Section 1
Creating an appointment in the Schedular:
- Creating Patient Record
- Rescheduling an appointment
- Confirming appointments (Marking as Arrived)

Section 2
Digital Intake Form:
- Sending to Pt in office
- Resending to a Pt

Section 3
Adding Insurance in Eclips:
- Linking Insurance to Visit

Section 4
- Performing Pretests:

Section 5
Performing an Exam in Eclips:
- Coding and workflow
- Complete exam (3 ways)

**Section 6**
Invoicing and Checking out in Eclips:
- Medical
- Private pay
- Routine Vision
- NEE

Knowledge checks:
- ✓ Create an Appointment
- ✓ Move/Cancel an appointment
- ✓ Fill out a DIF
- ✓ Add Insurance to a test patient (Medical and Routine Vision)
- ✓ Techs: Work up test Patient
- ✓ Doctors: Work up test patients. Both Routine and medical
- ✓ PCC: Invoice both Private pay and Medical insurance test patient
- ✓ PCC: Schedule pt for NEE also Checkout

Section 1:
Creating an Appointment in Scheduler.

1. Select Scheduler from the top tool bar.
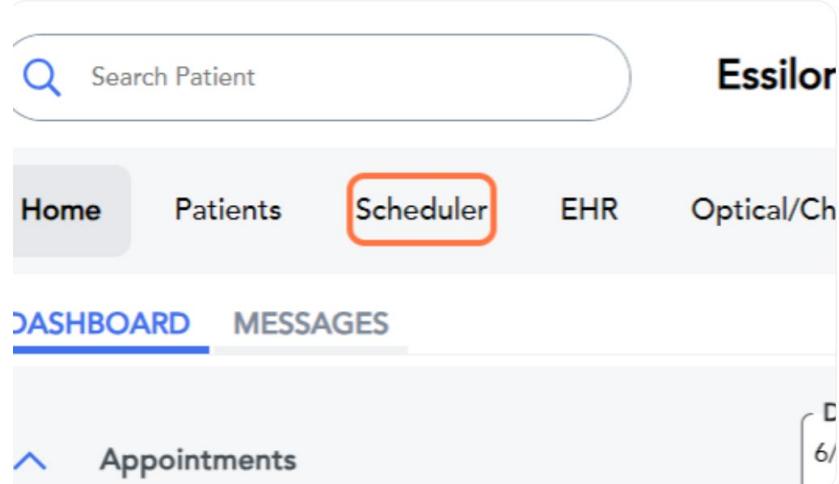
2. Select the appropriate time and date for the appointment.
3. Select (a) for an appointment.
Note: Blue slots are for available appointment. White slots are for walk in, emergency or work in appointments.
Note: (e) is reserved for blocking events such as lunch.

4. Enter all patient demographics into the appropriate sections. These will be noted by a red *
Note: It is best practice to get as much information from the patient as possible.

5. If the patient is already within your Eclips database, simply select from the list provided.

6. Click Add patient.

6. Patient will now appear on the schedule in the appropriate slot.

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Rescheduling an appointment in Eclips.

1.   Select the appointment to reschedule.

2. Scroll to the bottom of the screen and select cut from the bottom tool bar.

3. Select a new slot (P) and paste the new appointment.

4. Appointment has now been rescheduled.

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Canceling an appointment in ECLIPS

1. Select the appointment to cancel.

2. Scroll to the bottom and select Cancel from the black tool bar form the bottom.
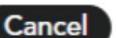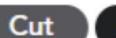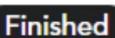
3. Appointment has now been cancelled.

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Confirming and Arriving Patients

1. Select the patient to confirm.

2. Scroll to the bottom and select Arrive from the black tool bar from the bottom.

3. Patient now arrived in the system.

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Quick Reference

Appointment Color Codes

red	Unconfirmed	forest green	Online confirmed by office
burgundy	Confirmed	pink	Next Eye Exam unconfirmed
light green	Online unconfirmed	purple	Checked-In
dark green	Online confirmed	blue	Checked-Out
		yellow	Event

Finding/Updating Patient Information

- Click "search" button at top of screen.
- Enter last name or phone number and first name or DOB to locate patient and click search button.
- Click on patient's name.
- Update information.

Checking a Patient In

- Click on patient's appointment.
- Click "check in" button at bottom of screen.
- Appointment should turn purple.

Checking a Patient Out

- Click on patient's purple, checked-in appointment.
- Click "check out" button at bottom of screen.
- Click "Yes" to create the next Eye Exam for the patient.
- Complete required fields, including exam type. Click "Next."
- Click "OK" to add NEE info to clipboard at top right of screen.
- The calendar navigates to Unconfirmed NEE page 53, weeks ahead.
- Click "(p)" to paste the patient's information into her desired date and time.
- The Next Eye Exam appointment should turn pink.
- Click "Home" to return to schedule and current day's date.
- Checked out appointment should now be blue.

Moving the NEE to a Scheduled Appointment

- Click "search" button at top. Enter last name or phone number and first name or DOB to narrow search. Click "Search."
- Click "update" next to patient's Next Eye Exam.
- Click "cut" button at bottom of screen and "OK" to add patient's information to clipboard at top right of screen.
- Navigate calendar to appropriate day/time on Scheduled Appointments.
- Click "(p)" to paste appointment onto page.

Rescheduling a Patient

- Click on patient's name.
- Click "cut" button at bottom of screen and "OK" to add patient's information to clipboard at top right of screen.
- Navigate calendar to appropriate day/time on Scheduled Appointments.
- Click "(p)" to paste appointment onto page.

Patient Retention Support Services Revised 8/20/2015

TAB Symbols

	Insurance billing approved
	Insurance billing pending
	Insurance billing declined
	Payment option unknown
C	Cash or other payment
	Phone call placed by office
	Auto-phone call placed
EM	Appointment booked by EyeMed field rep
CC	Appointment booked by call center
	Recurring event
i	Help or additional information

Accessing Reports

- Click "reports" button at top of screen.
- TAB defaults to the Schedule Report. Other reports can be accessed by clicking on the drop-down arrow to the right of the "print" button.
- Set appropriate parameters, such as beginning and ending time, Optometrist, etc.
- Click "refresh" button at top.
- Click "print" to print.

Exam symbols   7

(a) Schedule an exam appointment
(e) Schedule a check/follow-up appointment
(ck) Schedule an Event
(p) Paste an appointment from clipboard
(nc) Schedule a new contacts appointment

Section 2
Digital Intake Form (DIF)

1. The Digital intake form will get automatically sent to patients 1 week and the again 72 hours prior to the patient scheduled appointment time.

2. To resend DIF to a patient simply select the preferred communication method (email or text)and click Send Reminder.

3. Note: You have the option to complete the form for the patient by selecting Complete Form.

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Section 3 Adding insurance to a visit.

1. Access The Patient Either From The HOME Or PATIENT Tab
2. Once The Patient Is Pulled Up, Select Insurance On Left Side To Enter The Insurance Section
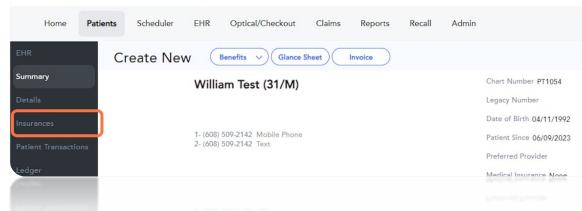
3. Then Click Insurance On The Top Right To Add A Plan
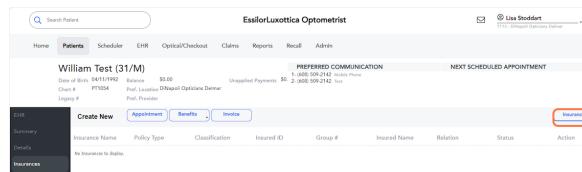
4. Then Add The Insurance Details From The Drop-Down Bars
5. Complete: Type Of Insurance, Valid Dates, Classifications, Active Status, ID Number, Auth # If Relevant, Primary Member, Any Notes, Etc.
6. When Finished, Click Save
7. Note: If The Patient Hasn't Completed DIF You Will Need To Complete The Address
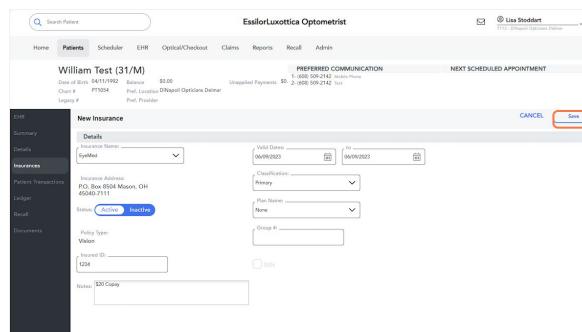
8. Repeat A Second Time If You Have A Second Plan To Enter (Medial + Routine)
9. Once Saved, Select Benefits To Tell Eclips What The Benefits Are
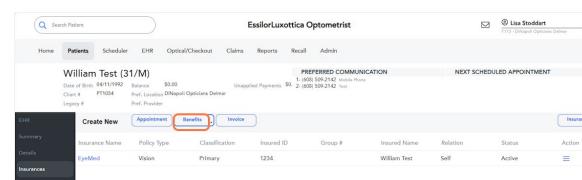
10. On The Pulldown Bar, Select The Plan You'd Like To Update

11. Then Select New Benefit Request
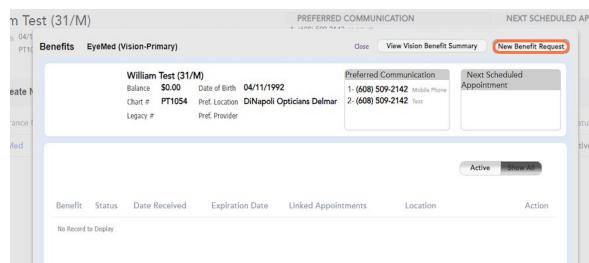
**12. Select The Enter Benefits Button To Edit Patient Insurance Benefits**
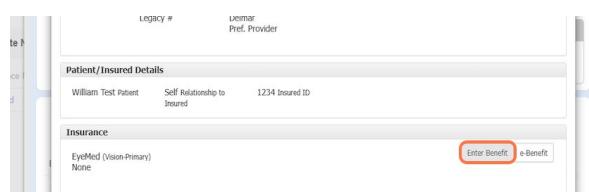
13. Complete Provider And All Benefit Details
14. Note: Other Than Medicare Materials, All Other Materials Are Billed In Ciao So You Can Leave Material Copays Out, Your Choice
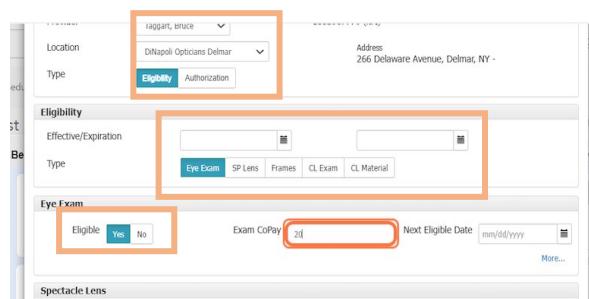
15. Save On The Bottom Right And Close Top Of Open Screen

16. From The Landing Page Within The Insurance Section, Select Benefits And The Plan The Patient Is Using From The Dropdown List
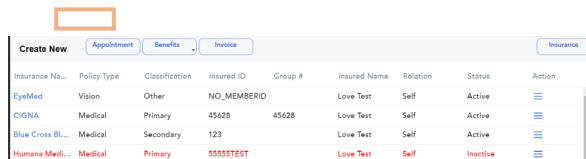
17. Then Select The Hamburger To Link The Appointment
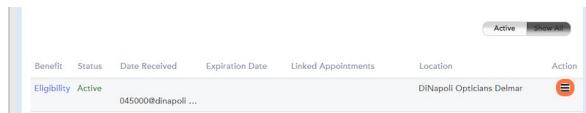

18. Select Link Appointment

19. Select The Appointment You Want To Link With The Box On The Left Of The Appointment
20. Select Link Appointment

21. Close The Pop-Up Window
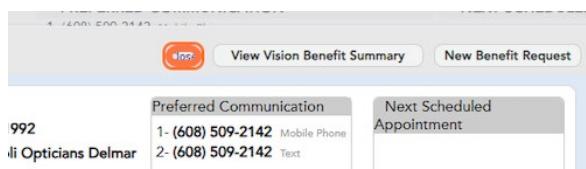
22. If Linked Correctly, The Insurance Will Now Have A Green Box On The **HOME** Tab

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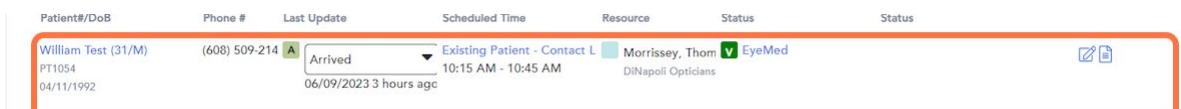
Section 4
Pretesting

