Ocular History

Amblyopia of right eye
Bilateral primary open angle
glaucoma
Nuclear cataract: Left eye
Other: End Stage glaucoma, right eye
Posterior Blepharitis
Low Vision: Left Eye Moderate and
Right Eye Blind

Ocular Surgery

History of trabeculectomy - Left eye
structure: 05/18/2022
Other: Lazy eye, right 2005

Social History

Smoking status - Former smoker

Allergies

Reviewed April 23, 2024.
losartan

Family History

Family history unknown (situation)

Medical History

Cataract
Diabetes mellitus
Glaucoma
Other: Cataract surgery

Surgical History

None

Chief Complaint: Follow Up Exam

HPI: This is a 60 year old male who is being seen for a Follow Up Exam. Patient returns to the clinic for an IOP check after switching to PF timolol OS.

Patient is monitored for Primary Open Angle Glaucoma, left eye. Patient is compliant with instilling latanoprost before bed. He notes that he used timolol PF twice a day for 2 days and he started to react with redness and itching in the eye, so he discontinued use. Patient complains of some pain in the left eye that comes and goes. He also notes that his vision has decreased since he switched to the timolol. Patient has also discontinued use of flarex, as directed.

Patient is monitored for Unspecified glaucoma, right eye.

Patient is monitored for Nuclear Cataract, left eye.

Patient is monitored for Meibomian Gland Dysfunction. Patient is currently using artificial tears in the left eye about 2-3 times a day.

Patient is Pseudophakic, right eye. Patient complains that his vision in the left eye has decreased since his previous visit.

Eye Exam

Vision

Distance Test Type: Snellen Chart Distance Correction Type: Glasses

Dcc OD NLP
OS 20/125 -2

IOP

OD 22	Ramirez, Samantha	05/14/2024 08:40 AM PDT	Applanation Dr.
OS 19	Ramirez, Samantha	05/14/2024 08:40 AM PDT	Applanation Dr.

Exam:

An examination was performed

OD External: normal lid position, nasolacrimal and orbital
exam
OD Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OD:
OD Conjunctiva: white and quiet

OD Cornea: clear cornea

OD Anterior Chamber: deep and quiet anterior chamber

OD Iris: normal iris without rubeosis

OD Lens: PCIOL well centered

Ophthalmoscopic examination of optic disc OD:
OD Optic Disc: poorly defined cup, pallor

OS External: normal lid position, nasolacrimal and orbital
exam
OS Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OS:
OS Conjunctiva: bleb, flat

OS Cornea: Clear

OS Anterior Chamber: deep and quiet anterior chamber

OS Iris: surgical PI

OS Lens: 2+ nuclear sclerosis

Ophthalmoscopic examination of optic disc OS:
OS: CD ratio 0.95
OS Optic Disc: flat and normal disc

Impression/Plan:

- Primary Open Angle Glaucoma (POAG) OS - IOP OS continues to be above recommended target. Due to multiple topical therapy intolerance, recommend Acetazolamide. Patient will start Acetazolamide 500mg PO BID, continue Latanoprost OS QHS.
severe stage OS (H40.1123)

Plan: Glaucoma Assessment.
Right Eye:

Target IOP is Comfort measures

Left Eye:

Target IOP is firm low teens

Global Assessment: Complex patient with monocular status due to trauma as a child, and multiple co-morbidities, will need close monitoring.
Thin CCT values(553, 535)

H/O Trabeculectomy OS 05/18/2022

H/O stroke 11/17/2019

Allergic reaction to Dorzolamide (sulfa base)

Allergy to Brimonidine (Timolol and PF Timolol)

Plan: Counseling - POAG.

I counseled the patient regarding the following:

Contact Office if: The Glaucoma drops are causing pain, irritation, or blurry vision after use.

Plan: Treatment Regimen Glaucoma.

Continue the following treatment(s): Latanoprost OS QH.

Stop the following treatment(s): Timolol OS BID (preservative free).

Modify the following treatment(s): START Acetazolamide 500mg PO BID.

Plan: F/U for Next Visit Glaucoma.

The patient should be scheduled for the following in 4 weeks:

Instructions: IOP check with new eye medication change.

Plan: Prescription.

acetazolamide ER 500 mg capsule,extended release PO

Sig: take 1 pill by mouth twice a day

Quantity: 60 Capsule Refills: 3

2. **Absolute glaucoma, right eye - End stage glaucoma OD.**
Comfort measures only, due to monocular status.

