- Before **Cleft Palate Speech evaluation forms** can be added for a cleft case, form status for both TOPS **Intake** and **Outcome** case forms must be saved as **Complete**.
- From TOPS > My Cases, the INTAKE STATUS and OUTCOME STATUS column display the status for the case forms (either Incomplete (red text) or Complete (Green text)). If the form status is Incomplete, you can click directly on the Incomplete or Outcome Form Overdue link for the case and complete the required data fields for the form status to be saved as Complete.

| VISIT/PROCEDURE DATE | ¢ | INTAKE STATUS | OUTCOMES POST OP | | OUTCOME STATUS |
|-------------------------------|---|---------------|------------------|----------------------|----------------|
| 3/19/2019 - 42200 | | Complete | 80-day Post op | Enter Outcome Form | |
| 1/9/2019 - 19318 | | Incomplete | N/A | Outcome Form Overdue | |
| 1/15/2019 - Multiple Codes () | | Complete | 80-day Post op | No | Adverse Events |
| | | | | | |

(Note: From the case form, click the Submit button on the bottom of the page after you finish the necessary data fields):

Submit

• After your cleft case has been saved as complete, from the patient grid click on the "Add Follow Up" link underneath the column labeled CASE ACTION to enter a new follow-up visit beyond the 30-day Post Op.

| INTAKE STATUS | OUTCOMES POST OP | OUTCOME STATUS | CASE ACTION |
|---------------|------------------|-------------------|--------------------------------|
| Complete () | 30-day Post op 🕕 | No Adverse Events | Add Follow Up ③ Add New Case ③ |

(Note: Add Follow Up link becomes active after both TOPS Intake and Outcome case forms have been saved as complete)

• Enter the Follow Up Date and click the Submit button at the bottom of the page to save as complete and go to the Follow-Up Outcome form. (Note: Only follow up date is required on this page.)

| Patient Follow-Up Outcome | | | TOPS Intake Form: Demographic Details |
|----------------------------------|---|---|--|
| | | | |
| × Demographic Details | Medical Record Number (MRN)* 💿 | cleftbirthtest | |
| ✓ Clinical Details | Primary Visit/Procedure Date | 02-28-2023 | |
| ✓ Procedures | Follow Up Date* 🚯 | 07-19-2023 mm | |
| ✓ Initial Cleft Palate Repair () | First Name* | Cleft | |
| ✓ Treatment-Cleft Palate () | Middle Name | | |
| ✓ICD-10 Code | Last Name* | Birthdate | |
| × Applied Measures | Date of Birth* () | 2/2/2020 | |
| ✓ Custom Fields | Gender* () | Male Female | |
| | Patient Race/Ethnicity (Check all that apply)* () | 🕑 White / Caucasian | Black or African-American |
| | | Asian | Hispanic or Latino |
| | | 🗌 American Indian / Alaska Native | 🗌 Native Hawaiian / Other Pacific Islander |
| | | Other / Unknown | |
| | Payment Source (Check all that apply) 🚯 | ✓ Private Insurance | Medicare |
| | | Medicaid | Self-Pay |
| | | □ Worker's Compensation | Other |
| | | | Proceed to Clinical Details tab |

e Submit Cancel

• Enter the Follow Up Outcome and click the Submit button at the bottom of the page to save as the follow up visit as Complete. (Note: If "Adverse Events", select the complication and then click Submit button.)

| Patient Follow-Up Outcome | | | |
|---------------------------|--|---|------------|
| × Outcome Visit | Medical Record Number (MRN)* 1 | cleftbirthtest | |
| | Primary Visit/Procedure Date | 02-28-2023 | |
| | Date of Outcome (if< 30 days post op) () | mm-dd-уууу | iii |
| | Follow Up Date* 🕦 | 07-19-2023 | |
| | First Name* | Cleft | |
| | Middle Name | | |
| | Last Name* | Birthdate | |
| | CPT Codes of this Case | 42200 (1) | |
| | Follow-up Outcome* () | O No Adverse Events | |
| | | Adverse Events Outcome Unknown | |
| | Comments 🕦 | | |
| | | | |
| | | | |

- After submitting the **Follow Up** for your cleft case, the Cleft Palate **Speech Evaluation Overdue** link will be displayed on the patient grid under the "**Case Action**" column. Click the Speech Evaluation Overdue link to complete the form and repeat this process annually thereafter.
- If patient age < 3 years, Speech Evaluation links will not be displayed on patient grid.
- Surgical Management of VPI form to be completed only if surgery is performed to correct speech.

| VISIT/PROCEDURE DATE \$ | INTAKE STATUS | OUTCOMES POST OP | OUTCOME STATUS | CASE ACTION |
|-------------------------|---------------|------------------|-------------------|---|
| 2/28/2023 - 42200 | Complete 🚯 | 30-day Post op 🚯 | No Adverse Events | Add Follow Up () Add New Case () |
| | Complete | 1 Month Post op | No Adverse Events | Fistula Management ③ Speech Evaluation Overdue ③ Surgical Management of VPI ③ |
| | | | | |

• Click "Add New Form" button

| Name:Cleft Birthdate | Date of Birth:2-2-2020 | Visit/Procedure Date:2-28-2023 | Exit Form | |
|-----------------------------------|------------------------|--------------------------------|-------------------|---|
| Medical Record Number(MR | IN):cleftbirthtest | | Speech Evaluation | |
| Download Speech Evaluatio Form | n | | Add New Form | |
| STATUS | DATE SUBMITTED | VIEW/EDIT | REMOVE | |
| No records found/Inserted. | | | | : |
| | | | | |
| | | | | |
| | | | × Cancel | |

• Complete the speech evaluation form and click the "Save" button.

| SI Name:Cleft Birthdate | Date of Birth:2-2-2020 | Visit/Procedure Date:2-24 | 8-2023 | Exit Form |
|---|------------------------|-----------------------------|--------------------------|-------------------|
| Medical Record Number(MRI | N):cleftbirthtest | | | Speech Evaluation |
| Speech Evaluation Date Recorded* | | 07-19-2023 | 一 | |
| Velopharyngeal Assessmer Numeric Scale Used? | nt | ● Yes 🔿 No | | : <u>Clear</u> |
| Select Numeric Scale used | | Americleft Patient Score () | ✓ Maximum Per Scale ଶ | |
| Voice | | 1 | 1 | |
| Speech Acceptability/Intelligibility | | 1 | 1 | |
| Audible Nasal Air Emission | | 1 | 1 | 16 |
| Nasality (Hyper vs. Hypo) | | Hyper | * | 2 E |
| OVERALL SCORE | | 3 | 3 | Ev |
| Back To List | 5/5/2002 4/17/2022 | 12/14/2022 - 42200 | | ✓ Save ★ Ca cal |

- Click "Exit Form" to return to the patient grid.
 - If you need to edit or view the form, click the pencil icon.
 - If you need to remove the form, click the garbage can icon

| last | Name:Cleft Birthdate | Date of Birth:2-2-2020 | Visit/Procedure Date:2-28-2023 | Exit Form |
|------|----------------------------------|------------------------|--------------------------------|---------------------|
| | Medical Record Number(M | RN):cleftbirthtest | | Speech Evaluation |
| | Download Speech Evaluati Form | on | | Add New Form |
| | STATUS | DATE SUBMITTED | VIEW/EDIT | REMOVE |
| Red | Complete | 07-26-2023 | I | <u> </u> |
| | « < 1 > » 5 Y | | | Records 01-01 of 01 |
| nge | | | | |
| | | | | × Cancel |

• Speech Evaluation form is now complete (Outcome Form Overdue no longer appears underneath Case Action)

| VISIT/PROCEDURE DATE \$ | INTAKE STATUS | OUTCOMES POST OP | OUTCOME STATUS | CASE ACTION |
|-------------------------|---------------|------------------|-------------------|--|
| 2/28/2023 - 42200 | Complete 🕚 | 30-day Post op 🚯 | No Adverse Events | Add Follow Up ① Add New Case ① |
| | Complete | 1 Month Post op | No Adverse Events | Fistula Management () Speech Evaluation () Surgical Management of VPI () |