1. Go EHR and select the patient.
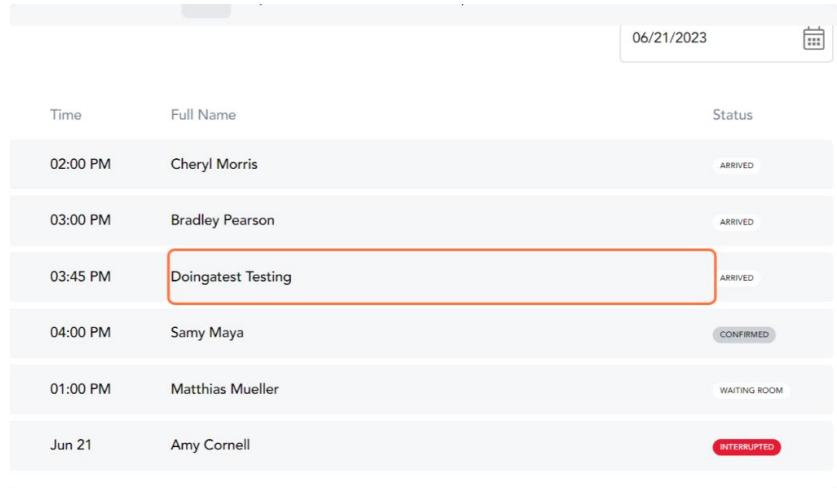
2. Confirm that you have the correct patient.
3. Click Check in.
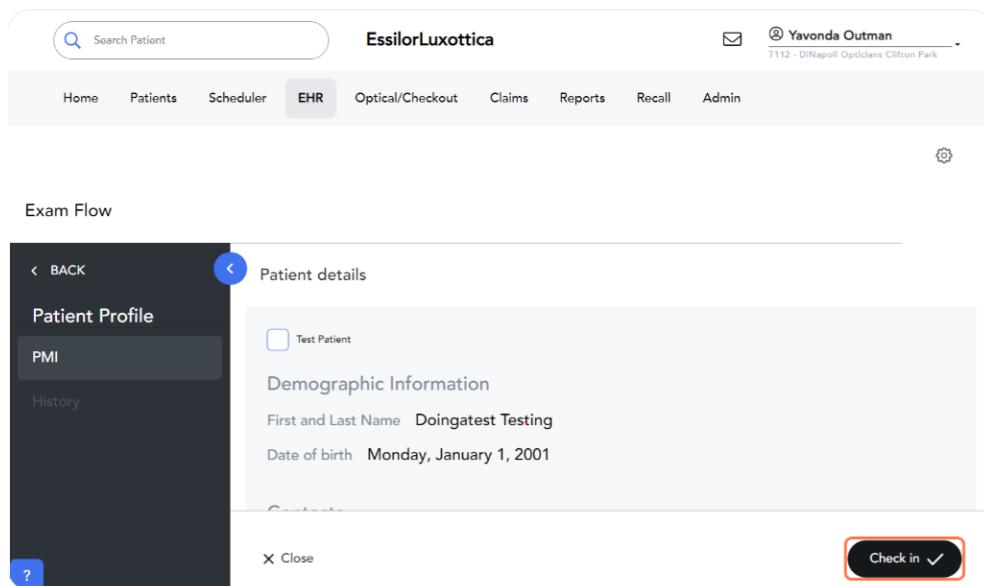
4. Click Confirm on the bottom right of the page.
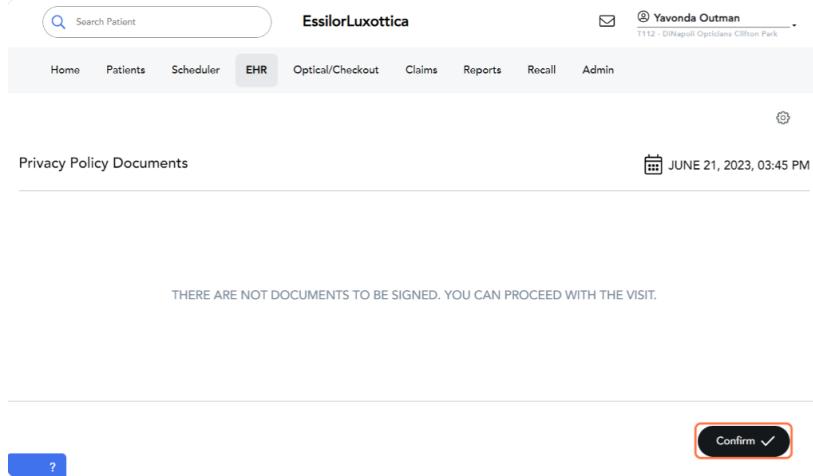
5. Click on Add New Category
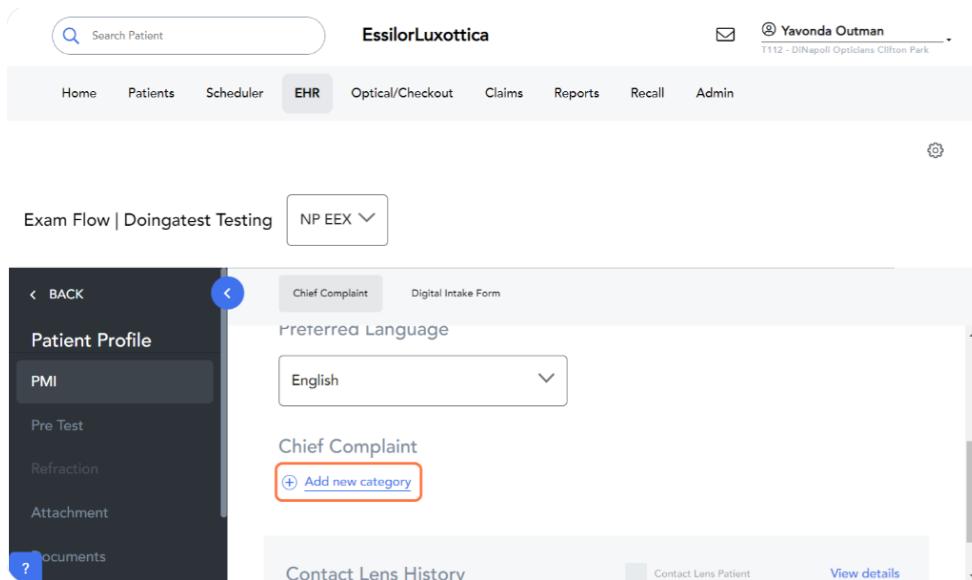
6. Click Add New Category and Select a Chief complaint category.
 *Note: Please select the most appropriate reason for the patient visit. To begin type at least three letter to auto populate the field. This is not a free type field. You must select one of the preselected categories. A complete list is found at the end of this guide.

7. Select the appropriate category form the drop-down menu.
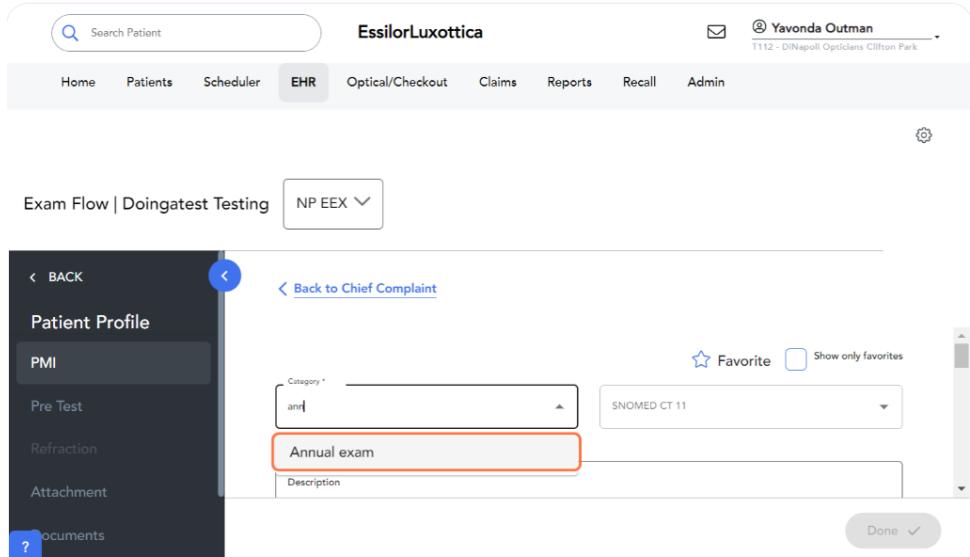
8. Input details of chief complaint and appropriate patient history.
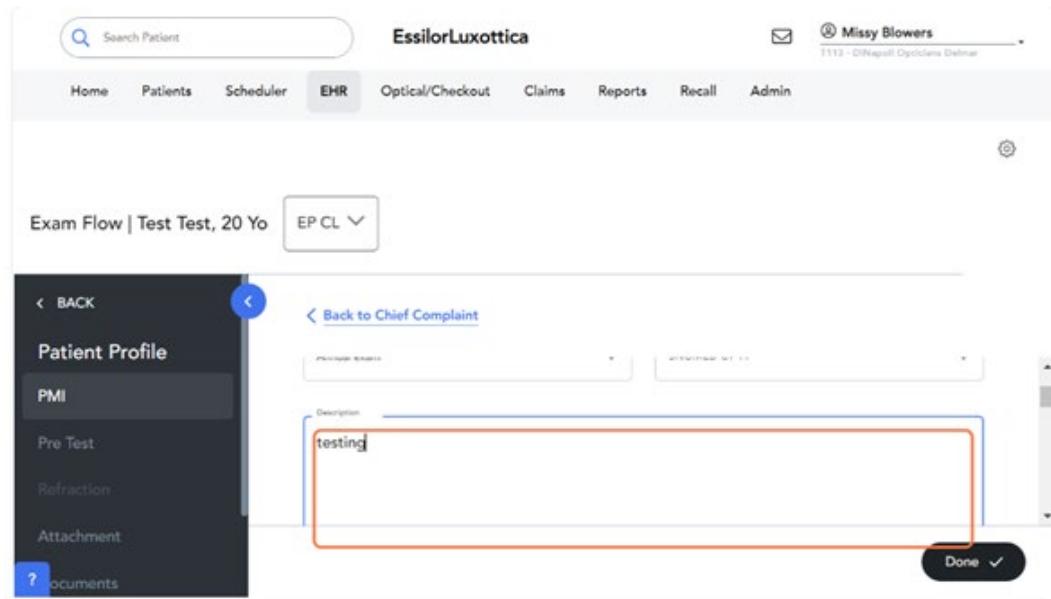
9.Click Done
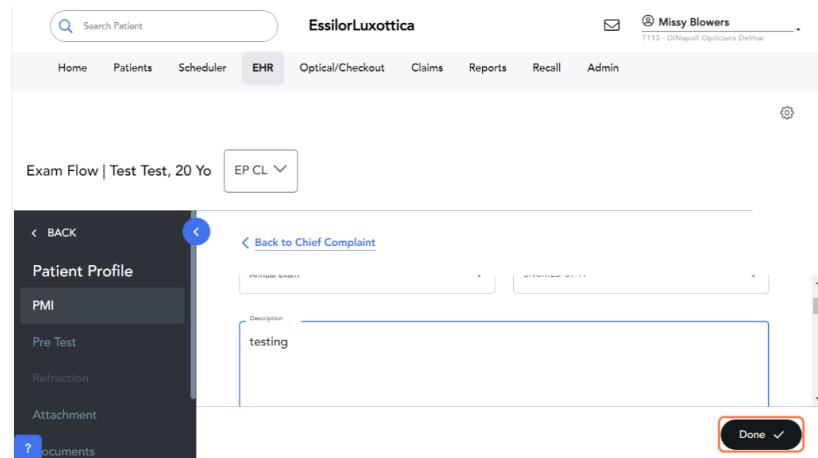
10. Click on Pre -Test from the toolbar on the left
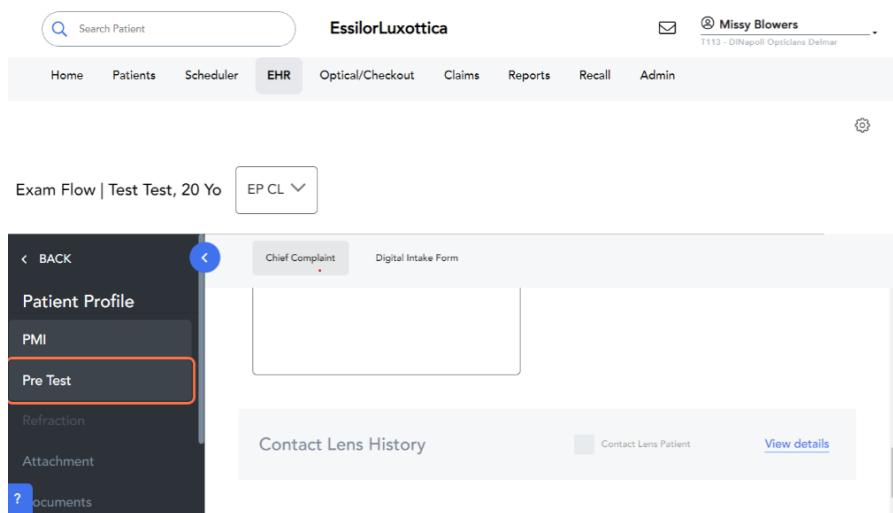
11. Select the Room the patient where patient will be located.