(See Above)

(H44.511)

3. **Meibomian Gland Dysfunction**
(H02.889)

Plan: Counseling - Meibomian Gland Dysfunction.

I counseled the patient regarding the following:

Contact Office if: Meibomian gland dysfunction does not improve or worsens despite treatment.

Plan: OTC Regimen Blepharitis.

OTC OU:

Artificial Tears : instill one drop of artificial tears (Retaine MGD or refresh) in each eye four times per day

Warm Compresses : apply warm compresses to the lids 10-15 minutes BID

4. **Cataract, Nuclear OS**
(H25.12)

Plan: Counseling - Cataracts.

Please refer to the education handout for detailed counseling.

There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

5. **Pseudophakia OD**
(Z96.1)

Plan: Counseling - Pseudophakia.

I counseled the patient regarding the following:

The patient has a clear and well centered posterior chamber intraocular lens (PCIOL). There is no clinically significant capsular opacification at this time. The plan is to assess the IOL on a yearly basis for evidence of anterior phimosis, PCO, or decentration.

Medications

OPHTHALMIC MEDICATIONS

latanoprost 0.005% drops bedtime OS

NON OPHTHALMIC MEDICATIONS

OneTouch Delica Plus Lancet 33 gauge Miscellaneous - misc
acetazolamide 500 mg Oral - capsule, extended release
alendronate 70 mg Oral - tablet
carvedilol 12.5 mg Oral - tablet
gabapentin 300 mg Oral - capsule
lisinopril 5 mg Oral - tablet
methazolamide 50 mg Oral - tablet
pravastatin 20 mg Oral - tablet
sildenafil 100 mg Oral - tablet
amlodipine
Aspirin Childrens
atorvastatin
phenentermine
tramadol
triamcinolone acetonide Dose: 1

Ocular History

Amblyopia of right eye
Bilateral primary open angle glaucoma
Nuclear cataract: Left eye
Other: End Stage glaucoma, right eye
Posterior Blepharitis
Low Vision: Left Eye Moderate and Right Eye Blind

Ocular Surgery

History of trabeculectomy - Left eye structure: 05/18/2022
Other: Lazy eye, right 2005

Social History

Smoking status - Former smoker

Allergies

Reviewed April 23, 2024.
losartan

Family History

Family history unknown (situation)

Medical History

Cataract
Diabetes mellitus
Glaucoma
Other: Cataract surgery

Surgical History

None

Chief Complaint: 1 month glaucoma follow up

HPI: This is a 60 year old male who is being seen for a 1 month glaucoma follow up. Patient is monitored for POAG in the left eye and Absolute Glaucoma in the right eye. He denies any pain or discomfort. He is compliant with Latanoprost once before bed in the left eye and Acetazolamide twice a day by mouth.

Patient is monitored for Meibomian Gland Dysfunction in both eyes. He denies any dryness or irritation. He does not use any artificial tears.

Patient is monitored for Nuclear Cataract in the left eye and is Pseudophakic in the right eye. He states his vision has been fine and stable.

Eye Exam

Wearing

Glasses

Eyeglass:

Eye	Measurement	DCC	NCC
OD	-3.25 +1.25 x 035	NLP	
OS	-3.25 +1.25 x 030	20/125 +2	

IOP

OD	17	Ramirez, Samantha	06/12/2024 08:41 AM PDT	Applanation Dr.
OS	17	Ramirez, Samantha	06/12/2024 08:41 AM PDT	Applanation Dr.

Exam:

An examination was performed

OD External: normal lid position, nasolacrimal and orbital exam
OD Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OD:
OD Conjunctiva: white and quiet

OD Cornea: clear cornea

OD Anterior Chamber: deep and quiet anterior chamber

OD Iris: normal iris without rubeosis

OD Lens: PCIOL well centered

Ophthalmoscopic examination of optic disc OD:
OD Optic Disc: poorly defined cup, pallor

OS External: normal lid position, nasolacrimal and orbital exam
OS Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OS:
OS Conjunctiva: bleb, flat and 2+ injection

OS Cornea: Clear

OS Anterior Chamber: deep and quiet anterior chamber

OS Iris: surgical PI

OS Lens: 2+ nuclear sclerosis

Ophthalmoscopic examination of optic disc OS:
OS: CD ratio 0.95
OS Optic Disc: flat and normal disc

Impression/Plan:

- Primary Open Angle Glaucoma (POAG) OS - IOP OS shows very minimal improvement after starting Acetazolamide. Discussed with patient will switch Acetazolamide to Methazolamide due to poor tolerance. Patient is to continue Latanoprost OS QHS without change. Will have patient return to clinic with Dr. to assess IOP.
severe stage OS (H40.1123)

Plan: Glaucoma Assessment.
Right Eye:

Target IOP is Comfort measures

Left Eye:

Target IOP is firm low teens

Global Assessment: Complex patient with monocular status due to trauma as a child, and multiple co-morbidities, will need close monitoring.
Thin CCT values(553, 535)

H/O Trabeculectomy OS 05/18/2022
H/O stroke 11/17/2019

Allergic reaction to Dorzolamide (sulfa base)
Allergy to Brimonidine (Timolol and PF Timolol)

Plan: Counseling - POAG.

I counseled the patient regarding the following:

Contact Office if: The Glaucoma drops are causing pain, irritation, or blurry vision after use.

Plan: Treatment Regimen Glaucoma.

Continue the following treatment(s): Latanoprost OS QH.

Modify the following treatment(s): switch Acetazolamide 500mg PO BID to Methazolamide 50mg PO BID.

Plan: F/U for Next Visit Glaucoma.

The patient should be scheduled for the following on next available:

Exam: Dilated Fundus Exam.

Instructions: IOP check before dilation, Cataract eval due to decrease in vision.

2. **Absolute glaucoma, right eye - End stage glaucoma OD.**
Comfort measures only, due to monocular status.

(See Above)
(H44.511)

3. **Meibomian Gland Dysfunction**
(H02.889)

Plan: Counseling - Meibomian Gland Dysfunction.

I counseled the patient regarding the following:

Contact Office if: Meibomian gland dysfunction does not improve or worsens despite treatment.

Plan: OTC Regimen Blepharitis.

OTC OU:

Artificial Tears : instill one drop of artificial tears (Retaine MGD or refresh) in each eye four times per day

Warm Compresses : apply warm compresses to the lids 10-15 minutes BID

4. **Cataract, Nuclear OS**
(H25.12)

Plan: Counseling - Cataracts.

Please refer to the education handout for detailed counseling.

There is a cataract that is developing but based on my clinical assessment and the patient's minimal symptoms, surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

5. **Pseudophakia OD**
(Z96.1)

Plan: Counseling - Pseudophakia.

I counseled the patient regarding the following:

The patient has a clear and well centered posterior chamber intraocular lens (PCIOL). There is no clinically significant capsular opacification at this time. The plan is to assess the IOL on a yearly basis for evidence of anterior phimosis, PCO, or decentration.

Staff:

(Primary Provider) (Bill Under)

Philip Smith

Samantha Ramirez (scribe)

Medications

OPHTHALMIC MEDICATIONS
latanoprost 0.005% drops bedtime OS

NON OPTHALMIC MEDICATIONS
OneTouch Delica Plus Lancet 33
gauge Miscellaneous - misc
acetazolamide 500 mg Oral - capsule, extended release
alendronate 70 mg Oral - tablet
carvedilol 12.5 mg Oral - tablet
gabapentin 300 mg Oral - capsule
lisinopril 5 mg Oral - tablet
methazolamide 50 mg Oral - tablet
pravastatin 20 mg Oral - tablet
sildenafil 100 mg Oral - tablet
amlodipine
Aspirin Childrens
atorvastatin
phenetermine
tramadol
triamcinolone acetonide Dose: 1

Ocular History

Amblyopia of right eye
Bilateral primary open angle glaucoma
Nuclear cataract: Left eye
Other: End Stage glaucoma, right eye
Posterior Blepharitis
Low Vision: Left Eye Moderate and Right Eye Blind

Ocular Surgery

History of trabeculectomy - Left eye
structure: 05/18/2022
Other: Lazy eye, right 2005

Social History

Smoking status - Former smoker

Allergies

Reviewed April 23, 2024.
losartan

Family History

Family history unknown (situation)

Medical History

Cataract
Diabetes mellitus
Glaucoma
Other: Cataract surgery

Surgical History

None

Chief Complaint: Cat eval

HPI: This is a 60 year old male who is being seen for a chief complaint of Cat eval. Patient complains of blurriness OS "can not see out of the right eye".

