

Attachment O

Changes to 2015 Ambulatory Surgery Patient Record Form (PRF)

Proposed changes are indicated in **RED**; variable names are in [].

- **Removed Operating room [ORIN TIME/ORIN DATE, OROUT TIME/OROUT DATE] and post-operative care entry and exit times [POIN TIME/POIN DATE, POUT TIME/POUT DATE]**
- Modified-Checkbox list of patient’s underlying chronic conditions [OTH DIAG]

| Does patient have any of the following conditions? (NOTE: These conditions could impact this surgery or procedure) | |
|---|--|
| <i>Enter all that apply, separate with commas.</i> | |
| Old | New |
| Airway problem | Airway problem |
| Asthma | Asthma |
| Cardiac surgery history | Cardiac surgery history |
| Cerebrovascular disease/ stroke (CVA) or transient ischemic attack (TIA) | Cerebrovascular disease/ history of stroke (CVA) or transient ischemic attack (TIA) |
| Chronic kidney disease (CKD) | Chronic kidney disease (CKD) |
| Chronic obstructive pulmonary disease (COPD) | Chronic obstructive pulmonary disease (COPD) |
| Congestive heart failure (CHF) | Congestive heart failure (CHF) |
| Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI) | Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI) |
| Diabetes mellitus (DM), Type I | Diabetes mellitus (DM), Type I |
| Diabetes mellitus (DM), Type II | Diabetes mellitus (DM), Type II |
| Diabetes mellitus (DM), Type unspecified | Diabetes mellitus (DM), Type unspecified |
| End-stage renal disease (ESRD) | End-stage renal disease (ESRD) |
| Hypertension | Hypertension |
| Obesity | Obesity |
| Obstructive sleep apnea (OSA) | Obstructive sleep apnea (OSA) |
| None of the above | None of the above |

- **Add CPT codes [CPTCODE]**

| | |
|---|--|
| Old: No CPT codes were collected | New: Allow up to 7 CPT codes (optional) |
|---|--|

- **Add optional ICD-9 CM procedure codes [ICD9CM]**

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|--|---|
| Old: No ICD-9 CM procedure codes were collected | New: Allow up to 7 ICD-9 CM procedure codes (optional) |
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