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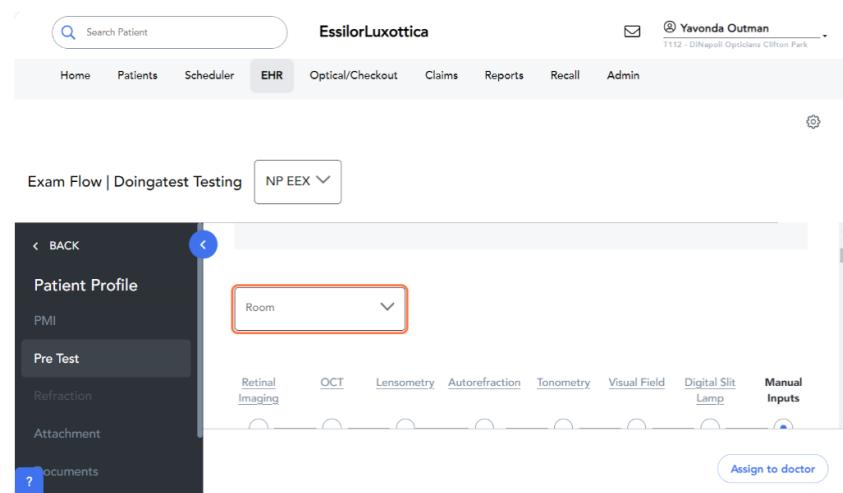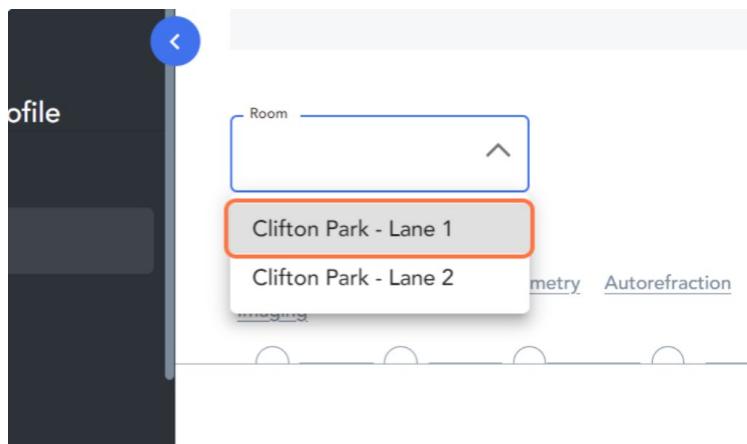
12. Click Edit to manually input patient data for any of the pretest fields.
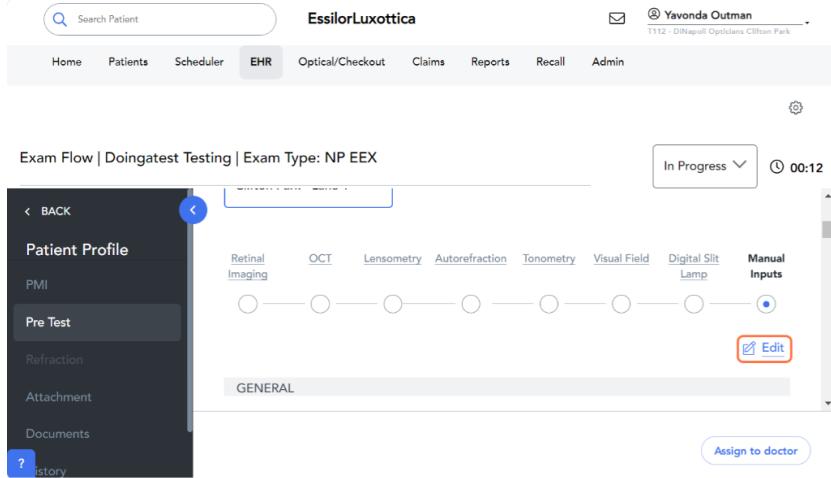
13. Once all fields are complete. Select Save.
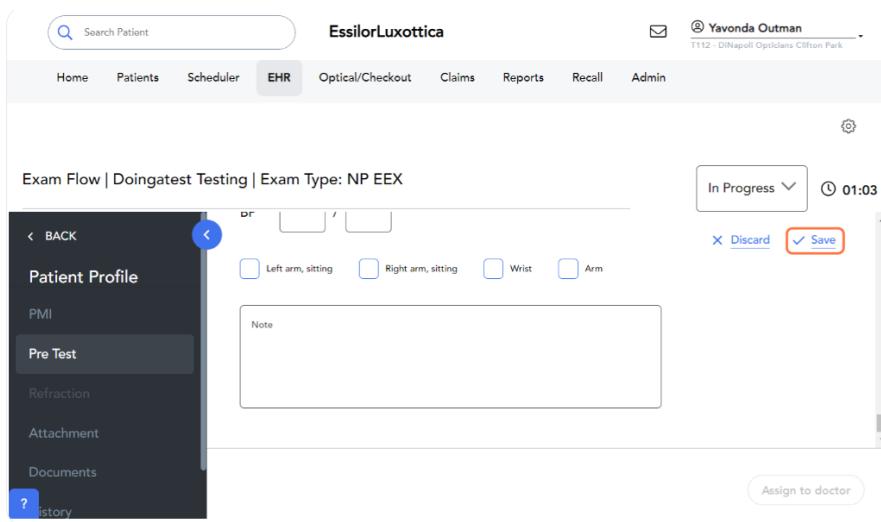
ECLiPS TRAINING GUIDE

14. Click on Assign to Doctor. This step **must** be completed. To progress the exam.
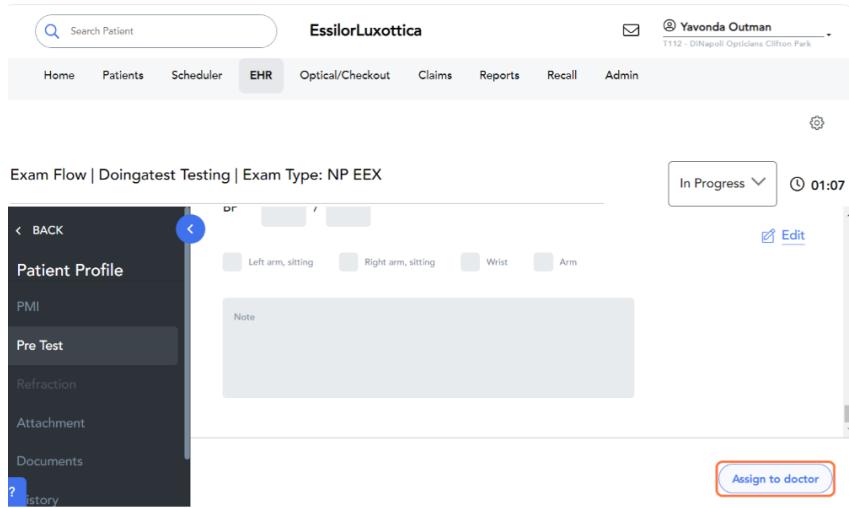
15. **Always** select Connect to an optometrist in office.
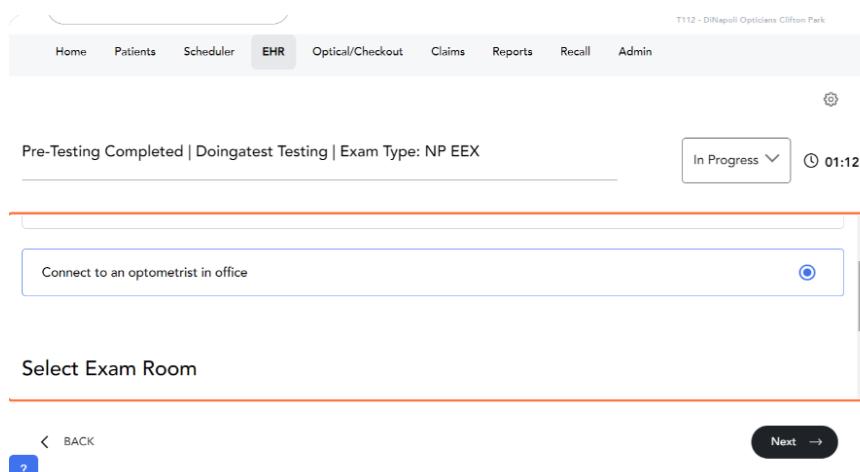
16. Scroll down and Select the appropriate exam room.
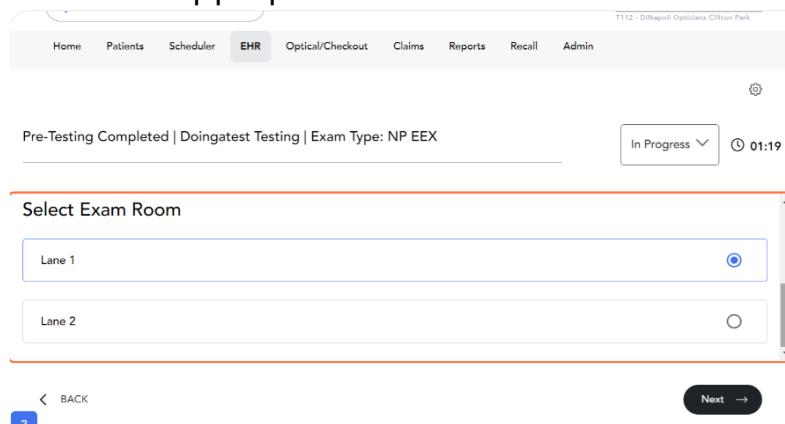
17.Click Next
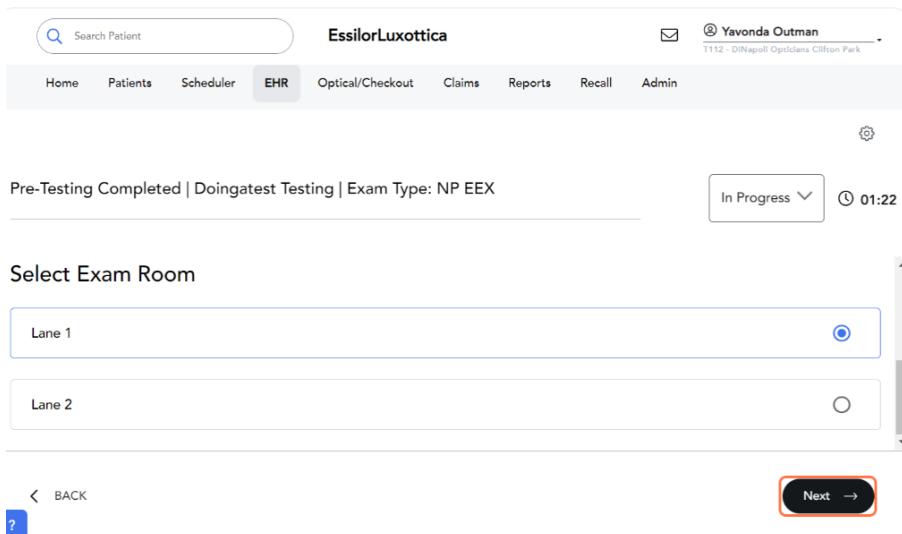
18. Optional: To put the patient back in the waiting room, select the waiting room from the status bar at the top right of the page.
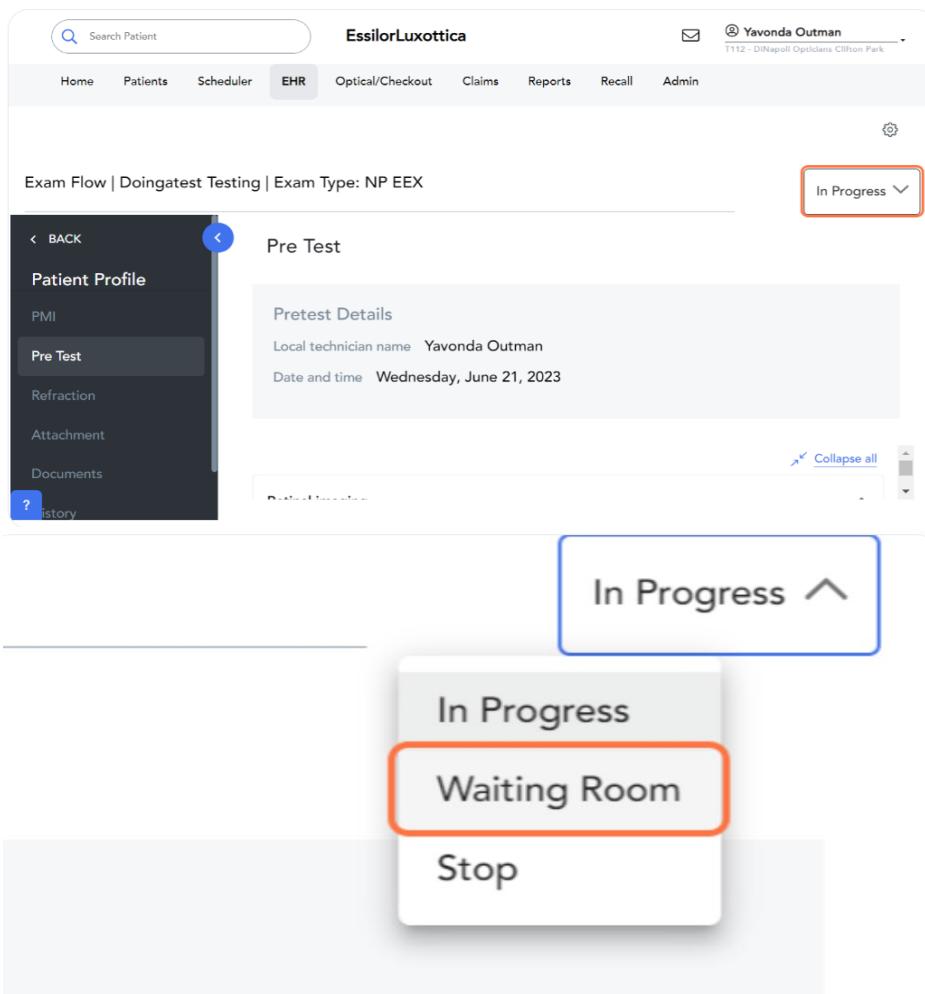
Section 5: Performing a Routine Eye Exam

1.