Patient is compliant with instilling, Latanoprost OS QHS, Methazolamide 50mg PO BID

Eye Exam

Vision
Distance Test Type: Snellen Chart

Dcc OS 20/80

Dsc OD NLP
OS 20/125

Manifest Refraction

Eye	Measurement	DCC	NCC
OS	-3.75 +1.50 x 095	20/80	

Pupils: Normal

	Light (mm)	Dark (mm)	Near (mm)	Size	Round	Regular	Reacts	APD	RAPD	Other
OD	2	2.00		Normal	Round	Regular	Reacts Well	No APD		
OS	3	4.00		Normal	Round	Regular	Reacts Well	No APD		

IOP

OD	18	Evan, Jacob	06/14/2024 12:31 PM PDT	Icare tonometer
OS	15	Evan, Jacob	06/14/2024 12:31 PM PDT	Icare tonometer

Diagnostic Drops

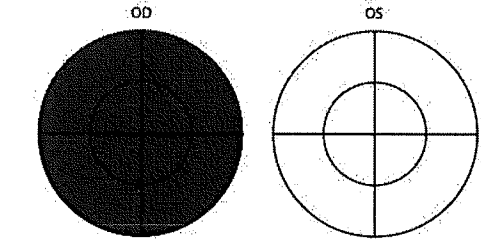
	Drops Used	Staff	Date	Notes
OD	Tropicamide 1%/Phenylephrine 2.5%	Evan, Jacob	12:47 PM PDT	
OS	Tropicamide 1%/Phenylephrine 2.5%	Evan, Jacob	12:47 PM PDT	

Patient counseled about blurry vision and problems driving after dilation.

Motility: Full OU

Visual Field Test Type: Confrontation Visual Fields

Visual Field Test Result: Full to Confrontation OU



Exam:

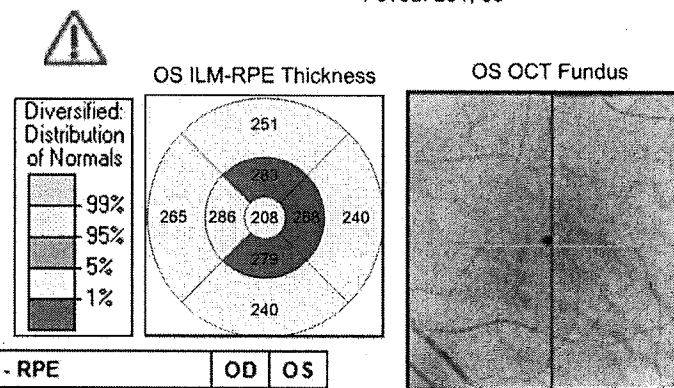
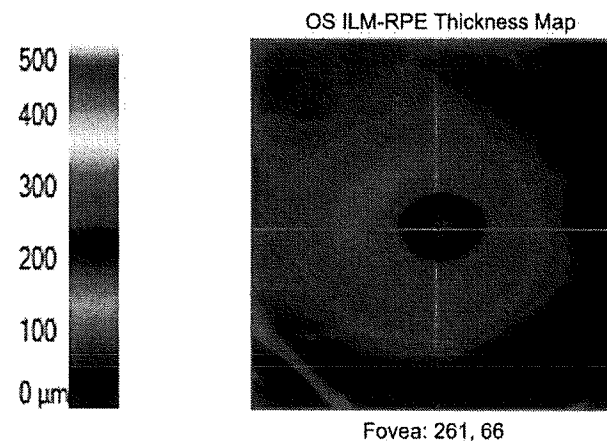
An examination was performed

OD External: normal lid position, nasolacrimal and orbital exam
OD Lid Margin: 1+ meibomian gland dysfunction

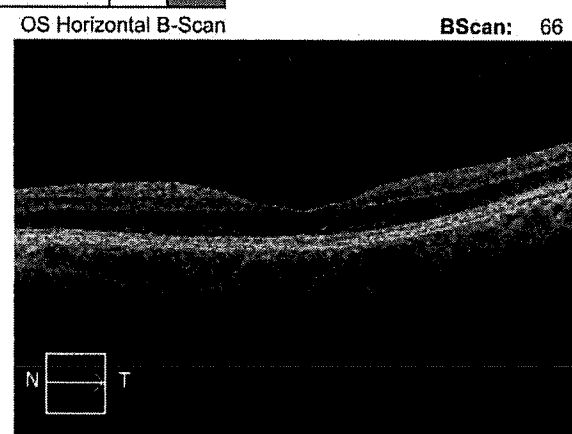
OS External: normal lid position, nasolacrimal and orbital exam
OS Lid Margin: 1+ meibomian gland dysfunction

