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

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Outcome – High Priority

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:

Reporting Frequency:
This measure is to be submitted each time for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for the patient receiving primary rhegmatogenous retinal detachment surgery.

Measure Strata and Performance Rates:
This measure contains one strata defined by a single submission criteria.
This measure produces a single performance rate.

Implementation Considerations:
For the purposes of MIPS implementation, this procedure measure is submitted each time a procedure is performed.

This is an outcome measure and will be calculated solely using MIPS eligible clinician, group, or third-party intermediary submitted 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 between January 1st and September 30th of the performance period. This will allow the post-operative period to occur before third-party intermediaries must submit data to CMS.

Telehealth:
NOT TELEHEALTH ELIGIBLE: This measure is not appropriate for nor applicable to the telehealth setting. This measure is procedure based and therefore doesn't allow for the denominator criteria to be conducted via telehealth. It would be appropriate to remove these patients from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP)

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website.

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 EXCLUSIONS:
Patients with a pre-operative visual acuity better than 20/40: M1453
OR
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):

- Prevention of visual loss and functional impairment
- Maintenance of quality of life

All patients with risk factors should be instructed to notify their ophthalmologist as soon as possible if they have a substantial change in symptoms, such as an increase in floaters, loss of visual field, or decrease in 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%.

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

REFERENCES:
Day S, Grossman DS, Mruthyunjaya P, Sloan FA, Lee PP. One year outcomes after retinal detachment surgery among Medicare beneficiaries. Am J Ophthalmol 2010; 150(3):338-45.

Flaxel CJ, Adelman RA, Bailey ST et al. Posterior Vitreous Detachment, Retinal Breaks, and Lattice Degeneration Preferred Practice Pattern®. Ophthalmology. 2020:127;P146-P181.
Sullivan PM, Luff AJ, Aylward GW. Results of primary retinal reattachment surgery: a prospective audit. Eye 1997; 11:869-71.
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.

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The American Association of Eye and Ear Centers of Excellence (AAEECE) significant past efforts and contributions to the development and updating of the measure is acknowledged. The Academy is solely responsible for the review and enhancement ("Maintenance") of the measure as of June 5, 2015.