E Eclips ☐

Go to https://eclips.essilorluxottica.com/Uprise/PMS/

2. Click on EHR to select the patient
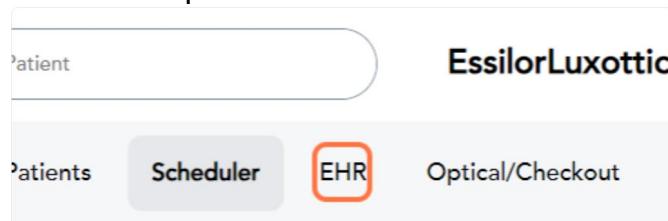
3. Select A Store
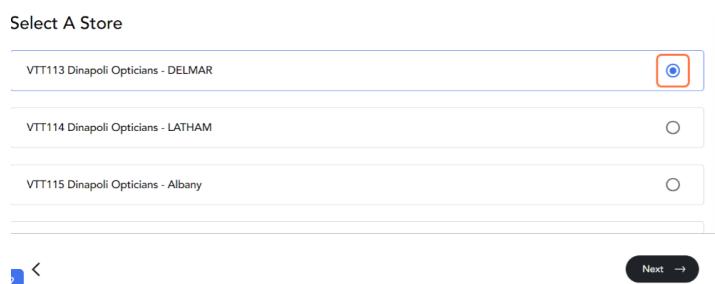
4. Click on Next on the bottom right of the page
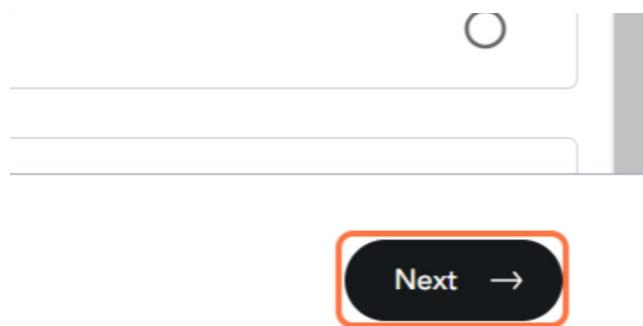
5. Select " there is not iPad or Monitor screen in the room"
6. Select Next

7. Select the appropriate patient from the EHR screen.

8.Click Confirm

8. Select PMI from the Black toolbar to the right:
9. Optional: Review Digital Intake Form with patient
Note: If tech has performed pretest skip to step #24
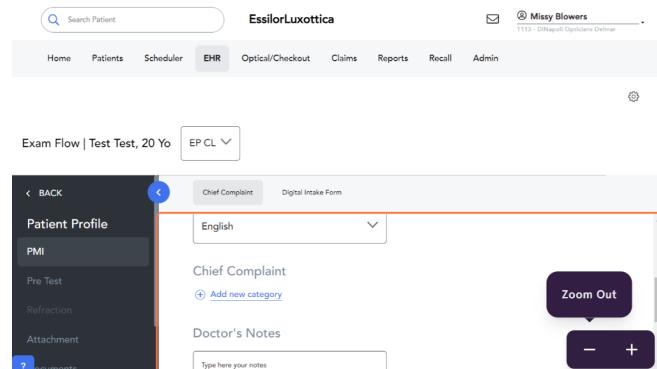
10. Click Add New Category
11. Select a Chief complaint category.
 *Note: Please select the most appropriate reason for the patient visit.
To begin type at least three letter to auto populate the field. This is not a
free type field. You must select one of the preselected categories. A
complete listt can be found at the end of this guide.

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12. Type details of chief complaint

13. Click Done

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14. Click on Pre -Test from the toolbar on the left

15. Click Assign to Doctor on the lower right
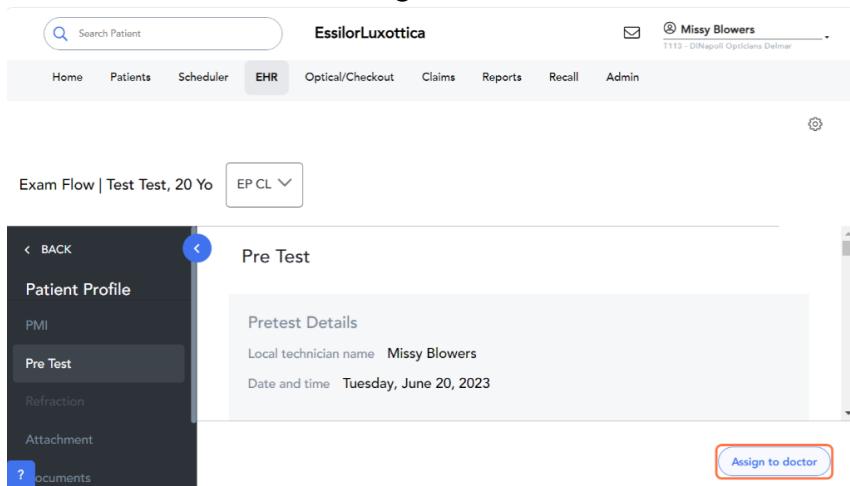
16. You should now see "Pre-Testing Completed" at the top of the page.
17. Next scroll down to select an Exam Room
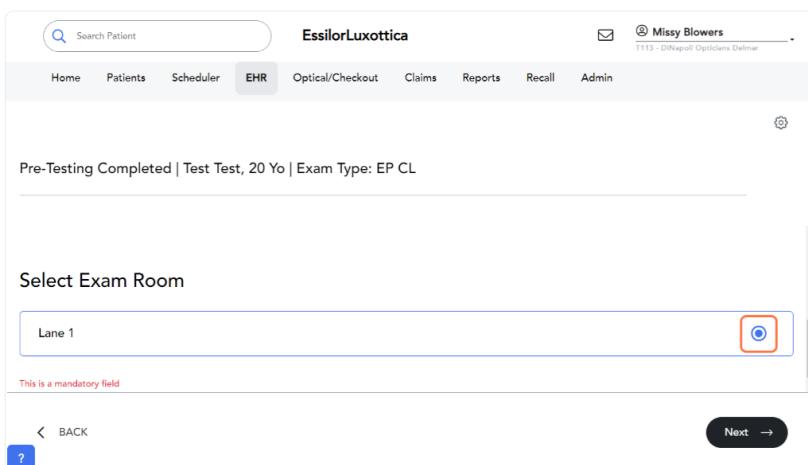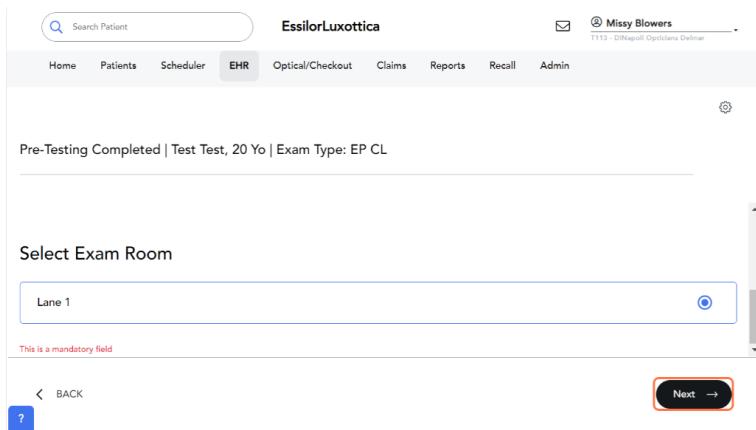
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18. Click Next

19. Click Assign to Doctor on the lower right
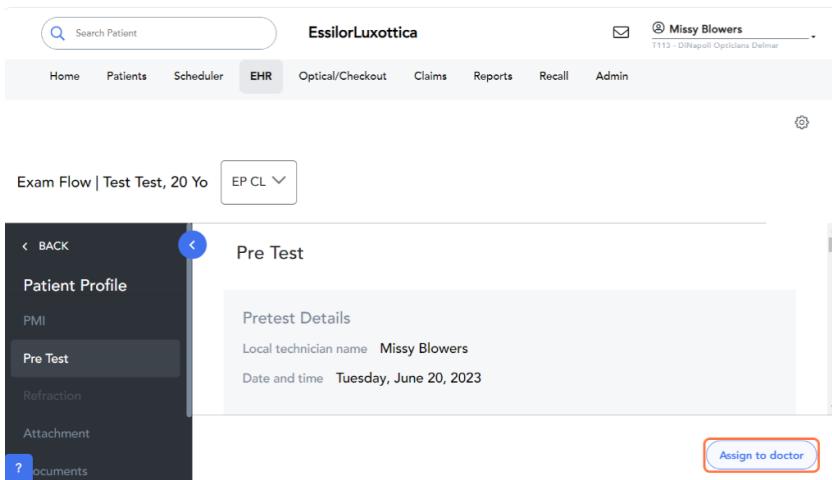
20. You should now see "Pre-Testing Completed" at the top of the page.
21. Next scroll down to select Exam Room.
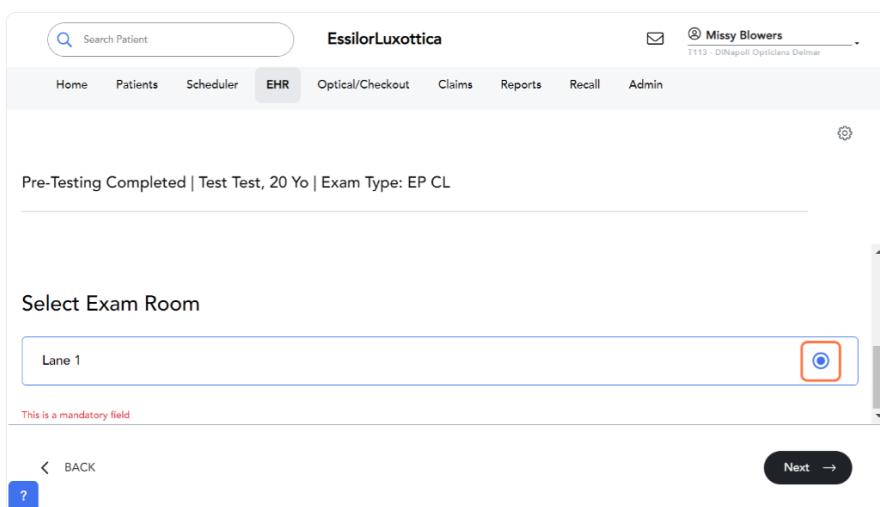
24