Exam Date: 6/14/2024
Exam Time: 12:13 PM
Serial Number: 5000-20.435
Signal Strength: 9/10

OD			OS
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ILM - RPE	OD	OS
Thickness Central Subfield (μm)	X	208
Volume Cube (mm^3)	X	3
Thickness Avg Cube (μm)	X	251



Doctor's Signature

SW Ver: 11.5.3.61246
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Page 1 of 1

GENERAL CONSENT FOR GLAUCOMA SURGERY

My doctor has informed me that an operation is necessary to help control or prevent pressure elevation in my eye(s). If the pressure remains too high, it may result in blindness in my eye from glaucoma damage to the optic nerve. There is no guarantee that the operation will control or prevent the high pressure, and other procedures or operations may be necessary.

Glaucoma operations may have complications. Among these complications are the following: Bleeding in or behind the eye, infection, inflammation, and retinal or choroidal detachment. Any of these can result in the loss of sight in the eye. A cataract may develop and this may have to be removed at some future date. Sometimes the pressure in the eye becomes too low or too high and this may necessitate other treatments or operations. Drooping of the eyelid, fluid leaking from the surgery area, and chronic eye irritation can also occur. Some of the complications, notably cataract formation, infection, leaking, or failure of the initial surgery, may occur years after this operation. I realize there are risks including, but not limited to, those enumerated in the addendum.

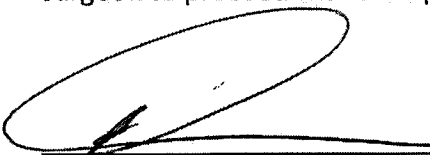
It is not unusual that I may have to continue treating the eye with drops or ointments or medications taken by mouth, or the doctor may have to give injections around the eye. There are also risks that accompany injection anesthesia such as bleeding behind the eye, or double vision. In unusual occasions, the optic nerve may be damaged which can result in loss of sight. Allergic reactions to anesthesia can occur. If general anesthesia is used there can be additional complications up to and including death, but these are unusual.

Not every conceivable complication can be covered in this form. In spite of the risks noted above, I understand that there is more risk if I do not have the operation than if I do. Occasionally a different, unsuspected condition may arise at the time of surgery and I authorize my surgeon to do what he/she deems necessary. The pressure in my other eye may become elevated, unrelated to the treatment of the surgical eye.

I understand that no warranty or guarantee has been made to me regarding the result, cure or safety during or after this procedure.

I also understand that during the course of the proposed procedure(s) unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize such procedures to be performed.

I have read and understand the consent form, my questions have been answered, and I authorize my surgeon to proceed with the operation on my Left eye.



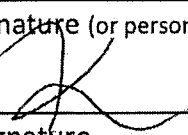
Patient Signature (or person authorized to sign for patient)

06/14/2024

Date

06/14/2024

Date

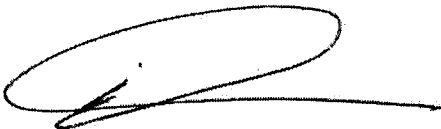


Witness Signature

ADDENDUM TO GENERAL CONSENT FORM
GLAUCOMA IMPLANT SURGERY

Complications which can occur days, weeks, months, or years after the surgery:

- Loss of your eye from any of the problems listed below
- Blurry vision, vision could be made worse, or in rare cases totally lost
- Abnormal collection or swelling of fluid in eye, which may need a second operation to remove
- Bleeding in the eye
- Chronic inflammation (abnormal healing response)
- Infection in or around the eye
- Droopy eyelid
- Low pressure in the eye
- Exposure of implant
- Cloudiness to the cornea (clear front window of eye)
- Increase of pressure in the eye from scarring, blockage, or failure of surgery
- Development or worsening of cataract
- Irritation or discomfort in the eye that may persist
- Failure to achieve intent of surgery, necessitating another operation
- In spite of surgery, vision could become worse from continuing degenerative changes in the eye



Patient Signature (or authorized persons signature)

06/14/2024
Date



Witness

06/14/2024
Date

Slit lamp examination OD:

OD Conjunctiva: white and quiet
OD Cornea: clear cornea

OD Anterior Chamber: deep and quiet anterior chamber
OD Iris: normal iris without rubeosis
OD Lens: PCIOL well centered

Ophthalmoscopic examination of optic disc OD:

OD Optic Disc: poorly defined cup, pallor

Slit lamp examination OS:

OS Conjunctiva: bleb, flat and 2+ injection
OS Cornea: Clear

OS Anterior Chamber: deep and quiet anterior chamber
OS Iris: surgical PI
OS Lens: 1+ nuclear sclerosis

Ophthalmoscopic examination of optic disc OS:

OS: CD ratio 0.95
OS Optic Disc: glaucomatous cupping

A dilated fundus exam was performed OS.