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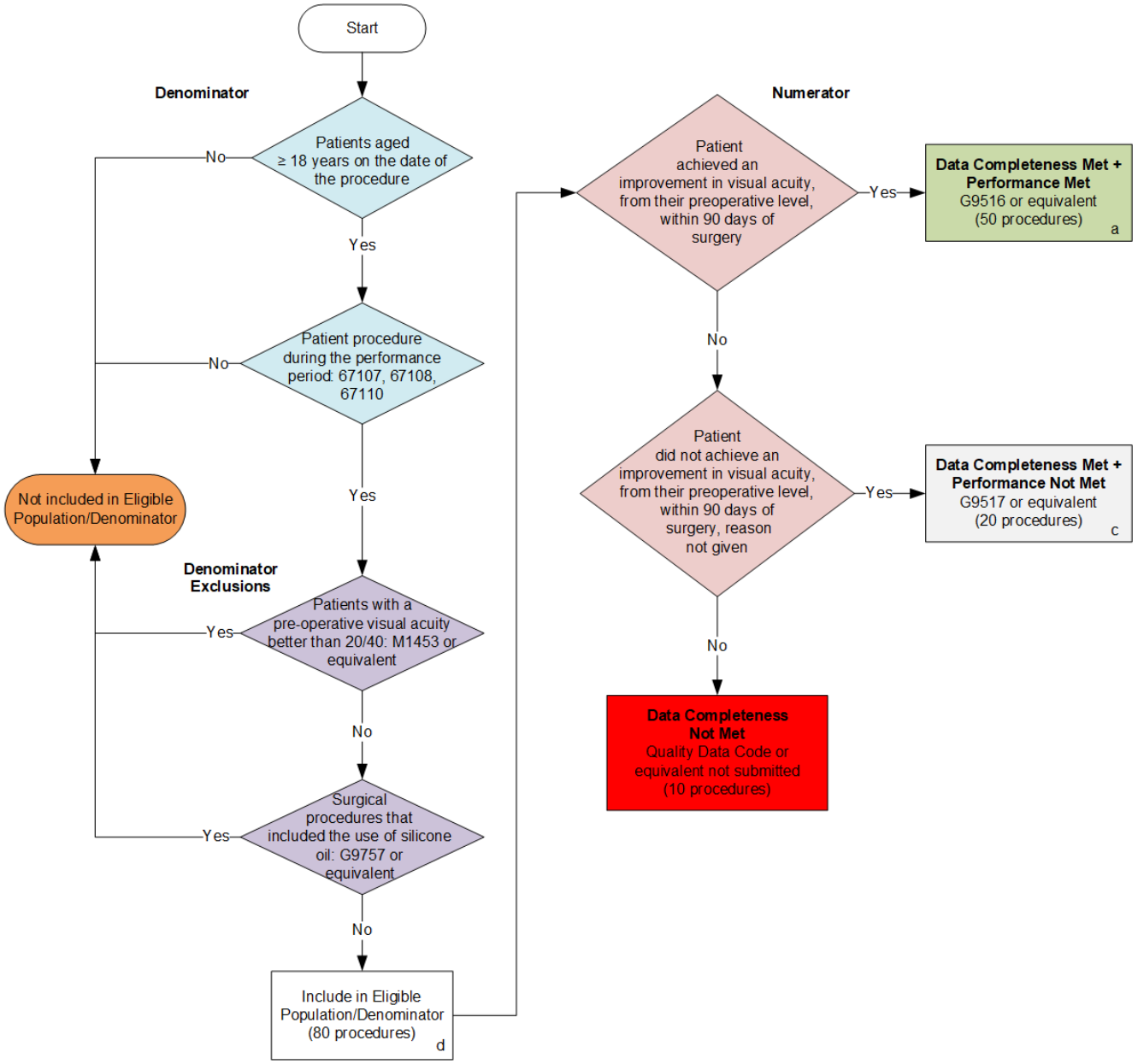
2026 Clinical Quality Measure Flow for Quality ID #385: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery

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



SAMPLE CALCULATIONS

Data Completeness=

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

Performance Rate=

Performance Met (a=50 procedures) / Data Completeness Numerator (70 procedures) = 50 procedures / 70 procedures = **71.43%**

See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Procedure

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2026 Clinical Quality Measure Flow Narrative for Quality ID #385: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery

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

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on the date of the procedure*:
    a. If *Patients aged greater than or equal to 18 years on the date of the procedure* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 18 years on the date of the procedure* equals Yes, proceed to check *Patient procedure during the performance period*.
3. Check *Patient procedure during the performance period*:
    a. If *Patient procedure during the performance period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient procedure during the performance period* equals Yes, proceed to check *Patients with a pre-operative visual acuity better than 20/40*.
4. Check *Patients with a pre-operative visual acuity better than 20/40*:
    a. If *Patients with a pre-operative visual acuity better than 20/40* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients with a pre-operative visual acuity better than 20/40* equals No, check *Surgical procedures that included the use of silicone oil*.
5. 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 Population/Denominator*. Stop processing.
    b. If *Surgical procedures that included the use of silicone oil* equals No, include in *Eligible Population/Denominator*.
6. Denominator Population:
    - Denominator Population is all Eligible Procedures 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.
7. Start Numerator
8. Check *Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery*:
    a. If *Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery* equals Yes, include in *Data Completeness Met and Performance Met*.
        - *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.

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b. If *Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery* equals No, proceed to check *Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given*.

9. Check *Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given*:

    a. If *Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given* equals Yes, include in *Data Completeness Met and Performance Not Met*.

        - *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.

    b. If *Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given* equals No, proceed to check *Data Completeness Not Met*.

10. Check *Data Completeness Not Met*:

    - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a equals 50 procedures) plus Performance Not Met (c equals 20 procedures) divided by Eligible Population/Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 50 procedures) divided by Data Completeness Numerator (70 procedures). All equals 50 procedures divided by 70 procedures. All equals 71.43 percent.

See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Procedure

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