22. Click Next
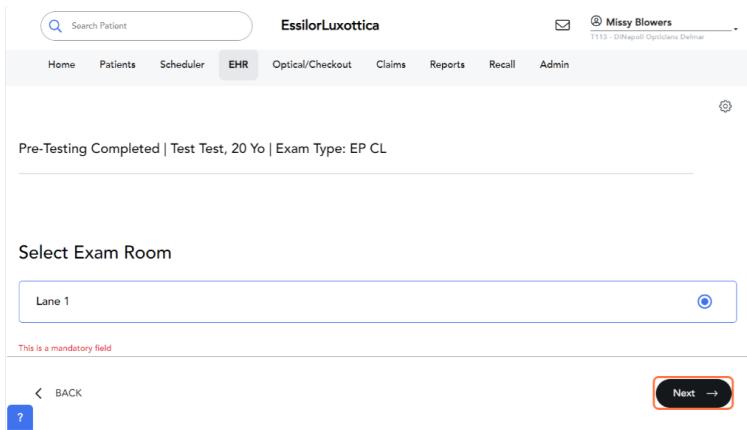
23. Perform only the sections of the pre-test that are necessary to your clinic. Note that it is not mandatory to fill them all in.
24. Select Refraction
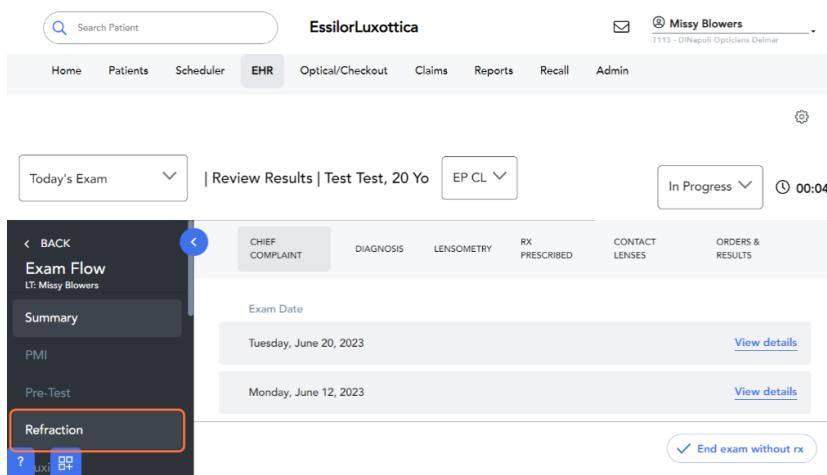
25. Click Edit.
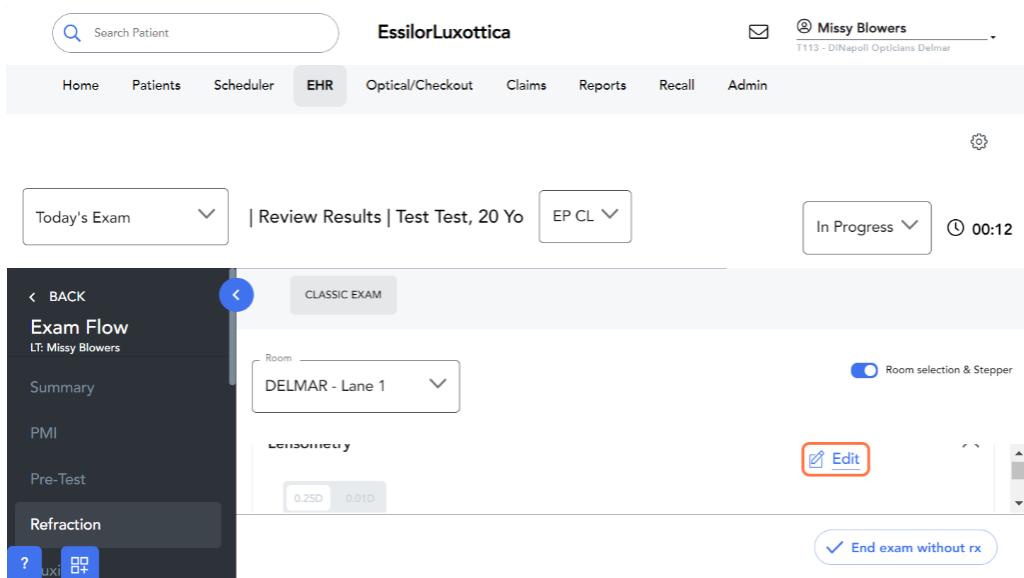
26. Enter in refractive data in the appropriate section.
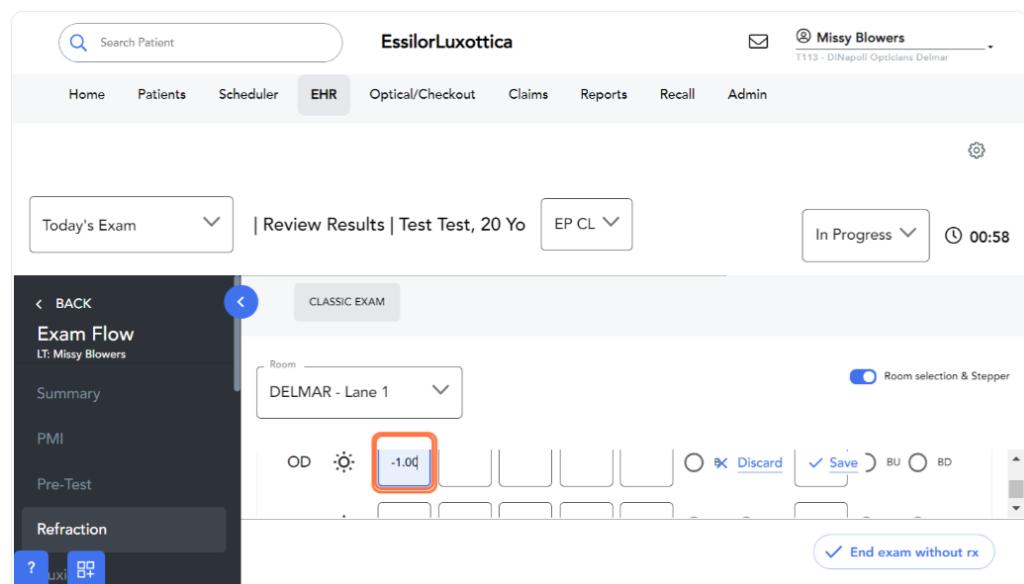
27. Click Save
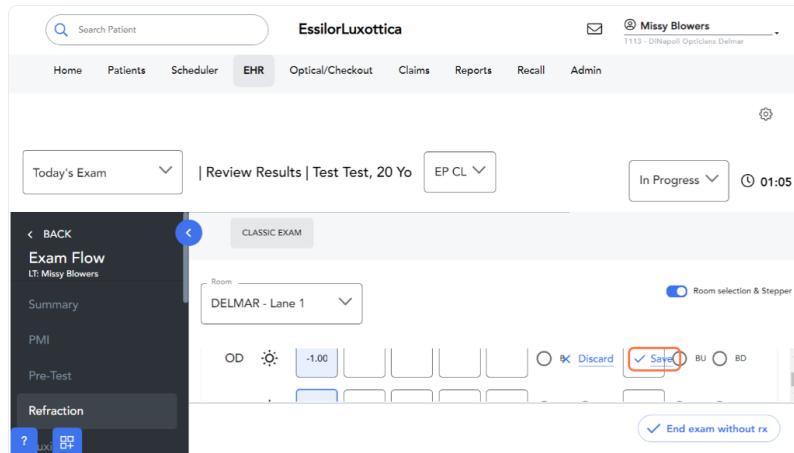
28. Click Contact Lenses and fill out appropriate information if needed.
29. Click on Ocular Health
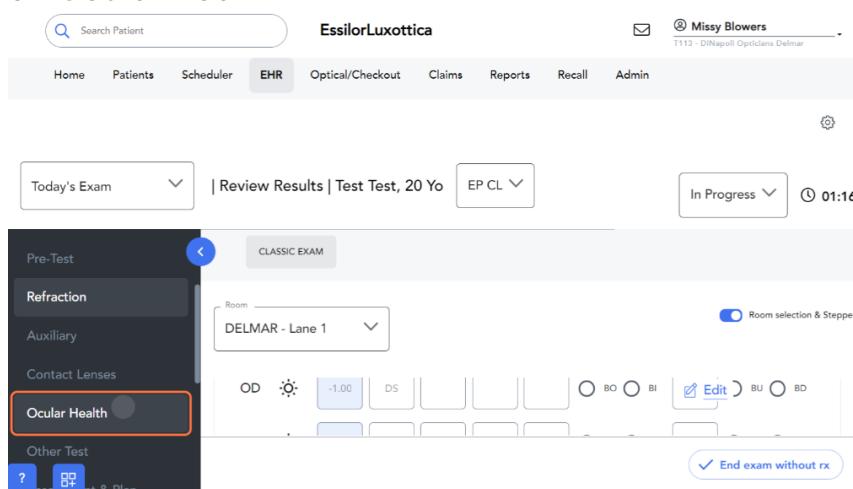
30. Tip: You can click on Condition and Populate "Normal OU" this will automatically set all values to Normal. If an abnormality presents change only that value.
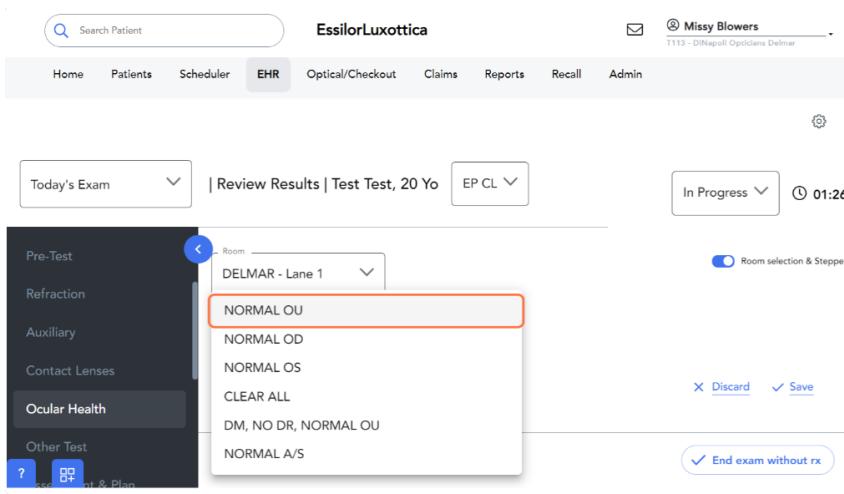
31. Click Save.
32. Click Assessment & Plan from the black toolbar on the left.
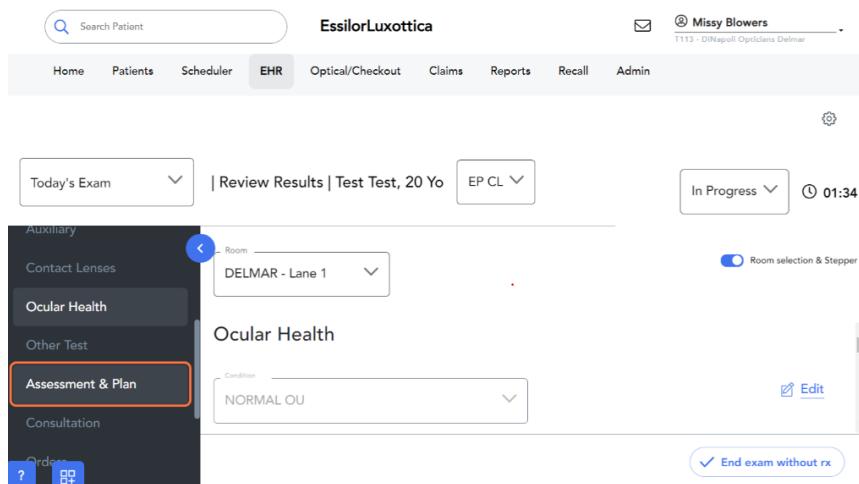
33. Input at least three character of the Diagnosis Code(s) to start the search. Common Codes can be found at the end of this guide.

Note: You cannot free type in this section.
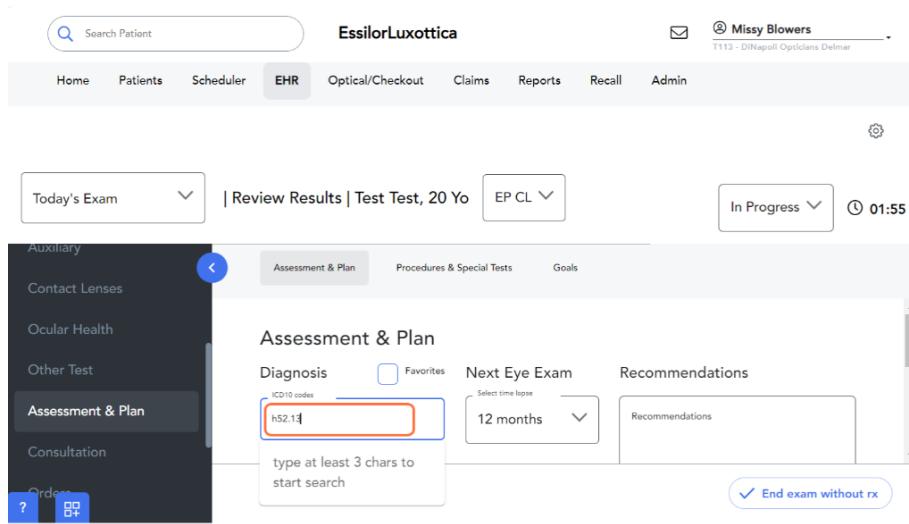
34.. Select the appropriate diagnosis codes.

35. Click View Details on each diagnosis
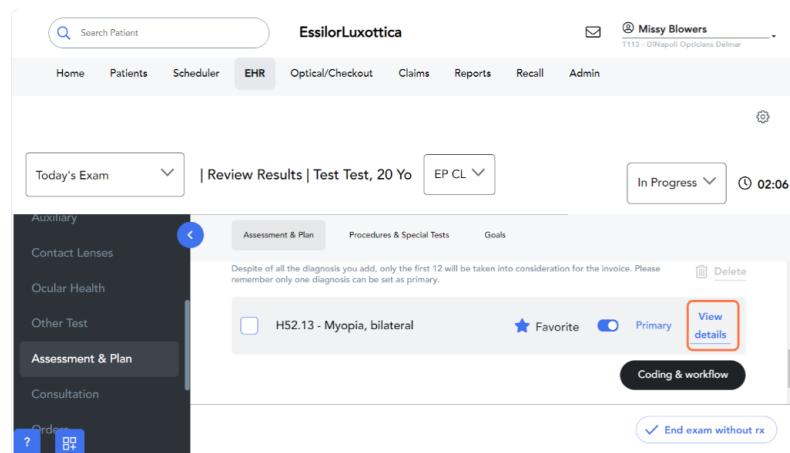
36.Type out the assessment and plan for each diagnosis
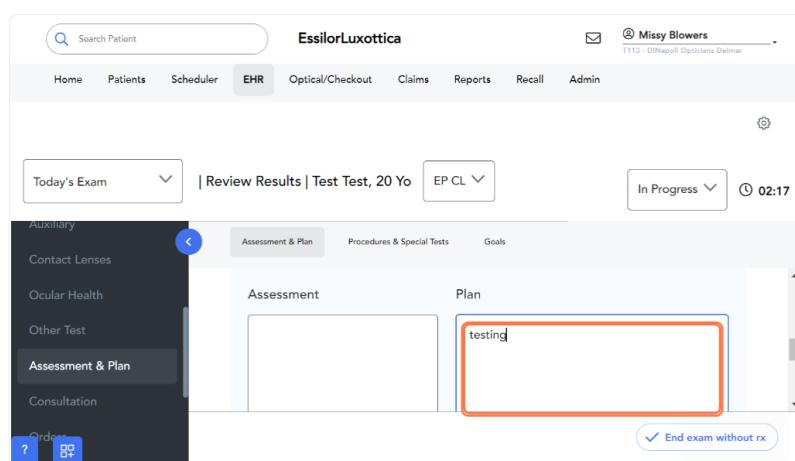
37. Select Coding and Workflow.
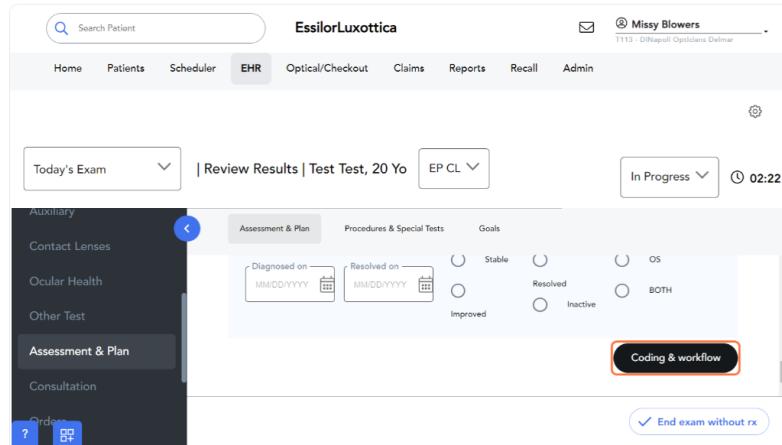
38. Click Populate Coding.
39. Review codes.
*To add or edit a code use the appropriate buttons on the right.
*Please note that Eclips does not evaluate risk level and accuracy.
40. Once review is complete. Click Ready for Billing.
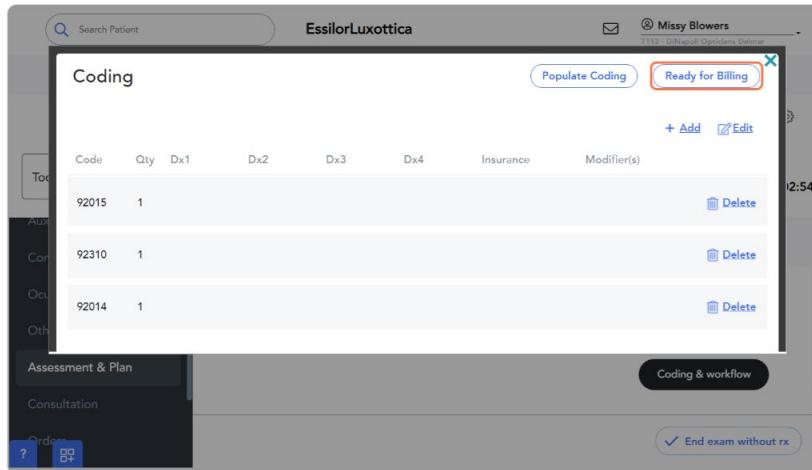
41. Confirm Action: Please note that you have confirmed this action it cannot be undone.
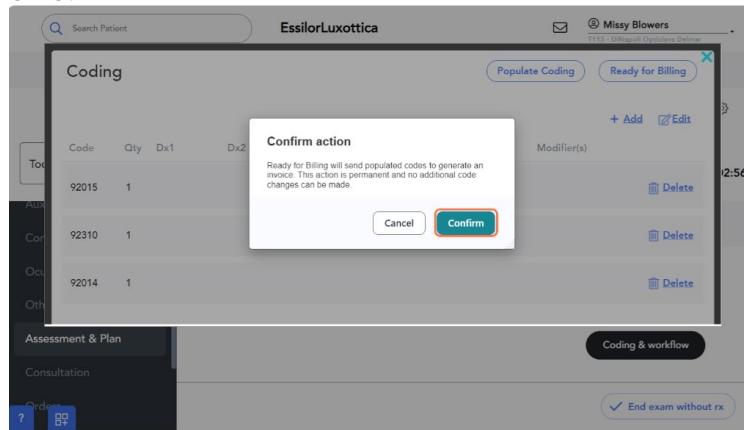
42. Click the "X" to close the pop-up box.
43. Select Consultation from the Black tool bar on the left.
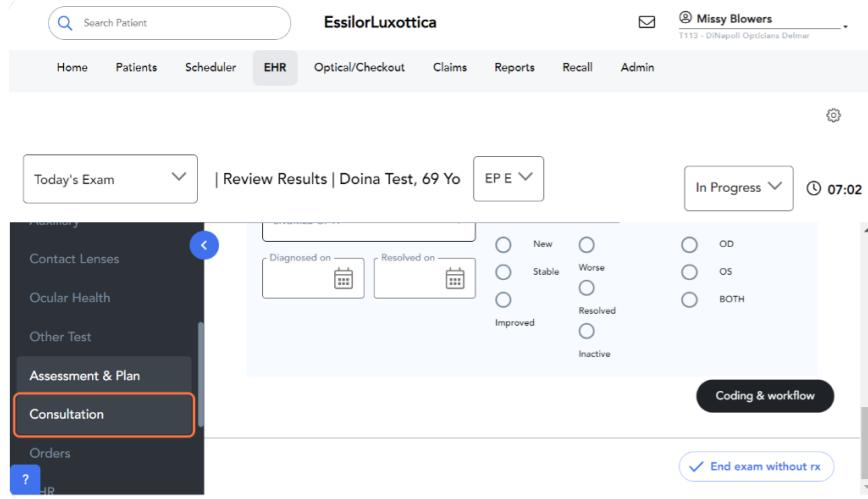
44. Input the appropriate prescription information for contacts lens and/or Glasses.
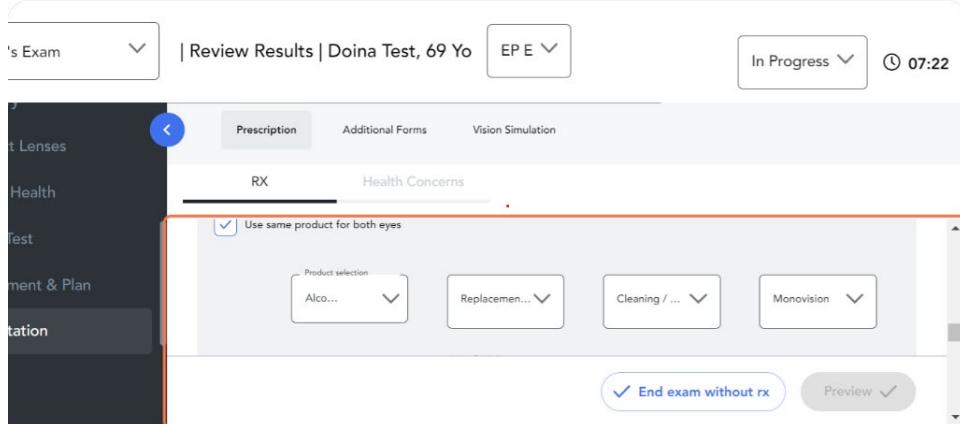
45. Click Preview
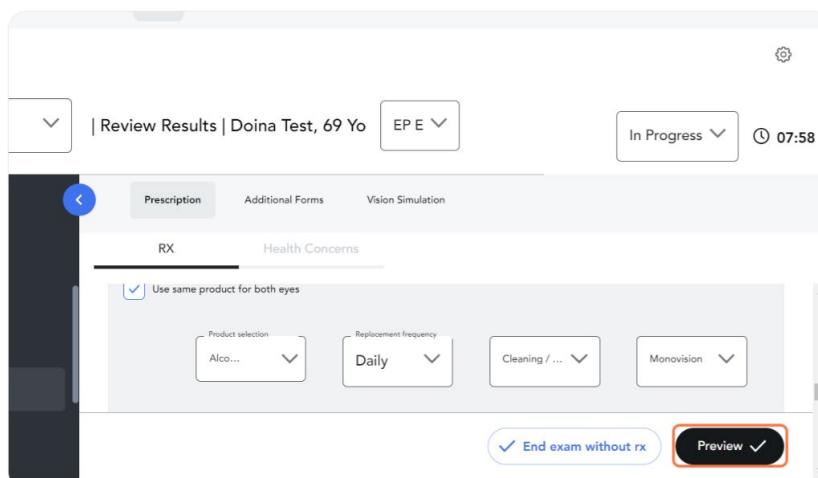
46 Select Sign and Send.
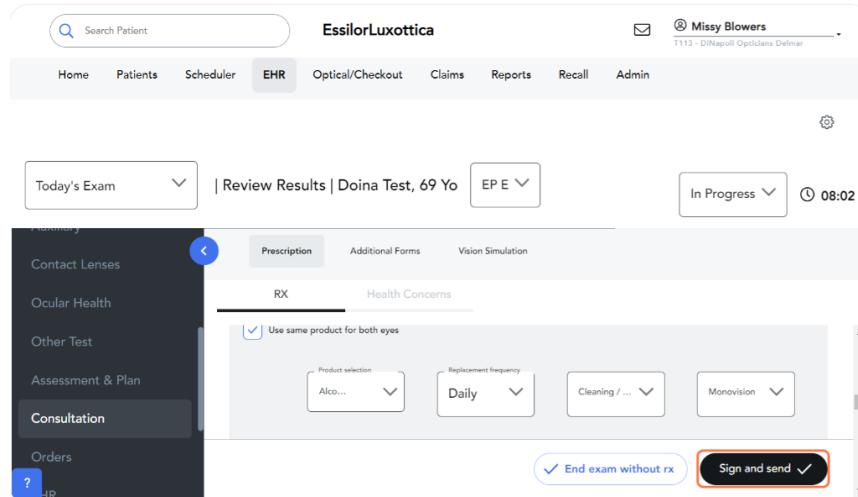
47. Select Generate Chart.
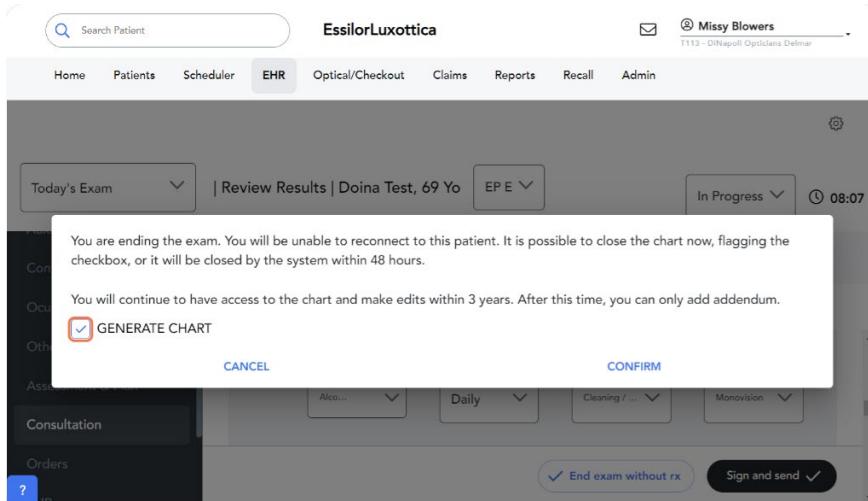
48. Select confirm.
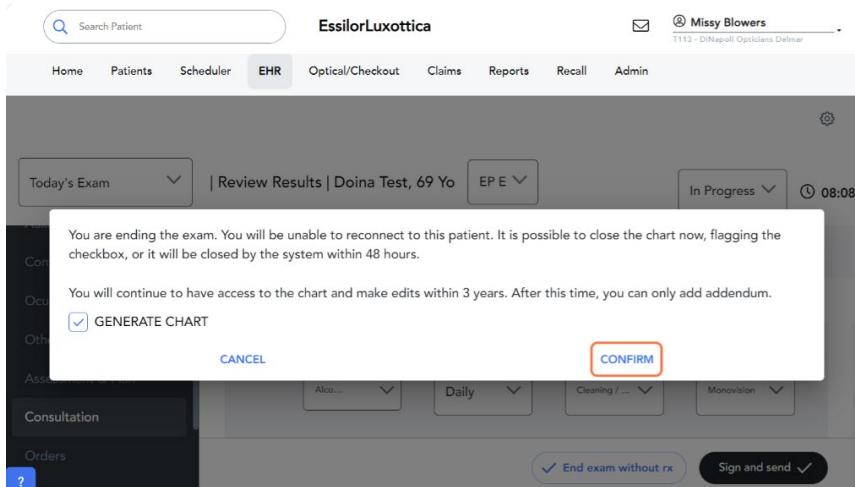
49. Click on Close
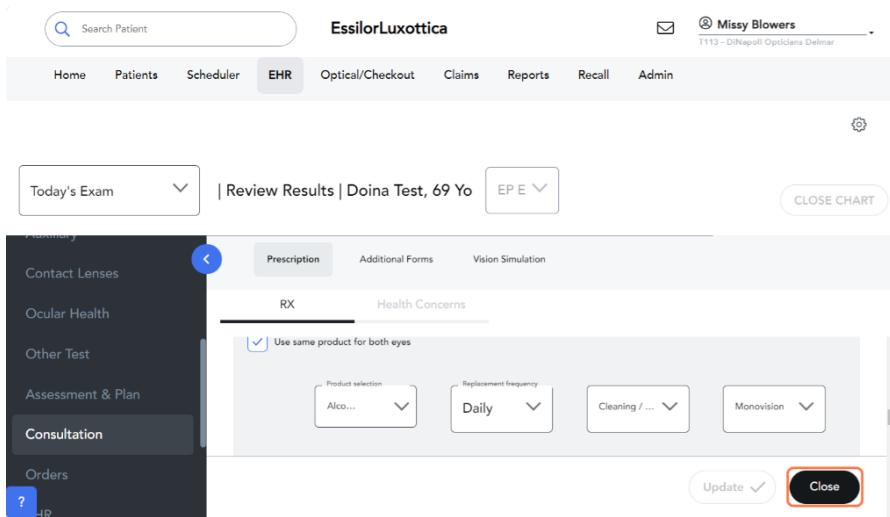
50. Print Rx by going to documents
51. Select the appropriate prescriptions and open the document
52. Select Print

*Important note:
The following three steps MUST be completed before the patient is brought out to optical or check out.

- ✓ **All diagnosis codes are entered into the system**
- ✓ **All billing codes are entered and checked as "Ready for Billing" Rx has been Signed and Sent**
- ✓ **Chart Closed or Generate Chart**

Section 6 Invoicing and Checking out in Eclips

1. Access The Patient Either From The PATIENT By Selecting INVOICE Or OPTICAL CHECKOUT TAB By Selecting The Patient And Then ADD INVOICE
2. Upon Completion Of The Exe Exam, Your Doctor Will Send Over Procedural And Diagnosis Codes.
3. If They Do Not Come Over, Or You Need Add Additional Services, You can Manually Enter By Using The Pull-down Bars And The Professional Services Button On The Bottom Left Side Of The Pop-up Window
4. If you need to delete a service, select the hamburger on the right side

5. For All Routine & Non-insurance Patients, Select The Discount Button To Zero Out The Invoice
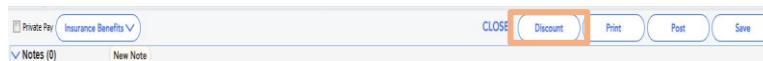
6. Once discount window pops up, select the item(s) you want to discount and fill out the reason, $ or %, and how much
7. Select save when finished
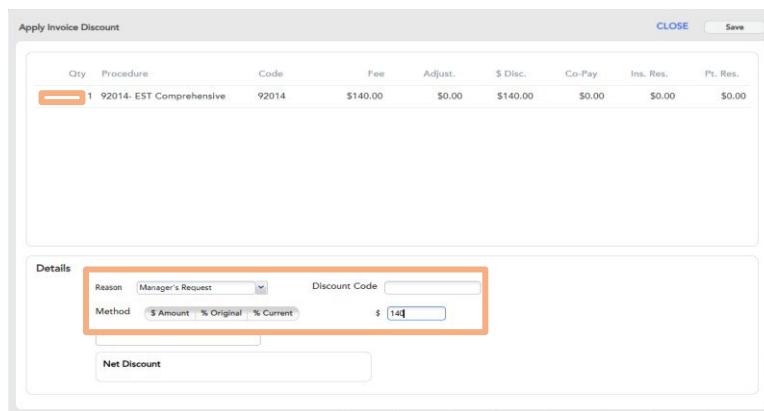
8. Post To Account & Proceed To Process/Bill In Ciao!
9. When promoted about recall, select YES

10. Refer To Insurance Binder If You Have Questions Regarding Routine Plans

Invoicing Medical Insurance

1. Access The Patient Either From The PATIENT By Selecting INVOICE Or OPTICAL CHECKOUT TAB By Selecting The Patient And Then ADD INVOICE
2. Upon Completion Of The Exe Exam, Your Doctor Will Send Over Procedural And Diagnosis Codes.
3. If They Do Not Come Over, Or You Need Add Additional Services, You Can Manually Enter By Using The Pull-down Bars And The Professional Services Button On The Bottom Left Side Of The Pop-up Window
4. If you need to delete a service, select the hamburger on the right side
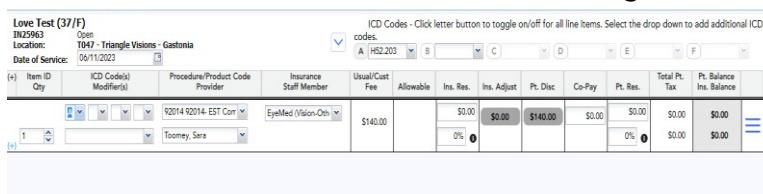
5. For All Medical Insurance Plans, Eclips Will Auto-calculate The Insurance Responsibility
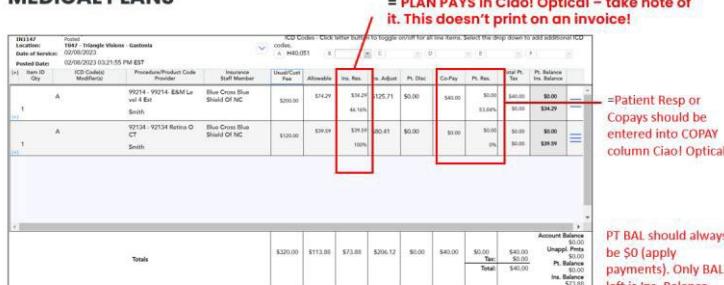
6. Record Patient Copay By Selecting The Pay Button And Completing The Payment Details
7. When Prompted About Recall, Select YES
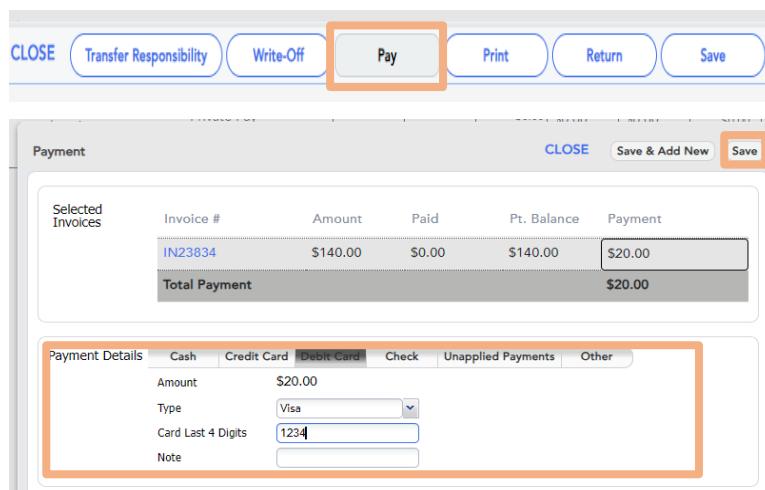
8. Post To Account & Proceed To Process In Ciao!

9. Refer To Insurance Binder If You Have Questions Regarding Medical Plans

FOR ALL PATIENTS (ROUTINE, MEDICAL, NON-INSURANCE) YOU MUST COMPLETE THE FOLLOWING:

10. On The HOME TAB All Patients Should Be Checked Out And All Invoices Posted By The End Of The Day
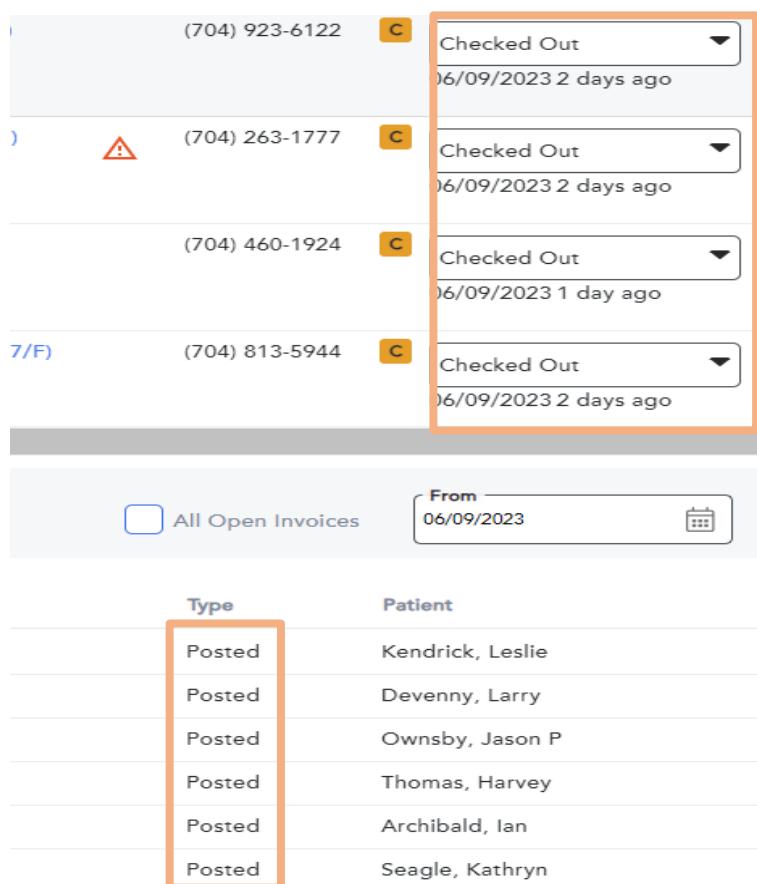
11. Schedule The Patient Their Tentative Next Eye Exam By Going Back To The SCHEDULER And Selecting Check Out And Follow The Prompts

Knowledge checks:

Please complete the following:

✓ Create an Appointment in schedular.
✓ Move/Cancel an appointment.
✓ Fill out a DIF.
✓ Add Insurance to a test patient (Medical and Routine Vision) * You can enter a
   test patient as yourself or as your favorite character.
✓ Technicians: Pretest a test patient.
✓ Doctors: Perform an exam on test patients. Both Routine and medical
✓ PCC: Invoice both Private pay and Medical insurance test patient
✓ PCC: Schedule pt for NEE also Checkout

Chief Complaint Categories List:

Allergies
Amblyopia
Annual exam
Blurred vision
Blurred vision all distances
Blurred vision at night
Blurred Vision Distance
Blurred Vision Intermediate
Blurred Vision Near
Burning
Cataract evaluation
Color vision
Contact lens dry
Contact lens dry/uncomfortable at end of day
Contact lens evaluation
Contact lens uncomfortable
Contact lens vision fluctuates
Cornea evaluation
Coughing
Diabetic eye evaluation
Discharge
Discomfort/Sore
Distorted vision
Dizziness
Doctor Recommended Return
Double vision
Double vision diagonal
Double vision-horizontal
Double vision-vertical
Dry eye
Dry eye evaluation
Eye Pain
Fever
Flashes
Floaters
Foreign body
General Eye Exam
Glare
Glaucoma evaluation
Glaucoma suspect evaluation

Chief Complaint Categories List:

Halos
Head tilt
Headaches
Here for special testing as ordered
High risk medication evaluation
Imaging review-Duplex carotid scan
Imaging review-MRI/CT
Imaging Review-X-Ray
Interested in contact lenses
Interested in refractive surgery
Itching
Lab review
Lid crusty
Lid drooping
Lid lump or bump
Lid puffy or swollen
Lid stuck together
Lid twitching
Light sensitivity
Loss of side vision
Macula exam
Nausea with vomiting
Nausea without vomiting
Needs CL Rx
Needs Glasses and CL Rx
Needs Rx refill for medication
Needs spectacle Rx
Neuro ophthalmological eval
Ocular Fatigue
Other
Plaquenil testing
Pseudophakic evaluation
Red eye
Retinal evaluation
Retinal-vitreous evaluation
Routine exam
Rx request

Chief Complaint Categories List:

Sandy or Gritty feeling
Shortness of breath
Sneezing
Sudden vision loss
Surgical procedure
Testing review
Transient vision loss
Vision Loss
Watery eyes

Common ICD-10 Codes

VISIT TYPE (NEW/EST)	PROCEDURES
92004/92014 COMPREHENSIVE EXAM	**65205** Removal FB Conj Superficial
99202/99212 MOV E&M LEVEL 2	**65210** Removal FB Conj Embedded
99203/99213 MOV E&M LEVEL 3	**65222** Removal FB Corn w Slit Lamp
99204/99214 MOV E&M LEVEL 4	**68801** Punctal Dil w/wo Irrigation
99205/99215 MOV E&M LEVEL 5	**68761** Punctal Plug Insertion
TESTING	**67820** Lash Epilation
92020 Gonioscopy	**VISIT TYPE**
76514 Pachymetry	**92015** REFRACTION
92132 OCT-Ant Seg	**S9986-1** OPTOS
92133 OCT-Nerve	**SELF PAY EXAM (w OPTOS)**
92134 OCT-Retina	**92310-1** ANNUAL CL EVAL
92081 HVF Screen/DMV	**92310-2** SCL PREMIUM EVAL
92083 HVF Extensive	**92310-3** NEW FIT/ADV REFIT
92250 Fundus Photography	**92310-4** ADVANCED NEW FIT
	SEE CL CODE DOCUMENT FOR ADDTL CODES
92285 External Photography	**66984-55** POST-OP
	99499 RX/CL CHECK
92025 Corneal Topography	**99024** NC POST-OP F/U

REFRACTIVE (1 = OD, 2 = OS, 3 = OU)	
H52.31	Anisometropia
H52.22 (1, 2, 3)	Astigmatism, Regular
H52.21 (1, 2, 3)	Astigmatism, Irregular
H52.0 (1, 2, 3)	Hypermetropia
H52.1 (1, 2, 3)	Myopia
H52.4	Presbyopia
H53.02 (1, 2, 3)	Amblyopia, Refractive
H53.03 (1, 2, 3)	Amblyopia, Strabismic

INJURY/TRAUMA (1 = OD, 2 = OS, 3 = OU) A=Initial Encounter, D=Subsequent Encounter, S=Sequela	
S05.0 (1, 2) X (A, D, S)	Abrasion - Cornea/Conj
T15.1 (1, 2) X (A, D, S)	Foreign Body - Conjunctival
T15.0 (1, 2) X (A, D, S)	Foreign Body - Cornea
T26.6 (1, 2) X (A, D, S)	Chemical Burn - Cornea/Conj
H16.14 (1, 2, 3)	Keratitis

DIABETES – TYPE I (1 = OD, 2 = OS, 3 = OU)		DIABETES – TYPE II (1 = OD, 2 = OS, 3 = OU)	
E10.9	No Retinopathy	E11.9	No Retinopathy
E10.321 (1, 2, 3)	Mild NPDR w DME	E11.321 (1, 2, 3)	Mild NPDR w DME
E10.329 (1, 2, 3)	Mild NPDR wo DME	E11.329 (1, 2, 3)	Mild NPDR wo DME
E10.331 (1, 2, 3)	Mod NPDR w DME	E11.331 (1, 2, 3)	Mod NPDR w DME
E10.339 (1, 2, 3)	Mod NPDR wo DME	E11.339 (1, 2, 3)	Mod NPDR wo DME
E10.341 (1, 2, 3)	Sev NPDR w DME	E11.341 (1, 2, 3)	Sev NPDR w DME
E10.349 (1, 2, 3)	Sev NPDR wo DME	E11.349 (1, 2, 3)	Sev NPDR wo DME
E10.351 (1, 2, 3)	PDR w DME	E11.351 (1, 2, 3)	PDR w DME
E10.359 (1, 2, 3)	PDR wo DME	E11.359 (1, 2, 3)	PDR wo DME
E10.355 (1, 2, 3)	PDR – Stable	E11.355 (1, 2, 3)	PDR – Stable

VITREOUS/RETINA
(1 = OD, 2 = OS, 3 = OU)

H43.81 (1, 2, 3)	Vitreous Degeneration/PVD	H34.23 (1, 2, 3)	BRAO	H34.21 (1, 2, 3)	Hollenhorst Plaque	H33.01 (1, 2, 3)	RD – Single Break		
H43.39 (1, 2, 3)	Vitreous Opacities/Floaters	H34.83 (1, 2, 3)	BRVO	H33.31 (1, 2, 3)	Horseshoe Tear	H33.03 (1, 2, 3)	RD – Giant Tear		
H43.1 (1, 2, 3)	Vitreous Hemorrhage	H34.1 (1, 2, 3)	CRAO	H35.03 (1, 2, 3)	Hypertensive Retinopathy	H33.05 (1, 2, 3)	RD – Total		
H43.82 (1, 2, 3)	Vitreomacular Adhesion	H34.81 (1, 2, 3)	CRVO	H47.01 (1, 2, 3)	Ischemic Optic Neuropathy	H33.32 (1, 2, 3)	Retinal Hole		
H35.31 (1, 2, 3) 1	ARMD, Dry, Early	H35.71 (1, 2, 3)	Central Serous Retinopathy	H35.41 (1, 2, 3)	Lattice Degeneration				
H35.31 (1, 2, 3) 2	ARMD, Dry, Intermediate	D31.3 (1, 2)	Choroidal Nevus	H35.34 (1, 2, 3)	Macular Hole				
H35.31 (1, 2, 3) 3	ARMD, Dry, Adv, wo Subfov Inv	H31.00 (1, 2, 3)	Chorioretinal Scar	H35.37 (1, 2, 3)	Macular Pucker				
H35.31 (1, 2, 3) 4	ARMD, Dry, Adv, w Subfov Inv	Q14.1	CHRPE	H31.01 (1, 2, 3)	Macular Scar				
H35.32 (1, 2, 3) 1	ARMD, Wet, Active Neovasc	H35.35 (1, 2, 3)	Cystoid Macular Edema (CME)	H44.2 (1, 2, 3)	Myopic Degeneration				
H35.32 (1, 2, 3) 2	ARMD, Wet, Inactive Neovasc	H35.36 (1, 2, 3)	Drusen (degenerative)	H35.72 (1, 2, 3)	Pigm Epithelial Det (PED)				
H35.32 (1, 2, 3) 3	ARMD, Wet, Inactive Scar	H35.6 (1, 2, 3)	Hemorrhage	H33.02 (1, 2, 3)	RD – Multiple Break				

		MOTILITY (1 = OD, 2 = OS, 3 = OU)		LIDS/LACRIMAL (1 = OD, 2 = OS, 3 = OU)					
G43.809	Oc Migraine	H50.01 (1, 2)	Esotropia	H01.111	Allerg Derm, RUL	H00.15	Chalazion, LLL	H00.025	Hordeolum Int, LLL
R51.9	Headache	H50.11 (1, 2)	Exotropia	H01.112	Allerg Derm, RLL	H40.12 (1, 2, 3)	Dry Eye Syndrome	H16.22 (1, 2, 3)	K-Sicca, Non-Sjo
Z79.899	L/T Use of Med	H50.2 (1, 2)	Hypertropia	H01.114	Allerg Derm, LUL	H00.011	Hordeolum Ext, RUL	H02.88A	MGD, RUL/RLL
H53.8	Blurred Vision	H50.51	Esophoria	H01.115	Allerg Derm, LLL	H00.012	Hordeolum Ext, RLL	H02.88B	MGD, LUL/LLL
Z76.5	Malingering	H50.52	Exophoria	H01.00A	Bleph, RUL/RLL	H00.014	Hordeolum Ext, LUL	H02.40 (1, 2, 3)	Ptosis
H53.16	Psych Vis Dist	H51.11	Conv. Insuff.	H01.00B	Bleph, LUL/LLL	H00.015	Hordeolum Ext, LLL	H02.051	Trichiasis, RUL
H53.12 (1, 2, 3)	Trans Vis Loss			H00.11	Chalazion, RUL	H00.021	Hordeolum Int, RUL	H02.052	Trichiasis, RLL
H57.1 (1, 2, 3)	Ocular Pain			H00.12	Chalazion, RLL	H00.022	Hordeolum Int, RLL	H02.054	Trichiasis, LUL
				H00.14	Chalazion, LUL	H00.024	Hordeolum Int, LUL	H02.055	Trichiasis, LLL

CONJUNCTIVA (1 = OD, 2 = OS, 3 = OU)		CORNEA (1 = OD, 2 = OS, 3 = OU)		IRIS (1 = OD, 2 = OS, 3 = OU)		LENS (1 = OD, 2 = OS, 3 = OU)	
H01.1 (1, 2, 3)	Conjunctivitis - Acute Allergic	H18.42 (1, 2, 3)	Band Keratopathy	D31.4 (1, 2)	Iris Nevus	H26.49 (1, 2, 3)	After Cataract - PCO
H10.01 (1, 2, 3)	Conjunctivitis - Acute Follicular	H18.51	Endo K Dystrophy	H20.01 (1, 2, 3)	Iritis - Acute	H25.01 (1, 2, 3)	Cataract - Cortical
H10.02 (1, 2, 3)	Conjunctivitis - Bacterial	H18.52	Epi (Juvenile) K Dystrophy	H20.1 (1, 2, 3)	Iritis - Chronic	H25.81 (1, 2, 3)	Cataract - Mixed
H10.45 (1, 2, 3)	Conjunctivitis - Chronic Allergic	H18.59	Other Hereditary K Dystrophies	H21.51 (1, 2, 3)	Synechia - Ant	H25.1 (1, 2, 3)	Cataract - Nuclear
H10.41 (1, 2, 3)	Conjunctivitis - Giant Papillary	H18.21 (1, 2, 3)	Corneal Edema - CL Related	H21.54 (1, 2, 3)	Synehchia - Post	H25.04 (1, 2, 3)	Cataract - PSC
H11.82 (1, 2, 3)	Conjunctivochalasis	H16.01 (1, 2, 3)	Corneal Ulcer - Central	H57.05 (1, 2, 3)	Tonic Pupil	Z96.1	Pseudophakia
H11.3 (1, 2, 3)	Conjunctival Hemorrhage	H16.04 (1, 2, 3)	Corneal Ulcer - Marginal				
H11.15 (1, 2, 3)	Pinguecula	B00.52	Herpesviral Keratitis				
H15.11 (1, 2, 3)	Episcleritis	H18.61 (1, 2, 3)	Keratoconus - Stable				
		H11.04 (1, 2, 3)	Pterygium - Stable				

ECLiPS TRAINING GUIDE

GLAUCOMA (1 = OD, 2 = OS, 3 = OU)			
STAGE 1=Mild, 2=Mod, 3=Sev, 4=Ind			
		OD Stage	OS Stage
H40.01 (1, 2, 3)	Suspect, Low Risk		
H40.02 (1, 2, 3)	Suspect, High Risk		
H40.05 (1, 2, 3)	Ocular Hypertension		
H40.03 (1, 2, 3)	Anatomical Narrow Angle		
H40.11 (1, 2, 3)	POAG	1 2 3 4	1 2 3 4
H40.12 (1, 2, 3)	NTG	1 2 3 4	1 2 3 4
H40.21 (1, 2, 3)	Angle Closure - Acute	1 2 3 4	1 2 3 4
H40.22 (1, 2, 3)	Angle Closure - Chronic	1 2 3 4	1 2 3 4
H40.13 (1, 2, 3)	Pigmentary	1 2 3 4	1 2 3 4

Chart Auditing Risk Guide

Risk Level	Label	Code	Presenting Problem	Management Options
Minimal Risk *Requires ONE of the elements in any of two categories listed	Level 2	99202 or 99212	1 Self limited/minor problem	Monitor
Low Risk *Requires ONE of the elements in any of two categories listed	Level 3	99203 or 99213	≥2 Self limited/minor Problems 1 Stable chronic illness (stable DM, cataract) Acute uncomplicated injury or illness	OTC therapy/drugs Minor Surgery with no risk factors
Moderate Risk *Requires ONE of the elements in any of the two categories listed	Level 4	99204 or 99214	2 Stable chronic illnesses 1 Chronic illness with mild exacerbation or progression Undiagnosed new problem with uncertain prognosis (Ex: lesion of unknown significance) Acute complicated injury	Minor surgery with identified risk factors Elective Major Surgery with no identified risk factors (Ex: Cataract surgery) Prescription Drugs
High Risk *Requires ONE of the elements in any of the two categories listed	Level 5	99205 or 99215	≥1 Chronic illness with severe exacerbation or progression Acute/chronic illness or injury which poses a threat to life or bodily function Abrupt change in neurological status (Ex: TIA, weakness, sensory loss)	Drug therapy requiring intensive monitoring for toxicity