Quality ID #12 (NQF 0086): Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

- National Quality Strategy Domain: Effective Clinical Care
- Meaningful Measure Area: Management of Chronic Conditions

2020 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months

INSTRUCTIONS:

This measure is to be submitted a minimum of <u>once per performance period</u> for patients seen during the performance period. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who provide the primary management of patients with primary open-angle glaucoma (in either one or both eyes) will submit this measure.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma

DENOMINATOR NOTE: *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

Diagnosis for primary open-angle glaucoma (ICD-10-CM): H40.10X0, H40.10X1, H40.10X2, H40.10X3, H40.10X4, H40.1110, H40.1111, H40.1112, H40.1113, H40.1114, H40.1120, H40.1121, H40.1122, H40.1123, H40.1124, H40.1130, H40.1131, H40.1132, H40.1133, H40.1134, H40.1210, H40.1211, H40.1212, H40.1213, H40.1214, H40.1220, H40.1221, H40.1222, H40.1223, H40.1224, H40.1230, H40.1231, H40.1232, H40.1233, H40.1233, H40.1234, H40.151, H40.152, H40.153

AND

Patient encounter during the performance period (CPT): 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR:

Patients who have an optic nerve head evaluation during one or more office visits within 12 months

NUMERATOR NOTE: Denominator Exception(s) are determined on the date of the denominator eligible encounter.

Numerator Options:

Performance Met: Optic nerve head evaluation performed (2027F)

OR

Denominator Exception: Documentation of medical reason(s) for not

performing an optic nerve head evaluation (2027F

with 1P)

OR

Performance Not Met: Optic nerve head evaluation was not performed,

reason not otherwise specified (2027F with 8P)

RATIONALE:

Changes in the optic nerve are one of two characteristics which currently define progression and thus worsening of glaucoma disease status (the other characteristic is visual field). There is a significant gap in documentation patterns of the optic nerve for both initial and follow-up care (Fremont et al., 2003), even among specialists (Lee et al., 2006). Examination of the optic nerve head and retinal nerve fiber layer provides valuable structural information about glaucomatous optic nerve damage. Visible structural alterations of the optic nerve head or retinal nerve fiber layer and development of peripapillary choroidal atrophy frequently occur before visual field defects can be detected. Careful study of the optic disc neural rim for small hemorrhages is important, since these hemorrhages can precede visual field loss and further optic nerve damage.

When initiating therapy, the clinician sets a target range of controlled intraocular pressure (IOP) based on the pretreatment pressure and the presence of optic nerve damage. According to the American Academy of Ophthalmology's (AAO's) Glaucoma Preferred Practice Pattern, lowering the pretreatment IOP reduces the risk of developing POAG and slows the progression of POAG to preserve visual function (AAO, 2015).

CLINICAL RECOMMENDATION STATEMENTS:

Ophthalmic Evaluation

The ophthalmic evaluation specifically focuses on the following elements in the comprehensive adult medical eye evaluation:

- Visual acuity measurement
- Pupil examination
- Anterior segment examination
- IOP measurement
- Gonioscopy
- Optic nerve head (ONH) and retinal nerve fiber layer (RNFL) examination
- Fundus examination

(AAO, 2015)

The optic nerve should be carefully examined for the signs of glaucoma damage, and its appearance should be serially documented (I+, moderate quality, strong recommendation) (AAO, 2015).

COPYRIGHT:

The Measure is not a clinical guideline, does not establish a standard of medical care, and has not been tested for all potential applications.

The Measure, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, eg, use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measure for commercial gain, or incorporation of the Measure into a product or service that is sold, licensed or distributed for commercial gain.

Commercial uses of the Measure require a license agreement between the user and the PCPI® Foundation (PCPI®) or the American Medical Association (AMA). Neither the AMA, nor the former AMA-convened Physician Consortium for Performance Improvement® (AMA-PCPI), nor PCPI, nor their members shall be responsible for any use of the Measure.

The National Committee for Quality Assurance's significant past efforts and contributions to the development and updating of the Measure is acknowledged.

AMA and PCPI encourage use of the Measure by other health care professionals, where appropriate.