Ophthalmoscopic examination of retina and vessels OS:

OS Vitreous: vitreous clear without hemorrhage, cells or pigment
OS Vessels: vessels with normal contour, caliber without neovascularization
OS Macula: macula normal contour without heme, edema, drusen or exudate
OS Periphery: periphery normal appearance without retinal tears, breaks, holes or mass
Lens Used: 78

General Appearance of the patient is well nourished.

Orientation: alert and oriented x 3.

Mood and affect: no acute distress.

Impression/Plan:

1. Cataract, Nuclear OS
(H25.12)

Plan: Counseling - Cataracts.

Please refer to the education handout for detailed counseling.
There is a cataract that is developing but based on my clinical assessment surgery is not recommended at this time. We will reassess the cataract in one year unless the symptoms worsen; if this happens, the patient can return sooner for consideration of surgery.

2. Primary Open Angle Glaucoma (POAG) OS - IOP OS > target, poor tolerance to medications. Dr. discussed bleb needling as next step to attempt to lower IOP. Dr. reviewed the details of glaucoma and the recommended surgery with the patient including the risks, benefits, and alternatives. This was summarized with the RBA handout for this procedure.

A review of the patient's medical history was completed along with a focused exam to complete the pre-operative History and Physical requirement.

He will meet with the surgical scheduler to further review the full consent, obtain signatures, and plan the date for the procedure. The patient was given an opportunity to ask questions and he appeared to understand the items that were discussed.

They will continue the same glaucoma medications until the surgery date.
severe stage OS (H40.1123)

Plan: Glaucoma Assessment.
Right Eye:

Target IOP is Comfort measures

Left Eye:

Target IOP is firm low teens

Global Assessment: Complex patient with monocular status due to trauma as a child, and multiple co-morbidities, will need close monitoring.

Thin CCT values(553, 535)

H/O Trabeculectomy OS 05/18/2022
H/O stroke 11/17/2019

Allergic reaction to Dorzolamide (sulfa base)
Allergy to Brimonidine (Timolol and PF Timolol)

Plan: Counseling - POAG.

I counseled the patient regarding the following:
Contact Office if: The Glaucoma drops are causing pain, irritation, or blurry vision after use.
Quality 141 (Primary Open-Angle Glaucoma Reduction of Intraocular Pressure (IOP) by 20% OR Documentation of a Plan of Care): Intraocular pressure (IOP) reduced by a value less than 20% from the pre-intervention level, Glaucoma plan of Care Documented

Plan: Treatment Regimen Glaucoma.

Continue the following treatment(s): Latanoprost OS QHS, and Methazolamide 50mg PO BID.

Plan: F/U for Next Visit Glaucoma.

The patient should be scheduled for the following on next available:
Exam: Dilated Fundus Exam.
Instructions: after surgery.

Plan: Order for Ophthalmic Surgery (comprehensive).

Surgery scheduling order

Surgeon: , MD.
Diagnosis codes: Primary Open Angle Glaucoma (POAG) OS

Procedure to be performed - OS
Bleb Revision - 66250, high IOP (in the SX CTR)
Estimated Time: 15.

Pathology needed (frozen section): no.
Admission Status: outpatient.
Photos Taken? no.

Provider:
Priority: Normal
Scheduled date: 07/24/2024

3. **Absolute glaucoma, right eye - End stage glaucoma OD.**
Comfort measures only, due to monocular status.

(See Above)
(H44.511)

4. **Meibomian Gland Dysfunction OU**
(H02.881 and H02.884)

Plan: Counseling - Meibomian Gland Dysfunction.

I counseled the patient regarding the following:
Contact Office if: Meibomian gland dysfunction does not improve or worsens despite treatment.

Plan: OTC Regimen Blepharitis.

OTC OU:
Artificial Tears : instill one drop of artificial tears (Retaine MGD or refresh) in each eye four times per day
Warm Compresses : apply warm compresses to the lids 10-15 minutes BID

5. **Pseudophakia OD**
(Z96.1)

Plan: Counseling - Pseudophakia.

