

Ophthalmology Activity Monitoring Report Frequently Asked Questions

Cataract Queries
1. What do I enter in column Z 'If Service Delivered (in column R) is post-cataracts, was pre-cataracts undertaken by your practice & if so on what date was pre-cataract undertaken' if appointment wasn't for a post-cataract'?
For any appointment other than post-cataract, leave blank
2. What code do I enter for a post-cataract, in referral source data field (column I)
For a post-cataract assessment enter code 15 (Other) as a post-cataract is the continuation of the cataracts pathway and is not a referral.
3. What do I enter for a post-cataract assessment under Point of Deliver – column U?
The post- cataract Assessment should be entered as an OPFUP.
4. Can I claim for a post-cataract assessment for the first eye appointment and a pre-cataract assessment for the second eye appointment that are on the same day, Cataracts (column Y)?
Yes you can claim for a post-cataract assessment on first eye and a pre-cataract assessment on the second eye on the same day, eg pre-cataract for first eye = 01, post-cataract for first eye = 01, pre-cataract for second eye = 02, post-cataract for second eye = 02.
5. What do I insert in column Y if it doesn't relate to a cataract appointment?
If the appointment does not relate to cataracts, then leave blank.
6. What do I enter if patient attended for a sight test and then had a follow-up appointment for a pre-cataract assessment under POD - column U?
A sight test is not part of the Enhanced Optical Service contract. Pre-cataract assessment should be entered as OPFA.
7. What code do I enter under First Attendance (column E) for a Pre-Cataract?
Pre-cataract assessment should be entered as 01 = First Attendance.
8. What code do I enter under First Attendance (column E) for a Post-Cataract?
Post-cataract assessment should be entered as 02 = Follow-up attendance face to face.
9. What code do I enter under First Attendance (column E) for Pre-Cataract for 2nd eye on same day as post-cataract assessment on 1st eye?
Pre-Cataract for 2nd eye on same day as post-cataract assessment on 1st eye should be entered as 01 = First Attendance.
10. What code do I enter under Referral Source (column I) for Post-Cataract assessment?
Post-Cataract assessment should be entered as code 15 as they aren't a referral.
11. What is the Attendance Date, column M for a Pre-Cataract Assessment Appointment?
The attendance date for a pre-cataract assessment is the appointment when the eyes were dilated.
MECS Queries
12. What do I enter for a MECS follow-up appointment under Point of Delivery - column U?
No need to include MECS follow-ups as the AMR form is only to capture activity that has a cost associated to it.
13. What is the Attendance Date, column M for a MECS?
The attendance date for a MECS appointment is the first appointment.
LVA Queries
14. What do I record on AMR template if a Low Vision Aid is returned (column W)?
If a Low Vision Aid is returned and is suitable to be re-issued to another patient include on AMR template as a minus total cost.
15. What do I record on AMR form if a Low Vision Aid is re-issued to a patient (column S)?
If a Low Vision Aid is re-issued to another patient include on the AMR template.
SCL Queries
16. What do I include in Appointment Request Date (column J) for the Specialist Contact Lens only entries?
For 'lens only' entries there is no initial appointment request date as the patient collects the lenses when they are delivered to the practice and therefore no appointment is required.

General Queries	
17. Can I claim a fee for a non-face-2-face appointment under First Attendance – column E?	<p>Opticians have been able to stay open during the pandemic and adapt their working practices according to the red and amber phases. The Royal College of Optometrists clinical and professional guidance states: <i>During both the red and amber phases of the pandemic <u>General guidance during the pandemic practices should ensure there is telephone/video review to determine COVID-19 status and level of eyecare need. Provide services remotely where possible and in the patient's best interests.</u></i></p> <p>Therefore for urgent/emergency clinical telephone/video consultations during the red and amber phases practices can claim and show on the AMR form as 03 = First telephone or Telemedicine consultation or 04 = Follow-up telephone or Telemedicine consultation. Just to note, this is not in addition to the services you provide, it is only for emergency coding during the red and amber periods. If you have reverted to seeing all patients face to face then the above does not apply.</p>
18. The MECS/Cataract/IOP/OHT referral forms don't have the age written on them, just the date of birth so I have to calculate the patient's age.	<p>A box to input the patient's age has been included on the revised referral forms and re-issued to EOS providers. You must input the patients actual age and not their date of birth.</p>
19. The sex of the patient isn't specified on the MECS/Cataract/IOP/OHT referral forms so have to look back for this information.	<p>A box to input the patient's gender has been included on the revised referral forms and re-issued to EOS providers.</p>
20. Unknown when the patient requested the appointment, under Appointment Request Date - column J?	<p>EOS providers will need to introduce a process that captures the appointment request date in order to report on this information request. The Appointment request date is the date the patient made the appointment for that specific element of the EOS service, it could also be the attendance date if it is requested and attended on the same day, or possibly the date the optician calls the patient to book the appointment.</p>
21. How do I calculate the total claim for individual services on the AMR form eg MEC, IOP, LVA?	<p>You can filter the services in Service Delivered (column R) that you want to calculate, as follows: Click on Service Delivered (column R), click on Data Tab on main menu at top of screen, click on Filter Tab, click on downward arrow in Cell R, select service you want to calculate for claim. Then in Total Cost (column W) click on Home Tab on main menu, select the cell immediately below the last number in the column, click on Autosum Tab, then Sum to calculate the total fee for individual service.</p>
22. What do I enter in Referral Source, column I?	<p>This is how the patient presents at the practice. For most patients, it is expected that they are a self-referral, however, there will be a few other circumstances.</p>
23. How do I add Optometrist name to drop down list, column K?	<p>Click on the 'Drop down lists' Tab. Under the Optometrist heading (Cell E10) enter the practice Optometrist names. The Optometrist name can then be selected from the drop list (column K) in the 'Data template' Tab.</p>
Invoice and AMR Data Quality Queries	
24. When does the AMR template have to be submitted to the Wakefield CCG by?	<p>The AMR template should be submitted no later than 20 working days after the end of previous month e.g. April 2021 data should be submitted within 20 working days of the April month end, and same for all subsequent months, this gives sufficient time for all data collection for that month.</p>
25. When should I submit the invoice?	<p>Invoices should be uploaded to Tradeshift on the same day as the AMR template is submitted to Wakefield CCG.</p>
26. Response to data queries relating to AMR	<p>AMR data queries should be responded to within 5 working days.</p>
27. What should I do if all the months' activity isn't submitted on the month it relates to?	<p>In line with the contract, only activity undertaken within the month should be claimed for. However, on some occasions there may be clinical circumstances where this isn't possible eg when Attendance Outcome is unknown due to them requiring a further clinical appointment which falls in a different month. In these circumstances the data submission date can be deferred until the outcome is known eg attended for MEC in April and required a follow-up in May, as the attendance outcome would be known in May, the data for this patient would be submitted in May, not April.</p> <p>If activity undertaken falls in a different month to the AMR claim due to clinical reasons, the provider will indicate Yes here, otherwise leave blank.</p>