THE MEASURE AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

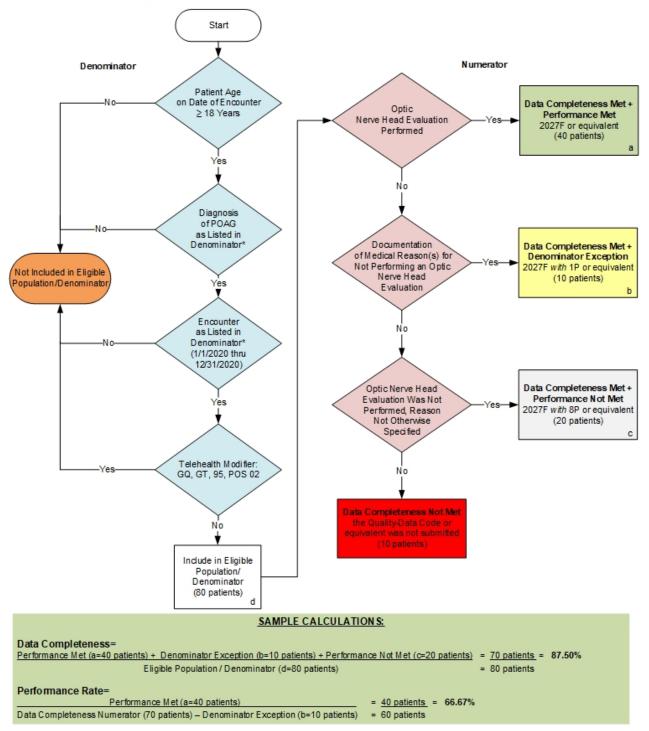
© 2019 PCPI® Foundation and American Medical Association. All Rights Reserved.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, PCPI, and its members and former members of the AMA-PCPI disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measure specifications is copyright 2004-2019 American Medical Association. LOINC® is copyright 2004-2019 Regenstrief Institute, Inc. This material contains SNOMED Clinical Terms® (SNOMED CT®) copyright 2004-2019 International Health Terminology Standards Development Organisation. ICD-10 is copyright 2019 World Health Organization. All Rights Reserved.

2020 Clinical Quality Measure Flow for Quality ID #12 NQF #0086: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



*See the posted measure specification for specific coding and instructions to submit this measure. NOTE: Submission Frequency; Patient-Process

CPT only copyright 2019 American Medical Association. All rights reserved.

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 alone or as a substitution for the measure specification.

٧4

2020 Clinical Quality Measure Flow Narrative for Quality ID #12 NQF #0086: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

- 1. Start with Denominator
- 2. Check Patient Age:
 - a. If Patient Age on Date of Encounter is greater than or equal to 18 Years equals No during the measurement period, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age on Date of Encounter is greater than or equal to 18 Years equals Yes during the measurement period, proceed to check Patient Diagnosis.
- 3. Check Patient Diagnosis:
 - a. If Diagnosis of POAG as Listed in Denominator equals No, do not include in Eligible Population.
 Stop Processing.
 - If Diagnosis of POAG as Listed in Denominator equals Yes, proceed to check Encounter Performed.
- 4. Check Encounter Performed:
 - a. If Encounter as Listed in Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Encounter as Listed in Denominator equals Yes, proceed to check Telehealth Modifier.
- 5. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
 - b. If Telehealth Modifier equals No, include in Eligible Population.
- 6. 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 patients in
 the Sample Calculation.
- 7. Start Numerator
- 8. Check Optic Nerve Head Evaluation Performed:
 - a. If Optic Nerve Head Evaluation Performed 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 40 patients in the Sample Calculation.
 - c. If Optic Nerve Head Evaluation Performed equals No, proceed to check Documentation of Medical Reason(s) for Not Performing an Optic Nerve Head Evaluation.

- 9. Check Documentation of Medical Reason(s) for Not Performing an Optic Nerve Head Evaluation:
 - a. If Documentation of Medical Reason(s) for Not Performing an Optic Nerve Head Evaluation equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) for Not Performing an Optic Nerve Head Evaluation equals No, proceed to check Optic Nerve Head Evaluation Was Not Performed, Reason Not Otherwise Specified.
- 10. Check Optic Nerve Head Evaluation Was Not Performed, Reason Not Otherwise Specified:
 - a. If Optic Nerve Head Evaluation Was Not Performed, Reason Not Otherwise Specified 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 patients in the Sample Calculation.
 - c. If Optic Nerve Head Evaluation Was Not Performed, Reason Not Otherwise Specified equals No, proceed to check Data Completeness Not Met.
- 11. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS: Data Completeness= Performance Met (a=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients) = 70 patients = 87.50% Eligible Population / Denominator (d=80 patients) = 80 patients Performance Rate= Performance Met (a=40 patients) = 40 patients = 66.67% Data Completeness Numerator (70 patients) - Denominator Exception (b=10 patients) = 60 patients