I counseled the patient regarding the following:
The patient has a clear and well centered posterior chamber intraocular lens (PCIOL). There is no clinically significant capsular opacification at this time. The plan is to assess the IOL on a yearly basis for evidence of anterior phimosis, PCO, or decentration.

Date: 07/24/2024

Pre-op Diagnosis: POAG H40.1123

Procedure: BLEB REVISION/NEEDLING (66250)

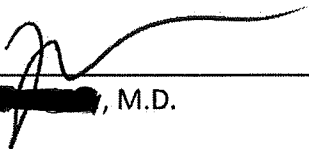
EYE: OS

Anesthesia: 2% lidocaine gel 15 minutes and 5 minutes before procedure, 2% Lidocaine with epinephrine injected subconjunctival. Marcaine 0.75% infused into retrobulbar space with 19 gauge cannula

Surgeon: [REDACTED], M.D.

Indications: This patient has a history of elevated eye pressure despite medical treatment.

Procedure: The risks, benefits, and alternatives were explained to the patient and written consent was obtained. The patient was brought to the operative suite where the face was prepped and draped in the usual manner for ophthalmic surgery. A lid speculum was placed. Subconjunctival injections of 2% lidocaine with epinephrine were given along with a small dose of mitomycin-C. A 7-00 Vicryl traction suture was placed through the superior cornea and the eye was pulled downward. A 1.1 blade was used to penetrate the conjunctiva and travel subconjunctivally to the thick, scarred bleb wall. The 1.1 blade was used to excise the bleb wall in a sweeping back and forth fashion. A 7-0 Vicryl suture was placed through the entrance incision. A second pass was done temporally in the same fashion. The eye was dressed with antibiotic drops and a shield. The patient tolerated the procedure well. There were no complications. Follow up will be arranged for the first postoperative day.


[REDACTED], M.D.

07/24/2024

Date

Medications

OPHTHALMIC MEDICATIONS

latanoprost 0.005% drops bedtime OS
moxifloxacin 0.5% 1 Drop drops Four times daily OS
prednisolone acetate 1% drops, suspension OS

NON OPTHALMIC MEDICATIONS

OneTouch Delica Plus Lancet 33 gauge Miscellaneous - misc
acetazolamide 500 mg Oral - capsule, extended release
alendronate 70 mg Oral - tablet
carvedilol 12.5 mg Oral - tablet
gabapentin 300 mg Oral - capsule
lisinopril 5 mg Oral - tablet
methazolamide 50 mg Oral - tablet
pravastatin 20 mg Oral - tablet
sildenafil 100 mg Oral - tablet
amlodipine
Aspirin Childrens
atorvastatin
phenetermine
tramadol
triamcinolone acetonide Dose: 1

Ocular History

Amblyopia of right eye
Bilateral primary open angle glaucoma
Nuclear cataract: Left eye
Other: End Stage glaucoma, right eye
Posterior Blepharitis
Low Vision: Left Eye Moderate and Right Eye Blind

Ocular Surgery

History of trabeculectomy - Left eye
structure: 05/18/2022
Other: Lazy eye, right 2005
bleb revision left eye 07/24/2024

Social History

Smoking status - Former smoker

Allergies

Reviewed April 23, 2024.
losartan

Family History

Family history unknown (situation)

Medical History

Diabetes mellitus
Other: Cataract surgery

Surgical History

None

Chief Complaint: 1 Day Post Op Bleb Revision OS

HPI: This is a 60 year old male who is being seen for a 1 Day Post Op Bleb Revision OS. Patient had a bleb revision done on his left eye on 07/24/2024. He notes that yesterday he had a sharp pain that radiates towards his ear and behind it. Patient reports that he took both tylenol and used an ice pack, which reduced his pain. He states that the pain is now about a 1 out of 10.

Patient instilled both prednisolone and moxifloxacin four times yesterday after surgery, but he has yet to instill any drops today.

Patient reports that his vision is quite blurred today. He also doesn't instill any drops into his right eye.

