
2018 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Outcome

DESCRIPTION:
Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment and achieved an improvement in their visual acuity, from their preoperative level, within 90 days of surgery in the operative eye

INSTRUCTIONS:
This measure is to be calculated each time a procedure for primary rhegmatogenous retinal detachment is performed during the performance period. This measure is intended to reflect the quality of services provided for the patient receiving primary rhegmatogenous retinal detachment surgery.

Note: This is an outcome measure and will be calculated solely using registry data.

- For patients who receive the surgical procedures specified in the denominator coding, it should be submitted whether or not the patient achieved an improvement of their visual acuity within 90 days of surgery.
- Include only procedures performed through September 30 of the performance period. This will allow the post-operative period to occur before registries must submit data to CMS.

Measure Submission:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on the date of the procedure
AND
Patient procedure during the performance period (CPT): 67107, 67108, 67110
AND NOT
DENOMINATOR EXCLUSION:
Surgical procedures that included the use of silicone oil: G9757

NUMERATOR:
Patients who achieved an improvement in their visual acuity, from their preoperative level, within 90 days of surgery in the operative eye

Numerator Options:
Performance Met: Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery (G9516)

OR
Performance Not Met:
Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given (G9517)

RATIONALE:
For management and treatment for PVD and RRD, the following apply (for goals of treatment):

- Identification of the patients at risk
- Prevention of visual loss and functional impairment
- Maintenance of quality of life

All patients with risk factors should be advised to contact their ophthalmologist promptly if new symptoms such as flashes, floaters, peripheral visual field loss, or decreased visual acuity develop.

Studies demonstrate that the success rate increases with the recognition of risk factors and the practice of retina subspecialization. International studies report primary rhegmatogenous retinal surgery success rates ranging from 64 to 91%.

References:

Wickham, BC, Wong, D, Charteris, DG, Retinal detachment repair by vitrectomy: simplified formulae to estimate the risk of failure, Br J Ophthalmology 2011 Feb 16


CLINICAL RECOMMENDATION STATEMENTS:
This is an outcome measure. As such, no clinical recommendations are included.

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AAO encourages use of the Measures by other health care professionals, where appropriate.

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2018 Registry Flow for Quality ID #385: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery

**Denominator**

- Start
- Patient Age on Date of Service ≥ 16 Years
  - Yes
  - No
    - Procedure as Listed in Denominator* (1/1/2018 thru 9/30/2018)
      - Yes
      - No
      - Denominator Exclusion
        - Yes
          - Surgical Procedures that included the Use of Silicone Oil G9757 or equivalent
            - Yes
              - Include in Eligible Population/Denominator (80 procedures)
            - No
              - Performance Met (n=60 procedures)
                - Performance Not Met (n=20 procedures) = Eligible Population/Denominator (n=60 procedures) = 70 procedures = 70 procedures = 87.60%

**Numerator**

- Patient Achieved an Improvement in Visual Acuity, From Their Preoperative Level Within 90 Days of Surgery
  - Yes
  - No
    - Patient Did Not Achieve an Improvement in Visual Acuity, From Their Preoperative Level Within 90 Days of Surgery: Reason Not Given
      - Yes
      - Data Completeness Met + Performance Not Met G9517 or equivalent (20 procedures) c
      - No
      - Data Completeness Met + Performance Not Met G9516 or equivalent (80 procedures) a

**SAMPLE CALCULATIONS:**

- Data Completeness:
  - Performance Met (n=60 procedures)
  - Performance Not Met (n=20 procedures) = Eligible Population/Denominator (n=60 procedures) = 70 procedures = 87.60%

- Performance Rate:
  - Performance Met (n=60 procedures)
    - 50 procedures = 83.33%
  - Data Completeness Met Numerator (70 procedures) = 70 procedures

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* See the posted Measure Specification for specific coding and instructions to submit this measure.

**NOTE:** Submission Frequency: Procedure

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used solely as a substitution for the measure specifications.
2018 Registry Flow for Quality ID
#385: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator

2. Check Patient Age:
   a. If Patient Age is greater than or equal to 18 Years on the Date of the Service equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Patient Age is greater than or equal to 18 Years on the Date of the Service equals Yes, proceed to check Patient History.

3. Check Procedure Performed:
   a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Procedure as Listed in the Denominator equals Yes, include in Eligible Population.

4. Check Surgical Procedures that Included the Use of Silicone Oil:
   a. If Surgical Procedures that Included the Use of Silicone Oil equals Yes, do not include in Eligible Patient Population. Stop Processing.
   b. If Surgical Procedures that Included the Use of Silicone Oil equals No, include in the Eligible Population.

5. Denominator Population:
   a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.

6. Start Numerator

7. Check Patient Continued to Have the Retina Attached at the 6 Months Follow Up Visit (+/- 1 month):
   a. If Patient Continued to Have the Retina Attached at the 6 Months Follow Up Visit (+/- 1 month) equals Yes, include in Data Completeness Met and Performance Met.
   b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 50 procedures in the Sample Calculation.
   c. If Patient Continued to Have the Retina Attached at the 6 Months Follow Up Visit (+/- 1 month) equals No, proceed to Patient Did Not Achieve Flat Retinas Six Months Post Surgery.

8. Check Patient Did Not Achieve Flat Retinas Six Months Post Surgery:
   a. If Patient Did Not Achieve Flat Retinas Six Months Post Surgery equals Yes, include in Data Completeness Met and Performance Not Met.
b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 procedures in the Sample Calculation.

c. If Patient Did Not Achieve Flat Retinas Six Months Post Surgery equals No, proceed to Data Completeness Not Met.

9. Check Data Completeness Not Met:

a. If Data Completeness Not Met equals No, Quality Data Code or equivalent was not reported. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

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SAMPLE CALCULATION:

Data Completeness =
Performance Met (a=50 procedures) + Performance Not Met (c=20 procedures) = 70 procedures = 87.50%
Eligible Population / Denominator (d=8 procedures) = 80 procedures

Performance Rate =
Performance Met (a=50 procedures) = 50 procedures = 83.33%
Data Completeness Numerator (70 procedures) = 70 procedures
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