

## C&P Optometry workgroup meeting minutes 7/18/2012

Introduction: Dr. Makesha Sink and Dr. Brian LeStrange co-chairs of new optometry C&P workgroup – created to help ODs performing C&P exams have resources, find best practice, and have a forum to discuss issues that arise with performing and documenting C&P and IDES exams and notify when updates arise. We are not the experts, but will work with the group to find the answers to the questions we have. Brian cannot join us today – but we wanted to get the first meeting underway.

### 1. Definition of C&P/IDES exams

**Reason for Compensation and Pension (C&P)** is for disability determination and compensation for visual functional impairment due to disease or injury of the eye based upon losses or reductions in central visual acuity, visual fields, extraocular muscle function, binocular fusion, and related factors. If more than one loss is present, each should be measured and reported. The far and near central visual acuities for each eye (best corrected and uncorrected), their visual fields, muscle balances, phorias and/or tropias, must be measured and recorded. The **goal of the Disability Evaluation System (DES) program** is to determine fitness for continued military duty; develop VA assignment of initial disability compensation rating based on military unfitness and other conditions; and support DoD in the application of the VA disability rating.

### 2. Statistics

- a. FY 2012 C&P eye exams Oct-Apr: 30,886 (52.5% ODs)
- b. FY 2012 IDES eye exams Oct-Apr: 1676 (56% by ODs)

### 3. CAPRI and examination reports -

- a. Exam templates – DBQ/eye exam templates in CAPRI – in general “DBQ Ophth eye” template is used for C&P exams – DBQ template was set up to make the rating process easier for raters, and the Eye exam template is used for IDES exam requests. Under CAPRI – when you select a patient and the chart opens – selecting the date on the “C&P exams” tab will bring up the 2507 form listing the claims and/or opinions required. At the bottom of that window there is a section titled “exams requested” and it will list here what exam is desired, whether DBQ or eye examination.
- b. Timeframe for exam completion – 30 days from request, exam documentation due 3 days after exam date.
- c. References for exam information
  - i. Optometry INTRANET administrative page: has info on how to perform C&P exams, resources for diplopia testing, visual field testing, rating criteria, DSS info for C&P and IDES exams, DBQ, etc.  
[http://vaww1.va.gov/OPTOMETRY/Administrative\\_Page.asp](http://vaww1.va.gov/OPTOMETRY/Administrative_Page.asp)
  - ii. Office of disability and medical assessment page: DBQ info  
<http://vaww.demo.va.gov/DBQWorkshop2011.asp>

**Question:** *is a full/dilated exam required on everyone? Tricky question and the answer is I don't know. The exam report requirements (below) basically state that you must do what is required to evaluate the claimed condition(s) (see highlighted areas).*

**Information Required for Examination Reports.** *At a minimum, the examination report must contain:*

- (1) A statement of the issues cited from the examination request.*
- (2) A statement by the examiner that the C-File was or was not reviewed.*
- (3) A statement of the chief complaint(s).*
- (4) A history of the present illness including a chronological description of the development of the presenting condition from the date of discharge or the last examination.*
- (5) Pertinent military, occupational, medical, family and social history.*
- (6) Pertinent subjective complaints.*
- (7) A complete description of objective findings stated in concrete terms.*
- (8) A diagnosis of all described conditions*
- (9) Answers to any questions specifically requested in the examination request.*
- (10) Opinions specifically requested in the examination request, including specific evidence reviewed and considered in formulating the opinion, a thorough rationale for the opinion rendered, and expressed using legally-recognized phrases.*
- (11) A diagnosis or notation that a chronic disease or disability was ruled out for each disability, complaint or symptom listed on the examination request.*
- (12) The clinic findings required by the rating schedule for the evaluation of the specific disability being claimed*

*The DBQ specifically states:*

*“NOTE: The diagnosis section should be filled out AFTER the clinician has completed the examination -----> This doesn't specify a dilated exam. Does the Veteran now have or has he/she ever been diagnosed with an eye condition (other than congenital or developmental errors of refraction)?”*

*Some providers state they do the same exam for everyone, some state they address the claim, etc so there is variability.*

4. Stop codes –
  - a. C&P secondary stop code 450
  - b. IDES secondary stop code 448
  - c. Credit pairs used for establishing clinics
5. Visual field testing – Goldmann III4e is the only disability standard acceptable field. Dr. Geoffrey Chiara created powerpoint on how to set up a kinetic field on the Humphrey VF that closely resembles the Goldmann and is an acceptable alternative to the Goldmann if you do not have a Goldmann perimeter in your office – keep in mind the results from the Humphrey kinetic test MUST be transferred to a Goldmann chart which is the acceptable documentation for a visual field for disability exams. Be sure your Goldmann is calibrated correctly. There have been a lot of questions/discussions about visual fields and we will likely make the next meeting call about visual fields to address these questions, concerns.



Kinetic\_VFs\_Compensation\_Pension\_FINA



Goldmann Perimeter Calibration Instructions

## 6. Discussion

- a. Clinic appointment length – appropriate to have up to 1 hour for C&P/IDES exams, each clinic is set up different depending on tech support, etc. As we know – some exams take 10 minutes, some that hours depending on the C-File review/opinion process.
- b. Diplopia testing – again, only acceptable documentation is with a Goldmann perimeter. **Charge the group to have someone look into/determine if there is a possible Humphrey compatible alternative or another acceptable compatible alternative for those who do not have a Goldmann perimeter. Email Brian or Makesha if you are interested in looking into this.**
- c. Justification templates for common opinion requests – something we can consider creating.
- d. Dates/time for future calls – will poll the group to determine best time/dates for all involved.

*Question: is there a way to request the DBQ template be changed, amended to allow additional areas of documentation for c-file review, additional diagnoses, ie. Dry eyes, glaucoma suspect, etc.*

*– we can discuss at future meetings what we would like to suggest – unsure if changes can be made as document was formed in order to make rating process easier for the reviewers, which means there are shortcomings for the practitioner.*

*Question: What are we allowed to discuss re: findings, follow-up appointments for treatment of identified conditions/diseases during the exam.*

*-it is suggested NOT to discuss results with the patient if possible, mainly as we don't want to influence the patient into thinking that we have any say in the review process. It is hard not to look at the patient as a provider, especially if new diseases are identified and I think it is safe to recommend an exam for evaluation and treatment purposes for new conditions identified in the C&P exam. Keep in mind though that the C&P/IDES exams are assessment exams only and I try to make that clear at the beginning of the exam. I state at the end of the exam that "this assessment evaluation is completed, these findings are sent to the reviewers who will review these results, as well as the whole file and claim and they will contact you with the results." I have found that usually that is adequate for most people, it lets the patient know that you are not making the decisions but that this is just a step in the process.*

In conclusion - we will be sending out a few questions for the group about future call dates. Please contact Dr. Lestrangle and/or Dr. Sink (e-mail addresses below) with any questions, suggestions, etc for future meetings.

[makesha.sink@va.gov](mailto:makesha.sink@va.gov)

[brian.lestrange@va.gov](mailto:brian.lestrange@va.gov)