Eye Exam

Vision

Distance Test Type: Snellen Chart

Dsc OS CF@7ft

IOP

OD

Ramirez, Samantha

07/25/2024 08:12 AM PDT Applanation

OS 7

Ramirez, Samantha

07/25/2024 08:12 AM PDT Applanation

Exam:

An examination was performed

OS External: normal lid position, nasolacrimal and orbital exam

OS Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OS:

OS Conjunctiva: 2+ injection and diffuse bleb

OS Cornea: Clear

OS Anterior Chamber: deep and quiet anterior chamber

OS Iris: surgical PI

OS Lens: 1+ nuclear sclerosis

Impression/Plan:

1. Postop Glaucoma Surgery - S/P Bleb Revision (high IOP)

Patient generally doing well following postoperative course. Will continue to monitor. (Z98.83)

Plan: Counseling - Postop Glaucoma Surgery.
Please refer to the education handout for detailed counseling.

Plan: Post Op Evaluation Glaucoma Surgery.
OS Postop: 7/24/2024
I recommended the following postoperative plan OS:
Continue Regimen : Prednisolone and Moxifloxacin Q3hours

Plan: Set Global Period.
Location: OS
The following surgery was performed: Bleb Revision
The surgery date was 07/24/2024.

Plan: F/U for Next Visit Postop Glaucoma Surgery.
The patient should be scheduled for the following in 1 week:
Exam: Postop exam.
Instructions: as scheduled .

Medications

OPHTHALMIC MEDICATIONS
latanoprost 0.005% drops bedtime OS
moxifloxacin 0.5% 1 Drop drops Four times daily OS
prednisolone acetate 1% drops, suspension OS

NON OPHTHALMIC MEDICATIONS
OneTouch Delica Plus Lancet 33 gauge Miscellaneous - misc
acetazolamide 500 mg Oral - capsule, extended release
alendronate 70 mg Oral - tablet
carvedilol 12.5 mg Oral - tablet
gabapentin 300 mg Oral - capsule
lisinopril 5 mg Oral - tablet
methazolamide 50 mg Oral - tablet
pravastatin 20 mg Oral - tablet
sildenafil 100 mg Oral - tablet
amlodipine
Aspirin Childrens
atorvastatin
phenetermine
tramadol
triamcinolone acetonide Dose: 1

Ocular History

Amblyopia of right eye
Bilateral primary open angle glaucoma
Nuclear cataract: Left eye
Other: End Stage glaucoma, right eye
Posterior Blepharitis
Low Vision: Left Eye Moderate and Right Eye Blind

Ocular Surgery

History of trabeculectomy - Left eye structure: 05/18/2022
Other: Lazy eye, right 2005 bleb revision left eye 07/24/2024

Social History

Smoking status - Former smoker

Allergies

Reviewed April 23, 2024, losartan

Family History

Family history unknown (situation)

Medical History

Diabetes mellitus
Other: Cataract surgery

Surgical History

None

Chief Complaint: 1 week post op bleb revision OS

HPI: This is a 60 year old male who is being seen for a 1 week post op bleb revision OS. Patient had a bleb revision done on his left eye on 7/24/24. Patient states he is experiencing pain, burning 3/10 inconsistent for the past few days, worse on Wednesday at a 10/10 pain. He notes his vision has been decreasing for the past several days and now looks tinted brown.

Patient is compliant with instilling prednisolone and moxifloxacin in the left eye every 3 hours.

Patient denies flashing lights, no floaters.

Eye Exam

Vision
Distance Test Type: Snellen Chart

Dsc OS 20/500 +1

IOP

OD Carney, Sara
OS 11 Carney, Sara

07/29/2024 08:35 AM PDT Applanation
07/29/2024 08:35 AM PDT Applanation
Dr.

Exam:

An examination was performed

OS External: normal lid position, nasolacrimal and orbital exam

OS Lid Margin: 1+ meibomian gland dysfunction

Slit lamp examination OS:
OS Conjunctiva: 2+ injection and diffuse bleb

OS Cornea: Clear

OS Anterior Chamber: deep and quiet anterior chamber

OS Iris: surgical PI

OS Lens: 1+ nuclear sclerosis

Impression/Plan:

1. Postop Glaucoma Surgery - S/P Bleb Revision (high IOP)

IOP WNR. Patient generally doing well following postoperative course. Will continue to monitor. (Z98.83)

Plan: Counseling - Postop Glaucoma Surgery.
Please refer to the education handout for detailed counseling.

Plan: Post Op Evaluation Glaucoma Surgery.
OS Postop: 7/24/2024
I recommended the following postoperative plan OS:
Discontinue Regimen : Moxifloxacin
Modify Regimen : Pred QID

Plan: F/U for Next Visit Postop Glaucoma Surgery.
The patient should be scheduled for the following in 4 weeks:
Exam: Postop exam.

Staff: