REPORT FORM INSTRUCTIONS

INITIAL REPORT:

Eye Trauma to be reported includes all serious eye injury resulting in permanent and significant (i.e., measurable or observable on routine eye examination) structural or functional change to the eye. Mild ocular contusions, subconjunctival hemorrhages, and superficial abrasions by themselves usually would not meet the Registry's criterion of serious and/or reportable injuries, and we rely greatly on your professional judgment as to which ocular injuries should be submitted.

The initial report should be filed shortly after the patient's initial presentation in your office. In general, initial reports should be prepared on the basis of the history and clinical findings recorded at the first examination after injury. A **separate report** should be filed for **each eye** involved in **bilateral** injuries. Please indicate whether the injured eye had any preexisting disease or condition by circling the appropriate response to **"Was Eye Normal Prior to Injury?"**. Please list any preexisting maladies in the Comments section.

A. IDENTIFICATION: This column is provided for you to enter information that will make it possible for you to identify the patient from your records, but stops short of providing data which could identify the patient to the Registry or others. We encourage offices that do not use medical record numbers for patient identification to devise some type of in-office coding to be used for their reported eye injuries. This assignment will facilitate your identification of the patient for follow-up reporting purposes, and will reduce those "**Lost to follow-up**" because the identification initially reported proved insufficient for later re-identification. The anonymity of each patient reported must be maintained, so **do not report patient names** to the Registry. Most other entries within this category are self-explanatory, but please use care that all entries are completed. **Entries concerning dates appear throughout the form, and their completion is of particular importance**

for injury surveillance. If applicable, please report who initially treated the patient for purposes of follow-up of any unreported information. The Registry will automatically contact you or the person you designate on the last line of this section for a six-month follow-up report.

An open globe injury is defined as eye injury resulting in a full thickness defect of the eye wall.
The defect may be a **penetrating** (single laceration) caused by a sharp object or a **rupture** caused by blunt force.
A **perforating** injury is defined as two full-thickness lacerations (entrance + exit) of the eyewall, usually caused by a sharp object or missile. See BETT.

If an applicable option is not provided in any of the following categories, please use the Other or Comments section for any explanations you may have; these responses are coded into the database and will be available for future research.

B. EYE PROTECTION: Please check the appropriate response for eye protection worn when injured.

C. WAS PATIENT A BYSTANDER?: Bystander, operator or spectator status is of particular importance in the identification of trends of certain eye injuries.

D. WORK RELATED: Please check the appropriate response. This information is particularly important in prevention strategies. If this injury is work related, please record the patient's occupation in the "pop up list" next to the word occupation. This list is in Alphabetical order and you may scroll down the list to search for the patients

occupation or enter the first letter of the occupation and hit the enter key and you will automatically go the proper alpha area in the list. When you find the proper occupation listed "click" on it and it will automatically appear in the box. **NOTE:** When first using the list please scroll down the list in order to become familiar with the occupations listed. If NONE of those listed apply you may enter the patient's occupation. **Please do this only as a last resort.**

E. PLACE OF INJURY: Place of injury occurrences have been standardized by the World Health Organization and the most commonly reported locations are listed for your convenience. Simply select the selection that applies. If none of these options apply, please select "Other". In the area marked "Specify" you will find a "pop up " list like the one under Occupation. Please give a more detailed description of the Place of injury. **Example #1:** The place of injury is *School* and the injury occurred in the classroom then "classroom" should be selected from the list. **Example #2:** The place of injury is *Public Building* and the injury occurred in an airport then "airport" should be chosen from the list. The list is in Alphabetical order and you may scroll down the list to search for the appropriate "place" or enter the first letter of the place description and hit the enter key and you will automatically go the proper alpha area in the list. When you find the proper place description listed "click" on it and it will automatically appear in the box. **NOTE:** When first using the list please scroll down the list in order to become familiar with the list. If NONE of those listed apply you may enter the place description. **Please do this only as a last resort.**

F. PLACE OF INJURY ZIP CODE: If available, this provides invaluable epidemiologic data regarding the "clustering" of eye injury occurrences and in the determination of where preventative efforts are best

concentrated. Obviously, this information will not always be available to the report filer.

G. <u>INTENT</u>: The intention of an injury is of tremendous importance. Injuries can be of three types.

1. *Assault:* Injuries due to assault are some of the most severe eye injuries reported, often with the poorest of prognoses. Since applicable preventive efforts are not clearly understood, the surveillance of successful treatments will always be of interest.

2. *Self-inflicted* (intentional): Self-inflicted eye injuries are those that are intentionally caused by the patient himself, such as an self inflicted gun shot wound to the head (suicide attempt) that resulted in blindness rather than fatality. Although the blindness was not intentional, the act that caused the injury was.

3. *Unintentional:* Unintentional injuries will make up the majority of eye injuries reported.

H. <u>ALCOHOL USE ?</u>: OR <u>DRUG USE?</u>: Please select the appropriate responses. If knowledge of specific kind of drug is available to you, please list in the "Description of Drug Use" section. You will find the same "pop up" list format previously used to provide further information in the *Place* and *Occupation*. Again, scroll through the list to find the appropriate "drug" or type it in **only** if the drug used is not listed.

I. <u>SOURCE OF INJURY</u>: Common sources of injuries are listed for your convenience; please select the appropriate response. Then go to the *Description of Source* list and you will find a "pop up" list similar to the ones used in the Occupation, Place, and Drug Use lists. The *Source* list has <u>sub categories</u> for **Fireworks** and **Sports** related source of injury. For a sports related injury, click in the box and type

in *"sp"*, hit the return key and a list of all *"sp"* or "sport" related injuries are listed. Select the appropriate sport and it will automatically appear in the box. **Example #1:** The source of the injury is a basketball. The *Source* selected should be *Blunt Object,* in the Description of Source list you should type in "sp" & hit the return key and a list of all *"sp"* or "sport" related injuries are listed Select "spBasketball" and "spbasketball" should appear in the box. **Example #2:** The source of the injury is a bottlerocket. The *Source* selected should be *Fireworks,* in the Description of Source list you should type in "*fw*" & hit the return key and a list of all *"fw"* or "fireworks" related injuries are listed select "fwBottlerocket" and "fwBottlerocket" should appear in the box. This method of sub categorization provides user friendly methods to be utilized during research. **Example #3:** The patient is injured in a drive-by shooting. The source of the injury is *Gunshot* and the *Description of the Source* is *Drive-by*. **Example #4:** The injury is caused by a rock thrown by a weed-eater. The source of the injury is *Lawn equipment* and the *Description of the Source* is *Weed-eater*. Please also note that **Types of Fireworks and Lawn Equipment** are requested to differentiate between the numerous kinds of fireworks available and the various kinds of lawn equipment causing ocular injury. We are not interested in "Brand Names", but rather product types.

J. <u>TISSUES INVOLVED</u>: Ocular and adnexal tissues are divided into convenient categories, and all appropriate categories should be selected.

K. <u>VISION</u>: Standard visual acuity range designations are provided ranging from NLP to 19/200, and the appropriate response should be circled. If acuity is 20/200 or better please specify in the space provided. **Please provide acuity for injured eye as well as acuity for fellow uninjured eye. If the injury is bilateral please fill out two**

separate report forms. We are interested in the first recorded visual acuity obtained post-injury, and the **date** of this testing.

L. COMMENTS: Please provide a narrative description to clarify or expand upon information provided in the above categories. The Registry will use this information to assign an ICD-9-CM External Causes Code (E-Code) for each reported injury.

M. INITIAL DIAGNOSES: Most commonly reported initial diagnoses are listed anatomically, anteriorly to posteriorly and grouped in order of tissues involved. You are encouraged to select **all** applicable initial diagnoses, and to record other applicable diagnoses in Item 99.0 Other or Comments. Space limitations prevent the listing of all diagnoses, but the Registry has master code assignments for many other diagnoses not listed here. The list of Master Codes is available on the log in screen under "Menu Items" and may be printed out on your printer. Standard ICD-9CM coding is also utilized for less frequently reported diagnoses. Particular care should be undertaken when reporting corneal, scleral, or corneal/scleral lacerations, or ruptures. Length and location of the wound is requested as well as uveal prolapse and visual axis involvement. Blank spaces within this section request additional information such as the percentage of hyphema, the **type** of retinal defects and detachments, the number of quadrants involved in a retinal detachment. The causative organism in a diagnosis of endophthalmitis is to be entered in the "pop up" list area under *orgaism*.

If at any time particular diagnosis information is unavailable or unknown, please record **"U"** in the blanks provided, alerting the Registry that you have considered these categories and have not overlooked them.

N. <u>INITIAL OPERATION</u>: Please be sure to specify the **date of the initial operation** at the head of this column and then select **all** applicable procedures. The procedures listed are those most commonly reported in the initial management of eye trauma. However, we code all procedures reported, and if other procedures are performed, they should be designated under Item 99.0 <u>Other or Comments</u> since they will also be added to the database.

<u>SIX MONTH FOLLOW-UP REPORT</u>:

In order to evaluate the long-term effectiveness of treatment as well as long-term personal and social impacts of eye injuries, six month post-injury follow-up is essential. Please make every effort to take a few moments to complete the form, since its value to the Registry and future research cannot be overstated. Reports less than six months after injury are of value, but examinations six months or greater post injury are recognized to represent the final injury outcome. If you have no examination occurring at least six months post-injury, please arrange re-examination. If this is not possible, please report the most current examination and its date. If applicable, complete this form to describe the eye at the time of enucleation.

A. <u>IDENTIFICATION</u>: This section should contain exactly the same information as supplied on the initial report form. The majority of information contained within this section will be attached to the Initial report by the Registry to help you locate the appropriate patient chart. **It is very important that you provide the "Exam date for the report" information.**

O. CORRECTED VISION, INJURED EYE: Please note the best corrected vision in the injured eye at six months post-injury, and provide the **date** this acuity was measured. If applicable, describe the eye at the time of enucleation.

P. LENS STATUS, INJURED EYE: Since traumatic cataracts often develop long after initial trauma, it is crucial that we ascertain lens status at this point. If applicable, describe lens at time of enucleation.

Q. FIELD OF VIEW, INJURED EYE (BEST ESTIMATE): Please select your best estimate of the field of vision for the injured eye. A documented visual field testing is not necessary to complete this section.

R. VISUAL FUNCTION, INJURED EYE: Please give your best estimate of the stability of visual function in the injured eye. You are then asked to determine whether the visual function of this eye could potentially be improved with further treatment. Please select the appropriate responses.

S. VISUAL LOSS CONTRIBUTING FACTORS: Please select all applicable responses or use Item 99.0 "Other" if an appropriate option is not provided.

T. REHABILITATION STATUS: There is great interest in residual disability following eye injury. The choice, **"Unemployed"**, is understood to be unemployed due to this injury. The status of **"Retired"** is included in **"Former Job"** if normal activity is resumed and

patient was retired prior to injury. Please record **Occupation** of patient, especially in work related injuries.

U. WAS PATIENT HOSPITALIZED DUE TO INJURY?: Whether hospitalization was incurred is another variable to be identified in the overall socioeconomic impact of serious eye injuries. Hospitalization is defined as an In-patient hospital admittance caused by the reported injury.

V. COMMENTS: You are encouraged to provide a narrative description to clarify or expand upon information provided in any of the above categories. This information is coded into the database as part of the overall injury report.

W. LATE DIAGNOSES: Please select **all** applicable diagnoses which have occurred during the follow-up period. Impairment of the Visual Axis is requested for Corneal diagnoses of scarring and edema as well as successful control of Secondary Glaucoma. As on the initial reporting form, the type of retinal defects and detachments, number of quadrants in a retinal detachment, and the organism involved in Endophthalmitis are requested if available. Any time particular diagnosis information is unavailable or unknown, please select "unknown", alerting the Registry that you have considered these categories and have not overlooked them.

X. ADDITIONAL OPERATIONS: Please specify **dates** of the second and subsequent operations required in the spaces provided. For patients requiring more than one operative session; **1) Enter date, 2) Select all applicable code selections.** If a patient required five or more procedures, please use Comments section to report this information.

Procedure selections in this category are those most commonly reported, and they are grouped by applicable tissue groups. When reporting procedure code selection **26.0 Glaucoma Procedure**, please record the **type of glaucoma procedure performed.** Whenever appropriate, use Item 99.0 Other to record operations not specified in this column, that they may be included in the database.

Finally, indicate at the bottom of the column whether additional surgery will be required at some future date and list that procedure code from the available code selections.

MASTER CODE LIST

INITIAL DIAGNOSES

00.0 Periocular Laceration
00.1 Lid Erythema, Swelling
01.0 Eyelid Deformity
02.0 Lacrimal Laceration
03.0 Lacrimal Constriction
04.0 Conjunctival Laceration
08.1 Contusion
10.0 Corneal Laceration w/o Uveal Prolapse
10.1 Corneal Laceration wl Uveal Prolapse
10.3 Corneal Rupture
10.4 Corneal Laceration
10.5 Corneal Scar
10.6 Corneal Edema
10.7 Corneal Decompensation
10.8 Corneal Abrasion
11.1 In Visual Axis/ Cornea
11.2 Not In Visual Axis/ Cornea
11.9 Partial thickness wound/corneal
12.0 Corneal Burn, unspecified
12.1 Corneal Burn, Alkaline
12.2 Corneal Burn, Acid
12.3 Corneal Burn, Thermal
12.4 Corneal Burn, Thermal
13.3 Corneoscleral Rupture
13.4 Corneoscleral Laceration
14.1 In Visual Axis/ Corneoscleral
14.2 Not in Visual Axis/ Corneoscleral
18.0 Scleral Laceration w/o Uveal Prolapse
18.1 Scleral Laceration w/ Uveal Prolapse
18.2 (Double) Perforation of Globe
18.21 Double Perf. Corneal/Scleral
18.22 Double Perf. Scleral/Scleral
18.3 Scleral Rupture
18.4 Scleral Laceration
18.5 Scleral Lac. w/ Post-equatorial Exten.
18.9 Partial thickness wound/scleral
19.0 Wound Dehiscence
20.0 Hyphema
21.0 Hypopyon
22.0 Iris Laceration/Dialysis
22.1 Iris Deformity
22.2 Pupillary Membrane
22.3 Afferent Pupillary Defect (Marcus Gunn)
24.0 Angle Recession
24.1 Iris Synchiae
24.2 Iris Synchiae, Angle
24.3 Iris Synchiae, Anterior
24.4 Iris Synchiae, Posterior
26.0 Glaucoma, Secondary
26.1 Glaucoma, Controlled
26.2 Glaucoma, Uncontrolled
28.0 Hypotony
28.1 Phthisis
30.0 Cataract (Traumatic)
30.1 Lens Rupture
32.0 Subluxed Lens
32.1 Dislocated Lens
33.0 Lens Extrusion
34.0 Aphakia
36.0 Pseudophakia, Unspecified
36.1 Pseudophakia, A. C. IOL
36.2 Pseudophakia, P.C. IOL
36.3 Epikeratophakia
40.0 Vitreous Hemorrhage

INITIAL DIAGNOSES (Continued)

40.1 Vitreous Prolapse
42.0 Vitreous Penetration
50.0 Retinal Hemorrhage
51.0 Retinal Edema (Traumatic)
52.0 Retinal Defect
52.1 Retinal Tear
52.2 Giant Retinal Tear
52.3 Retinal Laceration
52.4 Retinal Dialysis
52.5 Retinal Hole
52.6 Retinal Scar
53.0 Retinal Detachment
53.1 Hemorrhagic Retinal Detachment
53.2 Tractional Retinal Detachment
53.3 Rhegmatogenous Retinal Detachment
53.5 Macular Detachment
54.0 Contusion Retinopathy
55.0 Macular Degeneration/Scarring
55.1 Epimacular Membrane
55.2 Macular Edema
55.3 Macular Hole
55.4 Contusion Maculopathy
55.5 Macular Hemorrhage
57.0 Proliferative Vitreoretinopathy
58.0 Choroidal Hemorrhage
58.1 Chorodial Rupture
60.0 Extraocular Muscle Damage
64.0 Strabismus
70.0 Orbital Fracture
71.0 Orbital F. B.
72.0 Ocular Contusion
73.0 Orbital Hemorrhage
80.0 Visual Field Defect
82.0 Optic Nerve Injury
88.0 Optic Nerve Atrophy
90.0 IOFB Magnetic
90.1 IOFB, Magnetic, Anterior Segment
90.2 IOFB, Magnetic, Posterior Segment
91.0 IOFB Nonmagnetic
91.1 IOFB, Nonmagnetic, Anterior Segment
91.2 IOFB, Nonmagnetic, Posterior Segment
92.0 Endophthalmitis
95.0 Uveitis
97.0 None
98.0 Unknown
99.0 Other

INITIAL OPERATION

00.0 Repair Wound, Eyelid, Full Thickness
00.1 Repair Wound, Eyelid, Partial Thickness
00.3 Oculoplastic Surgery
02.0 Repair Lacrimal System
10.0 Repair Eye Lac.w/o Uveal Prold (old code)
10.1 Repair Eye Lac. w/ Uveal Prol. (old code)
10.3 Repair Corneal Rupture
10.4 Repair Corneal Laceration
13.3 Repair Corneoscleral Rupture
13.4 Repair Corneoscleral Laceration
18.0 Exploration of Globe
18.3 Repair Scleral Rupture
18.4 Repair Scleral Laceration
19.0 Repair Wound Dehiscence

INITIAL OPERATION (continued)

19.2 Corneal Transplant
19.3 Temporary Keratoprosthesis (TKP)
19.4 Epikeratophakia
20.0 Hyphema Removal
20.1 Anterior Chamber Tap, Diagnostic
22.0 Iridectomy
22.1 Iridoplasty
22.2 Iridotomy
24.0 Sever Adhesions,Ant.Seg. (Synechiolysis)
24.1 Sever Adhesions, Post Seg. (Synechiolysis)
26.0 Glaucoma Procedure
30.0 Cataract Procedure, Extracapsular ECCE
30.1 ECCE w/ IOL (old code)
30.2 Phacoemulsification
30.3 Pars Plana Lensectomy
31.0 Cataract Extraction, Intracapsular, ICCE
32.0 Yag Laser Capsulotomy
36.0 Intraocular Lens Implant
36.1 AC IOL
36.2 PC IOL
44.0 Vitrectomy, Mechanical, Subtotal (Ant)
44.1 Vitrectomy, Mechanical, Total (Post)
44.2 Vitrectomy, Open-sky, Scissors
45.0 Injection of Antibiotics Into Vitreous
45.1 Injection of Antibiotics into AC
53.0 R. D. Prophylaxis, Cryopexy
53.01 R. D. Repair, Cryopexy
53.1 R. D. Prophylaxis, Laser
53.11 R. D. Repair, Laser
53.2 R. D. Prophylaxis, Buckle
53.3 R. D. Repair, Vitrectomy
53.4 R. D. Repair, Gas
53.5 R. D. Repair, Buckle
53.6 R. D. Repair, Silicone Oil
53.7 R. D. Repair, Air
53.8 R. D. Repair, Pneumatic Retinopexy
53.9 R. D. Repair, Retinal Tacks
55.1 Membranectomy
60.0 Extraocular Muscle Repair
64.0 Strabismus Surgery
70.0 Orbital Fracture Repair
71.0 F. B. Removal, Orbital
74.0 Evacuate Orbital Hematoma
75.0 Orbital Decompression
82.0 Optic Nerve Decompression
90.1 IOFB Removal by Magnet, Anterior Segment
90.2 IOFB Removal by Magnet, Posterior Seg.
91.1 IOFB Removal by Forceps, Anterior Segment
91.2 IOFB Removal by Forceps, Posterior Seg.
92.0 Exam Under Anesthesia
93.0 Evisceration
94.0 Enucleation
97.0 None
98.0 Unknown
99.0 Other
99.1 Unlisted Procedure, Ant. Seg.
99.2 Unlisted Procedure, Post Seg.

LATE DIAGNOSIS

00.1 Lid Erythema, Swelling
01.0 Eyelid Deformity
03.0 Lacrimal Constriction
04.0 Conjunctival Scarring
10.5 Corneal Scar
10.6 Corneal Edema
10.7 Corneal Decompensation
14.1 Corneal Scar/Edema In Visual Axis
14.2 Corneal Scar/Edema Not In Visual Axis
19.0 Wound Dehiscence
20.0 Hyphema
21.0 Hypopyon
22.0 Iris Laceration/Dialysis
22.1 Iris Deformity
22.2 Pupillary Membrane
22.3 Afferent Pupillary Defect (Marcus Gunn)
24.0 Angle Recession
24.1 Iris Synchiae
24.2 Iris Synchiae, Angle
24.3 Iris Synchiae, Anterior
24.4 Iris Synchiae, Posterior
26.0 Glaucoma, Secondary
26.1 Glaucoma, Controlled
26.2 Glaucoma, Not Controlled
28.0 Hypotony
28.1 Phthisis
30.0 Cataract, Traumatic
30.1 Lens Rupture
32.0 Subluxed Lens
32.1 Dislocated Lens
33.0 Lens Extrusion
34.0 Aphakia
36.0 Pseudophakia, Unspecified
36.1 AC IOL
36.2 PC IOL
36.3 Epikeratophakia
40.0 Vitreous Hemorrhage
40.1 Vitreous Prolapse
42.0 Vitreous Penetration
50.0 Retinal Hemorrhage
51.0 Retinal Edema, Traumatic
52.0 Retinal Defect
52.1 Retinal Tear
52.2 Giant Retinal Tear
52.3 Retinal Laceration
52.4 Retinal Dialysis
52.5 Retinal Hole
52.6 Retinal Scar
53.0 Retinal Detachment
53.1 Hemorrhagic Retinal Detachment
53.2 Tractional Retinal Detachment
53.3 Rhegmatogenous Retinal Detachment
53.5 Macular Detachment
54.0 Contusion Retinopathy
55.0 Macular Degeneration/Scarring
55.1 Epimacular Membrane
55.2 Macular Edema
55.3 Macular Hole
55.4 Contusion Maculopathy
55.5 Macular Hemorrhage
57.0 Proliferative Vitreoretinopathy (PVR)
58.0 Choroidal Hemorrhage
58.1 Choroidal Rupture

LATE DIAGNOSIS (continued)

60.0 Extraocular Muscle Damage
64.0 Strabismus
70.0 Orbital Fracture
71.0 Orbital Foreign Body
72.0 Ocular Contusion
74.0 Orbital Hemorrhage
80.0 Visual Field Defect
82.0 Optic Nerve Injury
88.0 Optic Nerve Atrophy
90.0 IOFB, Magnetic
90.1 IOFB, Magnetic, Anterior Segment
90.2 IOFB, Magnetic, Posterior Segment
91.0 IOFB, Nonmagnetic
91.1 IOFB, Nonmagnetic, Anterior Segment
91.2 IOFB, Nonmagnetic, Posterior Segment
92.0 Endophthalmitis
93.0 Sympathetic Ophthalmia
95.0 Uveitis
96.0 Enophthalmos
97.0 Proptosis
97.1 None
98.0 Unknown
99.0 Other

ADDITIONAL OPERATIONS

00.0 Repair Wound Eyelid, Full Thickness
00.1 Repair Wound Eyelid, Partial Thickness
00.3 Oculoplastic Surgery, Eyelid
02.0 Repair Lacrimal System
10.0 Repair Eye Lac.w/o Uveal Prol.
10.1 Repair Eye Lac.w/ Uveal Prol.
18.0 Exploration of Globe
19.0 Repair Wound Dehiscence
19.2 Corneal Transplant
19.3 Temporary Keratoprosthesis (TKP)
19.4 Epikeratophakia
20.0 Hyphema Removal
20.1 Anterior Chamber Tap, Diagnostic
22.0 Iridectomy
22.1 Iridoplasty
22.2 Iridotomy
24.0 Sever Adhesions, Ant.Seg. (Synechiolysis)
24.1 Sever Adhesions, Post.Seg, (Synechiolysis)
26.0 Glaucoma Procedure
30.0 ECCE
30.1 ECCE w/ IOL (old code)
30.2 Phaco
30.3 Pars Plana Lensectomy
31.0 Cataract Extraction, Intracapsular (ICCE)
32.0 Yag Laser Capsulotomy
36.0 Intraocular Lens Implant
36.1 AC IOL
36.2 PC IOL
44.0 Vitrectomy, Mechanical, Subtotal (Ant)
44.1 Vitrectomy, Mechanical, Total (Post)
45.0 Injection of Antibiotics into Vitreous
45.1 Injection of Antibiotics into AC
53.0 R. D. Prophylaxis, Cryopexy
53.01 R. D. Repair, Cryopexy
53.1 R. D. Prophylaxis, Laser
53.11 R. D. Repair, Laser

ADDITIONAL OPERATIONS (continued)

53.2 R. D. Prophylaxis, Buckle
53.3 R. D. Repair, Vitrectomy
53.4 R. D. Repair, Gas
53.5 R. D. Repair, Buckle
53.6 R. D. Repair, silicone oil
53.7 R. D. Repair, Air
53.8 R. D. Repair, Pneumatic Retinopexy
53.9 R. D. Repair, Retinal Tack
55.1 Membranectomy
60.0 Extraocular Muscle Repair
64.0 Strabismus Surgery
70.0 Orbital Fracture Repair
71.0 F. B. Removal, Orbital
74.0 Evacuate Orbital Hematoma
82.0 Optic Nerve Decompression
90.1 IOFB Removal by Magnet, Anterior Segment
90.2 IOFB Removal by Magnet, Posterior Seg.
91.1 IOFB Removal by Forceps Anterior Segment
91.2 IOFB Removal by Forceps Posterior Seg.
92.0 Examination under Anesthesia
93.0 Evisceration
94.0 Enucleation
97.0 None
98.0 Unknown
99.0 Other
99.1 Unlisted Procedure, Ant. Seg.
99.2 Unlisted Procedure, Post Seg.